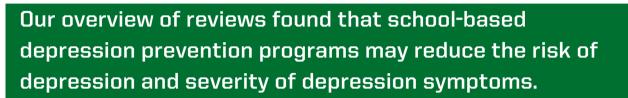
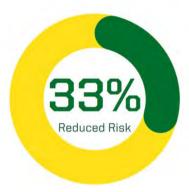
Do school-based depression prevention programs support youth?





On average, students in depression prevention programs had a 33% reduced risk of depression and a slight reduction in symptoms compared to students in control groups.

Will these programs work for my school?

Assuming your school and students are similar to those in the review, you are more likely than not to benefit from implementing a program. However, we cannot guarantee that it will work. Future research is needed to better understand which students and schools benefit the most from which programs.



83% for risk of depression

UNIVERSITY OF

OREGON

Estimated probability that your students' average risk of depression and severity of symptoms will improve after program implementation.

70% for severity of symptoms

OREGON

HEDCO Institute



HEDCO Institute

hedcoinstitute.uoregon.edu/depression

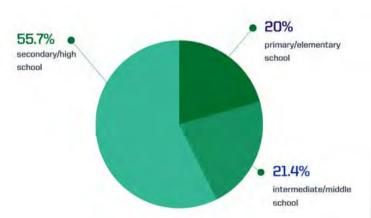


Which Programs Did We Review?

We reviewed prevention programs focused specifically on reducing depression that were offered during the school day. We excluded studies focused on health promotion or treatment or on programs that were offered outside of school hours.

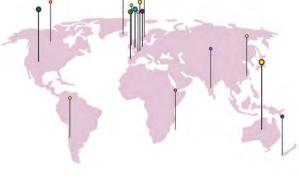
The 70 included primary studies provided data on 44,519 students

Academic Levels



The majority of programs were facilitated by teachers, behavioral health personnel, or researchers.

Studies took place in:



- O Australia 35.7% 25 studies
- United States 31.4%
 19 studies
- United Kingdom 5.7%
 4 studies
- Netherlands 4.3%
 3 studies

Other locations - 23.2% 16 studies total

Race/Ethnicity

69% of studies didn't report

any race/ethnicity

Across studies that reported race/ethnicity – just 31% of studies – on average, 51% of students were white (SD = 37.8%).

Looking for more information on programs?

For more information on the specific programs and their characteristics - cost, student age, curriculum goals - visit our Program Profiles supplement: <u>hedcoinstitute.uoregon.edu/depression</u>

Support: Core funding for the HEDCO Institute for Evidence-Based Educational Practice is provided by donor funds to the University of Oregon. Financial support for this study was provided by the Ballmer Institute for Children's Behavioral Health. The content is solely the responsibility of the HEDCO Institute and does not necessarily represent the official views of the Ballmer Institute for Children's Behavioral Health. https://doi.org/10.17605/0SF.IO/W6ZYS