Research Summary
Risk Factors for Depression and Anxiety:
A Selective Annotated Bibliography

I. TRANSITIONS AND MOBILITY
Key Words: residential mobility, residential instability, relocation, moving

A. Cross-sectional/Retrospective Longitudinal Association of Residential Mobility with:

**Internalizing Symptoms**

Adam, K. E., & Chase-Lansdale, L. (2002). Home sweet home(s): Parental separations, residential moves, and adjustment problems in low-income adolescent girls. Developmental Psychology, 38 (5), 792-805. *A study of African-American female adolescents aged 15-18 years and their female caregivers found that retrospectively reported number of residential moves within the past 5 years was associated positively with adolescent internalizing symptoms.*

**Depressive Symptoms**

Magdol, L. (2002). Is moving gendered? The effects of residential mobility on the psychological well-being of men and women. Sex Roles, 47 (11-12), 553-560. *In reanalyses of the National Survey of Families and Households, found that residential mobility was associated positively with depression among women, but not men.*

Norford, B. C., & Medway, F. J. (2002). Adolescents’ mobility histories and present social adjustment. Psychology-in-the-Schools, 39 (1), 51-62. *A study of high school students in Grades 10-12 in the southeastern U.S. found that highly mobile teens reported more depressive symptoms than moderately mobile and non-mobile teens; these differences disappeared after controlling for stressful life events.*

**Depression Diagnoses**


Silver, E., Mulvey, E. P., & Swanson, J. W. (2002). Neighborhood structural characteristics and mental disorders: Faris and Dunham revisited. *Social Science and Medicine, 55* (8), 1457-1470. *Analyses of the Epidemiological Catchment Area study data set found that residential mobility was associated with higher rates of major depression.*

**Anxiety (Symptoms and/or Diagnoses)**

Roy-Byrne, P.P., Geraci, M., & Uhde, T. W. (1986). Life events and the onset of panic disorder. *American Journal of Psychiatry, 143* (11), 1424-1427. *Examined life events in a group of clinical patients with a diagnosis of panic disorder and a group of matched controls; analyses indicated that mobility (i.e., moves to other neighborhoods or cities) was more common among patients than controls.*

**Suicidal Ideation and Attempts**


B. **Longitudinal Prediction From Residential Mobility to:**

**Internalizing Symptoms**

Anderzen, I., & Arnetz, B. B. (1999). Psychophysiological reactions to international adjustment. *Psychotherapy and Psychosomatics, 68*, 67-75. *This study followed a sample of Swedish employees making an international job-related move and found that mental well-being (e.g., absence of depression, anxiety, social dysfunction, etc.) decreased 1- and 2-years after the move compared with a sample of matched controls.*

Robin, M. (1995). The effects of prior moves on job relocation stress. Journal of Occupational and Organizational Psychology, 68 (1), 49-56. Followed a sample of relocating employees from a single organization in the UK and found that certain characteristics of the move, such as length of time the individual had lived in the area prior to moving, predicted job-related anxiety and depression 10-weeks after the move.

**Depressive Symptoms**

Fonda, S. J., & Herzog, A. R. (2001). Patterns and risk factors of change in somatic and mood symptoms among older adults. Annals of Epidemiology, 11 (6), 361-368. Findings from a panel study of a community sample of older adults (i.e., those born in 1923 or earlier) found that the number of residential relocations between baseline in 1993 and follow-up in 1995 predicted increased depressed mood symptoms over time.

**Anxiety (Symptoms and/or Diagnoses)**

Puskar, K. R., & Rohay, J. M. (1999). School relocation and stress in teens. Journal of School Nursing, 15 (1), 16-22. This 2-year study followed a sample of highly mobile adolescents from a middle-class suburban community in the Northeast and found that mobile teens were mildly but significantly more anxious than a matched sample of non-mobile teens.

**Suicidal Ideation and Attempts**


II. FAMILY HISTORY OF DEPRESSION/ANXIETY

Key Words: family history, maternal depression/anxiety, paternal depression/anxiety

A. Cross-sectional Association of Family History with:

**Depression Diagnoses**

B. Longitudinal Prediction from Family History to:

**Depression Diagnoses**


Eaton, W. W., Muntaner, C., Bovasso, G., & Smith, C. (2001). Socioeconomic status and depressive syndrome: The role of inter- and intra-generational mobility, government assistance, and work environment. *Journal of Health and Social Behavior, 42*, 277-294. *A prospective longitudinal study using data from the Baltimore Epidemiological Catchment Area Study. Results showed that family history of depression assessed in 1982 was associated with increased odds (OR = 1.42) of having developed depressive syndrome (similar to a diagnosis of minor depression) at follow-up approximately 10 years later.*

**Anxiety Diagnoses**

Lieb, R., Wittchen, H. U., Hofler, M., Fuetsch, M., Stein, M. B., & Merikangas, K. R. (2000). Parental psychopathology, parenting styles, and the risk of social phobia in offspring: A prospective-longitudinal community study. *Archives of General Psychiatry, 57 (9)*, 859-866. *A longitudinal study of German youths between the ages of 14 and 17 at baseline found that rates of adolescent/young adult social phobia were elevated among men and women whose parents previously met criteria for social phobia.*
III. FAMILY MANAGEMENT PROBLEMS  
Key Words: monitoring, supervision, discipline, bonding, attachment, parenting

A. Cross-sectional Association of Family Management Problems with:

**Depressive Symptoms**

Ge, X., Conger, R. D., Lorenz, F. O., & Simons, R. L. (1995). Parents’ stressful life events and adolescent depressed mood. *Journal of Health and Social Behavior, 35*, 28-44. *Parents’ stressful life events were related positively to parental depression, which was related positively to harsh/inconsistent parenting, which was related positively to adolescent depressive symptoms.*

B. Longitudinal Prediction from Family Management Problems to:

**Depressive Symptoms**

Ge, X., Best, K. M., Conger, R. D., & Simons, R. L. (1996). Parenting behaviors and the occurrence and co-occurrence of adolescent depressive symptoms and conduct problems. *Developmental Psychopathology, 32* (4), 717-731. *Maternal and paternal disciplinary practices (e.g., consistent discipline, child monitoring, positive reinforcement--based on observational data) across Grades 7, 8, and 9 were negative predictors of children’s Grade 10 adjustment problems, including depressive symptoms and conduct problems, even after controlling for the effects of prior depressive symptoms.*

Juang, L. P., Silbereisen, R. K. (1999). Supportive parenting and adolescent adjustment across time in former East and West Germany. *Journal of Adolescence, 22*, 719-736. *A 3-wave, 3-year longitudinal study of German youths (mean age = 11.4 years at Time 1) found that inconsistently supportive parenting (i.e., inconsistent sensitivity, predictability, and involvement) as perceived by the adolescents was associated with higher levels of adolescent depression over time.*


**Depression Diagnoses**

Burge, D., & Hammen, C. (1991). Maternal communication: Predictors of outcome at follow-up in a sample of children at high and low risk for depression. *Journal of Abnormal Psychology, 100* (2), 174-180. *Mother-child communication patterns (e.g., mothers’ provision of positive task-focused and personal feedback-- based on observational data) predicted children’s depression diagnosis status 6-months later. Children were between the ages of 8 and 16 years at baseline.*

with MDD, history of harsh discipline (as reported by a confidant, such as a parent, a sibling, etc.) predicted depression course and relapse over a 6-month period.


**Anxiety Diagnoses**

Lieb, R., Wittchen, H. U., Hofler, M., Fuetsch, M., Stein, M. B., & Merikangas, K. R. (2000). Parental psychopathology, parenting styles, and the risk of social phobia in offspring: A prospective-longitudinal community study. *Archives of General Psychiatry, 57* (9), 859-866. A longitudinal study of German youths between the ages of 14 and 17 at baseline found that perceived parental overprotection and rejection at Time 1 were associated with increased rates of social phobia at Time 2 (20 months later).

**Suicidal Ideation and Attempts**

Fergusson, D. M., & Lynskey, M. T. (1995). Suicide attempts and suicidal ideation in a birth cohort of 16-year-old New Zealanders. *Journal of the American Academy of Child and Adolescent Psychiatry, 34*, 1308-1317. Low maternal emotional responsiveness as measured via observations of mother-child interactions when children were 3 years-old predicted higher self-reported suicidal tendencies (i.e., ideation and attempts) among target children when they were aged 15-16 years.

**IV. FAMILY CONFLICT**

Key Words: family/parent-child conflict, family/parent-child disagreements

**A. Cross-sectional Association of Family Conflict with:**

**Depressive Symptoms**


B. Longitudinal Prediction from Family Conflict/Disagreements to:

**Internalizing Symptoms (Depression/Anxiety)**


Rueter, M. A., Scaramella, L., Wallace, L. E., & Conger, R. D. (1999). First onset of depressive or anxiety disorders predicted by the longitudinal course of internalizing symptoms and parent-adolescent disagreements. *Archives of General Psychiatry, 56*, 726-732. Rural Iowa families were studied longitudinally; latent growth curve modeling showed that changes in annual assessments of parent-reported parent-child disagreements from year 1 (when target children were about 13 years-old) to year 3 of the study positively predicted changes in self-reported adolescent internalizing symptoms from year 1 to year 4 of the study.

**Depressive Symptoms**


**Suicidal Ideation and Attempts**

Fergusson, D. M., & Lynskey, M. T. (1995). Suicide attempts and suicidal ideation in a birth cohort of 16-year-old New Zealanders. *Journal of the American Academy of Child and Adolescent Psychiatry, 34*, 1308-1317. Parental conflict measured by parent self-report when target children were between 0 and 15 years of age was a positive predictor of self-reported suicidal tendencies (i.e., ideation and attempts) when target children were 15-16 years-old.

Sheeber, L., Hops, H., Alpert, A., Davis, B., & Andrews, J. (1997). Family support and conflict: Prospective relations to adolescent depression. *Journal of Abnormal Child Psychology, 25* (4), 333-344. Adolescents (mean age = 16.71 years at Time 1) and their mothers participated in a 2-wave, 2-year longitudinal study; all constructs were measured with child- and parent-reports and observational measures. Structural equation modeling showed that family conflict at Time 1 predicted increased depressive symptoms at Time 2.
V. ACADEMIC FAILURE

Key Words: academic failure, performance, competence, achievement

A. Cross-sectional Associations of Academic Failure with:

Depressive Symptoms

Patterson, G. R., & Stoolmiller, M. (1991). Replications of a dual failure model for boys’ depressed mood. Journal of Consulting and Clinical Psychology, 59 (4), 491-498. Investigated three subsamples of the Oregon Youth Study boys and found that academic skills (e.g., parent and teacher ratings on the CBC; achievement test scores) were associated negatively with depressed mood (based on multiple raters and observation) in all but one of the subsamples.

B. Longitudinal Prediction from Academic Failure to:

Depressive Symptoms

Chen, X., Rubin, K. H., & Li, B. S. (1995). Depressed mood in Chinese children: Relations with school performance and family environment. Journal of Consulting and Clinical Psychology, 63 (6), 938-947. A 2-year, 2-wave longitudinal study of Chinese second-grade children (Time 1 mean age = 7 years, 10 months) found that academic failure (based on school records) predicted self-reported depressive symptoms for students who had rejecting mothers and whose parents had a conflictual relationship. Further analyses showed that decline in academic performance over time was associated with higher depression.

Cole, D. A., Martin, J. M., Peeke, L. A., Seroczynski, A. D., & Fier, J. (1999). Children’s over- and underestimation of academic competence: A longitudinal study of gender differences, depression, and anxiety. Child Development, 70 (2), 459-473. A six-wave (with 6-month intervals) longitudinal study of middle school and high school students; results provided some evidence that the tendency to underestimate academic competence (measured as the discrepancy between self- and teacher-reports) was significantly associated with increased self-reported depressive symptoms over time.


Depression Diagnoses

Morris, M., & Tiggemann, M. (1999). Depressive reactions to academic failure: A test of the diathesis-stress and mediation components of the hopelessness model of depression. Australian Journal of Psychology, 51 (2), 98-103. A longitudinal study of college students (mean age = 22.04 years) followed over the course of an academic year. Results showed that negative attributional style
measured at the beginning of the year interacted with academic grade dissatisfaction (measured about 4 months later) to predict depressed mood at the end of the academic year.

Lewinsohn, P. M., Rohde, P., & Seeley, J. R. (1998). Major depressive disorder in older adolescents: Prevalence, risk factors, and clinical implications. Clinical Psychology Review, 18 (7), 765-794. Summarizing their findings from the Oregon Adolescent Depression Project, the authors note that dissatisfaction with grades has been found to be a positive, prospective longitudinal predictor of the onset of depression diagnosis in late adolescence.

VI. EARLY AND PERSISTENT ANTISOCIAL BEHAVIOR

Key Words: conduct problems, conduct disorder, externalizing problems

Longitudinal Prediction from Antisocial Behavior to:

Depressive Symptoms

Capaldi, D. (1992). Co-occurrence of conduct problems and depressive symptoms in early adolescent boys: II. A 2-year follow-up at Grade 8. Development and Psychopathology, 4, 125-144. Analyses of the Oregon Youth Study boys showed that conduct problems were associated with increased depressive symptoms between Grades 6 and 8.

Capaldi, D., & Stoolmiller, M. (1999). Co-occurrence of conduct problems and depressive symptoms in early adolescent boys: III. Prediction to young-adult adjustment. Development and Psychopathology, 11, 59-84. Analyses of the Oregon Youth Study boys showed that early adolescent (Grade 6) conduct problems were significantly and positively correlated with depressive symptoms at Grade 12; however, regression analyses showed that early conduct problems did not predict change in depressive symptoms over time.

Curran, P. J., & Bollen, K. A. (2001). The best of both worlds: Combining autoregressive and latent curve models. In L. M. Collins & A. G. Sayer (Eds.), New methods for the analysis of change (pp. 107-135). Washington, DC: American Psychological Association. Examined 4 waves of panel data from the National Longitudinal Survey of Youth. Children were 8 years-old at baseline. Results showed that earlier antisocial behavior was a positive predictor of later depressive symptoms, controlling for the underlying latent growth processes of these two outcomes.

Depression Diagnoses

Biederman, J., Faraone, S., Milberger, S., Guite, J., Mick, E., Chen, L., Mennin, D., Marrs A., Ouellette, C., Moore, P., Spencer, T., Norman, D., Wilens, T., Kraus, I., & Perrin, J. (1996). A prospective 4-year follow-up study of attention-deficit hyperactivity and related disorders. Archives of General Psychiatry, 53 (5), 437-446. Children’s mental health was assessed through structured diagnostic interviews at baseline, as well as at 1- and 4-year follow-ups. Results showed that baseline conduct disorder predicted major depression at follow-up.
Feehan, M., McGee, R., & Williams, S. M. (1993). Mental-health disorders from age 15 to age 18 years. *Journal of the American Academy of Child and Adolescent Psychiatry, 32* (6), 1118-1126. Analyses of the Dunedin study data revealed that diagnosis of conduct disorder during middle adolescence (age 15) was associated with increased likelihood for psychiatric disorders, including depression, in late adolescence (age 18).

Fombonne, E., Wostear, G., Cooper, V., Harrington, R., & Rutter, M. (2001). The Maudsley long-term follow-up of child and adolescent depression. *British Journal of Psychiatry, 179*, 210-217. Twenty-year follow-up of a group of patients who attended the child psychiatry department at the Maudsley Hospital. Results showed that children who both major depression (MDD) and conduct disorder (CD) were more likely to have minor depression as adults compared with children who had MDD only.

Kendler, K. S., Gardner, C. O., & Prescott, C. A. (2002). Toward a comprehensive developmental model for major depression in women. *American Journal of Psychiatry, 159* (7), 1133-1145. Examined 4-wave longitudinal data collected from female participants of a longitudinal twin study to examine factors associated with the development of major depression over a 7-year period. Results showed that, among other variables, DSM-IV conduct disorder symptoms prior to age 18 predicted major depression (MDD) at approximately age 35, even after controlling for the effects of several additional variables such as past history of MDD, stressful life events, and childhood sexual abuse.

Lewinsohn, P. M., Rohde, P., & Seeley, J. R. (1998). Major depressive disorder in older adolescents: Prevalence, risk factors, and clinical implications. *Clinical Psychology Review, 18* (7), 765-794. Summarizing their findings from the Oregon Adolescent Depression Project, the authors note that externalizing problem behaviors have been found to be positive, prospective longitudinal predictors of the onset of depression diagnosis in late adolescence.

**Suicidal Ideation and Attempts**

VI. CONSTITUTIONAL FACTORS
Key Words: genetic factors, heritability, physiological factors, neurobiological factors

Longitudinal Prediction from Constitutional Factors to:

**Depressive Symptoms**


**Depression Diagnosis**

Kasch, K. L., Rottenberg, J., Arnow, B. A., & Gotlib, I. H. (2002). Behavioral activation and inhibition systems and the severity and course of depression. *Journal of Abnormal Psychology, 111* (4), 589-597. *In a study of 62 depressed adults (between the ages of 18 and 60) and 27 non-depressed controls, the authors found that lower self-reported behavioral activation system (BAS) levels predicted worse severity of depression over an 8-month period of time. Behavioral activation (and inhibition) were measured by participants responses to questions that assess how people typically respond to certain situations. The BAS is an approach-related, positive motivational system that is linked with certain neurobiological structures and functions.*

Kendler, K. S., Gardner, C. O., & Prescott, C. A. (2002). Toward a comprehensive developmental model for major depression in women. *American Journal of Psychiatry, 159* (7), 1133-1145. *Examined 4-wave longitudinal data collected from female participants of a longitudinal twin study to examine factors associated with the development of major depression over a 7-year period. Results showed that, among other variables, genetic risk for major depression (based on history of depression in co-twin and in parents) predicted major depression (MDD) at approximately age 35, even after controlling for the effects of several additional variables such as stressful life events and childhood sexual abuse.*