

Adolescent Depression Awareness Program (ADAP)

SUPER: Substance Use Prevention Evidence-Based Resource, UCLA ISAP

Developer website: www.adapeducation.org

Practice record last updated May 18, 2026

Cost	Practice Focus
FREE	MH

Practice Summary

The Adolescent Depression Awareness Program (ADAP) educates students, parents, and school professionals about depression and bipolar disorder to increase mental health literacy and encourage treatment-seeking behavior. Delivered in flexible 2-day or 3-day formats, the curriculum utilizes PowerPoint slides, interactive lectures, videos, and group activities to teach five core concepts: symptom identification, understanding medical decision-making, viewing depression as a treatable medical illness, recognizing parallels to physical illness, and understanding suicide as a potential consequence. The curriculum starts with an introduction to depression and stigma, moves on to symptoms of mania and depression, and concludes with a deeper look into mood disorders through interactive assignments like creating mood graphs and delivering group presentations.

Practice Details

Substance Use Prevention Category	• Not Applicable
Practice Level	• Individual
Substance Use Prevention Strategy	• Not Applicable
Practice Components	Individual • Mental Health Education • Psychoeducation • Skills Training Relationship • Parenting Education/Skills Community/Society • None
Population Age	• Age 13-17
Populations of Focus	• General Population
Settings	• School (K-12)
Recommended Staffing	• Teachers or educators
Prevention Focus	Mental Health Wellness and Promotion Focus • Depression
Training and Technical Assistance	Any school-based professional can teach ADAP, even if one does not traditionally work in the classroom. Questions about training and technical assistance can be referred to adap@jhmi.edu .
Program Costs	Free. Please visit the developer's website listed above for updated information about implementation costs.

Adaptations	None
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Risk and Protective Factors

Youth Substance Use Risk and Protective Factors

Level	Risk Factors	Protective Factors
Individual	- Internalizing behaviors (e.g. anxiety, depression, social withdrawal) - Negative emotional state	Strong coping skills (e.g., problem-solving skills, ability to stand up for beliefs and values)
Family and Relationships	None	- Communication and contact between caregivers and youth - Supportive relationships with family
School, Peer, and Community	- Academic failure - Low commitment to school	- Schools and student bodies with strong academic commitment - Physical and psychological safety - Presence of mentors and healthy adults for positive emotional support

Youth Mental Health Risk and Protective Factors

Level	Risk Factors	Protective Factors
Individual	- Low self-esteem - Negative emotional state	Strong coping skills (e.g., problem-solving skills, ability to stand up for beliefs and values)
Family and Relationships	- Caregiver experiences of anxiety and/or depression - Family history of mental health problems	- Communication and contact between caregivers and youth - Supportive relationships with family
School, Peer, and Community	- Bullying (either a victim or perpetrator) - Lack of access to support services - Academic failure - Low commitment to school	- Ability to make friends and get along well with others - Physical and psychological safety - Presence of mentors and healthy adults for positive emotional support

Shared Substance Use and Mental Health Risk and Protective Factors

Level	Risk Factors	Protective Factors
Individual	Negative emotional state	Strong coping skills (e.g., problem-solving skills, ability to stand up for beliefs and values)
Family and Relationships	None	- Communication and contact between caregivers and youth - Supportive relationships with family
School, Peer, and Community	- Academic failure - Low commitment to school	- Physical and psychological safety - Presence of mentors and healthy adults for positive emotional support

Empirical Evidence of Impact

Prevention Focus	Outcome	Population Age	Evidence Strength and Study Populations of Focus
Mental Health (General)	Changes in Knowledge, Attitudes, or Beliefs	High School	Moderate (General Population) [References 1-3]

References

- [1] Ruble, A. E., Leon, P. J., Gilley-Hensley, L., Hess, S. G., & Swartz, K. L. (2013). Depression knowledge in high school students: Effectiveness of the adolescent depression awareness program. *Journal of affective disorders*, 150(3), 1025-1030
- [2] Swartz, K. L., Kastelic, E. A., Hess, S. G., Cox, T. S., Gonzales, L. C., Mink, S. P., & Raymond DePaulo Jr, J. (2010). The effectiveness of a school-based adolescent depression education program. *Health Education & Behavior*, 37(1), 11-22
- [3] Swartz, K., Musci, R. J., Beaudry, M. B., Heley, K., Miller, L., Alfes, C., ... & Wilcox, H. C. (2017). School-based curriculum to improve depression literacy among US secondary school students: A randomized effectiveness trial. *American journal of public health*, 107(12), 1970-1976

What California Providers Are Saying

We have not yet spoken to any California providers who have experience implementing Adolescent Depression Awareness Program (ADAP). If you have implemented the program, we would love to hear from you. Please [contact us](#).