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A talking therapy for young adults with depression that aims to reduce symptoms and prevent relapse

Submission date
20/11/2026

Recruitment status
Recruiting

Registration date
23/11/2026

Overall study status
Ongoing

Last Edited
23/11/2026

Condition category
Mental and Behavioural Disorders

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[X] Record updated in last year

Plain English summary of protocol

Background and study aims
Depression is common in young adults aged 18 to 25, and many people who recover go on to become depressed again (relapse). We have developed a cognitive behavioural therapy (CBT)-based treatment for young adults that aims to reduce symptoms of depression and also targets things known to make relapse more likely, such as rumination, loneliness and stress in relationships. It was developed with clinicians, academics and young adults with lived experience of depression. The treatment is split into modules, so each person and their therapist can choose the parts most helpful for them. This study aims to find out whether the treatment helps reduce depression symptoms, whether improvements last, whether it affects relapse risk factors, and whether it is acceptable to young adults and clinicians.

Who can participate?
Young adults aged 18 to 25 who are seeking treatment for depression through North London NHS Talking Therapies.

What does the study involve?
Participants receive up to 20 sessions of the modular CBT-based treatment, usually weekly, in person or remotely. Before each session they complete the questionnaires routinely used in NHS Talking Therapies. They also complete study questionnaires before treatment, at the end of treatment, and 3 and 6 months later, and an interview about their symptoms at follow-up. At the end of treatment, participants and their clinicians are asked about their experience of the treatment and invited to an interview.

What are the possible benefits and risks of participating?
Participants receive a treatment designed for their age group with an extra focus on preventing relapse. Their feedback may help shape future treatment for young adults. Talking about difficult topics in therapy or interviews may be distressing. The treatment is not expected to cause more distress than routine CBT, and clinicians are trained to provide support.

Where is the study run from?
University College London (UK), with treatment delivered through North London NHS Foundation Trust Talking Therapies services.

When is the study starting and how long is it expected to run for?
September 2026 to December 2027.

Who is funding the study?
UCL Research Department of Clinical, Educational and Health Psychology (UK).

Who is the main contact?
Professor Joshua Buckman, joshua.buckman@ucl.ac.uk
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Contact information

Type(s)
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Integrated Research Application System (IRAS)
365184

Study information

Scientific Title
Preliminary effectiveness, feasibility and acceptability of a modular psychological treatment targeting depressive symptoms and relapse risk factors in young adults aged 18 to 25 years with depression: a single-arm case series in NHS Talking Therapies (DEpression Treatment for Young Adults)

Acronym
DeTYA

Study objectives
Primary objective:
The primary objective of this study is to assess the preliminary clinical effectiveness of a CBT-based modular treatment for depression in young adults (18-25 years old) by examining changes in symptoms over the course of treatment and evaluating the extent to which improvements are maintained at follow-up (3- and 6- months)

Secondary objectives:
1. Assess the impact of the CBT-based modular treatment for depression on key relapse risk factors in young adults
2. Assess the potential feasibility of recruiting and retaining participants in a study of this intervention
3. Assess the potential acceptability of delivering the CBT-based modular treatment for patients and for clinicians

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 20/03/2026, London - Surrey Research Ethics Committee (2 Redman Place, Stratford, London, E20 1JQ, United Kingdom; Not available; surrey.rec@hra.nhs.uk), ref: 26/LO/0190

Primary study design
Interventional

Allocation
N/A: single arm study

Masking
Open (masking not used)

Control
Uncontrolled

Assignment
Single

Purpose
Treatment

Study type(s)

Health condition(s) or problem(s) studied
Major depressive disorder

Interventions
Participants receive up to 20 sessions of a modular, CBT-based high-intensity modular psychological treatment for depression that aims to reduce symptoms of depression and target relapse risk factors. Practice elements included in the treatment modules were selected through a Delphi study with academics, clinicians and young adults with lived experience (n = 70) and the treatment was refined in stakeholder focus groups. The treatment will be delivered by qualified or trainee clinicians under routine clinical supervision. Sessions are weekly where possible (occasionally twice weekly or fortnightly) and delivered in person or remotely.There is no control group and no randomisation. Participants are followed up 3 and 6 months after treatment ends. Total participation is up to 12 months.

Intervention Type
Behavioural

Primary outcome(s)
1. Change in depression symptom severity measured using the Patient Health Questionnaire-9 (PHQ-9) at baseline and end of treatment

Key secondary outcome(s)
1. Change in depression symptom severity from end of treatment to follow-ups measured using the Patient Health Questionnaire-9 (PHQ-9) at the end of treatment, 3 and 6 months post-treatment

2. Change in anxiety symptoms measured using the Generalised Anxiety Disorder-7 (GAD-7) at baseline and end of treatment

3. Change in anxiety symptoms measured using the Generalised Anxiety Disorder-7 (GAD-7) at end of treatment, 3 and 6 months post-treatment

4. Change in functional impairment from baseline to end of treatment measured using the Work and Social Adjustment Scale (WSAS) at baseline and end of treatment

5. Change in functional impairment from end of treatment to follow-ups measured using the Work and Social Adjustment Scale (WSAS) at end of treatment, 3 and 6 months post-treatment

6. Perceived change in symptoms measured using the Global Rating of Change (GRC) at end of treatment, 3 and 6 months post-treatment

7. Relapse measured using the Longitudinal Interval Follow-up Evaluation (LIFE) interview, and PHQ-9 score of 10 or more at 3 and 6 months post-treatment

8. Change in relapse risk factors from baseline to end of treatment measured using the Ruminative Responses Scale (RRS-10) to assess rumination; the Bergen Social Relationships Scale (BSRS) to assess interpersonal stress; the Lubben Social Network Scale (LSNS-6) to assess social isolation; the Office for National Statistics recommended loneliness measures to assess loneliness at baseline and end of treatment

9. Change in relapse risk factors from end of treatment to follow-ups measured using the Ruminative Responses Scale (RRS-10) to assess rumination; the Bergen Social Relationships Scale (BSRS) to assess interpersonal stress; the Lubben Social Network Scale (LSNS-6) to assess social isolation; the Office for National Statistics recommended loneliness measures to assess loneliness at end of treatment, 3 and 6 months post-treatment

10. Feasibility measured using recruitment rate (at least 2 per month), consent rate (at least 50% of eligible patients approached), treatment completion rate (at least 50% of those starting treatment) and follow-up completion rate (at least 80% of those completing treatment) at recruitment to 6 months post-treatment

11. Acceptability to participants and clinicians measured using an acceptability questionnaire (5-point scale, with open-text comments) and semi-structured interview at end of treatment

Completion date
31/12/2027

Eligibility

Key inclusion criteria
1. 18-25 years old
2. Scoring ≥10 on the PHQ-9, i.e. being 'in caseness' for depression; having a degree of depressive symptoms considered to be indicative of probably meeting the diagnostic criteria for a Major Depressive Episode
3. Seeking treatment for symptoms of depression
4. Ability to read and understand English sufficiently
5. Willing to attend treatment sessions and complete outcome measures
6. Willing to provide written informed consent

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 Years

Upper age limit
25 Years

Sex
All

Total final enrolment
0

Key exclusion criteria
1. Seeking treatment for a mental health disorder aside from depression (e.g. an anxiety disorder)
2. Currently receiving other psychological intervention(s) for depression
3. Change in psychotropic medication in the last 2 months or the plan to change during the study
4. Considered ‘high risk’ at assessment. This indicates the need for immediate or more specialised care e.g. acute suicidality or potentially life limiting self-harm
5. Any intellectual disability limiting their ability to provide informed consent, understand the intervention or complete outcome measures

Participants presenting with manic, hypomanic or psychotic features will not be recruited. However, these individuals will have already been screened out during the NHS Talking Therapies assessment process as it is not the appropriate service for these patients.

Date of first enrolment
13/10/2026

Date of final enrolment
30/04/2027

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
North London NHS Foundation Trust
4th Floor, East Wing
St. Pancras Hospital
4 St. Pancras Way
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Sponsor information

Organisation
University College London

ROR

https://ror.org/02jx3x895

Funder(s)

Funder type

Funder Name
University College London

Alternative Name(s)
University College London in United Kingdom, Collegium Universitatis Londinensis, UCL

Funding Body Type
Government organisation

Funding Body Subtype
Universities (academic only)

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not expected to be made available