The outcomes of a school-based intervention for depressive symptoms in adolescents do not echo the promising findings of earlier studies

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WHAT IS ALREADY KNOWN ON THIS TOPIC?
Depressive disorder, which frequently starts in adolescence, is costly both to individuals and to society at large. Most depression in adolescents is untreated. A number of studies have investigated classroom-based prevention and early intervention programmes to address the problem. While results from a number of randomised controlled trials are promising, most studies do not include an active comparison group and there has been little research demonstrating that these interventions remain effective when moved from research settings into the real world.

WHAT THIS PAPER ADDS?
▷ In this study, the intervention, which has some evidence of efficacy, was compared with the usual class curriculum and with an attention control group in a classroom setting, using a model of delivery that could be scaled up for national dissemination. Care was taken to address some of the weaknesses of previous studies with rigorous trial design conducted in a real-world setting, testing a model that could be implemented in practice and, most particularly, the use of an attention control group.
▷ Disappointingly, the positive results from the earlier trials were not replicated. Few previous studies used an attention control group and many preventive interventions have been studied in conditions that would be difficult to replicate.
▷ A potential for harm was identified, with symptoms reported at 12 months following the intervention significantly higher than after attendance at usual classes. This is a new and sobering finding.

LIMITATIONS
▷ Only a short, albeit validated, self-report scale (Short Mood and Feelings Questionnaire) was used to assess depressive symptoms, meaning that assessment of the primary outcome measure was not blind.

OUTCOMES
▷ No measure was taken of depressive episodes over the follow-up period. A cross-sectional report of symptoms by young people may miss real difference in period prevalence of depressive episodes.

WHAT NEXT IN RESEARCH?
Future studies should include the use of an attention control group and an estimate of period prevalence of depressive episodes following intervention. The potential for harm should be considered and measured. Given the modest results to date, the search for more effective interventions or modes of delivery should continue.

DO THESE RESULTS CHANGE YOUR PRACTICES AND WHY?
No. This is a study that is primarily of interest to those implementing public health interventions. These results suggest that it would be premature to roll out depression prevention or early intervention programmes in classroom settings.

Competing interests None.
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REFERENCES
OUTCOMES

Symptoms of depression at 12 months (SMFQ)
Across all arms, there was an overall decrease in symptoms of depression between baseline and 12 months (p<0.001). There was no significant difference between intervention arms (CBT vs usual PSHE adjusted difference in means 0.97, 95% CI −0.34 to 2.28; CBT vs attention control PSHE −0.63, 95% CI −1.99 to 0.73).

Thoughts about personal failure (Children’s Automatic Thoughts Scale)
There was suggestion that CBT could have a potentially harmful effect compared with usual PSHE for thoughts about personal failure at 12 months, but the effect was non-significant (OR=1.95, 95% CI 0.25 to 3.66).