I, Jason Brown, hereby submit this original work as part of the requirements for the degree of Master of Arts in Counseling, Mental Health.

It is entitled: The Impact of Family Structure on Major Depressive Episodes among Adolescents: Racial/Ethnic and Gender Differences.

Student’s name: Jason Brown

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The Impact of Family Structure on Major Depressive Episodes among Adolescents: Racial/Ethnic and Gender Differences

A thesis submitted to the Graduate School of the University of Cincinnati in partial fulfillment of the requirements for the degree of Master of Arts in the Department of Counseling of the College of Education, Criminal Justice and Human Service by

Jason Brown

B.A. University of Cincinnati

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Committee Co-Chairs: LaTrice Montgomery, Ph.D & Mei Tang, Ph.D.
Abstract

Studies show the benefit that living in a two-parent household has on adolescents (Garthe, Sullivan, & Kliwer, 2014; Oldfield Humphrey, & Hebron, 2015); however, multiple studies report an increase of adolescents living in a single-parent household (Child Trends, 2013; Grall, 2013). The purpose of this study was to extend the literature on the relationship between family structures (i.e. single-mother household, single-father household, and two-parent household) and self-reported past year Major Depressive Episodes (MDEs) among adolescents. This study also examined the racial and gender differences in the relationship between family structure and past year MDEs. This project utilized data from the 2014 National Survey on Drug Use and Health, an annual survey designed to collect substance use and health information from individuals 12 years of age or older. Results indicated that African American (9.5%) adolescents reported lower rates of MDE than their White (11.6%) (\( OR = 0.49, 95\% CI = 0.19 - 0.69, p < .01 \)) or Hispanic (11.4%) counterparts, (\( OR = 0.46, 95\% CI = 0.21 - 0.65, p < .01 \)). Overall, adolescents (age = 12 – 17, \( N = 11,349 \)) living in a single-mother household (12.7%) reported higher rates of past year MDEs than their two-parent household counterparts (10.4%), (\( OR = 1.65, 95\% CI = 1.43-1.86, p < .01 \)). No significant differences in family structure were found among any of the racial/ethnic groups. Overall, females (17.3%) reported higher rates of past year MDEs than males (5.6%), (\( OR = 3.12, 95\% CI = 2.45-3.34, p < .01 \)). Results also indicated that White females (17.5%) reported higher rates of past year MDEs compared to White males (5.9%), (\( OR = 3.20, 95\% CI = 2.56-3.89, p < .01 \)). There were no significant interaction effects among gender and family structure overall or among any of the racial/ethnic groups. Findings from this study suggest that family structure and gender are significant predictors of MDEs overall, especially among specific racial/ethnic groups. Implications for future research are provided.
ACKNOWLEDGEMENT

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The Impact of Family Structure on Major Depressive Episodes among Adolescents: Racial/Ethnic and Gender Differences

Parents play a valuable role in the lives of children and adolescents. Several studies highlight the benefits that healthy parental relationships have on adolescents’ mental health (Garthe, Sullivan, & Kliewer, 2014; Oldfield, Humphrey, & Hebron, 2015; Pittman & Chase-Lansdale, 2001; Rodriguez, Donnenberg, Emerson, Wilson, & Javdan, 2015). For instance, William and Merten (2014) found that the quality of parent-child relationships were related to more positive mental health trajectories among adolescents. Similarly, another study reported that adolescents who experienced more parental warmth (i.e., emotional and affectionate care from parent to child) reported less emotional distress than adolescents experiencing more distant parental relationships (Operario, Tschann, Flores, & Bridges, 2006). Parents also play influential roles in their child’s physical health. For example, Troxel, Lee, Hall, and Matthews (2013) reported that adolescents living in a two-parent household had fewer sleep-wake problems (i.e. reduced sleep duration, risk of insomnia, irregular sleep patterns, and over sleeping) compared to adolescents living in a single-parent household. Although some studies highlight the benefits of being in a two-parent household (Waldfogel, Craigie, Brooks, & Gunn, 2010; Zieders, Roosa, & Tein, 2011), a 2012 report showed that 28% of children in the United States lived in a single-parent household compared to 9% in 1960 (Child Trends, 2013). According to Grall (2013), the 2011 Census Bureau reported 14 million single-parent households in the United States, where at least 80% are headed by single mothers. Given the reported benefits of living in two-parent households, it is important to gain a better understanding of adolescents who live in single parent households to improve outcomes among this population. Studies have reported that adolescents living in single parent households experience poorer cognitive achievement (Lang & Zagorsky,
more behavioral problems (Cynthia & Sara, 2004), low self-esteem (McCormick & Kennedy, 2000) and depressive symptoms (Compas & Williams, 1990). The current study will examine the relationship between different family structures (i.e., single-mother household, single-father household, and two-parent household) and major depressive episodes (MDEs) among adolescents. Further, this study will extend the literature by examining the influence of race/ethnicity and gender on the aforementioned relationship.

Effect of Single Mothers and Fathers on Adolescents

Several studies have assessed the impact of single-parent households on adolescent outcomes. For example, Thomson, Hanson, and McLanahan (1994) suggested that adolescents living in a single-mother household have access to fewer resources (i.e., family support, income, and transportation) which can lead to negative outcomes among adolescents, such as lower academic performance and more disruptive school behavior. Studies also demonstrate a link between living in a single-parent household and mental health outcomes among adolescents. For instance, Lipman, Boyle, Dooley, and Offord (2002) reported that adolescents living in single-mother households were more at risk of developing psychiatric problems (i.e. depression, anxiety, bipolar disorder, etc.) compared to their counterparts living in a two-parent household. Another study found that adolescents who reported living in a single mother household experienced elevated levels of anxiety, lower self-esteem, and more emotional distress (Luo, Wang, & Gao, 2011). Living in a single parent household can also affect adolescent’s involvement in risky behaviors. For example, Montgomery and Marinos (2016) found that the lack of a father figure in the household was associated with higher rates of marijuana blunt use among African American males. In addition, Kincaid, Jones, Cullar and Gonzalez (2011)
reported that adolescents living in a single-mother household participated in more externalizing behaviors, such as risky sexual behavior, disobeying orders, and physical aggression.

In contrast to the large number of studies on single-mother households, there is a dearth of studies on single-father households and their impact on adolescents (Breivik, Olweus, & Enderson, 2009). Single-father households make up 24% of single-parent households, and 8% of all households with an adolescent or younger child (Livingston, 2013). Livingston (2013) also reported that 56% of all single-fathers are White, compared to 15% of African Americans. In contrast to research on single-mother households, Downy (1994) reported that adolescents who live with their single-fathers have more access to resources, such as higher levels of income, family support and access to transportation. Although access to these resources could potentially lead to less emotional distress and more positive mental health outcomes, some studies suggest that adolescents living in single-father households might face different type of stressors that might make them more susceptible to mental health problems. For example, adolescents in single-father households report having less supervision which often leads to more antisocial behaviors (Breivik, Olweus, & Endersen, 2009; Crawford & Novak, 2008; Lippman, 2004). Moreover, Cavanagh (2008) reported that adolescents living in single-father families are more likely to be depressed compared to adolescents living in single-mother families due to lack of parental supervision and monitoring from the father. Lack of parental supervision can potentially lead to decreases in healthy behaviors and more health related problems. For example, one study demonstrated an increase in health related problems and a decrease in healthy behaviors such as proper diet, sleep and exercise among adolescents living in a single-father household (Ulvester, Breivik, & Thuen, 2010).

**Race and Gender Difference in Adolescents**
Previous literature shows inconsistency in regards to the influence of race and gender on the relationship between single parent households and behavioral outcomes. Approximately 21% of Hispanic youth live in single-parent households (Vespa, Lewis, & Kreider; 2013). Creighton, Park and Teruel (2009) suggest that Hispanic/Latino youths from single parent households are at greater risk of dropping out of upper secondary school in Mexico than their counterparts living in two-parent households. The Annie E. Casey Foundation (2011) reported that 67% of African American youths will live in a single parent household compared to 23% of the general US population. This number is a stark contrast to the numbers reported for other racial/ethnic populations. Though analyzing the reasons behind these numbers are important, it is also important to comprehend the impact that living in a single-parent households have on different racial/ethnic groups. Langton and Berger (2011) found that African American youth from single parent households were more likely to demonstrate externalizing problems (i.e., disobedience and aggression) than White youth from two-parent households. Troxel et al. (2014) also reported less sleep-wake problems and more sleep efficiency for White youth living in a two-parent household compared to African American youth living in a single-parent household. Studies have also displayed racial/ethnic differences in how depression is experienced among racially diverse adolescents living in single-parent households. For instance, Miller and Taylor (2011) suggested that African American adolescents living in a single parent household are more susceptible to depressive symptoms compared to their White counterparts due to lack of resources. Further, Montague, Cavendish, Enders and Dietz (2010) reported a correlation between positive parental relationships and lower internalizing symptoms such as depression and anxiety among African Americans and Hispanic/Latino adolescents.
Studies have also shown racial/ethnic differences in the prevalence rates of depression. For instance, some studies suggest that African Americans display more depressive symptoms than Whites (Cheng, Cohen & Goodman, 2015), while other studies have indicated that African Americans display fewer depressive symptoms than Whites (Dornbusch et al., 1991; McLeod & Owens, 2004). Furthermore, numerous studies have reported that Hispanic/Latino Americans have a higher prevalence of depressive symptoms and depression than African American and Whites (Roberts, Roberts, and Chen 1997; Siegel et al. 1999). It is plausible that family structure might play a role in the different prevalence rates of depression observed among racially/ethnically diverse youth. Additional research is needed to elucidate the factors associated with family structure and depression among racially/ethnically diverse youth.

Gender differences have also been observed among individuals with depression. Some studies suggest that girls are more susceptible to depressive symptoms than boys during adolescence (Cheng et al., 2015; Smoiveri-Azić & Bezinović, 2011). In addition, Smoiveri-Azić and Bezinović (2011) found gender differences in the association between family factors and depressive symptoms. Depressive symptoms in girls were linked to the lack of protective family factors (i.e. supportive parental interaction, increased family cohesion, and common family activities), while depressive symptoms in boys were associated with the existence of harmful family factors (i.e., parental rejection, harsh parental discipline, family conflict, and parent’s stress and depression). These findings suggest that girls display higher rates of depression and may also have different risk and protective factors for depression relative to boys.

Although there are several studies that display higher rates of depressive symptoms among girls than boys (Cheng et al., 2015; Lewis et al., 2015; Smoiveri-Azić & Bezinović, 2011), some studies show that boys display more depressive symptoms and behavioral changes,
especially in single-parent households. For example, boys were more likely to be in a single-mother household compared to girls (Lundberg & Rose, 2003) leading to an increase in behavioral problems (Hetherington, Cox & Cox, 1985). In addition, Luo et al. (2011) reported that males who had absent fathers reported higher anxiety levels and lower self-esteem. Similarly, another study found more depressive symptoms among African American boys as compared to African American girls (Weed, Morales, and Harjes, 2012). These studies highlight the need for additional research on racial and gender differences in the relationship between single-parent households and adolescent outcomes. As more researchers continue to examine the relationship between single-parent households and adolescent outcomes, it is important to have a clear understanding of the disparities between racial/ethnic and gender groups.

**Purpose of the Study**

The purpose of this study is to examine the association between family structure (i.e., single-mother or single-father households versus two-parent households) and self-reported Major Depressive Episodes (MDEs) among adolescents. Due to gender and racial disparities found in rates of single-parent households and depression (Cheng et al., 2015; Finlay et al., 2014), this study will also examine gender and racial differences in the relationship between family structure and MDE. It is hypothesized that (1) African American adolescents will report higher rates of MDE than their White and Hispanic counterparts, (2) females will report higher rates of MDE than their male counterparts and (3) overall, adolescents living in a single-mother or single-father household will report more depressive symptoms than their counterparts living in a two-parent household. The influence of race and gender on the relationship between family structure and depression will be explored in this study. Data from the 2014 National Survey on Drug Use and Health (NSDUH) will be used to examine the aforementioned relationships.
METHODS

Participants

Data from the 2014 NSDUH, an annual survey designed to collect substance use and health information from individuals 12 years of age or older, were used in the current study. Participants who reported being between the ages of 12-17 and identified as African American, Hispanic or White were included in the current study ($N = 11,349$).

Procedure

Data were collected via computer assisted personal interviews and computer assisted self-interviews. Participants were able to directly respond to survey questions that were displayed on a computer screen and read through headphones. Participants were compensated $30 in cash after completing the interview. Further details of the sampling strategy and data collection can be found in the 2014 NSDUH report (Substance Abuse Mental Health Services Administration, 2014).

The current study used data from questions focusing on different demographic variables (e.g., race/ethnicity, gender), MDEs, and family structure (i.e., single-mother households, single-father households and two-parent households). To assess participants’ MDEs, youth were asked to report whether or not they experienced any of the 9 depressive symptoms of MDE in their lifetime as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). Participants were given a list of DSM-IV criteria and were ask to select “yes” if symptoms were present and “no” if symptoms were not present. Participants who self identified as experiencing at least 5 of the 9 criteria for MDE (e.g., depressed mood, reduced level of interest or pleasure in most or all activities) were categorized as having lifetime MDE, while participants who did not meet at least 5 of the 9 criteria for MDE were categorized as not having
Participants who endorsed having a lifetime MDE were then asked if they experience these MDE symptoms in the past 12 months for a period of two weeks or longer. Adolescents who answered “yes” to this question were categorized as having a past-year MDE, while adolescents who answered “no” were classified as not having a past-year MDE. To assess family structure, participants were asked two questions, one regarding the residential status of their mother and the other regarding the residential status of their father. Participants who endorsed having both a mother and father in the household were categorized as “two-parent households.” Adolescents who reported having a mother in the household but no father were classified as living in a “single-mother household”, while those who reported having a father in the household but no mother were classified as living in a “single-father household.”

Data Analysis

General descriptive statistics were conducted to determine the percentages for each category. Four logistic regression models (African Americans, Whites, Hispanic and the overall sample) were conducted in order to evaluate the relationship between the predictor variables (i.e. family structure, gender, and gender and family structure interactions) and MDEs. Subsequent analyses controlled for statistically significant demographic differences between racial/ethnic groups. Other racial/ethnic groups (i.e., Asian and Native Americans) were excluded from the study due to their limited sample size and restricted range of variability in MDEs compared to African American, Hispanic and White adolescents. A significance level of .01 was used in each analysis to control for multiple comparisons, but allow meaningful patterns to emerge from the data.

RESULTS

Sample Characteristics
As shown in Table 1, the participants were mostly male (50.9%) and between the ages of 14-15 (33.5%). There were significant racial/ethnic differences in family income and family structure. Overall, White (50.7%) adolescents were more likely to report a family income of $75,000 or more relative to African American (16.3%) and Hispanic (17.2%) adolescents. Further, White (76.1%) adolescents were more likely than African American (45.1%) and Hispanic (69.1%) adolescents to report living in a two-parent household. There were no significant racial/ethnic differences found in age or gender.

**Hypothesis 1: Past Year Major Depressive Episodes among African American, Hispanic and White Adolescents**

In contrast to the proposed hypothesis, African Americans (9.5%) had lower rates of past year MDE than their White (11.6%) ($OR = 0.49$, 95% $CI$ = 0.19 – 0.69, $p < .01$) or Hispanic (11.4) counterparts, ($OR = 0.46$, 95% $CI$ = 0.21 – 0.65, $p < .01$).

**Hypothesis 2: Past Year Major Depressive Episodes among Male and Female Adolescents**

Hypothesis #2 was supported. Females (17.3%) reported higher rates of MDEs than their male (5.6%) counterparts, ($OR = 3.12$, 95% $CI$ = 2.45-3.34, $p < .01$).

**Hypothesis 3: Past Year Major Depressive Episodes among Diverse Family Structures**

Hypothesis #3 was partially supported. Adolescents living in a single-mother household (12.7%) reported higher rates of past year MDEs relative to their counterparts in two-parent households (10.4%), ($OR = 1.65$, 95% $CI$ = 1.43-1.86, $p < .01$). However, rates of past year MDEs were similar among single father households (11.5%) and two-parent households, ($p = 0.19$).

**Racial/Ethnic and Gender Differences in Past Year Major Depressive Episodes**
As shown in Table 3, regarding the association between gender and past year MDEs among racial/ethnic groups, White females (17.5%) reported higher rates of past year MDEs relative to White males (5.9%). There was not a significant effect for gender among African American or Hispanic adolescents. Regarding family structure, there were no significant effects among any of the racial/ethnic groups. However, there was a trend level of significance for Hispanic adolescents ($p < .04$), with higher rates of MDE found among single-mother households (12.4%) relative to two-parent households (6.4%). There were no significant interaction effects between gender and family structure among any of the racial/ethnic groups.

**DISCUSSION**

The purpose of this study was to analyze the relationship between family structure and past year major depressive episodes (MDEs) among adolescents. This study also examined gender and racial/ethnic differences in the association between family structure and past year MDEs. In contrast to the first hypothesis, African American adolescents reported less depressive symptoms than their Hispanic and White counterparts. However, in support of the second hypothesis, females reported more depressive symptoms than males. The third hypothesis was partially supported, with adolescents living in a single-mother household reporting more depressive symptoms than adolescents living in a two-parent household. Overall, the results indicated that race/ethnicity did not influence the relationship between adolescent’s report of MDEs and family structure. However, the results did show that White females reported higher rates of past year MDEs relative to White males.

With regards to racial/ethnic differences, findings suggest that African American adolescents reported lower rates of past year MDEs compared to their White and Hispanic counterparts. This finding counters previous research suggesting that African American
adolescents were more likely than their White counterparts to report depressive symptoms due to a lack of resources (Miller & Taylor, 2011). A strong peer group might serve as a protective factor for depression among African American adolescents. For instance, Way, Cowal, Gingold, Pahl, and Bissessar (2001) reported that African Americans displayed lower rates of depressive symptoms when reporting high levels of confidence in their friendships. It is plausible that African American adolescents are heavily influenced by their peers. This notion is consistent with Erik Erikson’s stages of development theory which suggests that adolescents actively seek membership in peer groups and begin to explore life outside of their parents’ presence and influence. Therefore, adolescents will switch their source of warmth and acceptance from their parents to their peer group. This phenomenon can also be explained using Simonds, Pons, Stone, Warren and John’s (2014) social recovery theory which posits that people can live meaningful lives despite the presence of their mental illness if integrated in a strong peer group. Moreover, Rose, Joe, Shields, and Caldwell’s (2014) study showed improved mental health among adolescents who were integrated into social relationships. Additional research is needed to determine if the aforementioned explanations are more consistent with the experiences of African American adolescents compared to other racial/ethnic groups.

Higher rates of MDE were found among females compared to males. This result supports previous research displaying more depressive symptoms among females than males (Saluja, et al., 2004). Though a gender effect was found in White adolescents, there were not any gender differences found among African American and Hispanics adolescents. This result contrasts previous research suggesting that African American boys will report more depressive symptoms than African American girls (Weed et al., 2012). There are several reasons that girls are more susceptible to depressive symptoms than boys. For instance, Nolen-Hoeksema and Girgus (1994)
explained that girls are more likely to develop depressive symptoms due to more psychosocial stressors (i.e. increase of sexual abuse and rape) and personality differences that increases the likelihood of depression (i.e. wanting to be more relational and communal than boys, ruminating more than boys, being less aggressive than boys). In addition, Bartles, Cacioppo, van Beijsterveldt, and Boosmsma (2013) posited that males and females have different triggers for depression as males focus on problems related to external issues (i.e., goals and jobs) while females focus on more internal issues (i.e., interpersonal relationships). Additional research is needed to provide insight into the relationship between gender and depression, especially among White adolescents.

Consistent with the proposed hypothesis, adolescents living in a single parent, specifically single-mother, household were more likely to report higher rates of MDEs than their two-parent household counterparts. This finding aligns with previous research on adolescents living in single-parent households (Lipman et al., 2002; Luo et al., 2011). Several factors might contribute to the higher rates of MDEs among adolescents living in single-mother households. For instance, Kendig and Bianchi (2008) reported that single-mother households are more likely than two-parent households to experience low socioeconomic status (SES) or poverty, neighborhood stress, low emotional support and increased role responsibilities (i.e., chores, jobs, cooking, and babysitting). The lack of resources coupled with a high number of psychosocial stressors increases adolescents’ chances of developing depressive symptoms. For instance, Thomas et al. (1994) found that adolescents living in single-parent households will often have a lower socioeconomic status, leading to more depressive symptoms (i.e., sadness, hopelessness etc.), more behavioral problems (i.e. aggressive behavior, and substance abuse), and less academic achievement. It has also been noted that adolescents who are living in single-mother
households take on more responsibilities in the household such as chores, jobs, cooking, and babysitting (Hilton & Devall, 1998) and are exposed to more stressors (i.e., lack of transportation, family problems etc.) than their two-parent counterparts (Daryanani, Hamilton, Abramson, & Alloy 2016). The increased amount of demands that are placed on adolescents in single-mother households can potentially lead them to experience more depressive symptoms compared to those living in two parent households. Additional research is needed to explore the influence of family structures, especially single-mother households, on depression among adolescents.

The current study demonstrated several strengths that include the use of a large sample population, delineation of family structure categories, (i.e., single-mother, single-father, and two-parent households) and the examination of racial/ethnic and gender differences. Another strength of this study is the use of the DSM criteria to identify MDEs. Limitations of the study include the use of cross sectional data, exclusion of other racial/ethnic groups (i.e. Asian, Native American, and Pacific Islander etc.) and the lack of questionnaire items assessing the quality of the relationships between parents and adolescents in both single-parent and two-parent households. Future research should examine the relationship between the quality of the parenting relationship and adolescent mental health (Oldfield et al., 2016; William & Merten, 2014). Further, this study only assessed MDEs rather than Major Depressive Disorder (MDD). MDE and MDD are related but two distinctly different concepts in the depression field (one representing shorter-term symptoms of MDD lasting for at least two weeks and the other being a chronic disorder spanning a large portion of an individual’s lifetime). Another limitation to this study is the lack of a trained professional to examine adolescent’s reported MDE. This is impactful as adolescents could either over-report or under-report their symptoms. Lastly, only
11.1% of adolescents in the current sample reported having a past-year MDE. Additional research is needed in samples with a higher prevalence of past-year MDEs.

The findings for this study have several implications for future research. One area of interest that researchers should consider is the level of parental involvement in adolescents’ lives. Multiple researchers have shown that increased parental involvement, warmth and acceptance are associated with a decrease in depressive symptoms among adolescents (Brennan, Le Brocque, & Hammen, 2003). Bean, Barber and Crane (2006) found that parental support among African Americans was a significant contributor to lower rates of depression among African American adolescents. Focusing on the quality of the relationship between residential and non-residential parents and their children might lead to deeper insights into the relationship between family structure and MDEs.

Another area of research that should be explored is the influence of family type on depression. Although this study examined the influence of family structure on MDEs, it did not evaluate the influence of diverse family types, such as foster families, blended families, dual career families, LGBT families, adoptive families, and adolescents living with their grandparents/other relative, on depression. Wainwright, Russell, and Patterson (2004) examined the psychosocial adjustment, school outcomes, and romantic relationship of adolescents with same-sex families compared to opposite sex families. Their results showed that parents who spent time with their children, regardless of same-sex or opposite sex, reported higher school outcomes (i.e. better grades). This could be an interesting research option to explore as different family structures produce their own separate challenges which could lead to depressive symptoms among adolescents. Although the current study is an important contribution to the literature, there are still several inconsistencies and unexplored territories within the field of
depression. Researchers should continue to examine the racial/ethnic and gender differences in the relationship between family structure and adolescent’s mental health. Further, additional research is needed to examine the impact of single-father households on adolescents’ mental health. The current study extends the literature by assessing the relationship between family structure and MDEs, with a unique exploration of the effects of race/ethnicity and gender on the aforementioned relationship. Results from this study highlight therapeutic targets for family-based preventive and intervention programs for depression in adolescents.
References


FAMILY STRUCTURE ON MAJOR DEPRESSIVE EPISODES


### Table 1

**Demographic Characteristics of African American, Hispanic and White Adolescents, 2014 National Survey on Drug Use and Health**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>African American (n = 1,599)</th>
<th>Hispanic (n = 2,578)</th>
<th>White (n = 7,172)</th>
<th>Total (N = 11,349)</th>
<th>Analyses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>$x^2$</td>
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<tr>
<td>Age</td>
<td></td>
<td></td>
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<tr>
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<td>14-15</td>
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<td>33.6</td>
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<td>32.9</td>
<td>34.0</td>
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<td>48.8</td>
<td>51.4</td>
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<td>48.6</td>
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<td>Single Mother Household</td>
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<td>18.2</td>
<td>25.0</td>
<td>20.30</td>
</tr>
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<td>76.1</td>
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<td>10.20</td>
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<td>37.2</td>
<td>39.7</td>
<td>22.7</td>
<td>28.7</td>
<td></td>
</tr>
<tr>
<td>50,000 - 74,999</td>
<td>11.3</td>
<td>13.0</td>
<td>18.1</td>
<td>15.9</td>
<td></td>
</tr>
<tr>
<td>More than 75,000</td>
<td>16.3</td>
<td>17.2</td>
<td>50.7</td>
<td>37.9</td>
<td></td>
</tr>
<tr>
<td>Major Depressive Episode</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>9.5</td>
<td>11.4</td>
<td>11.6</td>
<td>11.1</td>
<td>13.53</td>
</tr>
<tr>
<td>No</td>
<td>91.5</td>
<td>88.6</td>
<td>88.4</td>
<td>88.9</td>
<td></td>
</tr>
</tbody>
</table>
Table 2. Characteristics of Adolescents with Past Year Major Depressive Episodes

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past-Year Major Depressive Episodes (N = 1,260)</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>12-13</td>
<td>14.3</td>
</tr>
<tr>
<td>14-15</td>
<td>23.5</td>
</tr>
<tr>
<td>16-17</td>
<td>29.3</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>5.6</td>
</tr>
<tr>
<td>Female</td>
<td>17.3</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>9.5</td>
</tr>
<tr>
<td>Hispanic</td>
<td>11.4</td>
</tr>
<tr>
<td>White</td>
<td>11.6</td>
</tr>
<tr>
<td>Family Structure</td>
<td></td>
</tr>
<tr>
<td>Single Mother Household</td>
<td>12.7</td>
</tr>
<tr>
<td>Single Father Household</td>
<td>11.5</td>
</tr>
<tr>
<td>Two Parent Household</td>
<td>10.4</td>
</tr>
<tr>
<td>Family Income ($)</td>
<td></td>
</tr>
<tr>
<td>Less than 20,000</td>
<td>11.0</td>
</tr>
<tr>
<td>20,000 - 49,999</td>
<td>11.5</td>
</tr>
<tr>
<td>50,000 - 74,999</td>
<td>12.3</td>
</tr>
<tr>
<td>75,000 or more</td>
<td>10.9</td>
</tr>
</tbody>
</table>
Table 3

<table>
<thead>
<tr>
<th>Item</th>
<th>African American (n = 1,599)</th>
<th>Hispanic (n = 2,578)</th>
<th>White (n = 7,172)</th>
<th>Overall (n = 11,349)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>0.06 (0.90) 1.07 (0.94) 0.18-6.25</td>
<td>-1.77 (0.85) 0.17 (0.04) 0.03-0.91</td>
<td>-1.14 (0.33) 3.20 (&lt;.01) 2.56-3.89</td>
<td>-1.18 (0.07) 3.12 (&lt;.01) 2.45-3.34</td>
</tr>
<tr>
<td>Male</td>
<td>-- -- 1.00 -- --</td>
<td>-- -- 1.00 -- --</td>
<td>-- -- 1.00 -- --</td>
<td>-- -- 1.00 -- --</td>
</tr>
<tr>
<td>Single mother household</td>
<td>-0.61 (0.75) 0.54 (0.41) 0.12-2.37</td>
<td>0.28 (0.47) 2.32 (0.04) 2.19-3.89</td>
<td>0.20 (0.19) 1.45 (0.27) 0.11-1.42</td>
<td>0.04 (0.21) 1.65 (&lt;.01) 1.43-1.86</td>
</tr>
<tr>
<td>Single father household</td>
<td>1.39 (0.95) 4.00 (0.15) 0.62-25.8</td>
<td>-0.31 (0.88) 0.73 (0.72) 0.13-4.08</td>
<td>0.49 (0.35) 1.64 (0.16) 0.83-3.26</td>
<td>0.21 (0.32) 0.43 (0.19) 0.31-1.21</td>
</tr>
<tr>
<td>Two parent-household</td>
<td>-- -- 1.00 -- --</td>
<td>-- -- 1.00 -- --</td>
<td>-- -- 1.00 -- --</td>
<td>-- -- 1.00 -- --</td>
</tr>
<tr>
<td>(Gender = male)*Single mother household</td>
<td>-2.85 (1.86) 0.06 (0.12) 0.02-2.19</td>
<td>1.02 (1.74) 2.78 (0.56) 0.09-83.62</td>
<td>-0.32 (0.69) 0.73 (0.65) 0.19-2.79</td>
<td>1.34 (0.23) 1.34 (&lt;.01) 0.23-0.54</td>
</tr>
<tr>
<td>(Gender = male)*Single parent household</td>
<td>-1.34 (0.95) 0.26 (0.16) 0.04-1.69</td>
<td>0.52 (0.87) 1.68 (0.55) 0.30-9.29</td>
<td>-0.01 (0.34) 0.99 (0.97) 0.51-1.95</td>
<td>1.25 (0.14) 1.98 (0.21) 0.04-1.96</td>
</tr>
<tr>
<td>(Gender = male)*Two parent-household</td>
<td>-- -- 1.00 -- --</td>
<td>-- -- 1.00 -- --</td>
<td>-- -- 1.00 -- --</td>
<td>-- -- 1.00 -- --</td>
</tr>
</tbody>
</table>

*Past Year Major Depressive Episode

*Referent group is no past year major depressive episode.