

The Making Connections Program

Depression can have a negative impact on students' school performance and attendance. Rates of depression are on the rise for school-aged children generally but in particular for youth who live in high poverty concentrated communities. Additionally, access to treatment does not ensure that youth will attend and complete treatment, or even see how it could make a meaningful difference in their lives. Our experiences have taught us that if we can address these concerns in schools then students will have a better chance for overall school success. Completing evidence-based treatments for depression has been shown to be particularly challenging for Black adolescents. Their rates of participation in treatments for depression are lower due to negative perceptions of services and providers, and their reluctance to acknowledge the presence of symptoms.

If we are to meet Black adolescents' depression treatment needs, we must address the engagement challenge and understand the factors that lessen the success of treatment. Our research examines the effectiveness of the Making Connections Intervention (MCI) and investigates key mediators of both engagement and response to treatment for depression. The MCI is a 1-2 session, evidence-based intervention designed to improve engagement, perceived relevance, and treatment satisfaction among depressed, Black adolescents. The program also uses tailored outreach strategies for adolescents and parents by including innovative digital content such as a web page/app along with other digital products.



The MCI intervention will be paired with Interpersonal Psychotherapy for Adolescents (IPT-A). IPT-A is a 12-15 session intervention that teaches communication and problem-solving strategies for interpersonal problems associated with adolescent depression. We previously performed a small pilot study that used the MCI as an add-on to the IPT-A. The results suggested that MCI has a positive impact on many aspects of change associated with treatment engagement and in the reduction of depression symptoms. We also noted grade improvement and reduced suspensions among the youth who completed the program.

Our study will be a randomized controlled trial. It will examine the effectiveness of the MCI in a multi-school trial involving adolescents in grades 6-12 who attend New York City (NYC) Department of Education (DOE) Public Schools. We will randomly assign 60 Black students with depression symptoms to two conditions: MCI+IPT-A vs. IPT-A-alone. We will also do qualitative research, like interviews, before the digital content is created. This will enhance the relevance of the MCI. Our main outcomes are adolescent-and caregiver-level engagement and adolescent depression. Suicidal ideation is a secondary outcome. We will also examine related factors, like adolescent helping-seeking behavior and parental knowledge of mental health services, that can account for treatment outcomes and that will allow the MCI to be strengthened in future roll-outs of the intervention in school settings.

Depression is a barrier to academic success. Our program will meet Black students where they are to reduce the burden of depression symptoms and improve school outcomes. Further, this study will address an important public health issue: How best to connect Black adolescents with depression to treatment in clinically meaningful ways, and how best to deliver evidence-based treatment to them through school-based services.