

Evidence behind School Connectedness?

According to the 2017 Ontario Student Drug Use and Health Survey, an estimated 19% of students in grades 7 to 12 report their mental health as fair or poor. This is significantly higher than estimates from 2013, 2015 and 2017 (11%, 15% and 17% respectively). Further, the likelihood of reporting poor mental health was found to increase significantly with grade, ranging from 9% among grade 7 students to approximately 26% in grade 12 (OSDUHS Summary Report, 2017 Available at: <https://www.camh.ca/-/media/files/pdf---osduhs/mental-health-and-well-being-of-ontario-students-1991-2017---summary-osduhs-report-pdf.pdf>)

Mental health concerns during childhood and adolescence are associated with poor academic achievement, substance misuse, an increased risk for poverty, and other adverse outcomes throughout the lifespan (Barry, Clarke, Jenkins & Patel, 2013). According to the 2002 Mental Health and Well-being Canadian Community Health Survey, almost 70% of young adults aged 15–24 years with mood or anxiety disorders reported that their symptoms had started before the age of 15 (Public Health Agency of Canada, 2006). During childhood and adolescence, there is an opportunity to lay the foundation for positive mental health and to reduce the risks for mental health concerns later in life (Barry et al., 2013; Weare & Nind, 2011).

Literature has indicated that enhancing protective factors and reducing risk factors can help children and adolescents avoid multiple behaviors that place them at risk for adverse health and educational outcomes (Centers for Disease Control and Prevention, 2017). Protective factors are defined as “individual or environmental characteristics, conditions or behaviours that reduce the effects of stressful life events to promote social and emotional skills and reduce risks” (Centers for Disease and Control Prevention, 2017). Some protective factors include positive school climate, a sense of belonging, and recognition of achievement (Centre for Addiction and Mental Health, University of Toronto and Toronto Public Health, 2014). Additionally, there is an association between school connectedness and improved emotional health, increased academic achievement, and reduced risk-taking behaviours (Chapman, Buckley, Sheehan & Shochet, 2013).

The Pan-Canadian Joint Consortium of School Health defines school connectedness as “the extent to which students perceive that they are accepted, respected, included and supported by others in the educational environment” (Morrison & Peterson, 2013). According to the Centre for Disease Control and Prevention, “school connectedness is the belief by students that adults and peers in the school care about their learning as well as about them as individuals” (Centers for Disease Control and Prevention, 2009). ***The National Longitudinal Study of Adolescent Health conducted in the United States, found that students’ sense of school connectedness was one of the strongest protective factors of youth high-risk behaviors, such as substance use, violence, and suicidality (McNeely, Nonnemaker & Blum, 2002; Resnick, Bearman, Blum, et al., 1997). School connectedness has also been shown to be a protective factor for adolescent sexual and reproductive health (Markham, Lormand, Gloppen, Peskin, Flores, Low, & House, 2010).*** Since school connectedness has been shown in the research literature to be a predictor for mental health (Kidger, Araya, Donovan & Gunnell, 2012), enhancing the implementation of activities to increase school connectedness and sense of belonging can be part of an overall strategy at schools to improve the positive mental health for children and youth.

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