

**Table 4***Analysis of studies that researched psychological factors unrelated to risky behaviors*

References	Sample	Methodology	Psychological factors
1. Bryan et al., (2017).	537 US volunteer students, (18-60), average 21.75 years, 74.7% women, managed online (extra course credits).	Cross-sectional, quantitative study Brief Symptom Inventory-18 (BSI-18; Derogatis, 2000), The Daily Drinking Questionnaire, The Rutgers Alcohol Problem Index (RAPI), The Authenticity Inventory-3 (AI-3), The Three-Item Loneliness Scale (TILS)	anxiety, depression
<i>Findings (psychological factors)</i>	Loneliness positively correlates with poor mental health, anxiety and depression.		
2. Dobson, Ahnberg Hopkins, Fata, Scherrer, and Allan, (2010).	High-risk adolescents (high score on severe depression but no major depressive disorder or current or past manic episode), Calgary, Alberta, and Canada. 25- "Coping with stress", 21- "Let's talk"	Cross-sectional, quantitative study Center for Epidemiological Studies–Depression Scale (CES-D), Computerized Diagnostic Interview for Children and Adolescents for DSM-IV, Mood and Anxiety Symptom Questionnaire (MASQ), Rosenberg Self-Esteem Scale (RSES)	anxiety, depression
<i>Findings (psychological factors)</i>	The CBT protocol as well as the "Let's talk" protocol reduce the severity of depressive and anxiety symptoms in high-risk adolescents and increase self-esteem.		
3. Bonsaksen and Lerdal, (2012).	18 (12M, 6F) hospitalized psychiatric patients (average 7-8 months of treatment), Oslo, Norway, average age 43.7 years.	Cross-sectional, quantitative study The Global Assessment of Functioning Scale (GAF), International Physical Activity Questionnaire (IPAQ), The World Health Organization Quality of Life – BREF (WHOQOL-BREF), The Hospital Anxiety and Depression Scale (HADS)	anxiety, depression
<i>Findings (psychological factors)</i>	Patients with different diagnoses of schizophrenia reported higher levels of depression and anxiety. General levels of physical activity were low and did not seem to relate to quality of life. Patients with different diagnoses of schizophrenia were more physically active and reported a lower quality of life.		
4. Lloyd et al., (2017).	53 F, 21-25 years (average 22.7), outpatient psychotherapy clinic, Sweden	Multi-modal study, predominantly qualitative, semi-structured interview. Quantitative: Karolinska Scales of Personality (KSP), Multidimensional Measurement of Religiousness/Spirituality for Use in Health Research, Structural Analysis of Social Behaviour-Self-Concept (SASB),	anxiety, depression, aggressivity

References	Sample	Methodology	Psychological factors
<i>Findings (psychological factors)</i>	High anxiety. Tendency to depression. Participants with high scores in depression had a negative conception of themselves and a lack or inability to use existential resources. Inhibition of aggressivity.		
5. Wolff and Baglivio, (2017).	27720, (21% of juvenile delinquents who completed Community sanction service), Florida	Data analysis, centralized community sanction service database, Full Community Positive Achievement Change Tool (C-PACT)	anxiety, depression, emotionality
<i>Findings (psychological factors)</i>	(Anxiety and depression were included in the negative emotionality). About 50% of the observed effects of adverse childhood experiences are indirectly activated by negative emotionality. Children with a more negative perception of others and the environment and those whose (negative) emotions are easier to activate are more likely to engage in antisocial behaviors.		
6. Cazan and Truța, (2015).	341 (260F, 81 M) Romanian students, different faculties (average age 20.65)	The Adolescent Resilience Scale, The Student-life Stress Inventory (SSI); The Satisfaction with Life Scale	stress, emotionality
<i>Findings (psychological factors)</i>	Stressors acted as mediators between resilience, reaction to stress, and life satisfaction. Emotional regulation has a mediating effect on stress reactions.		
7. Masters et al., (2019).	391 students (56% F), Australia, grades 6-8 (monitored up to 9-11)	Longitudinal, quantitative study parental consent, questionnaire applied 4 times, kept 3 (for each year) last year was completed online. The Social Anxiety Scale for Adolescents (SAS-A), The Short Mood and Feelings Questionnaire (SMFQ), The Difficulty in Emotion Regulation Scale (DERS),	anxiety, depression, emotionality
<i>Findings (psychological factors)</i>	Early emotional disorders associated with symptoms of anxiety and subsequent depression, instead associated with emotional disorders. There is a process of emotional problems in adolescents, in the transition from early to middle adolescence. Lack of emotional clarity, non-acceptance of emotional responses, difficulties in controlling impulses, limited access to emotional regulation strategies, and difficulties in engaging in goal-oriented behaviors		
8. Mutalik, et al. (2016), May	118 students (42% M) in the first year, 18-25 years (average 21)	Informed consent, Depression, Anxiety and Stress Scale (DASS 21), General Health Questionnaire 28 (GHQ 28),	anxiety, depression, stress
<i>Findings (psychological factors)</i>	The level of anxiety was found to be higher than that of depression, followed by stress (DASS 21). Female respondents had higher levels of emotional distress than male respondents (GHQ 28).		
9. Soleimani et al., (2017). October-November 2015	399 teenagers (14-19 years old), Qazvin, Iran	Cross-sectional, descriptive study, Revised Child Anxiety and Depression Scale (RCADS), Iranian Adolescents Risk-taking Scale (IARS),	anxiety, depression
<i>Findings (psychological factors)</i>	Anxiety and depression significantly predict the occurrence of risky behaviors, along with: having smoking friends, suicidal ideation, and strong suicidal ideation.		

References	Sample	Methodology	Psychological factors
10. ul Haq et al., (2018).	361 students, Punjab University, Lahore, Pakistan	Cross-sectional study self-administered questionnaire: demographic data + DASS-21	anxiety, depression, stress
<i>Findings (psychological factors)</i>	Male participants had higher levels of anxiety, depression and stress compared to female participants. Students with educated parents had fewer symptoms. Symptoms of depression and stress have higher values in students living with family than those living alone or with friends (anxiety is no different). The illiterate mother correlates with high levels of anxiety, depression, stress. The level of depression is higher where the father is illiterate. The level of anxiety is higher where the father is educated below the level of high school graduation.		
11. Yavuzer et al., (2019).	904 students (average 25 years) volunteers, different specializations Anatolia (Turkey) 65.7% F, 34.3% M	Transverse sturgeon Self-Theory Scale, KAR-YA Aggression Scale (KAR-YA AS), Beck Depression Inventory, UCLA Loneliness Scale (UCLA)	depression, aggression
<i>Findings (psychological factors)</i>	Loneliness leads to the development (exacerbation) of depression. Depression is a positive predictor of aggressivity in young adults. Loneliness and depression were found to be positive predictors for aggressivity in young adults, while self-conception was found to be a negative predictor.		
12. Yuan and Hesketh, (2019). July-September 2018	2987 women, China	Partly Conflict Tactics Scale-2 (CTS-2), partly Composite Abuse Scale, The Center for Epidemiologic Studies Depression Scales (CES-D) (paper and electronic)	depression
<i>Findings (psychological factors)</i>	Prevalence of depression: 65.8% experienced psychological violence, 69.5% physical violence, 75.8% sexual violence.		
13. Pelletier et al., (2016). 2011 - 2012	441 students under 35 (index of 20- 35kg/m <sup>2</sup> ), community colleges Minnesota, USA	Cross-sectional, quantitative study Shorr height boards (Irwin Shorr, Olney, MD) and Tanita scales (Tanita TBF-300A Body Composition Analyzer, Arlington Heights, Cohen Perceived Stress Scale	stress
<i>Findings (psychological factors)</i>	High levels of stress have been associated with a high prevalence of overweight and obesity.		