

Group programs to prevent childhood depression prove effective

December 7 2011, By Milly Dawson

Psychological interventions to prevent depression in children and adolescents can be useful, with protective effects that last for up to a year, finds a new systematic review..

“Our results were encouraging because [depression](#) is so common. It’s one of the costliest disorders internationally,” said lead author Sally Merry, M.D., a pediatric psychiatrist with the department of psychological medicine at the University of Auckland in New Zealand. According to research cited in the new review, in 2002, depression ranked second greatest cause of disability in developed countries and first in many developing ones. The review appears in the current issue of *The Cochrane Library*, a publication of The Cochrane Collaboration, an international organization that evaluates medical research.

Depression can erode young people’s enjoyment of daily life, undercut their social relationships and school performance, and increase their risk of substance use, according to Tamar Mendelson, PhD., an assistant professor at the Johns Hopkins Bloomberg School of Public Health who focuses on strategies to prevent mental illnesses. She notes that a first episode of depression dramatically increases the risk of subsequent episodes, initiating what is often a recurring course of illness.

Preventing depression and other mental illnesses is critical for many reasons, said Mendelson. “For one, there are far too few clinicians to treat all the people suffering from depression and other mental illnesses.” She also points out that even effective, evidence-based treatments for

depression do not work for all individuals. Even when care is available, many people with depression or other [mental illnesses](#) avoid seeking help because of stigma.

“By intervening before the start of a disorder, prevention strategies have the potential to avert a chronic, episodic course of mental illness. Thus, prevention efforts with children and adolescents are particularly critical,” Mendelson said.

The research team analyzed 53 studies, completed in various countries. The studies included a total of 14,406 participants between the ages of 5 and 19. The youngsters involved were free of depressive disorder at the time they began to participate in the prevention programs.

Young people who participated in prevention programs were significantly less likely to have a depressive disorder in the year following the program than youth who did not participate. The effect was the same whether the interventions were targeted toward a specific subset of children, such as just boys, or universal. The prevention programs were diverse and generally involved groups. “Group-based prevention strategies may offer a means of reaching more individuals than most treatment approaches,” said Mendelson. She added that prevention strategies are often less stigmatizing and therefore more acceptable to people than mental health treatments.

Most of the [psychological interventions](#) included some components of cognitive behavioral therapy. Other psychological programs emphasized self-efficacy, stress reduction techniques and methods for handling trauma and maintaining optimism.

Both Merry and Mendelson noted that with widespread depression among young people, these findings have importance for many audiences including young people and their parents, school personnel

and healthcare professionals who serve children and families. Policy makers concerned with improving public health and controlling the massive costs associated with depression are also likely to be interested. In many countries, note the authors, “governments are keen to take action” to limit the massive human and financial costs associated with depression.

More information: Merry, S.N., et al. (2011). Psychological and educational interventions for preventing depression in children and adolescents. *The Cochrane Library*, Issue 12, published online December 7.

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