

## Factors Influencing Depression in Thai Adolescents

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**Purpose:** The purposes of this study were to: (1) assess the prevalence of depression among Thai high school students; (2) determine whether negative thinking mediates the effect of parental bonding, everyday stress and self-esteem on depression; and (3) determine whether parental bonding, everyday stress, self-esteem, and negative thinking predict depression.

**Methods:** The setting for the study was high schools in Chonburi province, Thailand. Eight of thirty-three schools were selected by using the location and size of school as stratifying variables. A sample of 812 students was randomly recruited from each of selected schools. Once permission was received from the school director, data were collected in the classroom. Prior to data collection, all students signed assent forms. Students completed the questionnaire which consisted of seven measures assessing sociodemographic characteristics, parental bonding (Parental Bonding Instrument), everyday stress (Everyday Stress Index-Adolescent version), self-esteem (Rosenberg Self-esteem Inventory), negative thinking (Crandell Cognitions Inventory) and depressive symptoms (Center for Epidemiologic Studies-Depression Scale, and Reynolds Adolescent Depression Scale). Additional data were collected on smoking, alcohol use, family mental illness history, availability of counseling service in schools, and use of the service. Data were analyzed using descriptive statistics, t-test, correlation analysis, and path analysis.

**Findings:** Thirty-eight percent of students were male. Twenty-eight students (3.5%) reported having mental illness history in their family. The percentage of students who have been smoking and drinking alcohol within 30 days were 5.4% and 10.7% respectively. The majority of students (77.7%) perceived that counseling service was available in their school, but only 15.5% of the students have used the service. The prevalence of depression using the CES-D score greater than 22 (Thai cutting point) was 21%, and using the CES-D score greater than 16 (original cutting point) was 43%. The prevalence of depression using the RADS score greater than 69 (Thai cutting point) was 20%, and using the RADS score greater than 77 (original cutting point) was 10%. Negative thinking mediated the effects of everyday stress and maternal bonding in the protection dimension on depressive symptoms. Negative thinking also partially mediated the effects of self-esteem, paternal bonding in the protection dimension, and both paternal and maternal bonding in the caring dimension on depressive symptoms. Negative thinking, self-esteem, maternal and paternal bonding in the caring dimension significantly predicted depressive symptoms ( $R^2 = .725$ ,  $F_{4,547} = 363.85$ ).

**Discussion:** The prevalence of depressive symptoms among high school students was high. Interventions are needed to reduce depressive symptoms in Thai adolescents. Negative thinking, self-esteem, and parental bonding were key factors for predicting depressive symptoms in Thai adolescents. Interventions should be developed to reduce negative thinking, increase self-esteem, and promote parental bonding in the caring dimension.