

Research in Brief:

Depression prevention programs in schools



Depression is a serious illness for adolescents. Depression increases the risk of death by suicide, and suicide is the second most common cause of death for young people 15 to 24 years of age in Canada.

School-wide programs to prevent depression have been designed to avoid the start of depression in all students. School based prevention programs are generally aimed at all students.

Early intervention programs help students at risk of developing depression or help students with the beginning symptoms of depression. Early intervention programs are aimed at specifically identified students.

Are prevention and early intervention programs in schools effective?

A recent systematic review found mixed results, with only about half, (23 of 42 studies) reporting a significant reduction in the students' symptoms of depression.

Programs led by teachers were less effective than those led by mental health professionals, graduate students or researchers. The most effective programs were ones targeted at students with symptoms of depression led by mental health professionals.

Program aimed at all students were found to be less effective than programs targeted at students with symptoms of depression. However, some programs for all students were effective. Analyzing the content and delivery style of effective programs may help to understand how to deliver effective prevention programs in the schools.

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.



Why does this matter?

- ⇒ *Depression is one of the major causes of serious illness for adolescents.*
- ⇒ *Even mild depression can cause relationship difficulties and poor academic performance.*
- ⇒ *Teachers should be aware of symptoms of depression and refer students to appropriate counselling.*
- ⇒ *Schools should work closely with guidance counsellors and mental health professionals to choose programs that are effective.*

This resource has been developed as part of a Professional Learning Community for Educator Mental Health Literacy. Participating school boards include:

- Hamilton-Wentworth District School Board
- Hamilton-Wentworth Catholic District School Board
- Grand Erie District School Board
- Upper Grand District School Board
- Brant Haldimand Norfolk Catholic District School Board
- Dufferin Peel Catholic District School Board
- Windsor-Essex Catholic District School Board

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Research in Brief articles can be found at:
<http://www.hwdsb.on.ca/e-best/>

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What did they do?

The research team searched through the Cochrane Library, PsycInfo and PubMed databases for articles published between 1998 and March 2008.

The research team then reviewed studies to find the articles to answer the specific research question. They looked for studies that included all of the following: involved children (5-12 years) or adolescents (13-19 years); aimed to reduce or prevent the symptoms of depression or to build resilience; taught in a school; main result was to measure symptoms or diagnosis of depression; type of study was a randomized control trial; published in a peer reviewed journal; and in English.

The researchers found 42 studies of 28 prevention and early intervention programs.

The authors then calculated the effectiveness of each program and quality of the research used to evaluate each program.

What did they learn?

Overall, about half (55% or 23 of the 42 studies) found a significant reduction in the students' symptoms of depression.

Adolescents were the target for over half (57%) of the studies. Almost half (46%) of the studies involving adolescents showed a reduction in symptoms of depression. Slightly more than half (54%) of the studies aimed at children showed a reduction in the symptoms of depression.

About one third of the programs (33%) had multiple program leaders. Most (76%) of the program leaders were mental health professionals and graduate students and about one third (30%) were teachers.

Almost half (46%) of the programs lead by teachers showed a reduction in the students' symptoms of depression. More than half (58%) of the programs led by another type of leader showed a reduction in symptoms.

Of all the programs taught, most (55%) were for all students in the school. About one third (39%) of these programs showed a reduction in student's symptoms of depression.

About one quarter (24%) of all the programs were for students with symptoms of depression and even fewer (14%) were for students at risk of depression. In the programs for students at risk of depression, half (50%) of the studies found a significant reduction in symptoms.

Programs for students with symptoms of depression, more than half (60%) of the studies showed a reduction in students' symptoms.

Cognitive behaviour therapy (CBT) was by far the most common (76%) strategy. Most programs had 8-12 sessions and 10% of the programs had parent session. Of the programs that used CBT, about half (56%) were found to reduce the symptoms of depression.

This brief summary was prepared from:

Alison L. Calear; Helen Christensen; (2010) **Systematic Review of School-Based Prevention and Early Intervention Programs for Depression**, Journal of Adolescence 33, 429-438

Please see the original document for full details. In the case of any disagreement between this summary and the original document, the original document should be seen as authoritative.

