

The cluster RCT trial examined a DIALOG+ for 148 adolescents (ages 13-16) in Colombia. Individuals were randomised in a 2:1 ratio favouring the intervention. Final numbers in the analyses compared 47 controls to 101 in the intervention group. The study sample was predominantly female (63.5%), with the majority reporting diagnoses other than depression or anxiety alone, and approximately one-third having a family history of psychiatric illness.

While the primary outcomes of depression and anxiety symptoms (PHQ-8 and GAD-7 scales) showed consistent directional improvements favouring the intervention at 6 months, these differences were not statistically significant, despite meaningful effect sizes. This is likely due to the substantial within-group variability in outcomes and smaller control sample size. Similarly, on the CORE-YP measure of psychological wellbeing, the intervention group demonstrated clinically meaningful improvements over controls at all time points, with large effect sizes, although again these failed to reach statistical significance.

The intervention did produce statistically significant benefit for other secondary outcomes including life satisfaction (MANSA) at 6 months, which was maintained at 9 months. This was consistent with other DIALOG+ studies, which have demonstrated a medium to large positive effect on subjective quality of life. There were large effects on youth empowerment at both 6 and 9 months, with young people in the intervention group feeling significantly more empowered than those in the control.

Secondary analyses and sensitivity analyses exploring subgroups with adequate treatment engagement yielded similar patterns, suggesting the lack of statistical significance was driven by heterogeneity in response rather than absence of treatment effect. Service utilisation data indicated comparable rates of hospital admissions and healthcare visits between groups throughout the study period. Overall, while the intervention showed favourable directional effects and some statistically significant benefits on wellbeing measures, the high variability in individual responses and modest sample size limited statistical power to detect differences in the primary psychiatric symptom measures.