University of Calgary

PRISM Repository **https://prism.ucalgary.ca**

Conferences IDEAS Conference

2017-05

School Work, Adolescent Depression and the Classroom

Arguera, Nahum

University of Calgary

http://hdl.handle.net/1880/52118

Downloaded from PRISM Repository, University of Calgary

SCHOOL WORK, ADOLESCENT DEPRESSION AND THE CLASSROOM

Nahum Arguera

University of Calgary

Studies suggest that adolescents report a variety of academic stressors, which can have detrimental effects on mental health. Using the Health Behavior in School-Aged Children survey (2005/6 data), this paper provides an analysis of the effects of schoolwork pressures on depressive symptomology in Canada. Results indicate that school work pressure is associated with depressive symptoms in a negative way. Implications and stress-reduction strategies in the classroom are also discussed.

Keywords: school work pressure; stress; depression; stress reduction; adolescents

INTRODUCTION

Depression is a mental disorder, the symptoms of which can include unhappy mood, loss of interest/pleasure, decreased energy, feelings of guilt, low self-worth, disturbed sleep and appetite, and poor concentration (World Federation for Mental Health, 2012). There is evidence to suggest that depression occurs with considerable frequency in childhood and adolescence (Avenevoli, Knight, Kessler, & Merikangas, 2008). The purpose of this study was to understand the relationship between school work pressure and school related student concerns with depressive symptoms. The findings of this study will have implications for teachers, educators, and administrators to become aware of the effects of increased school pressures on mental health of adolescents. This will allow teachers to become leaders in promoting wellness strategies within schools and classrooms. Recommendations are included to continue the important work of enhancing student mental health within the classroom.

2017. In P. Preciado Babb, L. Yeworiew, & S. Sabbaghan (Eds.). *Selected Proceedings of the IDEAS Conference: Leading Educational Change*, pp. 112-120. Calgary, Canada: Werklund School of Education, University of Calgary.

LITERATURE REVIEW

Over the past two decades, research has shown that depression among children and adolescents is rapidly increasing. However, the prevalence of depression is higher among adolescents aged 12-18 years of age (Avenevoli et al., 2008). It is essential to engage in a study of adolescents because it is a time period in individuals' lives where there are tremendous changes physically, sexually, psychologically and emotionally (WHO, 2015). Longitudinal studies in high income nations have shown that if it is left unattended, depression in adolescence can have longstanding social and economic implications in adulthood, including lower levels of educational attainment, increased criminal involvement, higher levels of unemployment and difficulties with personal relationships (World Federation for Mental Health. 2012). As well as the costs incurred by the health system, the largest additional societal costs of depression among adolescents come from criminal justice services and extra educational provisions (Henderson, Henderson, Lavikainene, & McDaid, 2004).

Risk factors for depression include biological factors, emotional difficulties, family circumstances, interpersonal problems and school problems (Greenberg, Domitrovich, & Bumbarger, 2001). This paper does not attempt to account for all the risk factors affecting depression, but rather to examine the link between school work pressure and depression among adolescents in Canada. Many educational boards now acknowledge the stresses and workloads that adolescents experience in school and recognize that these stresses may have detrimental effects on their health (Alberta Education, 2015; Wilmott, 2014). This research is necessary to gain more insight into the effect of school work pressure on adolescent mental health.

It is well established that children and adolescents go through many different types of school-related pressures and stresses. These can include stress produced by teaching methods, school work load, school environment, anxieties about the future, and expectations from adults (de Anda et al.,

2000; Matheny, Aycock, & McCarthy, 1993). This paper focuses on stress caused by school work load. Some studies find that school pressures have a lot to do with emotional, psychological and even physical well-being, indicating a negative relationship between school pressures and well-being (Lin & Chen, 1995; Matheny et al, 1993; Phelan et al., 1991). Low et al. (2012) found that there was a significant effect of schoolwork stress on depressive symptomology among adolescents. In a representative sample of 7th grade Quebec students, the researchers found that adolescents who reported having schoolwork stress were about three times more likely to report having depressive symptoms than those adolescents that reported having no stress due to schoolwork.

Qualitative studies have also been conducted to better explain these relationships through the lived experiences of the adolescents affected. Phelen et al. (1991) reported that 90% of their participants reported tremendous pressure to achieve academically which resulted in students expressing feelings of depressive symptomology. Another study done by Lin & Chen (1995) provided insight to the voices of students experiencing school stress and how these stressors affected their lives. For example, a quote by one of their participants illustrates the effect of school work pressure on mental health: “It [academic pressure] is just like a devil, hanging around me all day long and depriving me of the beautiful life. The sky changed from blue into gray and there is no sign of life left in the surroundings… Every day, the six subjects are like six huge mountains on top of me. Only the ten minutes or so on the way back home is the time I can have a rest. But even then my mind is blank and numb….” (p. 156-157). A study done by Matheny et al. (1993) states that academic stress can be referred to as an “invisible disability,” because it leads to worry and feelings of being overwhelmed among adolescents.

THE STUDY

The Health Behaviour in School-aged Children (HBSC) study is an interdisciplinary, cross-national data collection collaboration. Cross-sectional data are collected every four years from students in over 40 countries. The HBSC was one of the first international surveys on adolescent health. The study aim is to understand youth's health in their social environment (Roberts et al., 2009). The objective of this quantitative study is to highlight the results of the analysis of the relationship between school variables and depressive symptoms among Canadian adolescent sample.

The sample consisted of 5930 students. The average age of the students in the study was 13.84 years old. These students were randomly selected from 187 publicly funded schools. The schools were chosen using weighted probability techniques to ensure that the sample was representative by regional geography and demographic features. Data were obtained from students in all 10 provinces and three territories. Schools and classrooms were chosen to reflect the distribution of students from grades 6-10 in the Canadian population (Saab & Klinger, 2010).

RESULTS

The results from Table 1 show that all three school-related variables are significantly related to frequency of reporting depressive symptoms among Canadian adolescents. A positive correlation coefficient of 0.30 indicates that as students report more school work stress, they report depressive symptoms more frequently. A negative correlation coefficient of -0.19 shows that reporting lower academic achievement is related to higher frequency of reporting depressive symptoms. Similarly, a correlation coefficient -0.22 signifies that reporting lower school satisfaction is related to higher frequency of reporting depressive symptoms among Canadian adolescent students.

	Depressive Symptoms	School Work Pressure	Academic Achievement	School Satisfaction
Depressive Symptoms	1.00			
School Work Pressure	0.30***	1.00		
Academic Achievement	-0.19***	-0.18***	1.00	
School Satisfaction	-0.22***	-0.20***	0.31***	1.00

Table 1: Correlation Matrix of Variables from the Canadian Health Behavior in School Aged Children 2006 Survey (***p<0.001).

DISCUSSIONS/EDUCATIONAL IMPLICATIONS

Controlling for socio-demographic variables, the results show that the stressor of school work pressure is significantly, positively associated with depressive symptomology. In other words increased levels of school work pressure is associated with increased frequency of reporting depressive symptoms. It is evident that school work pressure creates a considerable amount of strain which in turn results in depressive symptoms. This is also supported by literature that suggests that school work pressure is associated with depressive symptomology (Ang & Huan, 2006; Anderman, 2002; Low et al., 2012).

These findings have several implications in schools and classrooms. Research suggests that schools are important for prevention of negative mental health outcomes and health promotion (Jennings & Greenberg, 2009; Russell-Mayhew et al., 2015). Students express many stresses related to school work or academic stress that include examinations, studying, assignments, achievement, and learning (de Anda et al., 2000; Kouzma & Kennedy, 2004). As educators, it is critical to be able to identify these sources of stress and be provided with professional development opportunities in order to successfully help students manage stress. Schools and curricula should incorporate stress

management initiatives which integrate improvement of time management, mindfulness, relaxation, problem solving, and career counselling (Kouzma & Kennedy, 2004; Kraag, Zeegers, Kok, Hosman & Abu-Saad, 2006; Meiklejohn et al., 2012). Additionally, research demonstrates that students experience stress due to unclear assignments, timing and spacing of assignments, unclear subject objectives, uninteresting curriculum, and boring classes (Kouzma & Kennedy, 2004). This evidence also has potential to inform curriculum development and course design in schools and classrooms in order to develop programs and lesson plans that ameliorate effects of academic stress.

RECOMMENDATIONS

Based on the results of the study, I offer the following recommendations to teachers, administrators, and others who play a role within the education system.

1) Be aware that increased pressure in the classroom can increase level of student depression.
2) Consider how punitive policies, unclear directions, timing and spacing of assignments, and other curriculum decisions may have an impact on student mental health. While no teacher is perfect, there are practical things that can be done to mitigate student stress in the classroom.
3) Engage in professional development opportunities in student mental health.
4) Examine how you might incorporate wellness strategies into everyday classroom routines.
5) Be strategic about workload, assignments, expectations and due dates. A lean design can be a thoughtful approach.

CONCLUSION

Teachers and administrators can play a key role in becoming leaders in their schools in addressing student stress, and therefore negative health outcomes. This study provides insight on the effects of school pressures on depressive symptoms. The paper highlights that school work pressure, school satisfaction, and achievement are significantly related to increased levels of reporting depressive symptoms among Canadian adolescents. This provides evidence for teachers and administrators to intentionally consider and develop strategies that can assist students to develop skills that can mitigate the effects of school stress.

References

Alberta Education. (2015). *Diploma Examinations*. Retrieved from http://education.alberta.ca/admin/testing/diplomaexams.asp .

Anderman, E. (2002). School effects on psychological outcomes during adolescence. *Journal of Educational Psychology, 94*(4), 795-809. doi: 10.1037/0022-0663.94.4.795

Ang, R. P., & Huan, V. S. (2006). Relationship between academic stress and suicidal ideation: Testing for depression as a mediator using multiple regression. *Child Psychiatry and Human development, 37*(2), 133.

Avenevoli, S., Knight, E., Kessler, R., & Merikangas, K. (2008). Epidemiology of Depression in Children and Adolescents. In J. Abela, & B. Hankin (Eds.*), Handbook of Depression in Children and Adolescents* (pp. 6-34). New York: The Guilford Press.

de Anda, D., Baroni, S., Boskin, L., Buchwald, L., Morgan, J., Ow, J., ... & Weiss, R. (2000). Stress, stressors and coping among high school students. *Children and youth services review, 22*(6), 441-463. doi: 10.1016/S0190-7409(00)00096-7

Greenberg, M. T., Domitrovich, C., & Bumbarger, B. (2001). The prevention of mental disorders in school-aged children: Current state of the field. *Prevention & treatment, 4*(1), 1a. doi: 10.1037/1522-3736.4.1.41a

Henderson, J., Henderson, G., Lavikainen, J., & McDaid, D. (2004). Actions against depression: improving mental health and wellbeing by combating the adverse health, social and economic consequences of depression, European Commission.

Jennings, P. A., & Greenberg, M. T. (2009). The prosocial classroom: Teacher social and emotional competence in relation to student and classroom outcomes. *Review of Educational research, 79*(1), 491-525. doi: 10.3102/0034654308325693

Kouzma, N. M., & Kennedy, G. A. (2004). Self-reported sources of stress in senior high school students. *Psychological reports, 94*(1), 314-316. doi: 10.2466/pr0.94.1.314-316

Kraag, G., Zeegers, M. P., Kok, G., Hosman, C., & Abu-Saad, H. H. (2006). School programs targeting stress management in children and adolescents: A meta-analysis. *Journal of School Psychology, 44*(6), 449-472. doi: 10.1016/j.jsp.2006.07.001

Lin, J., & Chen, Q. (1995). Academic Pressure and Impact on Students' Development in China. *Mcgill Journal of Education, 30*(002), 149-168.

Low, N. C., Dugas, E., O'Loughlin, E., Rodriguez, D., Contreras, G., Chaiton, M., & O'Loughlin, J. (2012). Common stressful life events and difficulties are associated with mental health symptoms and substance use in young adolescents. *BMC psychiatry, 12*(1), 116.

Matheny, K. B., Aycock, D. W., & McCarthy, C. J. (1993). Stress in school-aged children and youth. *Educational Psychology Review, 5*(2), 109-134.

Meiklejohn, J., Phillips, C., Freedman, M. L., Griffin, M. L., Biegel, G., Roach, A., ... & Isberg, R. (2012). Integrating mindfulness training into K-12 education: Fostering the resilience of teachers and students. *Mindfulness, 3*(4), 291-307. doi: 10.1007/s12671-012-0094-5

Phelan, P., Davidson, A., & Cao, H. (1991). Students' multiple worlds: Negotiating the boundaries of family, peer and school cultures. *Anthropology & Education Quarterly, 22*(3) 224-250

Roberts, C., Freeman, J., Samdal, O., Schnohr, C. W., De Looze, M. E., Gabhainn, S. N., ... & Rasmussen, M. (2009). The Health Behaviour in School-aged Children (HBSC) study: methodological developments and current tensions. *International Journal of Public Health, 54*(2), 140-150. doi: 0.1007/s00038-009-5405-9

Russell-Mayhew, S., Nutter, S., Ireland, A., Gabriele, T., Bardick, A., Crooks, J., & Peat, G. (2015). Pilot testing a professional development model for preservice teachers in the area of health and weight: feasibility, utility, and efficacy. *Advances in School Mental Health Promotion, 8*(3), 176-186. doi: 10.1080/1754730X.2015.1040040

Saab, H., & Klinger, D. (2010). School differences in adolescent health and wellbeing: Findings from the Canadian Health Behaviour in School-aged Children Study. *Social Science & Medicine, 70*(6), 850-858.

Wilmott, C. (2014). *A Little Less Stress for Alberta Students Writing Final Exams*. Retrieved from http://studymagazine.com/2014/11/27/little-less-stress-alberta-students-writing-final-exams/.

WHO. (2015). Adolescent Development. Retrieved from http://www.who.int/maternal_child_adolescent/topics/adolescence/dev/en/

World Federation for Mental Health. (2012). Depression a Global Crisis: World Mental Health day, October 10, 2012. World Health Organization.