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The Role of Psychological Sense of School Membership and Postcode as Predictors of Profiles of Socio-emotional Health in Primary School Children in England

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Abstract

A dual approach to mental health in schools has been widely defended, where the assessment of psychological distress and the examination of strengths/well-being are two separate continua. In line with a well-being approach, school belonging has been referenced as an important indicator of mental health in children. This study explored the predictive role of school sense of belonging alongside other demographic variables (gender, main language spoken at home, and socio-economic status of postcode) on the socio-emotional health profiles of primary school children in England. Children ($N=522$) were recruited from three primary schools in Greater London. A survey including measures of school belonging and socio-emotional health was administered to all children. Results showed that it is possible to identify groups of students at primary school level based on *socio-emotional health ratings on gratitude, zest, optimism, and perseverance*. School sense of membership, as measured by the psychological sense of school membership primary (PSSM-P), was the best predictor of group membership and, together with socio-economic status, explains 37% of the variance in socio-emotional health profiles. Belonging starts affecting well-being and socio-emotional health as early as in primary school, hence the importance of universal screening and early preventive actions to promote well-being in this age range. The study provides evidence supporting the use of the abbreviated (PSSM-P) in predicting socio-emotional health profiles, with potential to complement distress-based measures.

Keywords Psychological sense of school membership · Mental health · England · Primary · Screening · School belonging

Introduction

Cross-national studies suggest that approximately one in five children experiences some form of mental health difficulty, and that these are related to long-term outcomes such as poor academic attainment, substance abuse, and antisocial behaviour (Patel, Flisher, Hetrick, & McGorry, 2007). A review of studies on child and adolescent mental health in the twenty-first century has also suggested that this has been an increasing trend in the last two decades, particularly in girls (Bor, Dean, Najman, & Hayatbakhsh, 2014). Cross-sectional studies of mental health in early adolescence have

shown a marked increase in the female population between 2009 and 2014 (Fink et al., 2015). The impact of these trends is substantial. For example, it has been observed that children with mental health problems are more likely to (a) be excluded from school when compared to children without mental health problems (Green, McGinnity, Meltzer, Ford, & Goodman, 2005); and (b) experience problems in future employment, such as being in receipt of welfare benefits, or difficulty in maintaining continuous employment (Goodman, Joyce, & Smith, 2011; Knapp et al., 2015; Richard & Abbott, 2009).

In England, nearly 8% of 5–10 year olds have a diagnosable mental health disorder, compared to nearly 12% of 11–15 year olds; and 2% of all children, aged 5–16, had self-harmed (Department of Health & Department for Education, 2017). Recent data from the National Health Service, which looked at mental health difficulties, categorised into four broad categories (emotional, behavioural, hyperactivity, and other less common disorders) show that emotional disorders, such as anxiety or depression, were the most prevalent type

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