INTERNATIONAL JOURNAL OF ACADEMIC RESEARCH IN PROGRESSIVE EDUCATION & DEVELOPMENT

OPEN ACCESS JOURNAL

Vol 15, Issue 2, (2026) E-ISSN: 2226-6348

Factors Contributing to Depression among Primary School Students in China

Junyu Li*, Asnul Dahar Bin Minghat

Faculty of Social Sciences and Humanities, Universiti Teknologi Malaysia, Kuala Lumpur, Malaysia

* Corresponding Author Email: 1532630153l@gmail.com

DOI Link: http://dx.doi.org/10.6007/IJARPED/v15-i2/28041

Published Online: 17 April 2026

Abstract

The research examines the causes of primary school depression in China, where the influence of a family environment and a school environment are emphasized. With the help of 448 students ranging in age between 7 and 12 years, a structured questionnaire and structural equation modeling (SEM) were used in analyzing the relationships of the key variables. Findings show that family support and family cohesion are the main protective factors, then followed by teacher support and peer relations, and they all have negative correlation with depression. On the contrary, academic pressure is considered as the major risk factor that has a positive impact on depressive symptoms. Measurement model reveals excellent reliability and validity which confirms the soundness of the results. The paper underscores the relevance of taking a comprehensive strategy that takes into account both the family and school settings when explaining childhood depression. Practical recommendations based on the results include ways of increasing the level of parental participation, improving teacher support, and alleviating academic pressure. Although it may have some drawbacks such as its dependence on self-reported information and cross-sectional design, the study gives important empirical information and research guidelines to follow in future studies concerning early interventions addressing mental health issues in primary school children.

Keywords: Primary School Students, Depression, Family Factors, School Environment

Introduction

The education industry is developing at the same period, which has led to numerous transformations and their respective effects. As education becomes a challenge within the 21st century, it is noted that the focus on the issue of children's mental health has become a major priority in the education sector (Jeste et al., 2025). One should also use efficient teaching approaches to solve the mental condition of children (Searby et al., 2025). Hence, the researcher is going to explore the underlying reasons behind the concept of depression as a widely spread mental health issue in primary schools in 21st-century educational situation. Based on the scientific research on educational psychology, scholars have developed some viable solutions that can facilitate the advancement of the education sector. Traditional culture has played a critical part in the education development process in China. Nevertheless, as society advances, and in the new modernized world, traditional culture has

shown its weaknesses with time, thus the chances of common primary school student experiencing depression are high (Schnittker, 2025), which has an adverse effect on implementing the curriculum-based education. Education should be given attention and even innovated in the new environment to fulfill its intended purpose.

The phenomenon of depression amongst children is increasingly being seen as a serious global problem of public health. WHO (2021) states that depression is one of the major causes of disability in both children and adolescents (Olk et al., 2025). Recent surveys show that in China, the rate of depression among primary school students is rising and studies report prevalence rates of 10-20% in urban areas and rural areas (Song et al., 2025). One of the stages with greater sensitivity is the developmental one, as in this stage children experience a considerable amount of cognitive, emotional and social development. At this stage, self-concept, social skills, and academic identity tend to be strongly affected by environmental factors that might lead to psychological disorders like depression. The accelerated pace of socio-economic transformation in China has also impacted the composition of families, parenting practices, and the pressures of education. Most children are subjected to very high academic demands, heavy homework, and very competitive schools, leading them to develop more stress and negative emotions (Dieu Yin et al., 2025). Also, the urbanization and migration have caused a disunity in families in some instances as parents and children find themselves away from each other over time. All these contextual issues highlight why it is crucial to identify determinants of depression in primary school students to create effective interventions and policies.

Although awareness of childhood mental health in China has increased over time, depression in primary school students is understudied and has not been sufficiently explored in terms of identifying its many contributing factors. Current work has largely been done on adolescent samples, such that little is known empirically about children who are even younger than these populations. Moreover, the majority of the works have analyzed family or school-related influences separately, without considering the effect of the combination of family and school settings. The lack of holistic evaluation can lead to ignoring the vital determinants of mental health that may make interventions less effective. Also, some issues related to measurement also come into play. The majority of existing studies depend on self-reported items, without validated measures or do not consider the contextual environment of Chinese education in primary grades, leaving a significant gap in understanding primary school populations. This gap underscores the necessity of examining early-stage mental health risks within the Chinese educational context. Therefore, it requires the development of a research project to combine the use of valid measurement methods, take into account both family and school-related aspects, and implement more sophisticated statistical methods to investigate complicated interrelationships between variables. Consequently, the main aim of the current study is to determine and examine the factors that lead to depression in pre-school students in China.

This paper adds to both the literature and practice through various aspects. To begin with, it fills in a notable research gap in the understanding of depression of primary school students in China, an area that has been given scant regard. Secondly, it is a holistic study since it incorporates both family and school impacts in one analytical structure that can represent the multiplicity aspect of depression in children. Thirdly, application of structural

equation modeling increases the rigour of methods thus permitting better estimates of interrelationships and mediating effects between the variables.

Literature Review

Depression

Depression can be regarded as another type of typical negative emotion which may be present in sadness, isolation and other types of negative emotional conditions over a period of time (S. Wang et al., 2025). It refers more specifically to this in the context of this article as being low mood and sadness among the students. Although diagnostic indicators in adults may not entirely reflect how children manifest such conditions, self-assessment scales and parent/teacher observation are frequently used in studies (Ghadban et al., 2025). Five items were used to measure depression in this study, based on Childrens Depression Inventory (CDI) that measures mood, motivation, social withdrawal, sleep, and self-perception.

The importance of family-based factors in determining children's mental health has been widely acknowledged (Martí et al., 2025). The term parental support means the emotional, instrumental and informative help offered by caregivers that includes warmth, encouragement and participation in child development. Family cohesion is an indicator of the level of unity, communication and trust between family members that leads to the creation of a safe and caring atmosphere (Reijman et al., 2026). The parenting style involves interaction characteristics such as responsiveness, control and corrective measures (Yani et al., 2025)). Authoritative parenting, which is both warm and moderately controlled, is linked to positive psychological effects, but authoritarian or negligent parenting can enhance vulnerability to depression (T. Wang et al., 2025).

The school-based factors are the support of teachers, student-to-student interactions, and academic pressure (Fassl et al., 2025). Support of teachers implies both the emotional and instructional help offered by tutors to instill a feeling of competence and belonging among their learners. Peer relationships comprise friendship, peer acceptance, and the social integration in the classroom and school community. The academic pressure is perceived as the stress caused by homework, examinations, and the expected results. All these school-based factors combined with the family dynamics affect children emotionally and cognitively thus making them vulnerable or resilient towards depression (Binks et al., 2025).

Related Studies

Studies have indicated an increase in depression among kids worldwide. Based on the WHO (2021), it has been estimated that about 3-5 percent of school-aged children suffer clinically significant depression and that the rate is higher in low- and middle-income countries. China has seen a rise in depressive symptoms amongst primary school students due to urbanisation, competition in education and changes in family configuration (Zhu et al., 2025). Research by Lou et al. (2025) showed that about 15 percent of urban primary students had moderate depressive symptoms and girls were more vulnerable to them as compared to boys. Longitudinal research shows that when depression starts earlier, it can continue to affect adolescents and adults, leading to academic performance, social integration and general health. Early intervention is hence vital to reduce the adverse effects that are likely to occur in the long-run.

According to research evidence, family environment is the most significant indicator of child depression. Emotionally-warm parents, monitoring, or consistent discipline all have protective effects whereas neglect, conflict or authoritarian parenting raises the risk (Y. Wang et al., 2025). In China, it was found that children raised in households with low cohesion or where one or more parents are absent because of migration are likely to report high depressive symptoms (Chen et al., 2025). Moreover, communication between parents and children plays an essential role as one of the mechanisms, by which parenting style influences psychological results. Parental intervention and improvement of the quality of communications have proven effective in decreasing depressive indications and promoting resiliency among children.

The school environment also plays a considerable role in determining children's mental health. Academic motivation, emotional security, and self-esteem are supported by teacher support whereas positive peer interactions help to alleviate isolation and coping abilities (Hua et al., 2025). On the contrary, negative peer relations like bullying or social isolation, and excessive academic stress are risk factors in developing depression. The culture of the exam oriented Chinese education system leads to significant amounts of work at home and regular testing, leading to increased levels of stress and emotional challenges among students in primary schools. A number of recent research studies indicate that depression signs can be reduced efficiently and students well-being improved through school-based interventions such as social emotional learning programs, teacher training, and peer support efforts (Wan et al., 2026).

Research Gaps

Although much has been researched about child depression, there are a number of gaps. To begin with, most of the studies in China are aimed at adolescents as opposed to primary schooling children and there is inadequate scientific information regarding the smaller population. Developmental needs and environmental exposures of primary school students are different compared to adolescents, which should be investigated specifically. Secondly, previous studies have frequently studied family or school effects independently without considering the interaction between home and school settings. Multiple and interacting contexts can be experienced by children and it is important to understand how all such factors influence depression in order to develop effective interventions strategies. Fourth, there are limitations in measuring. There are numerous studies that use only self-reported measures or unvalidated instruments, which decreases the reliability and validity. Besides, cultural variations in symptom manifestation also tend to be ignored, which may lead to an underestimate when it comes to the extent and intensity of depression occurring among children in China.

Research Methodology

Research Purpose and Subjects

The main aim of the present study is to explore the causes of depression among the children studying at the primary level in China, paying special attention to the influence of combined effect of family and school setting. The study will also find out what factors of parenting, family cohesion, teacher support, peer relationships, and academic pressure have the potential to significantly impact depressive outcomes. Using a structural equation modeling (SEM) method, the research intends to measure the direct and indirect effects of

the environment on depression, and thus it gives a subtle picture of the relationship between variables.

The target population are students between ages seven and twelve registered in eastern and central regions of China, including both economically developed urban areas and less-developed rural settings, to enhance the diversity and representativeness of the data. They represent the key period of development when emotional regulation, social adaptation, and cognitive functions are developing fast. Since depression at a young age has the potential to affect schooling outcomes, socialisation, and future psychological wellbeing, researching this demographic gives insight into vital interventions at early stages. Participants had to be varied by virtue of their gender, socioeconomic status, academic achievement, and geographical area. An overall sample size of 500 students was intended to give adequate statistical strength to support the SEM analysis and enable the accurate estimation of latent variables and path coefficients. The ethical issues were thoroughly considered: parental consent was taken, participation was voluntary, and student responses were anonymized to preserve confidentiality. Before administering the survey, researchers informed the participants about the aim of the study and gave explicit directions that would make sure that participants were able to read the questions and answer them comfortably and sincerely.

Sampling Method

The stratified random sampling method was used to assure representation among major demographic strata, such as grade level, sex, type of school, and geographical area. The process of stratification was important in order to identify population heterogeneity and minimize bias during sampling. An instance would be that students of both urban and rural backgrounds were taken into consideration so that differences in terms of academic expectations, teacher-students ratio, and availability of extracurricular opportunities could be presented. A random sample of students in each stratum was selected to participate reducing any selection bias and enhancing the validity of the findings.

The official enrollment files supplied by the local education authorities served as the basis on which the sample frame was built. There was initially random choice of schools in each region and then random selection of students within the selected schools. To be able to adjust to possible cases of nonresponse or incomplete data, a preliminary recruitment goal of 550 pupils was formulated, and it was expected that the response rate would be about 90 percent. Finally, 500 responses were collected that were both complete and valid to satisfy the criteria of SEM analysis. The required ethical clearance was given to the study by the appropriate institutional review body. The parents or legal guardians gave informed consent and students were informed that the participation is voluntary. It was made clear to students that they could leave the study at any time without any penalties. Moreover, confidentiality was also ensured such as anonymized survey codes as well as safe keeping of electronic data. Through using a careful stratified sampling approach, the research provides representativeness and reliability of its results, thus enabling strong inferences regarding the role of family and school conditions in causation of childhood depression.

Survey Design

The survey tool was developed to assess three groups of constructs, i.e., family factors, school factors, and depression outcomes. All constructs were measured using various items

in a 5-point Likert scale (1 = strongly disagree; 5 = strongly support). The items were based on validated scales that have been reported in previous literature and modified to apply to the context of Chinese primary schools.

The Family Factors score was evaluated based on the seven measures that measure parental support, family cohesion, parenting style as well as emotional engagement. Sample items are: My parents are encouraging me when I am struggling, and: There is a lot of interaction between my family members when they discuss issues. These items evaluate both the emotional and functional components of the family setting, which have been related to mental health results in children as earlier studies have found. School Factors were evaluated through six items that relate to teacher assistance, connections with peers, and academic strain. Examples including: My teachers are concerned about my welfare, and I experience stress due to studies and exams represent the school setting in both a positive and negative manner. The combination of supportive and stress-inducing variables enables the model to predict protective and risk impacts on depression. Five items were used to assess depression in the table below, which were developed based on the Children Depression Inventory (Table 1), evaluating emotional, cognitive, and somatic signs of depression. Items are low mood, loss of interest, social withdrawal, fatigue, and sleep problems.

Table 1
Survey items for all constructs

Construct	Item code	Item description
Family factors	F1	My parents encourage me when I face difficulties.
	F2	My parents spend time helping me with homework.
	F3	My family communicates openly about problems.
	F4	My family members spend time together regularly.
	F5	My parents monitor my activities appropriately.
	F6	My parents discipline me in a consistent manner.
	F7	I feel emotionally supported by my family.
School factors	S1	My teachers care about my well-being.
	S2	My teachers provide help when I have academic difficulties.
	S3	I feel accepted and supported by my classmates.
	S4	I have friends I can rely on at school.
	S5	I feel stressed by homework and examinations.
	S6	My school provides opportunities to participate in extracurricular activities.
Depression	D1	I often feel sad or down.
	D2	I have trouble enjoying activities I normally like.
	D3	I feel lonely or left out.
	D4	I feel tired or lack energy most of the time.
	D5	I have trouble sleeping or feel restless at night.

Results and Discussion

Descriptive Statistics of Demographic Characteristics

The end sample included 448 students of primary schools, of which 233 boys (52%) and 215 girls (48) are in Table 2. The ages of the students were between 7 and 12 years (Mean = 9.2, SD = 1.4) and they attended all types of schools, such as urban and rural, both public and private. With respect to the family background, 75 percent of the students lived with two parents, 15 percent lived with one parent or custodian, and 10 percent lived with grandparents or another relative. In terms of parental education, 40 percent of mothers and 35 percent of fathers attained college level or higher and the rest had either finished secondary schooling or undergone vocational training. The distribution of household income was: Low income 30%, Middle income 50%, and High income 20 %.

The academic performance showed that 20 percent of students were above average, 60 percent average, and 20 percent lower. Their participation in extracurricular activities was low as they noted that 65 percent had partaken in at least one activity. The demographic profile indicates the presence of heterogeneity based on gender, socioeconomic status, academic performance and urban-rural residence; therefore, the results may be generalized. Descriptive statistics show that students have reported having moderate depressive symptoms, mostly positive family support and cohesion and moderate parental monitoring, and relatively strong teacher and peer support. The academic pressure was not very heavy implying a possible risk of developing depressive symptoms.

Table 2
Descriptive statistics of key variables

Variable	Mean	SD	Min	Max
Depression (D1–D5)	2.82	0.92	1	5
Family Support (F1–F7)	3.84	0.71	1.5	5
Family Cohesion (F3, F4, F7)	3.78	0.69	1.7	5
Parental Monitoring (F5, F6)	3.63	0.73	1	5
Teacher Support (S1–S2)	3.91	0.65	1.8	5
Peer Relationships (S3–S4)	3.67	0.70	1	5
Academic Pressure (S5)	3.41	0.83	1	5

Measurement Model Assessment

In order to guarantee the strength of the measurement model, reliability, convergent validity, and discriminant validity were assessed in a systematic manner. The internal consistency was measured by the value of Cronbach's alpha and composite reliability (CR) where 0.704-0.930 was used as the Cronbach's alpha of all constructs, and 0.712 -0.938 as the CR value, signifying acceptable levels of internal consistency across all constructs. The average variance extracted (AVE) was used to evaluate convergent validity with all constructs having more than the minimum threshold of 0.50 (0.552-0.790) indicating that items were properly representative of the underlying latent variable. Discriminant validity was evaluated on the basis of the Fornell-Larcker criterion as well as the heterotrait-monotrait (HTMT) ratio. Based on the Fornell-Larcker standard, it was proven that the square root of each construct AVE was also higher than its correlation with the rest of the constructs hence, every single construct is unique based on others. To support this, all HTMT ratios were less than the

conservative level of 0.90 which further supports the distinctiveness of the latent constructs. Overall, the analyses demonstrate that the measurement model has good psychometric properties, including high reliability, sufficient convergent validity, and discriminant validity. Such findings form a good ground to proceed with evaluating structural models, making sure that the calculated path coefficients correctly represent relations between family factors, school factors, and outcome of depression among the primary school students.

Table 3
Construct reliability and validity

	Cronbach's alpha	Composite reliability (rho_a)	Composite reliability (rho_c)	AVE
Family Support	0.912	0.915	0.938	0.788
Family Cohesion	0.905	0.907	0.935	0.780
Parental Monitoring	0.778	0.781	0.857	0.600
Teacher Support	0.887	0.890	0.923	0.734
Peer Relationships	0.823	0.826	0.875	0.642
Academic Pressure	0.804	0.807	0.852	0.580
Depression	0.930	0.932	0.947	0.790

Structural Equation Modeling (SEM) Results

Structural model has been created with an aim to investigate influence of family and school variables on depression in primary school pupils. To evaluate whether the hypothetical relations were significant, the bootstraps of 5,000 resamples were performed to derive the t-values and p-values of every path. According to the results in Table 4, it can be observed that family and school-related variable also have a significant impact on depressed outcomes but the level of their impact differs across the constructs.

Table 4
Structural path coefficients for depression

Path	β (Standardized)	t-value	p-value
Family Support → Depression	-0.330	7.123	<0.001
Family Cohesion → Depression	-0.290	6.512	<0.001
Parental Monitoring → Depression	-0.140	2.510	0.012
Teacher Support → Depression	-0.260	5.874	<0.001
Peer Relationships → Depression	-0.170	3.142	0.002
Academic Pressure → Depression	0.300	6.998	<0.001

The factors of a family had strong protective effects against depression. In particular, the family support proved to have the highest negative effect (β = -0.330; t = 7.123; p < 0.001) and it can be stated that those students whose parents provide encouragement, emotional support, and guidance are significantly less prone to depressive manifestations. The cohesion of the family also showed the significant negative impact (β = -0.290; t = 6.512; p <0.001),

which means that the unity of the families, the effectiveness of communication, and joint problem-solving have become significant buffers against depression. Although parental monitoring had a lesser influence (β = -0.140; t = 2.510; p = 0.012) it still played its role, which is, the right to control and apply the proper form of discipline has a minimal but valuable contribution to reduce the depressive inclinations.

Similar influences on depression were seen at school. The role of teacher support had a significant protective nature (β = -0.260, t = 5.874, p < 0.001) and underscores the significance of teachers being emotionally invested, supportive, and sensitive to the students' academic and personal needs. Social relationships with peers had a negative impact on depression (β = -0.170, t = 3.142, p = 0.002), but both were less severe in their effect as opposed to teacher support and family cohesion, and it means that supportive social communication between classmates has a positive effect on student's mental health, yet is not able to replace the lack of family or teacher support. Contrarily, school stress became another substantial risk indicator (β = 0.300, t = 6.998, p < 0.001), whereby high workload, repeated tests, and performance demands increase the probability of depressive manifestations in students.

Conclusion

The present research sought to determine what causes depression among Chinese primary school pupils by examining how factors within families and schools influence the phenomenon. The structural equation modeling (SEM) found several significant results based on information gathered on 448 students enrolled in urban and rural schools. Family support was the most significant protective factor against depression and meant that emotional support as well as parental involvement and guidance greatly minimized depression in children. Also, family cohesion had a powerful negative correlation since the presence and strength of close bonds, open communication, and teamwork within the family is very relevant to consider. While parental control had a lesser effect, it still was statistically significant, which means that proper monitoring and discipline have a substantial impact on children`s psychological health. The second finding was related to the contribution of school to the development of depressive conditions. Support offered by teachers had a significant protective effect, which is understandable. There were lower rates of depression in peer groups even though this effect size was of moderate magnitude and the implication was that there are supportive associations between classmates. Lastly, the factor of academic pressure emerged as an important risk factor where more work, regular testing and high-performance expectations made it more likely that the child would experience depressive symptoms.

The following recommendations are suggested by the author based on the results obtained. On the level of family's efforts should be made to improve emotional support and bonding, encourage open communication, and ensure that parents participate more actively in the academic and social activities of their kids. Parent training programmes may offer methods to equilibrate monitoring and discipline with warmth and encouragement. On the school level, teachers must be trained to recognize the initial symptoms of depression, create a supportive learning environment, and eliminate excessive academic demands. Other forms of peer-based program, including mentoring programs or cooperative learning, may help to increase further social support and resilience. Moreover, legislators ought to think of the regulation of excessive homework and testing regulations in primary schools in order to alleviate stress-related mental health concerns. Adoption of whole person solutions that

focus on family involvement, teacher guidance and class workload will probably produce the best results in decreasing depression in children.

Regardless of the strength of the results, there are a number of limitations that need to be taken into consideration. Firstly, the study was based on self-reported questionnaires that might be prone to response bias or effects of social desirability. Secondly, the cross-sectional nature of the research cannot make causal inferences; even though the relationship between family and school factors and depression is obvious, longitudinal research should be conducted to establish directional relationships. Third, the given sample contained students of both urban and rural areas, but it might not be sufficient to represent regional or cultural diversity within the vast population of China. Fourth, it did not take into account any other possible contributors to childhood depression, which might explain some of the residual variance in depression outcomes. Further studies should focus on longitudinal designs or experiments to evaluate causal links between environmental elements and depression. The inclusion of other ecological and psychological variables, like temperament, parental mental health, and participation in extra-curricular activities, would help give a better picture of the determinatives of childhood depression. Cross-cultural analysis has also helped identify the contextual dissimilarity in how family and school influences combine with depressive symptoms. In addition, intervention trials examining the efficacy of combined family- and school-based mental health interventions can provide evidence-based direction in practice. Lastly, use of objective measures, i.e., teacher assessments or biological markers of stress, could improve the quality of subsequent studies and reveal finer details about the processes behind depression in grade school children.

References

Binks, N., Walsh, K., Hayixibayi, A., Eivers, A., & Kelly, A. B. (2025). Depression Symptom Trajectories Following Child Maltreatment: A Systematic Review of Longitudinal Studies from Adolescence to Young Adulthood. Trauma, Violence, & Abuse, 34, 15248380251361050.

Chen, S.-C., Zhong, C.-W., Li, H., Li, X., Fung, H.-W., Wang, L., Wu, G.-T., Jiang, X.-Y., & Yeung, W.-F. (2025). Parental challenges in Raising preschoolers with attention-deficit/hyperactivity disorder in Mainland china's first-tier cities: qualitative study using framework analysis. JMIR Formative Research, 9, e74047.

Dieu Yin, S. Z., Low, M. K., & Mishu, M. P. (2025). School-based interventions to prevent anxiety and depression in children and adolescents in low-and middle-income countries: A systematic review. PLoS One, 20(4), e0316825.

Fassl, F., Muth, J., Hofleitner, M., & Lüftenegger, M. (2025). Adolescent depression in school: risk factors and consequences on school functioning. Zeitschrift für Bildungsforschung, 15(1), 175-192.

Ghadban, E., Fekih-Romdhane, F., Khachan, J., Rizk, M., Ghadbane, C., Mouaness, C., Chehwan, T., El Aam, M., Obeid, S., & Hallit, S. (2025). The relationship between household food insecurity and quality of life among children aged 7–13 years: Effects of parent-reported disordered eating, anxiety and depression. BMC Public Health, 25(1), 1008.

Hua, H., Yang, K., Wei, Z., Hu, W., Jin, S., & Wang, J. (2025). Depression and anxiety symptoms and associated factors among community residents in Shenzhen, China: a cross-sectional study. BMC Public Health, 25(1), 2148.

Jeste, D. V., Smith, J., Lewis-Fernández, R., Saks, E. R., Na, P. J., Pietrzak, R. H., Quinn, M., & Kessler, R. C. (2025). Addressing social determinants of health in individuals with mental disorders in clinical practice: review and recommendations. Translational psychiatry, 15(1), 120-133.

Lou, J., Kong, S., Zhou, W., Xuan, Y., Wang, M., Zhou, X., Lu, J., & Zhu, H. (2025). Multifaceted determinants of depressive symptoms in children migrating back from urban to rural areas: An ecological systems theory approach. Journal of Migration and Health, 341, 100347.

Martí, L., Garriga-Cazorla, H., Roman-Juan, J., & Miró, J. (2025). Family-Related Factors in Children and Adolescents With Chronic Pain: A Systematic Review. European Journal of Pain, 29(6), e70038.

Olk, K., Osmani, V., & Klug, S. J. (2025). Post-traumatic stress disorder and depression among children and adolescents after earthquake disasters: A systematic review and meta-analysis. Journal of Affective Disorders, 388, 119750.

Reijman, S., Stuart, A. C., Egmose, I., Duschinsky, R., Rippe, R. C., Smith-Nielsen, J., Røhder, K., & Skovgaard Væver, M. (2026). Exploring interactive pathways to infant disorganized attachment in a sample of mothers with postpartum depression. Attachment & Human Development, 8(4),1-24.

Schnittker, J. (2025). The sociology of mental health and the twenty-first-century mental health crisis. Society and Mental Health, 15(2), 1-16.

Searby, A., Burr, D., Carolin, R., & Hutchinson, A. (2025). Barriers and facilitators to mental health service integration: a scoping review. International Journal of Mental Health Nursing, 34(1), e13449.

Song, H., Ge, S., Wang, Y., Ran, L., & Zhang, H. (2025). Aerobic exercise strategies for anxiety and depression among children and adolescents: a systematic review and meta-analysis. Frontiers in Public Health, 13, 1555029.

Wan, S., Liang, Y., Ding, Z., Tang, Y., & Yang, L. (2026). The potential impacts of regional artificial intelligence development on depressive symptoms in older adults: evidence from China. Frontiers in Psychology, 17, 1781672.

Wang, S., Lu, J., Zheng, G., He, Y., Liu, S., Xiang, Y., Liu, X., Wang, X., & Xiao, Y. (2025). Poor performance of PHQ-9 and GAD-7 in screening clinical depression and anxiety among a large sample of Chinese children and adolescents. BMC psychiatry, 25(1), 301-318.

Wang, T., Butterworth, P., Cooklin, A., Strazdins, L., & Leach, L. (2025). Investigating the Association Between Work Family Conflict and Major Depression Disorder. Journal of Occupational & Environmental Medicine, 67(9), e630-e641.

Wang, Y., Xu, J., Feng, M., Zhai, Z., & Zou, N. (2025). The impact of parent–child interaction and adolescent deviant behavior: the sequential mediation of depression and deviant peer affiliation. Frontiers in Psychology, 16, 1713762.

Yani, D. I., Wong, J. C. M., Pikkarainen, M., Chua, J. Y. X., Wong, H. C., Goh, Y. S. S., & Shorey, S. (2025). Factors associated with mental health literacy, depression, and anxiety amongst Indonesian adolescents. Journal of Advanced Nursing, 81(9), 5937-5962.

Zhu, X., An, N., Tang, Z., Huang, J., Ren, Q., & Wu, Y. (2025). Influencing factors and changing trends of depressive symptoms among middle and junior high school students in Eastern China from 2019 to 2023: a cross-sectional study. BMC Public Health, 25(1), 17-29.