

Depression Prevention Programs Are Limited

Although nearly one in five young people experience an episode of depression by the end of adolescence, treatment protocols for youth depression only help about half of those they target, and relapse is common and debilitating. Funding for depression prevention efforts is limited, and preventive programs are difficult to access.

Promising Prevention Efforts

Youth depression is a problem of major proportions, affecting millions of children and families and interfering with children's social, emotional, and academic functioning. Although evidence-based treatments for youth depression have been found to work well, treatment resources often are difficult to access, most adolescents who recover experience relapse, and the long-term consequences of youth depression are significant.

Recently, promising research has suggested that depression is among the most preventable of major mental illnesses. We now know of strategies that work to prevent youth depression, including providing cognitive behavioral interventions to adolescents at high risk and helping youth to strengthen social relationships. Based on this research, many European colleagues now encourage a focus on preventive efforts for youth at risk for depression. Although funders and policymakers in the U.S. support preventive efforts for medical concerns, such as healthy eating and exercise to address heart disease, prevention, unfortunately, is often overlooked in mental health. Researchers, policymakers, and practitioners should focus attention on identifying youth at risk for depression, providing evidence-based preventive interventions to at-risk youth and families, and assisting at-risk youth in accessing preventive and/or treatment resources, as needed.

Approaches and Recommendations

Recommendations for enhancing our focus on the prevention of youth depression include:

- Increase use of depression preventive interventions by increasing funding for research. Although several depression prevention interventions have been found to decrease the onset of depressive symptoms or disorders among at-risk youth, such programs are still not readily available in community-based mental health settings, and many practitioners do not know how to implement evidence-based protocols. More funding is needed for large-scale effectiveness trials that examine ways of disseminating evidence-based interventions in real-world settings and for large-scale trials that compare the efficacy of different evidence-based programs for different populations.

- Attend to family processes that influence depression risk and that promote depression prevention. Research suggests that parental depression is a significant risk factor for depression onset in youth, and that family processes both maintain and may help alleviate depression. Policymakers, funders, and practitioners must attend to the important role of families in identifying and supporting youth at risk for depression who are appropriate for preventive efforts. In addition, interventions to prevent youth depression may benefit from a focus on enhancing family understanding of youth depression, improving parenting skills, and also on addressing parental depressive symptoms that may affect the efficacy of interventions targeting at-risk youth.
- Integrate youth depression prevention efforts into places where youth are most readily accessed. Efforts to prevent youth medical concerns are an established focus of public health strategies, resulting in, for example, vaccinations from physicians and auditory screenings at school. Unfortunately, routine screening for depression and suicide risk is generally overlooked both in primary care and in schools, although these are the places that youth are most readily accessed and serviced. Policymakers, funders, and practitioners must support additional training for school and medical personnel in identifying at-risk youth, evaluating youth for mental health concerns, and connecting youth to appropriate mental health services. Additionally, research is needed to evaluate primary care and school-based depression prevention interventions, so that, when at-risk adolescents are identified, evidence-based depression prevention services are readily available in locations that are comfortable and accessible to those in need.