



High Achieving Schools Survey: Introduction

June 2021

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INTRODUCTION

Authentic Connections (AC) is a team of leading scientists, clinicians, and consultants committed to helping schools measure, track, and improve well-being and resilience. **AC** works with schools to promote positive student outcomes by providing valuable tools such as **research-based surveys, interactive data and results reporting, actionable school-specific recommendations, and ongoing collaboration and support.**

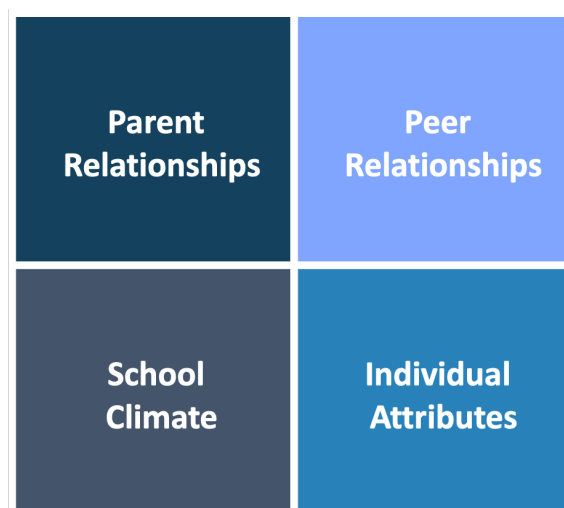
This report is the first in a five-part series in which we describe findings from the **High Achieving Schools Survey (HASS)**, administered in the Fall/Winter of 2020, during the COVID-19 pandemic.

The **HASS** is a scientifically-validated online survey designed to provide schools with a **comprehensive measure**

of student mental health alongside modifiable risk and protective factors, including learning efficacy, school culture and climate, connections with peers and adults at school, and relationships with peers and parents outside of school.

In this introductory report, we describe the underlying **conceptual framework**, the **methods used**, and the **samples assessed** during the Fall/Winter of 2020. We then present **preliminary findings on symptoms and well-being** across different subgroups of students.

In the reports that follow in this series, we present findings on specific aspects of student life with essential implications for their mental health and well-being; the aspects are **Parent Relationships, Peer Relationships, School Climate, and Individual Student Attributes.**



THEORETICAL FRAMEWORK

The **High Achieving Schools Survey (HASS)** stems from decades of research conducted by developmental and clinical psychologists.

In 1988, Dr. Suniya S. Luthar (Professor Emerita at Columbia University Teachers College; Co-Founder & Chief Research Officer at AC) first published a paper on resilience with Dr. Edward F. Zigler (Sterling Professor Emeritus of Psychology at Yale University).

Since then, Dr. Luthar has continued to conduct scientific research and has been acknowledged as one of the world's leading academic experts on resilience in children and families.

AC brings sophisticated, modern techniques for data science and analytics to this strong legacy of theory and research on resilience, spanning decades of rigorous, peer-reviewed science.

Students in High-Achieving Schools

Over the past few decades, Dr. Luthar and her colleagues have accumulated evidence showing that **adolescents attending high-achieving schools— where pressures to achieve and excel are intense and constant— have higher rates of depression, anxiety, and substance use than do adolescents in the general population** (e.g., Luthar, Kumar, & Zillmer, 2019; Luthar, Barkin, & Crossman, 2013; Luthar & Latendresse, 2005). The research shows that the phenomenon of increased student vulnerability in high-achieving populations extends across public and private schools, cities and suburbs, and different regions of the country.

MISSION STATEMENT

At Authentic Connections, we aspire to maximize well-being and resilience in schools through data-driven insights.

Resilience and Relationships

Resilience is the process of adapting well in the face of adversity or stress. Resilience is affected by many factors stemming from relationships at home, relationships at school, and individual attributes of the students themselves. Figure 1 illustrates the components of resilience. Evidence accumulated by our research group has shown that students who appear at surface level to be resilient—for instance, those who manage to succeed academically and socially despite having stressful home lives—may be hiding serious symptoms of depression, anxiety, and substance use (e.g., Luthar, Doernberger, & Zigler, 1993; Luthar, 1999; 2006).

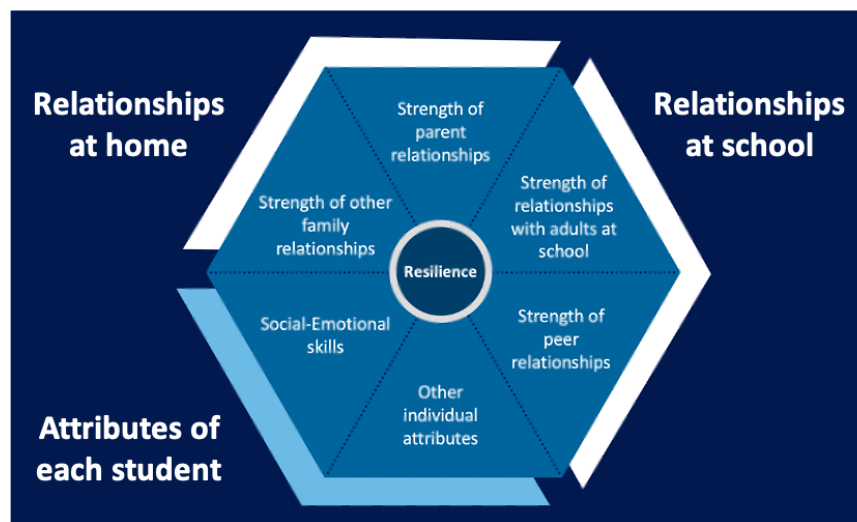


Figure 1. Components of Resilience

Our research has led to the identification of many risk and protective factors that impact resilience in students across all socioeconomic backgrounds (e.g., Luthar et al., 2015). **Risk factors** are characteristics of an individual student and of his/her/their relationships that are **negatively related to resilience and well-being**; examples include conflicts at home or difficulties with peers. **Protective factors** are aspects of an individual student and of his/her/their relationships that are **positively associated with resilience and well-being**; examples include feeling supported by at least one adult and holding positive views of the school climate.

At **AC**, we know that resilience rests, fundamentally, on relationships; as such, we strive to help schools measure, track, and improve the quality of the relationships that matter most to the students they serve.

AUTHENTIC CONNECTIONS STUDENT SURVEYS

During the Fall/Winter semester of the 2020-2021 school year, **AC** partnered with schools to administer assessments of 9,136 middle and high school students at independent and public schools across the country. A total of 4,182 students at 10 schools completed the long-form **High Achieving Students Survey (HASS)**, and an additional 4,954 students at 15 schools completed the short-form **Student Resilience Survey (SRS)**. In this report, we present findings from the Fall/Winter 2020 **HASS**; results from the Fall/Winter 2020 **SRS** will be shared later this spring.

THE FALL 2020 HIGH ACHIEVING SCHOOLS SURVEY

The **High Achieving Schools Survey (HASS)** is a mixed-methods survey with both quantitative and open-ended questions designed to help schools assess student well-being and mental health in relation to risk and protective factors at school and at home. The **HASS** is a comprehensive survey designed to be completed online by students in a single class period (approximately 30-45 minutes).

PARTICIPANTS

As noted earlier, between September and December of 2020, the **HASS** was completed by a total of **4,182 students from 10 schools** across the United States. The sample comprised a mix of independent day schools (5 schools; $n = 1,657$ students), independent boarding schools (4 schools; $n = 1,846$ students), and a single public school (1 school; $n = 679$ students). Almost two-thirds of students in the sample were from schools in the Northeastern U.S. (6 schools; $n = 2,653$ students), and the remainder were from the South (4 schools; $n = 1,529$ students). At the independent schools in the sample, annual tuition ranged from \$20,050 to \$50,990. Across all schools, the percentage of students receiving either financial aid (at the independent schools) or free-/reduced-price lunch (at the public school) ranged from 16-47%; median household income at the independent schools ranged from \$46,702 to \$79,483, and was \$118,333 for the public school in the sample.¹

Table 1 presents characteristics of students in the overall sample.

¹ Data from Niche.com.

	Characteristic	n	%
Gender	Male	2,026	48%
	Female	2,025	48%
	Non-Binary/Other	110	3%
	Prefer Not to Answer	21	1%
Race/Ethnicity	White	2,769	66%
	Black	324	8%
	Asian	513	12%
	Hispanic	162	4%
	Other Ethnicities ²	346	8%
	Prefer Not to Answer	68	2%
Grade Level	Middle School	1,179	28%
	High School	2,982	71%
	Post-Grad/Other	21	1%
Learning Format³	In-Person Learning	1,749	42%
	Hybrid Learning	1,575	38%
	Remote Learning	399	10%
Boarding Status	Day Student	3,118	75%
	Boarding Student	1,064	25%
Student Type	International Student	366	9%
	Domestic Student	3,816	91%
Total		4,182	100%

² *Other Ethnicities* represents students from several racial/ethnicity subgroups, including Multiracial, Biracial, Middle Eastern, Native American, and Other students. The number of students within each of these subgroups was too small to allow for generalizations, so we do not report findings on them separately in this paper.

³ Learning format data were missing for 459 students (11%).

Table 1. Sample Characteristics

MEASURES

Student Symptoms

The **HASS** measured four components of student mental health and well-being: **Depression**, **Anxiety**, **Rule Breaking** (i.e., behaviors including cheating and stealing), and **Substance Use**. For each component, five Likert-scale questions asked students to report how frequently they experienced the symptom in question on a 5-point scale (0 = never, 4 = very often). The items were taken from the **Well-Being Index**, a psychometrically-validated measure of adolescent mental health symptoms (Luthar et al., 2020). Sample items are presented in Table 2.

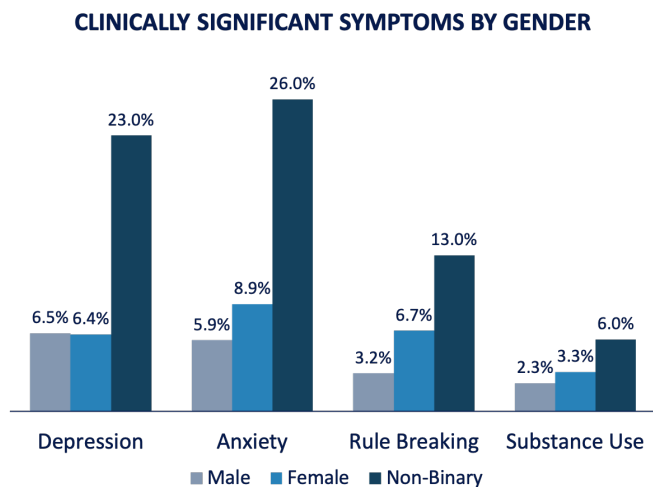
Symptom	Sample Item
Depression	I am sad or depressed.
Anxiety	I worry or obsess.
Rule-Breaking	I cheat on exams or tests.
Substance Use	During the last 30 days, on how many occasions (if any) have you smoked cigarettes?

Table 2. Student Symptoms and Sample Items

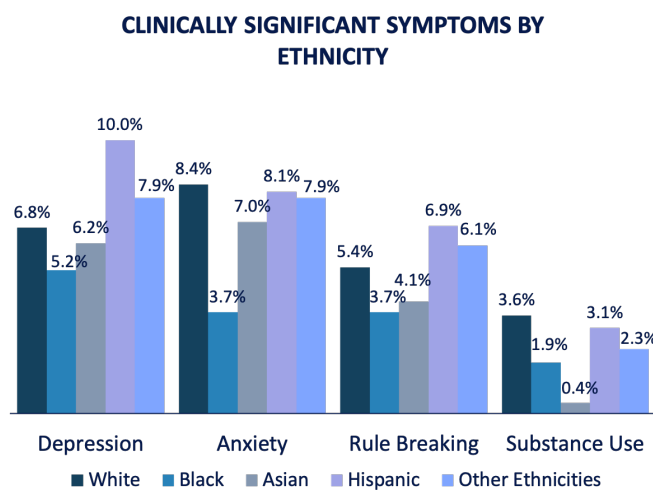
RESULTS

Symptom Rates Within Student Subgroups

Figure 2 presents rates of clinically significant symptoms separately by student characteristics. Determinations of symptom severity are based on comparisons to average scores from a normative sample of students of the same ages as those assessed here; cutoff scores for clinical significance are computed separately for males and females. For example, substance use is considered severe if a student reported using one or more of alcohol, tobacco/cigarettes, vape/e-cigarette, or marijuana six or more times over the past 30 days.



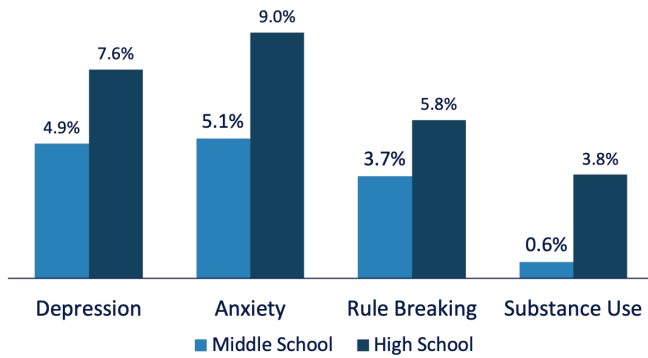
As shown in Figure 2, the **percentage of students reporting severe symptoms was significantly higher for gender non-binary students** than for males or females; this was true for all symptoms assessed⁴.



The percentage of students reporting clinically significant levels of **Substance Use** differed by ethnicity/race⁵; **serious rates of Substance Use were highest among White students and lowest among Asian students**. Although rates of symptom severity for **Depression**, **Anxiety**, and **Rule Breaking** were higher among Hispanic students, the differences were not statistically significant.

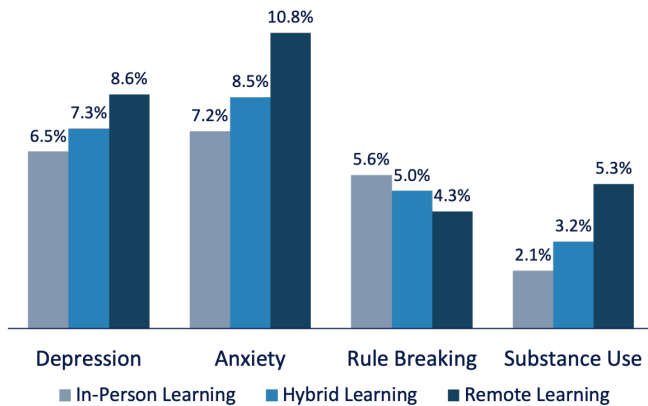
Figure 2a. Symptoms by Student Characteristic

CLINICALLY SIGNIFICANT SYMPTOMS BY GRADE LEVEL DIVISION



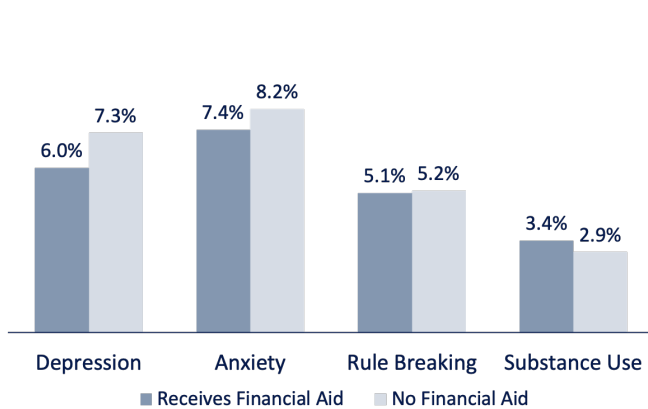
Considered by grade level division, the **percentage of students reporting severe symptoms was significantly higher for high school students** than for middle school students; this was true for all four symptoms⁶.

CLINICALLY SIGNIFICANT SYMPTOMS BY LEARNING FORMAT



The percentage of students reporting severe symptoms of **Anxiety** and **Substance Use** was **significantly higher for students in remote learning**; the other two symptoms did not differ significantly by learning format⁷.

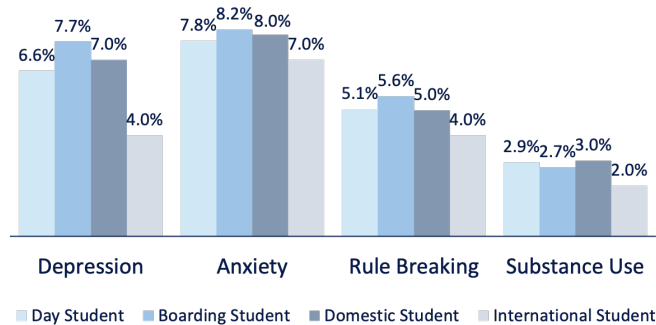
CLINICALLY SIGNIFICANT SYMPTOMS BY FINANCIAL AID STATUS



None of the symptoms assessed differed significantly by financial aid status (i.e., whether or not a student received financial aid/ tuition support to attend school).

Figure 2b. Symptoms by Student Characteristic

CLINICALLY SIGNIFICANT SYMPTOMS BY STUDENT TYPE



None of the symptoms assessed differed significantly by student type (i.e., day student vs. boarding student, international student vs. non-international student).

Figure 2c. Symptoms by Student Characteristic

SUMMARY OF FINDINGS

The present findings based on 4,182 students assessed during the Fall/Winter 2020 administration of the **High Achieving Schools Survey** indicate the importance of heightened attention to some subgroups of students given their greater overall vulnerability. First, compared to male and female students, **gender non-binary students had higher levels of all symptoms assessed**. Second, in comparison to middle school students, **high school students had higher levels of all symptoms assessed**. Third, **students in remote learning had higher levels of Anxiety and Substance Use** than students attending school in-person or in hybrid format. Finally, considered by ethnicity/race, **White students were most likely to report serious rates of Substance Use**.

Following this introduction to the five-part series, we will examine the roles of various risk and protective factors in relation to student symptoms, overall and by subgroup. Each of the remaining parts of this series will focus on a specific aspect of student life with essential implications for mental health and well-being; the aspects are **Parent Relationships, Peer Relationships, School Climate, and Individual Student Attributes**.

⁴ Gender: $p < .001$ for Depression, Anxiety, and Rule Breaking; $p < .05$ for Substance Use.

⁵ Ethnicity/race: $p < .005$ for Substance Use.

⁶ Grade level division: $p < .001$ for Anxiety and Substance Use; $p < .01$ for Depression; $p < .05$ for Rule Breaking.

⁷ Learning format: $p < .05$ for Anxiety and $p < .005$ for Substance Use.

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