Preventing depression in adolescents at high-risk

Introduction

The aim of the HTA programme is to ensure that high quality research information on the costs, effectiveness and broader impact of health technologies is produced in the most efficient way for those who use, manage, provide care in or develop policy for the NHS. Topics for research are identified and prioritised to meet the needs of the NHS. Health technology assessment forms the largest portfolio of work in the NHS Research and Development Programme and each year about fifty new studies are commissioned to help answer questions of direct importance to the NHS. The studies include both primary research and evidence synthesis.

Question

What is the effectiveness and cost-effectiveness of programmes to prevent depression in adolescents?

1 **Technology:** Depression prevention programmes. Researchers should justify whether these are delivered on a group or individual basis. In other respects, the content should incorporate the elements identified as effective in the Cochrane review *'Psychological and/or educational interventions for the prevention of depression in children and adolescents'*. It would be desirable to build into the study an investigation of the role of booster sessions.
2 **Patient group:** Young people aged 13 to 19 years without clinical depression but at high risk of developing it.
3 **Setting:** A UK school or sixth form college, or another UK setting of the researchers choice. If researchers choose another setting, they should explain and justify their choice.
4 **Control or comparator treatment:** A control (no intervention) and/or placebo programme
5 **Design:** A 2 or 3 arm randomised controlled trial. Applicants should decide whether or not to include a credible and well-designed placebo (resembling the intervention except for the specific components postulated to be effective on theoretical grounds); and justify their choice.
6 **Primary outcomes:** A shift in the distribution of depression scores predefined as clinically important. Incidence of depressive episodes. Secondary outcomes to include measures of cognitive variables implicated in the development of depressive disorders (e.g. negative thinking, low self esteem); factors implicated in protecting against depressive disorders (e.g. motivation, engagement and enjoyment of activities); quality of life. Cost-effectiveness.
7 **Minimum duration of follow-up:** 1 year

Background to commissioning brief:

Depression is the most common mental disorder in community settings, and is a major cause of disability across the world. In 1990 it was the fourth most common cause of loss of disability-adjusted life years in the world, and by 2020 it is projected to become the second most common cause. Depression in young people is associated with poor academic performance, social dysfunction, substance abuse, suicide attempts, and completed suicide.

The cause of depression is unknown but seems to be a complex interaction between external and internal stresses, genetic factors, and biochemical changes in the brain. Adverse life events commonly precede all types of major depression

There is some evidence from randomised controlled trials conducted outside the UK that depression prevention programmes for adolescents can have medium term benefits, but a recent Cochrane review concluded that there was a need for further evaluation. There appear

to have been no trials conducted in the UK. Research is therefore needed to determine whether a psychological intervention can be effective in a UK context in reducing the risk of depressive disorder in children aged 13 to 19 years, over a period of at least 1 year.

For many of the questions posed by the HTA programme, a randomised controlled trial is likely to be the most appropriate method of providing an answer. However, there may be practical or ethical reasons why this might not be possible. Applicants proposing other research methods are invited to justify these choices.

Applicants are asked to:

1. Follow the Medical Research Council's Good Clinical Practice guidelines (http://www.mrc.ac.uk/pdf-ctg.pdf) when planning how studies, particularly RCTs, will be supervised. Further advice specific to each topic will be given by the HTA programme at full proposal and contract stages.

2. Note that trials involving medicinal products must comply with "The Medicines for Human Use (Clinical Trials) Regulations 2004". In the case of such trials, the DH expects the employing institution of the chief investigator to be nominated as the sponsor. Other institutions may wish to take on this responsibility or agree co-sponsorship with the employing institution. The DH is prepared to accept the nomination of multiple sponsors. Applicants who are asked to submit a full proposal will need to obtain confirmation of a sponsor(s) to complete their application. The DH reserve the right to withdraw from funding the project if they are not satisfied with the arrangements put in place to conduct the trial.

The MHRA (info@mhra.gsi.gov.uk, http://www.mhra.gov.uk) can provide guidance as to whether your trial would be covered by the regulations. The DH/MRC website (http://www.ct-toolkit.ac.uk/) also contains the latest information about Clinical Trials regulations and a helpful FAQ page.

Making an application

If you wish to submit an outline proposal on this topic, complete the electronic application form and return it to the HTA Commissioning Manager at the National Coordinating Centre for Health Technology Assessment, Mailpoint 728 Boldrewood, University of Southampton, Southampton SO16 7PX by 6 September 2006. Outline applications will be considered by the HTA Commissioning Board at its meeting in **November 2006**. If they are acceptable, investigators will be given a minimum of eight weeks to submit a full proposal.

Please see GUIDANCE ON APPLICATIONS below.

Applications received after 1300 hours on the due date will not be considered.

Guidance on applications

Required expertise

HTA is a multidisciplinary enterprise. It needs to draw on the expertise and knowledge of clinicians and of those trained in health service research methodologies such as health economics, medical statistics, study design and qualitative approaches. HTA expects applicants to engage a qualified Trial Manager for appropriate projects. Applicants will need to show a commitment to team working and may wish to consider a collaborative approach between several institutions. It is expected that the research will be undertaken only following a thorough literature review.

Public involvement in research

The HTA programme recognises the increasing active involvement of members of the public in research and would like to support research projects appropriately. The HTA programme encourages applicants to consider *how* the scientific quality, feasibility or practicality of their proposal *might* be improved by involving members of the public. Research teams wishing to involve members of the public should include in their application: the aims of active involvement in this project; a description of the members of the public (to be) involved; a description of the methods of involvement; and an appropriate budget. Applications that involve members of the public will not, for that reason alone, be favoured over proposals that do not but it is hoped that the involvement of members of the public will improve the quality of the application.

Outcomes

Wherever possible, the results of HTA should provide information about the effectiveness and cost-effectiveness of care provided in its usual clinical setting and for the diverse subjects who would be eligible for the interventions under study. The endpoints of interest will in most cases include disease specific measures, health related quality of life and costs (directly and indirectly related to patient management). Wherever possible, these measurements should be made by individuals who are unaware of the treatment allocation of the subjects they are assessing. We encourage applicants to involve users of health care in the preparation of their proposal, for instance in selecting patient-oriented outcomes. A period of follow up should be undertaken which is sufficient to ensure that a wider range of effects are identified other than those which are evident immediately after treatment. These factors should guide applicants in their choice of subjects, settings and measurements made.

Sample size

A formal estimate should be made of the number of subjects required to show important differences in the chosen primary outcome measure. Justification of this estimate will be expected in the application.

Communication

Communication of the results of research to decision makers in the NHS is central to the HTA Programme. Successful applicants will be required to submit a single final report for publication by the HTA programme. They are also required to seek peer-reviewed publication of their results elsewhere and may also be asked to support the NCCHTA in further efforts to ensure that results are readily available to all relevant parties in the NHS. Where findings demonstrate continuing uncertainty, these should be highlighted as areas for further research.

Timescale

There are no fixed limits on the duration of projects or funding and proposals should be tailored to fully address the problem (including long-term follow-up if necessary). Applicants should consider however that there is a pressing need within the NHS for this research, and so the duration of the research needs to be timely.