Children's Hospital of Philadelphia PolicyLab

# Longer-Term Outcomes of Telehealth-Delivered Adolescent Depression Prevention: Findings from a School-Based Randomized Controlled Trial

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**Objectives**

The purpose of this study was to examine longer-term outcomes of a school-based randomized controlled trial comparing a telehealth-delivered adolescent depression prevention program, Interpersonal Psychotherapy-Adolescent Skills Training (IPT-AST), to services as usual (SAU) across 17 public schools.

**Method**

Adolescents (N = 242; Mage = 14.80 years, SD = .70; 65% female; 21% Black; 13% Hispanic/Latinx) with elevated depression screening scores completed surveys through 15-month follow-up (approximately 1-year post-intervention). Adolescents completed a diagnostic interview to measure depression diagnoses at baseline and 15-month follow-up. Depression symptoms and diagnoses were primary outcomes and anxiety symptoms were secondary.

**Results**

Hierarchical linear modeling results indicated that adolescents in both IPT-AST and SAU demonstrated similar decreases in depression and anxiety symptoms during the follow-up and total study periods, supporting hypotheses regarding the follow-up period but not the total study. Baseline depression diagnostic status moderated intervention effects on anxiety symptoms such that, among adolescents without a depression diagnosis at baseline, those in IPT-AST showed greater reductions in anxiety symptoms than those in SAU. Exploratory analyses indicated SAU adolescents were more likely to endorse elevated depression symptoms (i.e. above a clinical cutoff) compared to IPT-AST adolescents. The hypothesis regarding depression diagnoses was partially supported; although diagnosis rates and timing to episode onset did not differ between IPT-AST and SAU, exploratory restricted mean survival time analyses demonstrated that adolescents in IPT-AST gained approximately one month free of diagnosis compared to those in SAU.

**Conclusion**

Findings highlight the importance of school-based depression prevention programming for reducing longer-term risk.


## Journal:


Journal of Clinical Child & Adolescent Psychology


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