



Review

Parental factors associated with childhood anxiety, depression, and internalizing problems: A systematic review and meta-analysis



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ARTICLE INFO

Article history:

Received 4 November 2014

Received in revised form

20 January 2015

Accepted 20 January 2015

Available online 29 January 2015

Keywords:

Emotional problems

Mental disorders

Prevention

Research translation

Family

ABSTRACT

Background: There is a burgeoning and varied literature examining the associations between parental factors and depression or anxiety disorders in children. However, there is hitherto no systematic review of this complex literature with a focus on the 5–11 years age range, when there is a steep increase in onset of these disorders. Furthermore, to facilitate the application of the evidence in prevention, a focus on modifiable factors is required.

Methods: Employing the PRISMA method, we conducted a systematic review of parental factors associated with anxiety, depression, and internalizing problems in children which parents can potentially modify.

Results: We identified 141 articles altogether, with 53 examining anxiety, 50 examining depression, and 70 examining internalizing outcomes. Stouffer's method of combining *p*-values was used to determine whether associations between variables were reliable, and meta-analyses were conducted with a subset of eligible studies to estimate the mean effect sizes of associations between each parental factor and outcome.

Limitations: Limitations include sacrificing micro-level detail for a macro-level synthesis of the literature, the lack of generalizability across cultures, and the inability to conduct a meta-analysis on all included studies.

Conclusions: Parental factors with a sound evidence base indicating increased risk for both depression and internalizing problems include more inter-parental conflict and aversiveness; and for internalizing outcomes additionally, they include less warmth and more abusive parenting and over-involvement. No sound evidence linking any parental factor with anxiety outcomes was found.

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1. Introduction

Anxiety and mood disorders are amongst the most prevalent lifetime mental disorders, with lifetime prevalence rates of 38% and 18% respectively amongst young people aged 13–17 years (Kessler et al., 2012). Of particular concern, despite relatively lower rates of anxiety disorders (3%) and depression (<1%) in childhood (Costello et al., 2003), there is a steep increase in the age of onset of anxiety and mood disorders (especially the former) during the primary school years (about 5–11 years; Kessler et al., 2012). Early onset disorders tend to become chronic or relapsing and forecast a wide range of psychosocial and vocational impairments, resulting in deleterious long-term sequelae (Caspi et al., 1988; Last et al., 1997; Rao et al., 1995). While intervention efforts for these disorders continue to progress, rates of professional help seeking remain low (Collins et al., 2005). However, current services are unlikely to be able to meet the high level of need, even if help-seeking rates do increase drastically (Collins et al., 2005). Moreover, even with optimal treatment, a large proportion of the burden of disease is still unavertable (Andrews et al., 2004). With some evidence suggesting an increase in the rates of depression, anxiety, and internalizing symptoms in some countries including England (Collishaw, 2009), the United States (Twenge, 2000) and Australia (Bor et al., 2014), the impetus for a greater focus on prevention and early intervention has been stronger than ever, especially for young people (Patel et al., 2007).

Strategic settings for targeting preventive interventions for childhood anxiety and depression include schools, families, the print or broadcast media, and the internet (including social media and

communication technologies). The family setting, particularly parents, is the focus in this review because some of the key risk factors for childhood anxiety and depressive disorders involve families (e.g., inter-parental conflict) or can be detected early by parents (e.g., behavioural inhibition; Garber, 2006; Rapee et al., 2009; van Voorhees et al., 2008; Wood et al., 2003). Parents are also a good target for prevention because they may possess the foresight which helps them appreciate the value of prevention and early intervention, as well as the inherent motivation to take preventive actions. Moreover, extant evidence is unequivocal about the critical role that experiences within the family setting play in young people's vulnerability to, and protection against, anxiety and depressive disorders (Bögels and Brechman-Toussaint, 2006; Knappe et al., 2010; McLeod et al., 2007a, 2007b, 2011; Rapee et al., 2009; Restifo and Bögels, 2009; van Voorhees et al., 2008).

To facilitate application of such evidence in preventive interventions, there is the need to focus on modifiable factors; i.e., factors influencing the development of childhood anxiety and depression that are potentially within a parent's capacity to alter or intervene with. This is in contrast to other known factors that are systemic, or difficult or impossible to change at the familial or individual level; e.g. family history of psychopathology, poverty or ethnicity. Given the dearth of studies that have systematically examined the processes by which parenting interventions have long-term impact on child mental health via specific tests for mediation effects, our knowledge of these processes is at a rudimentary stage (Sandler et al., 2011). Nonetheless, there is emerging evidence that family-based interventions targeting

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