Social Integration and Mental Health Promotion: A Study of Black Adolescents

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Statement of the Research Problem

Mental, emotional, and behavioral challenges may emerge during adolescence (Kazdin, 1993); however, many, if not most, young people negotiate this life stage without serious difficulty (e.g., Loh & Wragg, 2004). The literature, nonetheless, acknowledges an increase in negative social and psychological development trajectories (e.g. teen depression) for today's generation of adolescents (Small & Covalt, 2006), exemplifying the need for continued focus on the psychosocial well-being of this group. Statistics substantiate mental health problems in adolescents, revealing, for example, that in general, one in five adolescents experience significant symptoms of emotional distress and approximately 10% of children and adolescents suffer from emotional disorders which impair their personal, school, and family lives (Knopf, Park, & Mulye, 2008; US Department of Health and Human Services [USDHHS], 1999). Other research reported greater psychiatric problems (including anxiety) and greater risk of comorbidity problems among Black adolescents as compared to other racial/ethnic groups (e.g., Chen, Killeya-Jones, & Vega, 2005).

Significant scientific attention has been given to mental illnesses and initiatives which aim to prevent or treat these illnesses in adolescent populations. Much less is known, however, about positive mental health functioning in adolescents (Knopf et al., 2008), those teens who are prepared for life, hopeful, content, (Zaff, Calkins, Bridges, & Margie, 2002), and flourishing (Keyes, 2006). The prevalence of adolescent mental disorders combined with the financial burden of treatment and the low utilization of treatment services by young people, particularly ethnic minorities (USDHHS, 2001), necessitates the consideration of additional methods to address adolescent mental health problems and support positive psychosocial well-being. Mental health promotion is one such approach.

The term mental health has been used as a proxy for the absence of mental illness (Smith, 1959). Kazdin (1993) argued that mental health incorporates "the absence of dysfunction in psychological, emotional, behavioral, and social spheres…. optimal functioning or well-being in psychological and social domains" (p. 128). This supposition implies that both the absence of negative characteristics and the presence of positive psychosocial well-being indicators are both important to a conceptualization of mental health. More recently, the World Health Organization (WHO) defined mental health as:

> a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community (WHO, 2007, p. 1).

Mental health promotion reconceptualizes mental health from a more positive standpoint and seeks to foster an optimal state of well-being, inclusive of positive qualities such as self-esteem and a sense of coherence, apart from seeking relief from difficulties or disorders (e.g., Magyary, 2002). Within this framework, the identification of factors (personal, social) that may foster mental health is paramount (e.g., Keyes, 2006). An adolescent is embedded in many social contexts, such as family and peers, which may positively contribute to their mental health and well-being or negatively impact it. As mental health promotion has received limited scientific attention and Black adolescents have been underrepresented in mental health research (USDHHS, 2001), the purpose of this study was to explore the impact of adolescent social contexts on the mental health of Black adolescents.

Research Background and Hypotheses

The literature revealed that family, school, and religion were significant agents of socialization for adolescents. Family has been indicated as the primary socialization agent and a key form of social capital for children and adolescents. From birth, children growing up in traditional or non-traditional family settings are taught the norms, values, and expectations of that particular family unit. Parents and other familial adults are expected to provide care, emotional and physical support, and guidance and direction for those that are a part of their household (Wilson, 1989). Researchers postulate that family support, a cohesive family atmosphere, and being valued and accepted by others, may promote better psychosocial outcomes, such as higher self esteem, efficacy, and self-confidence, and protect the adolescent from mental ill-health (e.g., Aydin & Oztutuncu, 2001). For children and adolescents, the extended family is also a key resource for emotional and physical support. Within Black communities, the extended structure, composed of nuclear, other related, and even fictive kin, is a significant family arrangement, and persists as a viable network for the provision of tangible and intangible

support, access to coping mechanisms, and the development and exchange of essential resources (Wilson, 1989).

Another key socializing agent in the lives of adolescents is school. Simons-Morton, Crump, Haynie, and Saylor (1999) emphasize the point, highlighting school as the most important socializing influence after family. This supposition is also supported by the fact that generally, 98% of all 11-17 year olds were enrolled in public and private junior high or high schools in 2003 (US Department of Education Statistics, NCES, 2007). Additionally, students spend a significant portion of their day involved in school life including academic, social, and extracurricular activities. The literature points to the importance of considering both the behavioral and affective components of a student's school experience when examining the relationship between school-related connective factors and adolescent outcomes (e.g., Finn, 1989).

The majority of American teens are connected to some religious group (e.g., Smith, Denton, Faris, & Regnerus, 2002). In general, African American and female adolescents view religion as more important and exhibit more frequent attendance and participation (e.g., Donahue & Benson, 1995). Religion has been indicated both as a protective resource for negative functioning and behavior as well as a promotive source of psychosocial well-being and positive developmental outcomes (e.g., Wallace Jr. & Forman, 1998). Researchers studying religion commonly conceptualize the institution as a social control mechanism (e.g., Wallace Jr. & Forman, 1998), consequently deterring its participants from engaging in risky or deviant behavior. Religion has also been perceived as contributing to the promotion of well-being, positive development, and pro-social behaviors in adolescents. Specifically, participation in religious organizations can promote a sense of shared values and beliefs, positive social connections, and an exchange of caring and support (e.g., Milot & Ludden, 2009). This in turn may foster coping mechanisms that help adolescents successfully handle typical as well as difficult life experiences, and provide a framework within which they are encouraged and motivated to make choices that result in more beneficial or successful outcomes (e.g., Milot & Ludden, 2009).

The literature review indicated that the majority of studies examined the relationship between specific aspects of family, school, and religion and adverse outcomes in mostly heterogeneous samples of adolescents. For the most part, the literature points to a significant protective effect of all three socialization agents on risk behaviors, and educational outcomes, and reveals minimal impact on negative psychological functioning. The research also evinced that the exploration of the promotive or positive influence of family, school, and religion on the psychosocial well-being of adolescents in general and Black adolescents in particular, is sparse. Indeed, Black adolescents were minimally represented in much of the literature examining psychosocial well-being, indicating a key gap in the literature. The few studies that do

exist revealed a mainly positive influence of family, school, and religion on aspects of positive mental health (i.e. self-esteem), prosocial values and behaviors, and education and career outcomes for adolescents in general. However, mental health was typically measured by one or two indicators and the majority of studies utilized either large probability samples of adolescents or smaller more homogeneous samples of sub-groups of adolescents. For the present study, mental health was represented by positive psychosocial well-being (self-esteem, mastery, and active coping) and lower psychosocial well-being (perceived stress and mental disorder) indicators.

Durkheim's theory of social integration (Durkheim, 1951) was employed as a framework to help examine the relationship between adolescent involvement in and attachment to family, school, and religion and their psychosocial well-being. Based on this theory, it can be postulated that cohesive group arrangements, developed through positive and consistent exchanges among members, encourage an atmosphere of support and constructive attachments among group members, consequently leading to better individual psychosocial well-being outcomes. Subsequently, family, school, and religious integration were explored as contributors to optimal psychosocial well-being in addition to protective influences against adverse psychosocial well-being in a nationally representative sample of Black adolescents.

Research Question

What is the relationship between family, school, and religious integration and the mental health of Black adolescents?

Hypotheses

H1: Family integration will be positively related to the mental health of Black adolescents.

H2: School integration will be positively related to the mental health of Black adolescents.

H3: Religious integration will be positively related to the mental health of Black adolescents.

Methodology

The study used a cross-sectional survey design to conduct a secondary data analysis of the adolescent sample of the 2001-2003 National Survey of American Life (NSAL), conducted by researchers at the Program for Research on Black Americans (PRBA) through the University of Michigan's Institute for Social Research. The NSAL provides extensive data on mental disorders and the mental health of adult Americans of

African ancestry. It is a nationally representative household survey which utilized a stratified and clustered sample design to obtain a nationally representative sample of 3,570 African American (AA), 1,006 non-Hispanic whites, and 1,621 blacks of Caribbean descent (CBs)[1] aged 18 years and older (Jackson et al., 2004). To generate the NSAL-Adolescent sample (NSAL-A), every AA and CB household that included an adult participant in the NSAL was screened for an eligible adolescent living in the household, and adolescents were selected using a randomized procedure. If more than one adolescent in the household was eligible, up to two adolescents were selected for the study, and if possible, the second adolescent was of a different gender (Sweetman, Baser, Rafferty, Torres, & Matusko, 2009). Based on its sampling methodology, the NSAL is classified as a complex sample survey; therefore, statistical analysis programs were selected due to their ability to account for the design of the study, where possible.

Study Participants

The original adolescent sample consisted of 1,193 cases, but 23 were dropped from analyses because they were 18 or older at the time of the interview. Consequently, the resulting analysis sample consisted of 1,170 AA (n = 810) and CB (n = 360) youths ranging in age from 13 to 17 years. The overall sample is composed of male subjects (n = 563 unweighted, 48% weighted) and female subjects (n = 607 unweighted, 52% weighted), and there is an equal gender distribution for AA and CB youth. The mean age is 15 years (*SD* = 1.42 years), and the age groups were categorized into early (aged 13-14 years; n = 477 [40%]), middle (aged 15-16 years; n = 441 [41%]), and late adolescence (aged 17 years; n = 252 [19%]). Approximately 96% of the sample was still enrolled in high school, with the highest percentage being in the 9th grade. The median family income was $28,000 (approximately $26,000 for AAs and $32,250 for CBs) (Joe, Baser, Neighbors, Caldwell, & Jackson).

Study Variables

For the purpose of this study, mental health was conceptualized as:

> a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community. (WHO, 2007, p.1)

Following Kazdin (1993), mental health was represented by both positive and negative psychosocial well-being indicators utilizing two latent factors. The latent factor positive psychosocial well-being was indicated by the manifest variables of self-esteem, active coping, and mastery. Additionally, the latent construct negative psychosocial well-being was indicated by the manifest variables of perceived stress and mental disorder.

[1] In the study, African American was used to describe people who self-identified as black but did not identify any lineal connections to the Caribbean. Caribbean blacks were those who self-identified as black and specified that they were from a country included on a list of Caribbean area countries presented by the interviewers or specified that at least one of their parents or grandparents was born in a Caribbean area country. Both black and black Americans are inclusive of both groups (Jackson et al., 2004).

Both latent factors represented separate indicators of mental health in the SEM analysis. Family integration was conceptualized as the degree to which adolescents are involved in and attached to family and extended family. The family integration variable was operationalized through family closeness and a measure of communication with family or relatives living outside of the home.

School integration was conceptualized as the degree to which adolescents are engaged in and attached to school. This study utilized both number of years of involvement in extracurricular activities and school bonding to operationalize school integration. For this study, religious integration was conceptualized as the degree to which adolescents are involved in and connected to a religious institution. Religious integration was operationalized through two latent constructs. The first construct was indicated by measures of organizational participation, including church attendance and other church related activities. The second construct was represented by adolescent desire to attend church and participate in church activities.

Data Analysis

This study employed a two-step approach to model development. The first step was the construction of a measurement model. This assured that any badness of model fit was due to misspecification in the measurement model versus poor structural relations among the latent variables (Mattanah, Hancock, & Brand, 2004). The second step of the SEM process involved imposing a theory based structural hypothesis on the latent variables in the final confirmatory model. Analysis of the structural relationships was conducted on the final structural model to determine support for the studies' hypotheses. SEM was conducted using Mplus v.5.21 which accounts for the complex sample survey design.

Results

Each of the goodness-of-fit indices suggest that the six-factor measurement model had an acceptable fit to the data, χ^2 (df=15) = 44.787, p<.001; CFI = .94, TLI = .95, RMSEA = .041. The chi-square value was significant, so the normed chi-square was calculated, χ^2/df = 2.98. The final CFA model is presented in Figure 1. This model will be used as the foundation for the development of the subsequent structural model. The final SEM model also had a satisfactory fit to the data: χ^2/df = 2.7, $p < .001$, CFI = .93, TLI = .93, RMSEA = .038. The chi-square value was significant, so the normed chi-square was calculated, χ^2/df = 2.7 (see Table 1 for chi-square and fit indices from all three models). The final structural model with standardized coefficients and significant covariances is presented in Figure 2. All findings are discussed based on the fully standardized (StdYX) structural path coefficients.

Family Integration: The findings of the SEM analysis revealed that even when age and income are taken into account, the relationship between family integration and both positive and negative psychosocial well-being is statistically significant. Family integration is positively related to better psychosocial well-being and protects against lower psychosocial well-being in Black adolescents, supporting the hypothesis that family integration contributes positively to adolescent mental health.

School Integration: The SEM analysis illustrated that even when gender was taken into account in the model, the relationship between school integration and both positive and negative psychosocial well-being is statistically significant. School integration is positively related to better psychosocial well-being and protects against lower psychosocial well-being in Black adolescents, supporting the hypothesis that school integration contributes positively to adolescent mental health.

Religious Integration: Results of the SEM analysis revealed that even when accounting for age, ethnicity, and gender, a statistically significant inverse relationship was present between religious involvement and better psychosocial well-being. Findings suggest that the lower the religious involvement the greater the positive psychosocial well-being. This was somewhat unexpected. Additionally, there was a statistically significant and positive relationship between greater religious commitment and better psychosocial well-being even while accounting for ethnicity and gender. No statistically significant relationships were observed between religious involvement or religious commitment and lower psychosocial well-being. The study hypothesis is only partially supported by these findings, suggesting that religious integration, as represented by religious commitment, supports the positive aspect of an adolescent's mental health.

Mental Health: Overall, mental health, as represented by positive and negative aspects of psychosocial well-being, was positively impacted by family and school integration and only slightly impacted by religious integration. The results showed that 42% of the variance in the positive psychosocial well-being factor and 29% of the variance in the negative psychosocial well-being factor was due to the family, school, and religious factors, and any significant control variables.

Utility for Social Work

Overall, the present study supports the body of evidence that social contexts are important predictors of the mental health of Black adolescents, as represented by positive and negative aspects of psychosocial well-being. Several contributions to the research literature are illustrated by the current study findings. First, the study adds to the literature on mental health promotion by examining family, school, and religion as positive influences on psychosocial well-being. The study results support the promotive influence of all three aspects of social integration on Black adolescents' psychosocial well-being.

Second, the study tested the model using a nationally representative sample of Black adolescents. The review of the literature evinced sparse research examining the positive impact of family, school, and religion on better psychosocial well-being in a Black adolescent population. Within the studies reviewed, Black adolescents were only minimally represented in heterogeneous groupings of adolescents or smaller samples of Black adolescents were utilized for investigation. This research provides a critical addition to the limited body of literature on factors that promote mental health within the Black adolescent population, a group that has been previously underrepresented in mental health research.

Finally, the design of the study lends to the generalizability of the findings to youth of similar backgrounds. Consistent with the majority of other studies, the current study used cross-sectional data for analysis. However, in contrast to many of the other studies, primarily research using samples of Black adolescents only, a national probability sample was utilized for the current secondary data analysis.

Limitations

Although the current study evinced significant relationships among family, school, religious integration, and psychosocial well-being variables, a number of key limitations must be recognized. First, the study utilized a cross-sectional survey design; consequently no causal inferences can be made about the effects of family, school, and religious integration on mental health. Second, although the findings are generalizable to other adolescents of similar backgrounds, they are not generalizable to a broader non-Black adolescent population.

Future Research

Aligned with some of the limitations presented, future studies could utilize a longitudinal design to examine the long term effects of early adolescent social integration on later psychosocial well-being outcomes, including how these relationships may change over time. Additionally, parent and teacher observations or reports would help to strengthen the findings from adolescent retrospective or self reports. Other studies could also examine the relationships of interest in different sub-groups of adolescents or a broader group of adolescents to explore how these social contexts may impact the psychosocial well-being of adolescents in a consistent or contradictory way. Furthermore, future research, using the current study as a foundational model, could examine within group differences based on ethnicity, gender, income, and age, based on the significance of some of those demographic characteristics in the model, and the research literature that suggests differences in some of the integration factors (e.g., females exhibit more frequent religious attendance than males).

Implications of the Findings

The study results have implications for social work practice, policy, and research. On a direct service level, social workers could utilize the results of the study to add to or enhance their existing strategies for individual or group mental health work with Black adolescents. Both family and school integration significantly promoted better psychosocial well-being while also protecting against negative well-being outcomes. Subsequently, a school social worker could design strategies to enhance aspects of school integration, such as school bonding, in order to promote the psychosocial well-being of the Black adolescents with whom he/she may be working. Additionally, a social worker providing mental health services in a community based setting could engage the family of an adolescent in developing approaches to enhance aspects of family integration, such as family closeness. Furthermore, as Black adolescents may be at greater risk for the development of mental disorders, the identification of factors that prevent mental ill-health are helpful to social workers who may be delivering mental health services to this population. Additionally, the identification of school, family, and religious factors significant to the promotion of mental health can inform the design and further development of evidenced based promotion, prevention, and treatment interventions as well as culturally consonant interventions that enhance adolescent psychosocial well-being, particularly in Black adolescent populations. Interventions that are based in research and are culturally relevant may alleviate some of the low usage of mental health services by adolescents in general, and minority adolescents in particular.

Most policies are informed by research findings. Policies that allocate funding for the improvement of mental health in children and adolescents or the prevention of adverse behavioral and psychosocial outcomes may benefit from the information obtained in the current study. For example, existing policy, such as the No Child Left Behind Act (NCLB) of 2001, makes provision for grants to improve the mental health of children through school based mental health services. Policies such as NCLB could allocate funding for mental health promotion activities, especially in light of the current findings that both family and school integration promote psychosocial well-being in Black adolescents. Knowledge about what supports adolescent psychosocial well-being can serve to enhance existing initiatives or serve as a foundation for the development of new initiatives. Additionally, policies to foster social integration within an adolescent population need to be considered. School level policy, for example, can specify funding to develop initiatives to improve aspects of school integration (e.g., school bonding), based on the finding that school integration was important for better psychosocial well-being of the Black adolescents in the current sample.

Mental health promotion has received less attention in research, compared to prevention or treatment. Consistent with the promotion literature (e.g., Magyary, 2002), the current study examined social factors that relate to the promotion of mental health in

adolescents, therefore adding to the body of knowledge in this research area. Additionally, research was conducted using a sample of Black adolescents, a group traditionally underrepresented in mental health research, adding to the knowledge about factors that support mental health in this group. Conducting research with underrepresented groups reinforces social workers commitment to social change and diversity in research. Furthermore, the study supported the conjecture of researchers to view mental health in a more positive light by conceptualizing mental health as inclusive of the presence of positive psychosocial well-being, in addition to the absence of negative psychosocial well-being.

Conclusion

This research investigated social factors that promote the mental health of Black adolescents. The impetus for the study was guided by the author's interest and significant practice experience with Black adolescents coupled with the desire to explore mental health within a more positive framework. The study proposed and found that both family and school factors were significantly related to the psychosocial well-being of Black adolescents. Additionally, religion, as defined by commitment to religious activity and examined within the context of the other two socialization agents, was marginally related to positive psychosocial well-being. This study added both to the more established literature of the protective effects and the sparse literature of the promotive effects of social factors on the mental health of Black adolescents, as defined by positive and negative psychosocial well-being indicators. The findings of the study are useful for direct service practitioners, program developers, and policy makers who seek to reduce the burden of mental ill-health in adolescents, through efforts to foster and build their mental health.

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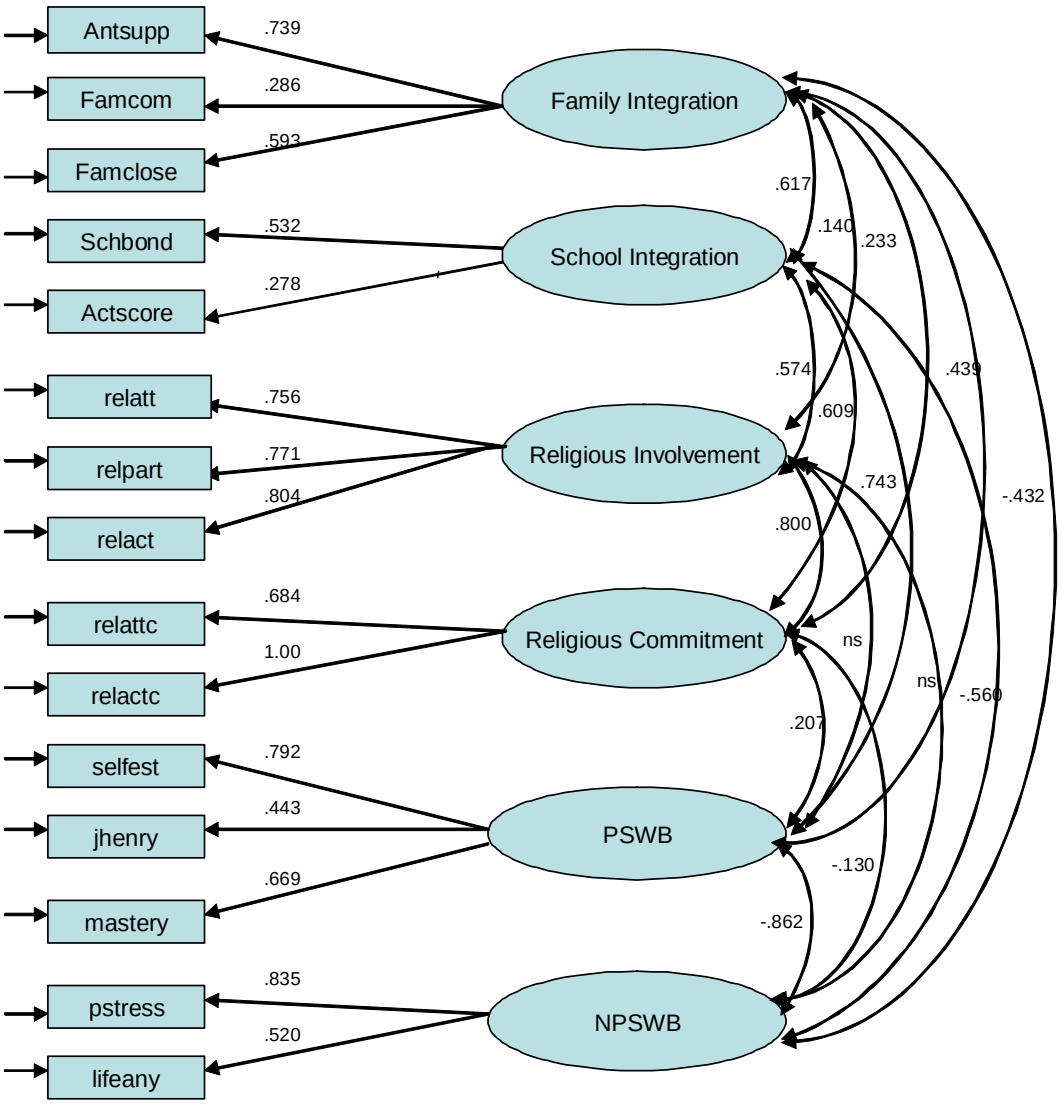

Figure 1. Final CFA Model. Completely standardized parameter estimates are shown. All paths were significant at p < .05, unless designated ns. Values for error covariances are not shown.

Table 1

Summary of Data Model Fit Statistics

Model	χ^2	*df*	NC (χ^2/df)	CFI	TLI	RMSEA
Final CFA Model	44.787	15	2.98	.94	.95	.041
First Structural Model	47.673	17	2.80	.93	.93	.039
Final Structural Model	46.199	17	2.72	.93	.93	.038

Note: NC= normed chi-square; CFI = comparative fit index; TLI =tucker lewis index; RMSEA=root-mean-square error or approximation.

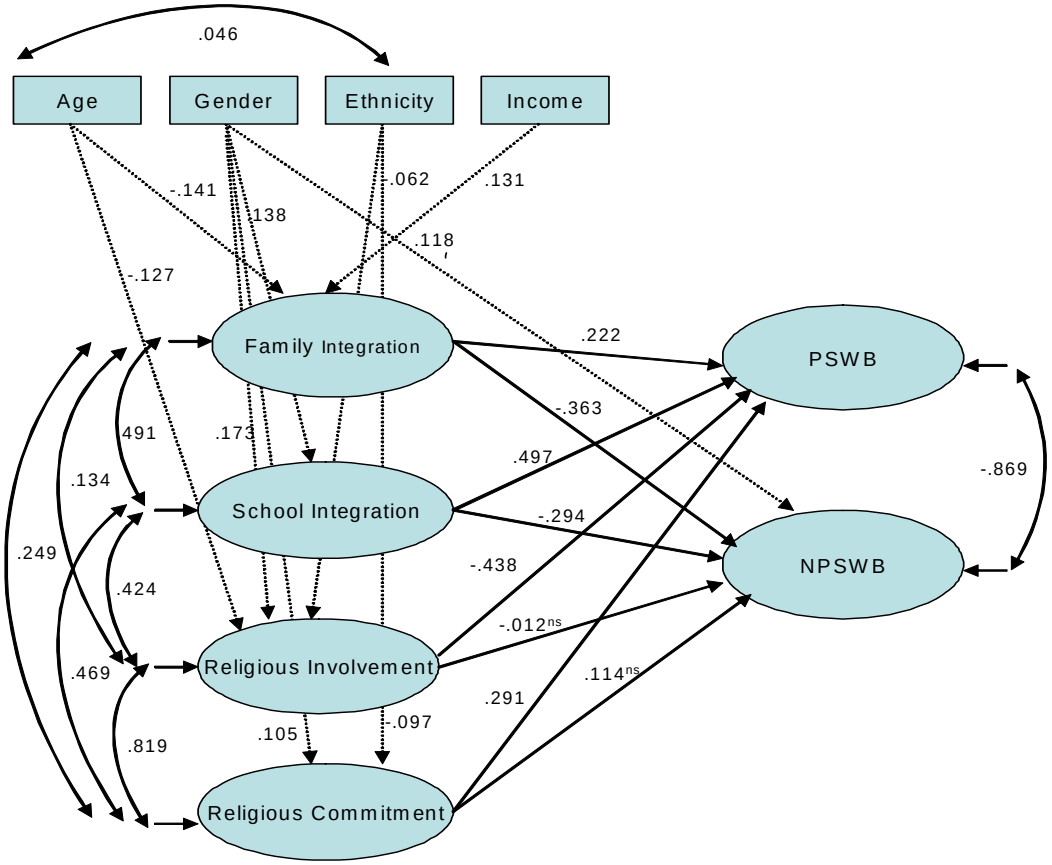

Figure 2. Final structural model. Completely standardized parameter estimates are shown. All paths were significant at p < .05, except the two designated as ns.