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The relationships between school climate and adolescent mental health and wellbeing: A systematic literature review



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ABSTRACT

Promoting adolescent mental health is a global priority, and schools have an important role to play. This systematic mixed- methods literature review examined relationships between the psychosocial school climate and adolescents' mental health, mapping the scope and quality of recent research. Forty-eight relevant primary studies published in 2000–2017 were identified and analysed. These studies highlight associations between the school climate and student mental health, although the lack of experimental and longitudinal studies precludes causal claims. Future research directions include: further investigation of the roles of school safety and the psychosocial academic environment on adolescent mental health; greater consistency in the conceptualisation of both school climate and mental health; and clarification of the influence of demographic variables on individual students' experiences.

1. Introduction

Improving people's mental health and wellbeing has been identified as one of the most important public health issues of the present day (Kieling et al., 2011; Knifton & Quinn, 2013). Increasing evidence supports the significant impact of mental health and wellbeing on emotional, social, economic, quality of life, physical health, and productivity outcomes (for overviews, see Herrman, Saxena, & Moodie, 2005; World Health Organization, 2001). As such, the World Health Organization (2013, p. 6) has stressed that "there is no health without mental health", and both the World Health Organization (1946) and the United Nations (1966) have affirmed that experiencing the best possible mental health is a universal human right.

Despite the importance of mental health and wellbeing, all is not 'well' for adolescents. Longitudinal data shows an increasing prevalence of mental health problems among youth (Mission Australia, 2016; Twenge, 2015; UK Office for National Statistics, 2017) while young people's wellbeing is either steady (UK Office for National Statistics, 2017; UNICEF, 2013) or decreasing (The Prince's Trust, 2017). Globally, up to 20% of adolescents have mental health problems that affect their life functioning (World Health Organization, 2001, 2005).

To improve adolescent mental health and wellbeing, the World Health Organization (2014, p. 8) has called for a "coordinated response from many sectors," noting that, "among all the sectors that play critical roles in adolescent health, *education is key*" (p. 8, emphasis added; see also Drew, Funk, Pathare, & Swartz, 2005; Mulloy & Weist, 2013; World Health Organization, 2009). There are several reasons for this. First, the developmental processes associated with many mental health problems, and the high proportion of lifetime mental health issues that first appear during adolescence, suggest that early prevention, intervention, and care are important (Collins et al., 2011; Kim-Cohen et al., 2003; World Health Organization, 2014). Second, aspects of young people's social environments (such as their school environments) can be deliberately leveraged and modified, to influence health-related outcomes – even to

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the extent of offsetting the effects of other risk factors such as poverty or deprivation (Currie et al., 2012). Finally, the large amount of time that students spend in school makes schools a practical context for reaching young people for prevention, intervention, and care (Mulloy & Weist, 2013; Soutter, 2011).

Given this backdrop, then, the climate created at a school has the potential to promote adolescent mental health and wellbeing. To examine whether this was the case, in the form of a systematic review, the study reported in this article examined the existing evidence base related to the relationships between school climate and adolescent mental health and wellbeing. Incorporating research involving any research method or research design, the review aimed to:

1. Examine the extent, origins, quality, and findings of the recent research base;
2. Analyse the specific constructs that have been used to draw conclusions regarding the relationships between school climate and adolescent mental health and wellbeing; and
3. Identify directions for future research.

Given our interest in mapping research across multiple designs and methods and, further, given the range of variables involved in the overarching constructs of school climate and mental health, meta-analysis approaches were not considered appropriate for this review.

The findings of this review could inform ongoing research relating to the impact of school climate on adolescent mental health and wellbeing. The findings may also indicate ways in which school climates can enhance students' mental health and wellbeing – and, consequently, a range of additional outcomes including academic achievement (Adelman & Taylor, 2010; World Health Organization, 2014).

2. Background

2.1. Definitions

Across the associated fields, none of the key constructs relevant to this study – school climate and adolescent mental health and wellbeing – is interpreted or used consistently (Anderson & Graham, 2016; Gillett-Swan, 2014; Goldman & Grob, 2006; Keyes, 2005; Kutsyruba, Klinger, & Hussain, 2015). School climate is sometimes considered to incorporate constructs such as the physical or natural environment and the quality of teaching and learning (Cohen, 2006; Loukas, 2007; Wang & Degol, 2016); however, other definitions of school climate consider psychosocial characteristics only (Brookover et al., 1978). For the purpose of this study, *school climate* was defined as encompassing the norms, expectations, and beliefs that contribute to creating a psychosocial environment that determines the extent to which people feel physically, emotionally, and socially safe (Brookover et al., 1978; Cohen, McCabe, Michelli, & Pickeral, 2009). As such, school climate was considered to be synonymous with *school environment* (or *school-level environment*) but distinct from classroom-level climate.

In some literature, the term 'mental health' refers only to the presence or absence of mental problems and disorders (Keyes, 2005); however, it has been demonstrated that, in fact, "mental health and mental illness are not opposite ends of a single continuum; rather, they constitute distinct but correlated axes" (Keyes, 2005, p. 546). Wellbeing is also differentially interpreted in different fields and research disciplines (Camfield, Streuli, & Woodhead, 2009; Soutter, 2011) and by different cultural or social groups (Manderson, 2005). Further, the relationship between mental health and wellbeing is poorly-defined: Sometimes wellbeing is viewed as a component of mental health (Hanlon & Carlisle, 2013; Huppert, 2005; Keyes, 2005), yet, elsewhere, mental health is viewed as a component of overall well-being (Lehtinen, Ozamiz, Underwood, & Weiss, 2005; World Health Organization, 1946).

For the purpose of our study, delineating the distinctions or hierarchical relationships between mental health and wellbeing was not of primary importance, particularly since our interest lay with affective or psychosocial (rather than physical) wellbeing. As such, the constructs of mental health and wellbeing were used together to ensure that the review considered a range of aspects of adolescents' affective states, including positive mental health, mental health disorders, and mental health problems (that is, issues not sufficiently severe to be formally diagnosed as disorders; Keyes, 2005) as well as subjective and psychosocial wellbeing (Diener, Oishi, & Lucas, 2003; Mulloy & Weist, 2013). For simplicity in the remainder of this article, we use the term 'mental health' to encompass all of these constructs.

2.2. Theoretical background

The current study was particularly informed by an ecological perspective on adolescent development and a health promotion stance. Whilst these two theoretical positions are described briefly in this section, we note that a range of theoretical perspectives can contribute to research in the areas of school climate and mental health. For more detailed discussions, we refer readers to the work of Wang and Degol (2016) for school climate and that of Herrman et al. (2005) and Camfield et al. (2009) for mental health.

Highlighting the role of schools in promoting adolescent mental health is consistent with an ecological perspective on adolescent development (Bronfenbrenner, 1979; Zubrick & Kovess-Masfety, 2005). Such a perspective recognises that adolescents are influenced by a complex interplay of contextual factors (Garbarino, 2014; World Health Organization, 2014). Bronfenbrenner's (1979) ecological model depicts a nested series of systems with which people interact; Fig. 1 shows how these systems range from the most immediate (microsystems) to the broadest (macrosystems). Schools (along with other microsystems, including the family) are among adolescents' microsystems – their most immediate developmental contexts – and consequently exert the greatest influence on

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