

Plain English Summary

Background:

In the UK about 140,000 15–19-year-olds experience depression:

- An estimated 35,000 young people access NHS treatment for depression, of which,
- about 14,000 do not respond.
- A further 8,000 are likely to experience depression again after initial successful treatment.

Teenagers who still have symptoms after treatment for depression, or who relapse quickly, need more treatment options. These young people have a high risk of substance-misuse, self-harm, and school or relationship failure, as well as poor adult mental and physical health. Parenting a teenager with depression is stressful and can damage family relationships. Teenagers whose parents have depression are more likely to develop mental health problems in adulthood.

Mindfulness-Based Cognitive-Therapy (MBCT) combines training in mindfulness meditation with principles from cognitive therapy. It teaches skills to recognise early warning signs of depression, avoid repetitive thinking patterns that make depression more likely, and respond in ways that protect mental health. Although MBCT is recommended for adults who have experienced three or more depressive episodes, MBCT for teenagers is relatively untested.

We developed **Mindfulness for Adolescents and Carers (MAC)** as a version of MBCT adapted to be more engaging for teenagers. MAC aims to help teenagers recover from depression and support parents and carers to cope better.

Aims:

We want to see if MAC supports recovery and prevents relapse amongst 15-18-year-olds who risk developing recurrent depression as adults.

Methods:

Our research has five parts that will:

1. Finalise our therapist-training programme.
2. Co-produce an App to encourage and measure mindfulness practice.
3. Recruit 480 teenagers and their parents. Half will access MAC and half will access the standard NHS treatment currently available. This will allow us to compare the differences between the two treatment results.
Compare the two group's treatment costs, with their symptoms 9 months after treatment, to assess whether MAC is value for money.
4. Find out *how* MAC works and *who* benefits the most by exploring changes in how teenagers and parents feel, think, and relate to each other.
5. Understand how best we can scale up MAC across the NHS.

Public and Patient Involvement (PPI):

- Young people and parents with experience of MBCT designed MAC materials and helped to design our research.
- Two co-applicants with lived experience and our PPI lead will coordinate PPI throughout the Programme.

- We will recruit 3-4 young people to join them as well as establishing the Research Advisory Groups of young people and parents.
- Each part of the programme will have dedicated support from 4 young people with lived experience.

Dissemination:

We will share our findings with different audiences. Examples will include blogs, podcasts, or videos, shared via social media, websites, and both self-help and professional networks.