


SPR 18th Annual Meeting

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Category/Theme: Context and Prevention

Links Between Characteristics of the School Environment and Levels of Depression and Suicidality in Adolescents

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The contexts in which youth develop – their family, school, and neighborhood – shape their health. Although school-level characteristics (i.e. school climate, school socioeconomic status) have been shown to influence youth depressive symptoms, empirical data remain very limited concerning the extent to which the school context influences youth's risk of experiencing mental health problems. This study was designed to respond to this gap by examining links between characteristics of the school context and levels of depressive symptoms and suicidality in adolescents.

We used data from the 2008 Boston Youth Survey (BYS), a survey of 1,878 9-12th graders in 22 participating high schools in the Boston Public Schools (BPS) district. We examined: (a) variation in depressive symptoms and suicidality across schools; and (b) the extent to which school-level variables were associated with youth reports of depression and suicidality. We used the Modified Depression Scale, which inquires about the frequency of 5 depressive symptoms in the past month. Suicidality was evaluated through items asking youth to report whether in the past year they had: (a) considered suicide; (b) attempted suicide; and (c) cut or otherwise injured themselves on purpose. We obtained data on school-level variables from BPS administrative records and by aggregating BYS student data within each school. School variables tapped three dimensions: (1) sociodemographics (e.g. racial/ethnic composition, staff-student ratio), (2) resources (e.g. percentage of "highly qualified" teachers), (3) academic performance (e.g. mean achievement test scores, drop-out rates), and (4) student health behaviors (e.g. drug/alcohol use).

About 12% of students considered suicide and 4.1% attempted suicide. The proportion of students in each school who engaged in suicidal behaviors ranged from 1.1 to 22.2%. Mean depressive symptoms scores ranged from 11.7 to 14.7 across schools. Although there was limited between-school variation in suicidality ($\sigma^2_{uo} = 0.003$, $p > 0.05$), levels of depressive symptoms varied across schools ($\sigma^2_{uo} = 0.30$, $p = 0.03$, ICC = 1.6%). School-level factors associated with increased levels of depression were: (1) indicators of limited school resources (e.g., fewer "highly qualified" teachers, $\beta_{1j} = -0.01$; $p = 0.03$), (2) poor academic performance (e.g., fewer students meeting adequate yearly progress in English $\beta_{1j} = -0.31$; $p = 0.05$ and math $\beta_{1j} = -0.28$; $p = 0.080$), and (3) high prevalence of risk behaviors among students (e.g. higher levels of tobacco use $\beta_{1j} = 0.06$; $p = 0.09$).

Findings can provide education systems with new information on strategies to support students with existing mental health difficulties and ways to use preventative strategies to promote the mental health of all students.

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