Homeschooling, Mental Health, and Substance Abuse: What We Know

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As we've discussed in previous research briefs, there are many aspects of homeschooling outcomes that remain understudied—or completely untouched—in neutral, peer-reviewed academic research.

In some cases, however, there is a body of evidence that points to trends, or areas for further research, but the topic remains underdiscussed in homeschooling debates.

One of these areas is access to mental health services and rates of depression, anxiety, and substance abuse in homeschooling communities. These are critical issues for teenagers in the US. We don't know the full effects yet, but the pandemic may have exacerbated an already-worsening mental health crisis among school-aged children, disrupting not only mental health itself but also access to treatment.

Thanks to large datasets like the National Survey on Drug Use and Health (NSDUH), we have a snapshot of how homeschooled adolescents have fared in terms of mental health problems and treatment. We need to research and intervene on this issue now more than ever.

WHY THE NSDUH SURVEY IS USEFUL

The NSDUH is an annual survey disseminated by the Substance Abuse and Mental Health Services Administration (SAMHSA). It aims to provide nationally representative data on rates of alcohol, tobacco, and drug use, substance abuse, mental health issues, and access to treatment both for adolescent (aged 12 and over) and adult populations in the US.

The survey asks a wide range of questions about participants' demographics, including their school status. One question asks adolescent participants whether they have been homeschooled at any point in the past 12 months.

Typically, SAMHSA gets data from between 67,000-72,000 participants, and researchers weight data to match national demographics, meaning that the sample is nationally representative. This a valuable insight into the state of homeschooling: a persistent issue in homeschool research is difficulty securing representative samples, which means many existing findings can't be relied on to tell us something meaningful about the homeschooling population in the US as a whole.

What we know about homeschooled adolescents and substance abuse

The stereotype of religiously motivated homeschoolers can color what we assume about their relationship to substance use. Since research consistently finds that religious ties are associated with lower substance use rates, researchers have historically assumed that homeschooled adolescents would have lower substance use rates compared to peers.

At first glance, this appears to have been the case: researchers that treat homeschoolers as one group (like this study) found that homeschooled adolescents are less likely to use alcohol, tobacco, and marijuana than adolescents in traditional school.

In 2014, Sharon Green-Hennessy dug deeper and separated out those adolescents with strong religious ties from those with weak (or non-existent) religious ties in her analysis of NSDUH data. She found results differed between each group: the religious group had lower rates of substance abuse than other adolescents, but the less-religious group did not have significantly different rates than less-religious teenagers attending public or private school. She also found that over one-third of less-religious homeschoolers reported that their parents would not strongly disapprove if they used illegal substances. This fact, in combination with the fact that less-religious homeschoolers were three times as likely to report being behind at grade level academically, prompted Green-Hennessy to label them an "at-risk group."

In 2017, David Hodge and colleagues followed up on Green-Hennessy's analysis, looking at trends in substance use attitudes and behaviors among homeschooled adolescents using five years of NSDUH data. They used a sophisticated methodology to identify important subgroups of homeschoolers within the data, and similarly found that teenagers in "highly religious and engaged" homeschooling families were the least likely group of homeschoolers to use or abuse substances.

Just as the homeschooling population is in flux, the relationship between homeschooling and substance use can change over time. Schlepis and colleagues analyzed more recent data (from 2015-2018) in their 2020 study and found that, contrary to prior findings, homeschooled adolescents—regardless of religion—were not the group least likely to use substances. Teenagers enrolled in public or private school at low drop-out risk had the lowest reported rates of substance use.

The NSDUH data illustrates the importance of acknowledging that there's no one "homeschooling community," and that different groups of homeschoolers have different values, behaviors, and needs. It also shows that groups are not static: risk can change over time.

What we know about homeschooled adolescents and mental health

Schepis and colleagues also looked into how mental health outcomes between homeschooled and non-homeschooled youth. Prior research on mental and behavioral issues in homeschooling children and youth has been mixed, and generally relies on small, non-representative samples.

In their analysis of responses from over 50,000 (n=52,089) adolescents, Schepis and colleagues find that, despite having statistically insignificant differences in rates of self-reported depression, homeschooled adolescents were significantly less likely to have pursued mental health treatment in the past year compared to peers in public or private school with low-dropout risks. In plain language, they found that homeschooled adolescents access mental healthcare at significantly lower rates than peers at school, even though they don't report different rates of depression from the average teenager in school.

LIMITATIONS & FURTHER RESEARCH

While valuable, these studies do not tell us everything. For one thing, because homeschooling has grown and changed in the past six years, an analysis of data from homeschoolers post-COVID is needed to see if trends have held or shifted. Given that the pandemic has wreaked widespread havoc on mental health issues across the population, more research into the specifics of the impact on homeschoolers is urgently needed.

The data also don't tell us much about underlying causes behind findings. They don't give us insight into *why*, for example, homeschoolers may be less likely to pursue mental health treatment than low-risk peers. The answer is likely nuanced—in other realms of health and wellness, research shows that homeschooling parents are less likely to vaccinate their children, and that both *attitudes* (e.g., skepticism toward government) and *access* barriers (e.g., being uninsured) play a role. Services at schools (school social workers, counselors, and other resources) are often the frontline for identifying and addressing mental-health concerns among teens. Homeschooled teenagers generally can't access these services, which means they need to follow alternative (often costly) routes to access care.

There is still a lot to learn, but what we know now warrants further research in light of homeschooling's steady growth in popularity since COVID-19. This means more and more children won't have guaranteed access to services they may need, and we need to better understand the elements at play and how to best support homeschooled children.