

Research in Brief: Psychological and educational interventions for preventing depression in children and adolescents



Depression is one of the most common mental health problems, especially in adolescence. By age 19, between 20 and 25% of young people have suffered from a depressive disorder. Depression in adolescence is often associated with additional problems such as poor academic performance, social dysfunction, substance abuse, and suicide.

Because of the rising incidence of depression, there has been increased interest in the development of programs aimed at preventing the onset of depression. Often such programs are delivered in a group format. For children and youth, the school environment provides an ideal setting for depression prevention programs, because interventions can reach many students at the same time.

Are depression prevention programs effective?

A recent systematic review sought to determine whether psychological and/or educational interventions are effective in preventing depression in children and adolescents. Educational interventions aim to provide students with information about depression, while psychological interventions have the goal of change people's thinking patterns. Most of the studies included in the review were of psychological interventions.

When compared with no intervention, programs showed an immediate reduction in risk of depression. These results were seen up to one year following the intervention. However, at two years post-intervention, there were no differences between those who received the interventions and those who did not.

Results of the study show that both targeted and universal depression prevention programs are likely to be effective in reducing new cases of depression. Targeted interventions showed slightly longer-lasting results, but universal programs are easier to implement.

Why does this matter?

- ⇒ *Prevalence rates for depression in adolescence are high.*
- ⇒ *Depression can adversely affect a student's relationships and academic performance.*
- ⇒ *Schools are an ideal environment for increasing awareness about depression and implementing prevention strategies.*
- ⇒ *Either targeted or universal prevention programs can effectively reduce rates of depression.*



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What is a systematic review?

The purpose of a systematic review is to sum up the best available research on a specific question. This is done by bringing together the results of several studies. Studies included in a review are screened for quality, so that the findings of a large number of studies can be combined.

What did they do?

The researchers conducted a search of the Cochrane Depression, Anxiety and Neurosis Review Group database, as well as MEDLINE, EMBASE, PsycINFO and ERIC databases. The authors also reviewed the reference lists of articles and reviews.

The following criteria qualified a study for inclusion in the review:

- Study participants were between the ages of 5 and 19
- Participants did not currently have a diagnosis of depression
- The preventive intervention was psychological or educational in nature
- The study compared the prevalence of depression in an intervention group versus a control group

53 studies, all randomized controlled trials, with a total of 14, 406 participants, were included in the review. The authors examined all study designs to determine their effectiveness in preventing depression.



What did they learn?

31 studies assessed universal prevention programs, while 39 studies examined targeted interventions for at-risk populations. Risk factors that qualified participants for a targeted intervention included elevated depression scores, having a parent with depression, parental separation/divorce, and being bullied at school.

Most interventions used some variation of cognitive behavioural therapy, but some used other approaches such as play therapy. Most interventions were delivered in a group format.

Both universal and targeted programs were found to be effective in reducing depression rates immediately following the intervention. Targeted interventions remained effective for longer than universal interventions (12 months vs. 3-9 months).

Programs were more effective for those at high risk of developing depression than for those at low risk.

This brief summary was prepared from:

Merry, S. N., Hetrick, S. E., Cox, G. R., Brudevold-Iverson, T., Bir, J. J., & McDowell, H. (2011). Psychological and educational interventions for preventing depression in children and adolescents. *Cochrane Database of Systematic Reviews, Issue 12*.

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