

Mental Health and Academic Achievement in Youth

According to the President's New Freedom Commission on Mental Health (2003), approximately 5-9% of children have a "serious emotional disturbance." This term refers to any diagnosable mental disorder (in a child under age 18) that severely disrupts social, academic, and emotional functioning. This means that in our schools, there are one to two children in every classroom who are suffering from a serious mental disability, yet nearly 80% of these children do not receive the mental health services they require. According to the Department of Education, 50% of children with serious emotional/ behavioral disorders drop out of high school, compared to 30% of students with other disabilities – making it the highest drop-out rate of any disability group (U.S. Dept. of Education, 2001).

The No Child Left Behind Act of 2001 created a competitive climate in which our children are expected to rise to increasing levels of academic pressure while their mental health needs go largely underestimated and underserved. Research over the last decade has demonstrated that children who are suffering with serious emotional disturbances such as depression, anxiety disorders, suicidal behavior, substance and alcohol abuse, and post-traumatic stress disorder do not perform well academically compared to their non-mentally ill peers. The following is a discussion of ten studies conducted on the topic of mental illness and academic functioning.

Mental Health and Academic Achievement: General Trends

The results of the National Comorbidity Survey presented very important data on the effects of early onset psychiatric disorders on educational attainment. The initial National Comorbidity Survey (NCS) was a nationally representative survey of over 8,000 respondents in the age range 15-54 years with a subsample of almost 6,000 respondents completing a psychiatric assessment. The baseline NCS was carried out in 1990-1992, and additional data from baseline and new respondents were collected 10 years later.

The authors of a report of the NCS data (Kessler et al., 1995) looked at the relationships between early onset mood, anxiety, substance, and conduct disorders on failure to complete high school among eighth grade graduates, failure to enter college among high school graduates, and failure to complete college among college entrants. All four types of disorders are significant predictors of failure in all three educational transitions. There is also a clear "dose-response" relationship between the number of prior disorders and dropping out of high school.

The authors found that over 14% of high school dropouts, 5% of high school graduates who do not enter college, and almost 5% of college entrants who do not complete college have histories of mental illness. Based on the results of the survey, it was conservatively estimated that 7.2 million people in the United States prematurely terminated their education because of early-onset psychiatric disorders, with only a small fraction later completing either high school or college.

The data further suggest that in 1995, 3.5 million people aged 15-54 would have completed high school and 4.3 million would have graduated from college if they had not suffered from mental disorders.

Stoep et al. (2003) analyzed data from the longitudinal Children in Community Study, looking specifically at the relationship between school failure and adolescent psychiatric disorder. The Children in Community Study has followed almost 1,000 people (predominantly Caucasian) in two upstate New York counties who entered the study as children in 1975. This report focuses on the 180 subjects who were under age 18 in 1983 and over age 18 at the time of the next interview about three years later. Almost 40% of the youth with mental illness did not complete high school compared to 7% of students without mental illness who did not graduate. Based on these data, the authors estimated that the proportion of failure to complete school that was attributable to psychiatric disorder was 46%.

Mental Health and Academic Achievement Over Time

A 2005 study by Miech and colleagues provides more evidence that the educational disparities caused by mental illness persist through life. This longitudinal study assessed mental health status and educational attainment of over 1,000 general population subjects in 1981 and again 13 years later. Those who did not complete high school were more likely to have symptoms of mental illness at both points in time compared to those who did complete high school.

The authors conclude that to the extent that mental health disparities in educational attainment represent "the aftermath of

a process that first occurred prior to or in early adulthood, interventions that effectively prevent this process from taking place could potentially cut off disparities before they start. Our results indicate that treatment or prevention programs addressed at the mental health of individuals before adulthood could, if they were effective, potentially have a lasting influence on mental health disparities across education over the life course.”

Anxiety and Academic Achievement

A 21-year longitudinal study carried out in New Zealand looked at the life course outcome of young people with anxiety disorders (Woodward & Fergusson, 2001). This study examined associations between the extent of anxiety disorder in adolescence (14-16 years) and young people's later risks of a range of mental health, educational, and social-role outcomes (16-21 years).

Significant linear associations were found between the number of anxiety disorders and a range of adverse outcomes in early adulthood. Even after taking into account the effects of confounding factors, significant associations remained between the presence of anxiety disorders reported in adolescence and failure to attend college or a training program after high school.

Kessler (2003) offered a summary of the results of a literature review and the National Comorbidity Survey re: impairments due to social phobia. He notes that social phobia is a very common disorder that typically begins in childhood or early adolescence and generally persists through adulthood. The condition is strongly associated with reduced educational attainment and highly predictive of failure to enter college after high school.

Stein and colleagues (2000) analyzed data from the Ontario Mental Health Supplement, a survey of over 8,000 residents in Ontario aged 15-64, to investigate the effects of social phobia on functioning and life satisfaction independently of major depression, a very common co-occurring condition, and other factors such as age, gender, and social class. Social phobia was a very common condition in the community and significantly more common in the young (aged 15-24) and in females.

On virtually every index of functional impairment and life satisfaction, people with social phobia fared worse than people without the condition, even after accounting for the impairment associated with major depression. The effects of social phobia on academic achievement were particularly striking. After adjusting for age, gender, and social class, people who had a lifetime occurrence of social phobia were almost twice as likely to fail a grade or not complete high school compared to those who never had the condition. The presence or absence of major depression did not affect this outcome.

Depression and Academic Achievement

A 2005 study reported by Asarnow et al., examined the unique association of depression and role impairment among adolescents in primary care, controlling for the presence of common medical conditions. The sample included about 3,500 primary care patients aged 13-21 drawn from six sites including public health, managed care, and academic health center clinics. The sample included a large number of ethnic minority youth. Youth self-report questionnaires assessed probable depressive disorder, depressive symptoms, and common medical problems. Role impairment was defined as not in school or working full time, and low educational attainment was defined as more than two years behind in school or not having graduated high school by age twenty.

Depression was uniquely associated with clinically meaningful and statistically significant decrements in school and work productivity and in educational attainment. Both measures of depression were significant predictors of role impairment and low educational attainment. Moreover, the presence of a medical condition, which was more common among depressed adolescents, was not associated with role impairment once depression was controlled, underscoring the strong links between depression and role impairment in this age group.

Marmorstein and Iacono (2001) conducted a study of about 90 adolescent girls with major depression (MD) and/or conduct disorder (CD) and 125 controls in Minnesota. The results of this study suggest that both MD and CD are related to significant difficulties in functioning and school adjustment. Each disorder alone is related to an increased number of negative school related events such as suspension and failing grades. A dual diagnosis of MD and CD was associated with the highest level of school impairment, which is consistent with previous research indicating that depression and disruptive behavior together are related to more school problems than disruptive behavior alone (Lewinsohn et al., 1995).

In their two-year longitudinal study, Chen et al. (1995) reported that Chinese youth aged eight to ten who scored high on the Children's Depression Inventory (Kovacs, 1985) were found to have significantly lower academic achievement scores than their non-depressed counterparts.

Mental Health, School Attendance and Academic Achievement

A study carried out at a school-based health center (SBHC) of a public high school with a large population of low-income and Hispanic students (Gall et al., 2000) showed that students with mental health problems had a much higher rate of absenteeism, tardiness, and lower grades than those without mental health problems. The SBHC in this study averaged 1,000 visits per year with 30-50% of students enrolled at any given time. All students registering at the SBHC over four academic years (383 total) were given a brief mental health screening questionnaire. Information about absences and tardiness was collected for the two months before and after the screening.

Students who scored positive on the screen (showed signs of mental illness) were almost five times more likely to have poor grades (by self-report) than those who scored negative. In addition, the students who scored positive on the screen had more than three times the absentee and tardiness rates than those who scored negative. Two months after the screen, those that were positive and received services at the SBHC decreased their days absent by half and days tardy by one-quarter. This last result is evidence that a program of screening and referral to services can have demonstrable effects on school attendance and academic achievement as it relates to attendance.

The research briefly reviewed here shows that there is not only a clear link between mental illness and academic achievement but also between mental illness and every aspect of healthy functioning in youth. The directionality of this link remains difficult to prove, but we can certainly argue that the presence of an underlying mental illness has a detrimental affect on young people's ability to reach their potential, both personally and academically.

As expressed by the former Surgeon General Dr. David Satcher, "Americans are inundated with messages about success – in school, in a profession, in parenting, in relationships – without appreciating that successful performance rests on a foundation of mental health."

Mental Health and Academic Achievement in Youth Key Findings

Results Found

Authors and Dates

Over seven million people in the United States prematurely terminated their education because of early-onset mental illness

Kessler et al. (1995)

14% of high school dropouts have histories of mental illness

Kessler et al. (1995)

Roughly half of the premature terminations of education are due to mental illness

Stoep et al. (2003)

Educational disparities caused by mental illness persist through life

Miech et al. (2005)

Anxiety disorders are associated with lower academic achievement

Stein & Kean (2000) Woodward & Fergusson (2001) Kessler (2003)

Depression is associated with lower academic achievement

Asarnow et al. (2005) Chen et al. (1995) Marmorstein and Iacono (2001)

Depression in combination with behavior problems results in the highest level of school impairment

Marmorstein and Iacono (2001) Lewinsohn et al. (1995)

Youth with symptoms of mental illness have increased absenteeism and school lateness

Gall et al. (2000)

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