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## **APPC identifies student mental health as important source of state and national differences in adolescent educational achievement**

### **Data help explain poor standing of U.S. students in international comparisons**

An analysis by Annenberg Public Policy Center researchers Sharon Sznitman and Dan Romer shows that international and U.S. state differences in the emotional well-being of adolescents are strongly related to their overall levels of academic achievement. In addition, these differences are strongly related to levels of poverty at the national and state level. The article reporting these findings was recently posted online by the *Journal of Adolescent Health*.

The data compiled in the study (see Figures 1A-F below) indicate that states and countries with low levels of children living in poverty have higher levels of academic achievement controlling for a range of economic and other factors, including IQ. For example, North Dakota's adolescents, who ranked high in academic achievement as assessed by the National Assessment of Educational Progress, live in a state that has a very low level of child poverty. It is not likely that North Dakota has a particularly stronger teaching corps, and the state actually spent less on average per student than the average of the 39 states in the study. Indeed, greater school spending was not a strong predictor of better academic achievement on average for the states under study. But lower levels of child poverty and better adolescent mental health, such as in North Dakota, gave students a leg up in the ability to do well in school.

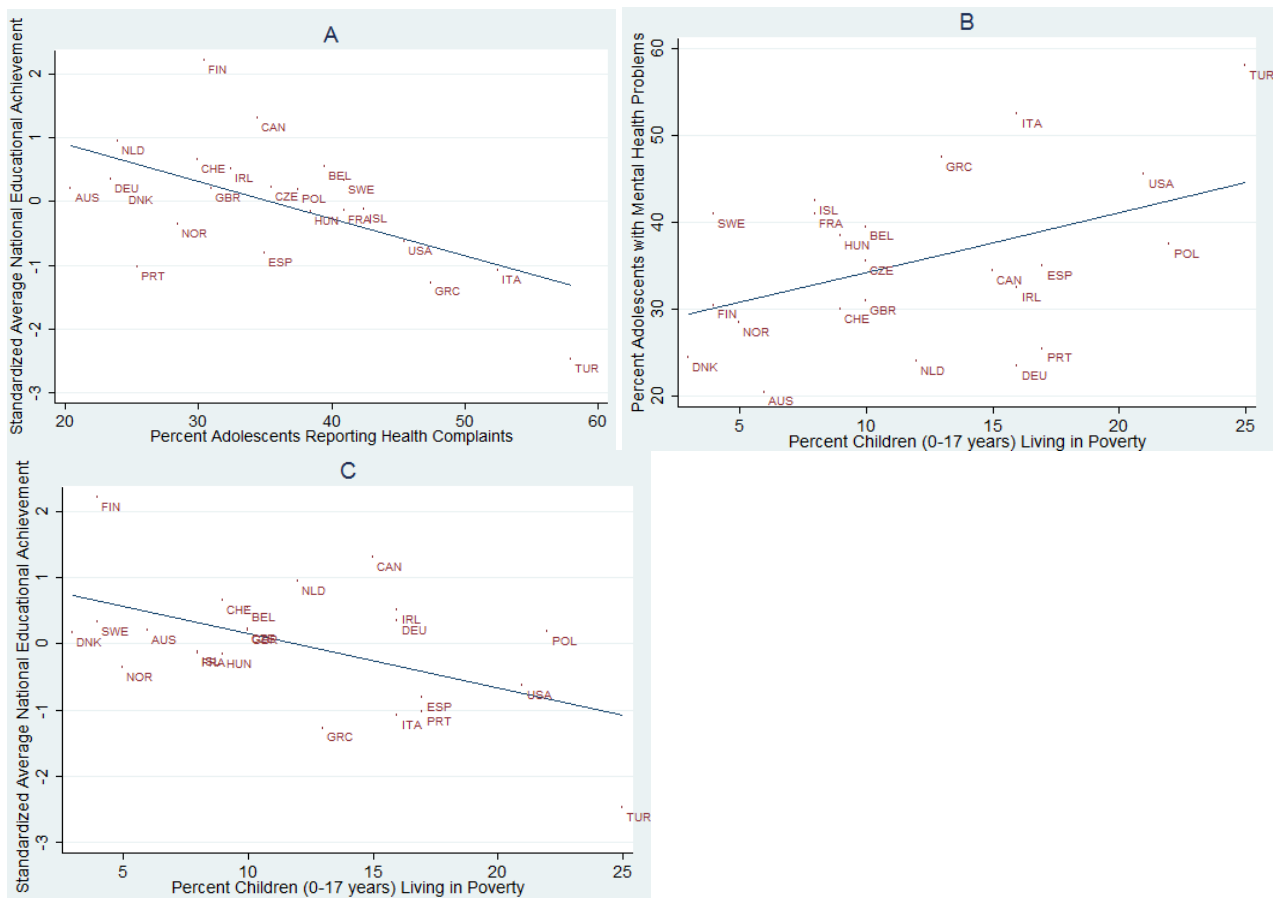
"Policies focusing only on academic factors, such as classroom size or curricula, will miss the powerful effects that poverty has on adolescent mental health," said Dan Romer, Director of the Adolescent Health Communication Institute at APPC. "It is time for the U.S. to consider enhancing the mental health of its youth, especially those growing up in high poverty households."

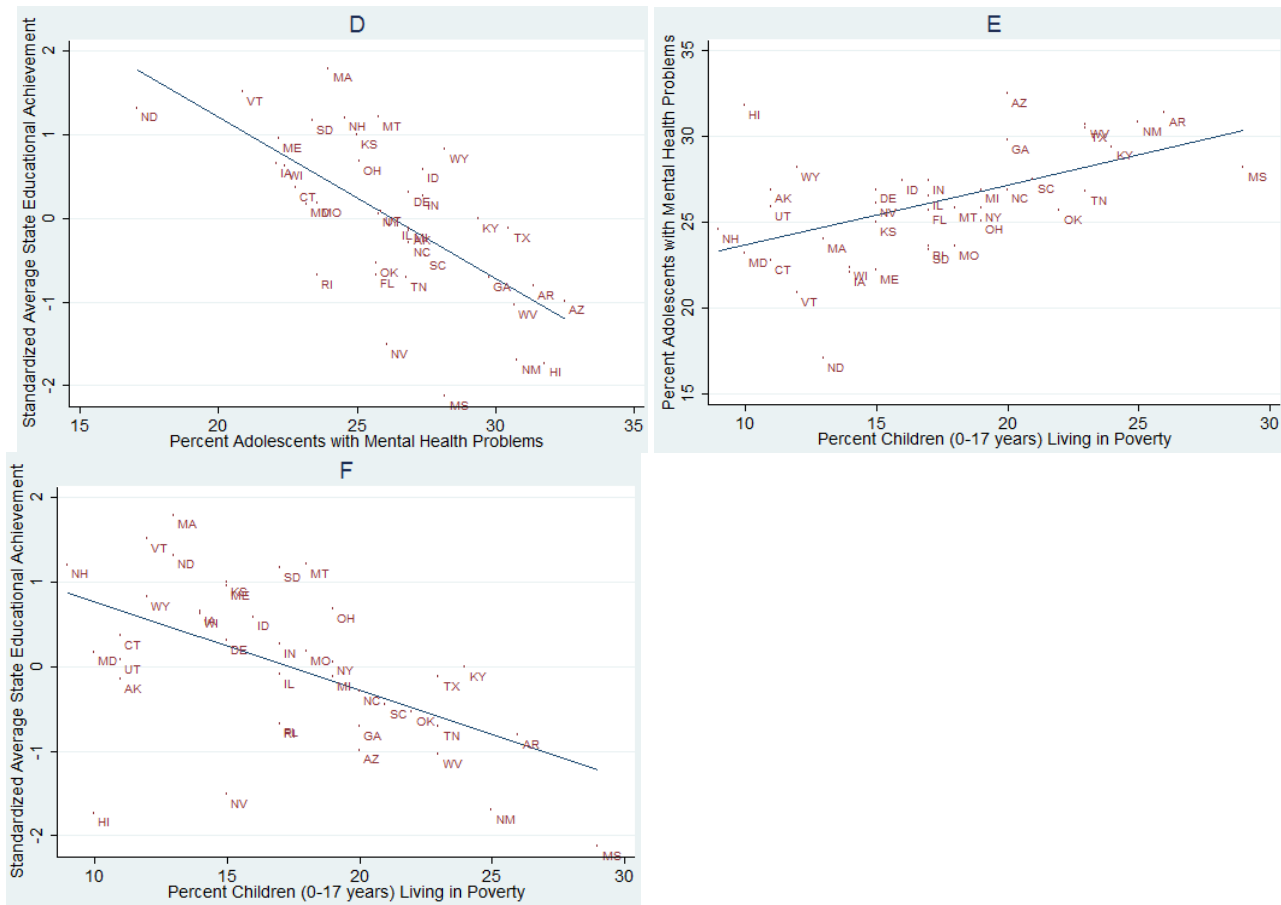
The data from this study also indicate that the relatively poorer performance of U.S. adolescents in international tests of academic achievement is related to the higher levels of child poverty in this country. As seen in the figure below, the U.S. ranks 3<sup>rd</sup> highest in child poverty rates among the 23 OECD countries

in the study. This contributes considerably to the relatively weak performance of U.S. students in international comparisons.

The analyses conducted in the study show that the strong association between child poverty rates and adolescent academic achievement are largely explained by differences in adolescent health. The alternative explanation that poor youth experience more mental health problems because they do less well in school was also tested. However, the data were not consistent with this explanation. These analyses add further weight to the argument that the effects of childhood poverty on adolescent mental health need to be addressed if the U.S. is to improve educational outcomes for its youth.

The article reviews some of the policies that should be considered to improve the mental health of U.S. youth. Because youth growing up in poverty experience a wide range of stressors beginning at birth, cohesive policies to improve the ability of parents to care for their children throughout their development are urgently needed. Some of the programs that have shown success include home visitation to assist parents in poverty, greater support for pre- and post-natal care, greater access to mental health care in schools and communities, and improved social climates in high poverty schools. Relying only on raising educational standards is unlikely to sufficiently improve educational outcomes in resource-poor communities.





**Figures 1A-F: Unadjusted educational achievement scores, adolescent mental health symptoms, and child poverty rates across 23 OECD countries and across 39 USA states.**

Note. For the international data (Figures 1A-C) educational achievement scores are based on the 2006 Programme for International Student Assessment study; percent adolescents reporting health complaints are based on the 2005/2006 Health Behaviour in School-Aged Children study; percent children living in poverty are based on the OECD social indicators. Countries included in the figures are: Austria (AUS), Belgium (BEL), Canada (CAN), the Czech Republic (CZE), Denmark (DNK), Finland (FIN), France (FRA), Germany (DEU), Great Britain (GBR), Greece (GRC), Hungary (HUN), Ireland (IRL), Island (ISL), Italy (ITA), the Netherlands (NLD), Norway (NOR), Poland (POL), Portugal (PRT), Spain (ESP), Sweden (SWE), Switzerland (CHE), Turkey (TUR), United States (USA). For the U.S. data (figures 1D-F) educational achievement scores are based on the 2005 and 2007 National Assessment of Educational Progress; percent adolescents reporting depressive symptoms are based on the 2007 Youth Risk Behavior Surveillance System; percent children living in poverty are based on 2007 data from the National Kids Count Program. States included in the figures are: Alaska (AK), Arizona (AZ), Arkansas (AR), Connecticut (CT), Delaware (DE), Florida (FL), Georgia (GA), Hawaii (HI), Idaho (ID), Illinois (IL), Indiana (IN), Iowa (IA), Kansas (KS), Kentucky (KY), Maine (ME), Maryland (MD), Massachusetts (MA), Michigan (MI), Mississippi (MS), Missouri (MO), Montana (MT), Nevada (NV), New Hampshire (NH), New Mexico (NM), New York (NY), North Carolina (NC), North Dakota (ND), Ohio (OH), Oklahoma (OK), Rhode Island (RI), South Carolina (SC), South Dakota (SD), Tennessee (TN), Texas (TX), Utah (UT), Vermont (VT), West Virginia (WV), Wisconsin (WI), Wyoming (WY).