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EFFECTIVENESS OF THE COPING WITH DEPRESSION COURSE IN REDUCING DEPRESSIVE SYMPTOMS AND SUICIDAL IDEATION AMONG PAKISTANI ADOLESCENTS: A RANDOMIZED CONTROL TRIAL

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ABSTRACT

Depression is a problem that affects adolescents worldwide, contributing to an array of complications such as interpersonal problems and associated negative behavioral and emotional outcomes. Early, school-based interventions are crucial to address these concerns and promote positive youth development. The objective of the study was to investigate the effectiveness of the Adolescents Coping with Depression Course (CWD-A), in reducing symptoms of depression along with suicidal ideation among adolescents in Pakistan. The present study utilized a randomized control trial pre-post-test design. The sample consisted of 60 participants of age range 15-18 who were enrolled and further divided into the experimental and control group respectively. Among them, 57 completed the intervention. The experimental group received 10 sessions of the CWD-A program in 5 weeks. Pre- and post-assessments were conducted to determine the efficacy of the program. Descriptive statistics, reliability analysis, independent samples t-test, and paired sample t-test were applied to analyze and interpret the data. Post-intervention, the experimental group demonstrated significantly lower scores than the control group for both depression ($M = 14.37$, $SD = 6.06$ vs. $M = 29.17$, $SD = 9.36$; 95% CI [-18.97, -10.62], $p < .001$) and suicidal ideation ($M = 4.62$, $SD = 5.39$ vs. $M = 11.06$, $SD = 14.13$; 95% CI [-12.62, -1.34], $p = .016$). The overall outcomes suggest that CBT-based prevention programs can reduce depressive symptomology and enhance the mental health outcomes of adolescents. This thus emphasizes the need for inculcating structural, evidence-based interventions in schools to reduce the burden of mental health difficulties, and foster psychological well-being.

I. INTRODUCTION

Adolescence is a period of life during which an individual undergoes many physical, social, and psychological changes shape an individual's identity, personality, and mental health. Such years can be stressful for them as they are at a crossroads to determine what they want to achieve in their lives. Adolescents are thus also more vulnerable to mental health issues. Around the world, one in seven teens experiences a mental health disorder, which is representative of 15% of the world's burden of illness among this age group (WHO, 2024). Depression is one of particular importance. One in five children and adolescents suffers from depression or depressive symptoms, with the prevalence increasing over time (Bingqing Lu et al., 2024). Globally, more than 30% of teenagers are at risk for the development of clinical depression (Shorey et al., 2021). Depression in adolescents is associated with illicit drug disorders, (Weinberger et al., 2020), adult anxiety (Johnson et al., 2018) and suicidality

(Wang et al., 2024). Depression is a growing problem in lower-middle-income countries like Pakistan as well, with studies showing almost 40% of university students have prevalent depressive symptoms (Khan et al., 2021), and 20% of school-going Pakistani adolescents struggle with emotional and behavioral issues like aggression, anxiety, social withdrawal, rejection, and somatic problems (Farooq et al., 2023). Despite continuous growing recognition of the significance of adolescents' mental health, it still remains an area often neglected in research and intervention. Suicidal ideation is an additional construct associated with and highly prevalent in adolescents with depression (Kang et al., 2021). Depression is also one of the major risk factors for suicidal ideation and attempts in adolescence (Wang et al., 2024).

Although adolescent depression is very common, only about one-third of teenagers actually seek treatment and professional help (Lee et al., 2025). There are several psychosocial approaches used to treat adolescent depression, which include interpersonal therapies, family therapy, group therapy, and cognitive-behavioral modalities. Specifically, Cognitive-Behavioral Therapy (CBT) is one of the most effective interventions in doing so (Oud et al., 2019; Klein et al., 2007), which involves identifying negative thinking patterns and modifying them into more rational, realistic, and constructive ones. The theoretical basis for depression is grounded in the Cognitive Model of Depression described by Aaron Beck (1960). According to this model, maladaptive cognitive processes such as automatic negative thoughts and dysfunctional beliefs influence individuals' emotional experiences and behavioral responses. These faulty thinking patterns, in turn, influence how adolescents perceive and give meaning to life events. This can over time, lead to negative understandings of the self, of others, and of the future. Moreover, such beliefs and irrational perspectives can contribute to the development and maintenance of depression after a certain time lapse. This concept is known as the 'cognitive triad.' The integral elements of CBT that particularly lead to gains include cognitive restructuring, which is a technique that focuses on changing negative thoughts into positive thoughts, behavioral activation, and even involving the family members in the intervention, which proves promising results.

Oud et al. (2019) published a study that intended to evaluate the effectiveness of CBT for children and teenagers with depression. The findings yielded that CBT is effective for youth with a (subclinical) depression. Another study by He (2025) also proved that CBT is indeed an effective treatment for adolescent depression, with an emphasis on timely intervention to reduce the prevalence of high-risk behaviors. Internet-based CBT (I-CBT) has also proved to be a working treatment in the reduction of depressive and anxiety symptoms in adolescents (Wu et al., 2023). For CBT, there are also gains beyond symptom reduction, such as improved self-awareness, reduced social and performance anxiety, and increased self-esteem (Nardi et al., 2016; Szász-Janocha et al., 2020; De Silva et al., 2024). Although effective in clinical settings, access to CBT can be limited, especially in lower-middle-income countries. Since a few percent of adolescents with depression or depressive symptomatology receive adequate treatment, one solution could be to incorporate mental health services and prevention programs into school settings. Schools can potentially be regarded as a strategic setting for the delivery of structured, evidence-based mental health interventions. That being said, the generalized locality of a school can be a factor in potentially reducing the perceived stigma associated with mental health treatment. Including mental health programs in schools allows the identification of previously unaddressed emotional problems of the youth (Ginsburg & Drake, 2002).

Several programs have been developed and implemented to treat and prevent depression among adolescents, including the Interpersonal Psychotherapy for Depressed Adolescents (IPT-A) (Mufson & Sills, 2006), Interpersonal Psychotherapy-Adolescent Skills Training (IPT-AST) (Young, 2005), the Blues Program (Rohde et al., 2019), and the Adolescents Coping with Depression Course (Lewinsohn et al., 1980). The Adolescents Coping with Depression Course (CWD-A) developed by Lewinsohn et al. (1990) is a psychoeducational program based on the concepts central to Cognitive-Behavior Therapy. Research on the CWD-A has yielded promising results. In Pakistan, a lower-middle-income country, a scarcity of published research on the efficacy of CBT-based treatments on adolescents and its outcomes exists, especially in school-settings. Some researchers have explored similar mental-health programs like the Early Adolescent Skills for Emotions by the World Health Organization among adolescents in Rawalpindi (Hamdani et al., 2022). Another recent study conducted by Ijaz et al. (2024) found that CBT successfully improved anxiety symptoms among school children. Moreover, although many research-based interventions have shown their efficacy, they are barely used in clinical practice, which gives emphasis to the gap between clinical

science and clinical practice. The current study addresses this gap through the implementation of this program to study its effectiveness. The hypotheses are outlined below;

1. Adolescents who receive the 'Adolescents Coping with Depression Course' (CWD-A) will show a greater decrease in depressive symptoms and suicidal ideation, as compared to the control group.
2. Adolescents who receive the 'Adolescents Coping with Depression Course' (CWD-A) will show lower levels of depressive symptoms and suicidal ideation at post-test compared to pre-test.

II. METHOD

For this study, a pre-post-test randomized control trial design was used to test the intervention and compare the two groups before and after delivery of the program. Eligible participants were recruited from a high school in Rawalpindi, Pakistan. Participants aged 15-18 who had a score of 16 or higher on the Center for Epidemiologic Studies Depression Scale (CES-D) were selected for the study. Individuals who were diagnosed with any mental or physical disorder, receiving any sort of similar psychological treatment, or were not motivated and did not wish to receive the intervention were excluded.

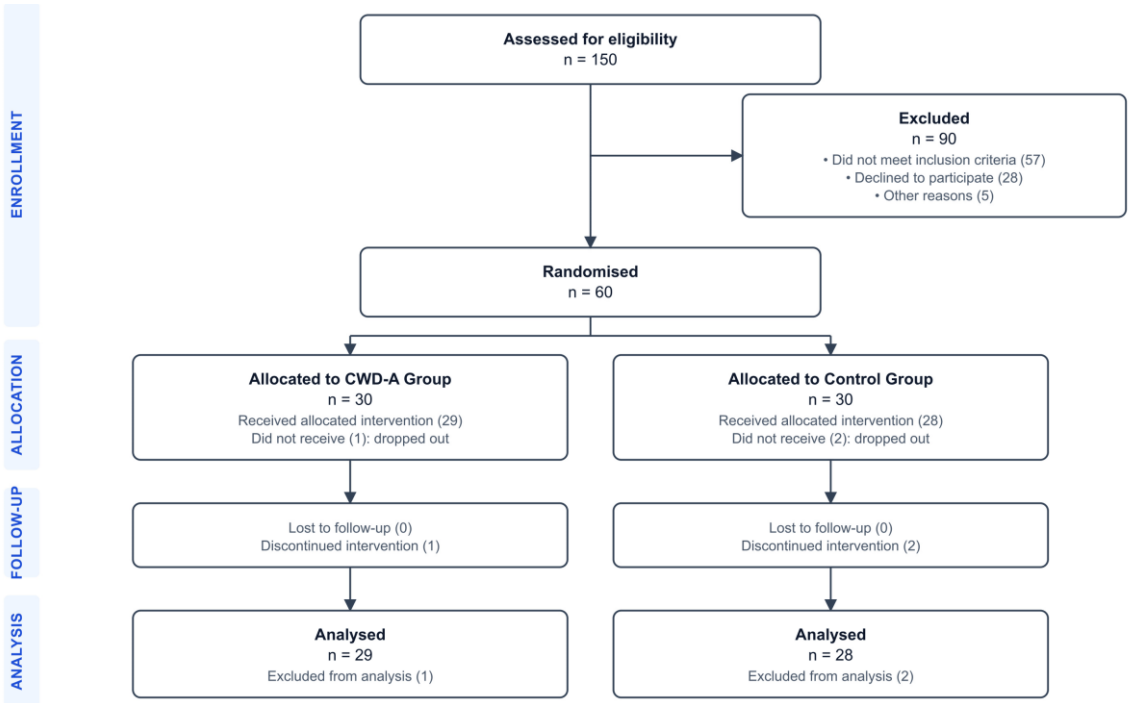
Study Setting and Participants

This study was conducted at a single semi-government high school in Rawalpindi, Pakistan in a classroom setting. Initially, a convenience sample of 150 adolescents was screened for depressive symptoms. Following screening, 60 participants who met the specific inclusion criteria were selected. To minimize selection bias, these 60 participants were chosen via simple random sampling by generating random sequences from their assigned student roll numbers within Microsoft Excel. The remaining 90 screened individuals were excluded due to not meeting inclusion criteria, voluntary withdrawal, or attrition.

Randomization and Allocation

Following the baseline screening, participants were allocated to either the intervention or control group in a 1:1 ratio using an internet-based randomization tool. While both groups initially maintained an equal sample size (n = 30) each, a total attrition of three participants occurred during the intervention period due to conflicting academic commitments. This resulted in a final sample of 29 participants in the intervention group and 28 participants in the control group.

Figure I: CONSORT Flow Diagram of Study



Outcome Measures

Demographic Information Form. The participants were provided with a demographic information sheet that included their age, gender, birth order, socioeconomic
status, number of siblings, educational level, and family system.

Depressive Symptoms

The level of depressive symptoms was assessed by the Center for Epidemiologic Studies Depression Scale (CES-D) (Radloff, 1977). Using a four- point Likert scale with ratings ranging from 0 (no symptoms) to 60 (high level of symptoms), the CES-D scale evaluates the frequency of symptoms during the last week. It demonstrates good to excellent reliability and validity across diverse clinical groups (Cronbach's alpha is between 0.84 and 0.90).

Suicidal Ideation

Suicidal Ideation was measured through the Suicidal Ideation Attributes Scale (SIDAS) (Van Spijker et al., 2014) developed by Phil Batterham and colleagues. A 10-point rating system is used to gauge replies. A higher overall score indicates more serious suicidal ideation due to the coding of the items. This scale shows good reliability and validity (Cronbach's alpha is 0.89).

Procedure

Prior to data collection, ethical approval was obtained from the Institutional Review Board (IRB). Permission was also obtained from the respective authors of the questionnaires that required so. Moreover, permission was obtained from the administration of the school at which the study was conducted. Initially, convenience sampling was used to screen a population of students for their depressive symptoms. This was conducted in a single semi-government school/college situated in Rawalpindi. Screening was done with a population of 150 adolescents. After screening, a sample of 60 meeting the inclusion criteria were randomly selected. Random sampling was used to select these participants by adding their assigned roll numbers in an excel sheet and randomizing this selection. The rest of the participants were not included because they dropped out, did not fill the inclusion criteria, or did not wish to participate. After the screening procedure was completed, using random assignment, the individuals were assigned to either the intervention or control group. Self-reported questionnaires were used to gather their data. Participants were screened using a paper-and-pencil format for the initial pre-test of baseline measurements. They were required to fill out a questionnaire of demographics as well as questionnaires for the outcome variables. Participants in the CWD-A group underwent 10 sessions of the intervention for 2 months, followed by post-testing to evaluate effectiveness and assess any differences in the same outcomes as the pretest. The intervention sessions were delivered in a classroom setting in a group.

Study Intervention

Cognitive Behavior Therapy is an evidence-based intervention that aims to help you recognize unhelpful or negative thought patterns and change the way you think. It is a problem-focused treatment and is used for a wide variety of mental disorders and other psychosocial issues. For the present study, a modified version of the Adolescents Coping with Depression Course (CWD-A) developed by Lewinsohn et al. (1990) was utilized and delivered to the participants. It is recommended that adolescents complete all four main modules, which are: (1) mood monitoring and pleasant activities, (2) social skills and relaxation, (3) cognitive restructuring, and (4) communication and problem solving. The sessions were modified in length based on requirement. Participants in the intervention (CWD-A) group underwent 10 sessions of the intervention for 5 weeks, each lasting 50 minutes. The control group received no active intervention during this timeframe. Immediately following the five-week period, a post-test evaluation was administered to both groups using the same baseline outcome measures to assess the effectiveness of the intervention.

Table I: Table Depicting the Sessions of the CWD-A Program along with Summarized Aims and Objectives of each Session

No.	Session	Main Aims & Objectives
1	Depression and Social Learning	An introduction to the program, overview of the parts of personality, acquaintance with mood monitoring, how to present yourself as a friendly person, discussion of upward and downward emotional spirals, mini-quiz and homework task.
2	Self-Observation and Change	Review/quiz of previous session, starting a conversation, examples of social skills, introduction to baselining, selection and baseline of pleasant activities, session 2 quiz.
3	Reducing Tension	Review/quiz of previous session, mood monitoring, pleasant activity monitoring, meeting new people, demonstration exercise, self-introduction, relaxation technique demonstration and practice, session 3 quiz
4	Learning How to Change	Homework review, reviewing baseline of pleasant activities, recognition of self-change, goal-setting, increasing pleasant activities, contracting, session 4 quiz.
5	Changing Your Thinking	Previous session and progress review, planning for success, making changes, evaluating goals, conversation skills, joining and leaving a conversation group, controlling thinking, identification and recording of negative & positive thoughts, identifying activating events.
6	The Power of Positive Thinking	Previous session review, recording personal positive statements, personal vs nonpersonal negative thoughts, changing negative thinking to positive, identifying irrational thoughts, changing negative thoughts, session 6 quiz.
7	Disputing Irrational Thinking	Previous session review, discovering irrational beliefs, converting non-personal thinking to personal thinking, ABC method, CAB method, ways to deal with activating events, homework assignment, session 7 quiz.
8	Relaxation	Previous session review, CAB practice, improving friendly skills, using relaxation techniques,
9	Communication	Homework review, techniques for stopping negative thoughts, responses, listening, judgemental vs understanding responses, stating your positive feelings, stating your negative feelings, concept of helpful self-disclosure, session 9 quiz
10	Negotiation and Problem Solving	Previous session review, using assertive imagery, rationale for problem-solving and negotiation, basic rules for settling disagreements, defining problems, using active listening, session 10 quiz.

Data Analysis

A priori sample size estimation was conducted using G*Power software, Version 3.1 (Heinrich-Heine-Universität Düsseldorf, Düsseldorf, Germany). Based on prior literature indicating moderate-to-large effects of cognitive behavioral therapy (CBT) on adolescent depression [12], an effect size of Cohen's d = 0.70 was assumed. With a two-tailed alpha level of .05 and statistical power of .80 for an independent-samples t-test, the estimated sample size was approximately 30-35 participants per group. Accordingly, a total sample of 60 participants (30 per group) was considered adequate to detect meaningful treatment effects while remaining feasible within the study context. Data was analyzed through IBM SPSS Statistics Version 22.0 (IBM Corp., Armonk, NY). Descriptive statistics were used to illustrate each measure at baseline. To verify the scales' consistency, reliability analysis was carried out. An independent sample t-test was used to compare the results between the intervention and control groups. Pre and post-scores within the same intervention group were compared using the paired-sample t-test.

Ethical Considerations

The National University of Medical Sciences, Rawalpindi's Institutional Review Board granted permission to carry out the study. Permission to use the questionnaires measuring the variables of the study was also asked for from their respective authors. After that, permission was also taken from the principal of the respective educational institute that was approached for the participation of students in the study. The targeted school was informed about the study details, and written consent was also gained from them. Written consent was also obtained from the students before participating in the study. The data of the participants was protected and kept confidential.

III. RESULTS

Table II: Frequency and percentages of demographic characteristics of participants (N=57)

Variables	Category	*f*	%	*M*	*SD*
Age	15	19	33.3	16.21	1.013
	16	12	21.1		
	17	21	36.8		
	18	5	8.8		
Gender	Male	22	38.6	1.61	.49
	Female	35	61.4		
Class	9th	22	38.6	2.23	.982
	11th	35	61.4		
Grades	A	22	38.6		
	B	27	47.4		
	C	7	12.3		
	D	1	1.8		
Birth Order	1st born	17	29.8	2.54	1.40
	2nd born	13	22.8		
	3rd born	13	22.8		
	Middle born	3	5.3		
	Last born	10	17.5		
	Only child	1	1.8	2.11	.363
Socioeconomic Status	Low	1	1.8		
	Middle	49	86		
	High	7	12.3		

Note. *f*=frequency, %=percentage, M=Mean, SD=Standard Deviation

Table 2 depicts the demographic characteristics of participants. The participants ranged in age from 15 to 18 years old (M = 16.21, SD = 1.013) with the majority being 17 years old (36.8%). The sample was predominantly female (61.4%), and composed entirely of students in Class 9 (38.6%) and Class 11 (61.4%). In terms of academic performance, most participants reported receiving grades of either A (38.6%) or B (47.4%). (Out of the initial target sample of 60 participants, 3 dropped out prior to post-testing and were excluded from analysis).

Table III: Descriptive Statistics and Alpha Reliability Coefficient for the Study Variables (N=57)

			Range					
Variables	k	α	Potential	Actual	Mean	SD	Skewness	Kurtosis
Pre-Depression	20	.79	0-60	12-57	27.10	9.51	1.170	1.557
Pre-Suicidal Ideation	5	.79	0-50	0-49	11.26	11.38	1.77	3.03
Post-Depression	20	.83	0-60	5-48	21.64	10.78	.513	-.38
Post-Suicidal Ideation	5	.87	0-50	0-46	8.05	11.10	2.01	3.96

Note. k=Total number of items, *α*= alpha reliability, M=Mean, SD=Standard Deviation

Table 3 presents the descriptive statistics, actual score ranges, and internal consistency coefficients (Cronbach's alpha) for both the study variables across both assessment points. The scales demonstrated acceptable-to-strong internal consistency at both timelines. Specifically, the alpha for depressive symptoms shifted from (α=79) at pre-intervention to (α= .83) at post-intervention, while the alpha for suicidal ideation shifted from (α= .79) to (α = .87). Regarding data distribution, depressive symptom scores were within acceptable parameters for normality. However, suicidal ideation scores exhibited substantial right-skewness and kurtosis at both pre-intervention (skewness = 1.77, kurtosis = 3.03) and post-intervention (skewness = 2.01, kurtosis = 3.96), indicating that participant scores clustered heavily at the lower end of the scale.

Table IV: Independent Sample T-Test Comparing Depressive symptoms and Suicidal Ideation between Experimental and Control Group (N=57)

		Experimental Group (n = 29)		Control group (n = 28)				95% CI	
Test	Variables	*M*	*SD*	*M*	*SD*	*t*(55)	*p*	*LL*	*UL*
Pre-test	Depression	24.67	8.81	29.53	9.71	-1.9	.05	-9.82	-.11
	Suicidal Ideation	9.41	7.39	13.17	14.29	-1.2	.21	-9.77	2.24
Post-test	Depression	14.37	6.06	29.17	9.36	-7.1	.00	-18.97	-10.62
	Suicidal Ideation	4.62	5.39	11.06	14.13	-2.4	.01	-12.62	-1.34

Note. n=Total number of participants, CI= Confidence Interval, M=Mean, SD=Standard Deviation

Our first hypothesis was that Adolescents who receive the 'Adolescents Coping with Depression Course' (CWD-A) will show a greater decrease in depressive symptoms and suicidal ideation, as compared to the control group.' The findings strongly support the hypothesis. The baseline depression means were meaningfully lower in the experimental group as compared to the control group, indicating initial disparities. However, post-intervention, the experimental group exhibited a substantial decrease in depression scores (M=14.37, SD=6.06), whereas the control group showed little to no change (M=29.17, SD=9.36). Moreover, regarding suicidal ideation, the experimental group (M=4.62, SD=5.39) showed significantly lower suicidal ideation scores with respect to the control group (M=11.06, SD=14.13). Thus, the first hypothesis is fully supported by the results.

Table V: Within-Group Comparison of Depression and Suicidal Ideation in Pretest and Posttest across the Experimental Group of the Study (N=29)

	Intervention					
	Pre-test	Post-test			95%CI	
Variables	*M(SD)*	*M(SD)*	*t*(27)	*p*	*LL*	*UL*
Depression	24.67(8.81)	14.50(6.14)	6.77	.000	7.09	13.26
Suicidal Ideation	9.41(7.39)	4.62(5.39)	2.84	.008	1.34	8.24

Note. M=Mean, SD=Standard Deviation, CI=Confidence Interval, UL=Upper limit, LL=Lower limit.

The second hypothesis proposed that adolescents receiving the CWD-A intervention would exhibit lower levels of depressive symptoms and suicidal ideation at post-test compared to pre-test. To test this hypothesis, a paired-samples t-test was conducted on the experimental group (n = 29) to evaluate the impact of the program across both outcome variables. Regarding depressive symptoms, scores decreased significantly from pre-test (M = 24.76, SD = 8.81) to post-test (M = 14.50, SD = 6.14), t(28) = 6.77, p <.001. Similarly, suicidal ideation scores showed a significant reduction from pre-test (M = 9.41, SD = 7.39) to post-test (M = 4.62, SD = 5.39), t(28) = 2.84, p =<.008. These findings support the hypothesis, indicating that the CWD-A intervention was effective in reducing both depression and suicidal ideation among participants. Complete statistical details are presented in Table 5.

IV.DISCUSSION

Depression amongst adolescents is a condition that goes unnoticed and thus prone to underdiagnosis. One way of treating adolescent depression is to utilize and conduct psychotherapeutic interventions like group-based CBT in a school-based setting for students. Given the increasing and alarming rates of depressive symptoms among youth in Pakistan, there is a scarcity of studies that assess how effective such interventions can be. The present study aimed to assess the efficacy of the 'Adolescents Coping with Depression Course (CWD-A)' in the lessening of symptoms of depression and suicidal ideation among Pakistani adolescents. The present study's findings depict that the CWD-A group showed a greater decrease in depressive symptoms. Moreover, suicidal ideation also decreased post-intervention. The "Adolescents Coping with Depression Course (CWD-A)" encompassed sessions that were dedicated to improving mental health of teenagers. These sessions, along with their corresponding activities, played a significant role in facilitating the notable improvements that were observed among the participants. By teaching adolescents such skills, it is preparing them to deal with future stressors that may come

their way. It will have them well-equipped in multiple domains, and the skills they have learned in this program are ones that they can practice and implement their entire lives.

The reduction of the variables can be attributed to key components of the intervention, such as cognitive restructuring and behavioral activation, which allow individuals to focus on identifying maladaptive thought patterns and changing them into adaptive thoughts whilst simultaneously indulging in activities that are pleasurable and rewarding for them. From a theoretical standpoint, these findings closely align with the cognitive model of depression, which posits that automatic negative thoughts, distortions in cognition, and dysfunctional beliefs are contributors behind the development of both depression as well as coinciding suicidal ideation. The findings of this study are congruent with earlier investigations conducted by Lewinsohn et al. (1990), who found significant improvements and notable reductions in depression symptoms in participants, following the implementation of the CWD-A intervention program. Similarly, this result is in line with a previous study done by Clarke et al. (2001), who found that depressed children improved their outcomes after taking a 15-session version of the CWD-A program. Moreover, Alavi et al. (2013) found that in depressed teenagers who have attempted suicide in the past, cognitive behavioral therapy (CBT) successfully lowers suicidal thoughts and hopelessness. Furthermore, a comprehensive review by Gomez et al. (2025) also indicated that CBT is a safe and effective intervention for lowering teenage suicide risk with potential long-term effects.

Limitations and Recommendations

There are certain limitations of this study that should be taken into context. The first limitation of the study was that the “Adolescents Coping with Depression Program (CWD-A)” is an intervention that was established for adolescents in the United States, with their norms. Pakistan is an eastern, lower-middle-income country with different values and cultural ethics that are not in line with western standards. Moreover, the worksheets, manual, and learning material of the course was all in American English. Perhaps the intervention can be culturally adapted to mold into the requirements of Pakistani adolescents more. A more structured, cultural adaptation procedure with local specialists, linguistic simplification, and pilot testing with broader populations should be considered for future research prospects indigenously. Another restriction of this study was that all the participants in the study were selected from a sample of students in one particular area of the country (Rawalpindi) from one educational institute, which might have limited the applicability of the findings to other areas of Pakistan which might have distinct culture or principles.

Because of this, the study's conclusions might not apply to teenagers in other areas, neighborhoods, or cultural contexts. To make the results more broadly applicable to the general population, future studies should include individuals from a variety of places. A further limitation of the present study was that due to time constraints, sessions had to be shortened to 45 minutes from 60 minutes. Because the duration of the intervention was limited, it may have impacted the depth of skill acquisition and practice. For future research, it is recommended that such research should be directed with bigger and highly assorted population sizes from a variety of regions, and schools (private and public both), so that the generalization of the findings can be improved, thus providing a more comprehensive understanding of the CWD-A program among adolescents. Moreover, the inclusion of long-term follow-up assessments for the participants in the study would be beneficial so that the effects of the intervention can also be assessed with a time gap. This would confirm whether the changes seen in the psychological mechanisms of change are maintained over time in adolescents.

V. CONCLUSION

This study utilized a randomized control trial to assess the effectiveness of a group CBT-based program on reducing symptoms of depression and suicidal ideation among Pakistani adolescents. The study determined that both depressive symptoms and suicidal ideation levels significantly decreased after 10 therapeutic sessions conducted over 2 months. Thus, the program's effectiveness highlights how important it is to potentially implement such mental health preventive programs in schools, particularly in lower middle-income countries like Pakistan, where children and adolescents have limited access to mental health resources. The skills learned in the course shall give adolescents a chance to foster their abilities, reduce the impact of dysfunctional mechanisms, as well as enhance their resilience and potential as a part of positive youth development.

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VI.REFERENCES

Alavi, A., Sharifi, B., Ghanizadeh, A., & Dehbozorgi, G. (2013). Effectiveness of cognitive-behavioral therapy in decreasing suicidal ideation and hopelessness of the adolescents with previous suicidal attempts. In *Iranian journal of pediatrics* (Vol. 23, Issue 4, pp. 467–472). PubMed. https://pubmed.ncbi.nlm.nih.gov/24427502/

Beck, A. T. (1970). Cognitive therapy: Nature and relation to behavior therapy. *Behavior Therapy*, *1*(2), 184–200. https://doi.org/10.1016/s0005-7894(70)80030-2

Clarke, G. N., Hornbrook, M., Lynch, F., Polen, M., Gale, J., Beardslee, W., O'Connor, E., & Seeley, J. (2001). A Randomized Trial of a Group Cognitive Intervention for Preventing Depression in Adolescent Offspring of Depressed Parents. *Archives of General Psychiatry*, *58*(12), 1127. https://doi.org/10.1001/archpsyc.58.12.1127

De Silva, S., Peris, R., Senaviratne, S., & Samaranayake, D. (2024). Effectiveness of a cognitive behavioural therapy (CBT)-based intervention for reducing anxiety among adolescents in the Colombo District, Sri Lanka: cluster randomized controlled trial. *Child and Adolescent Psychiatry and Mental Health*, *18*(1). https://doi.org/10.1186/s13034-024-00799-9

Ginsburg, G. S., & Drake, K. L. (2002). School-Based Treatment for Anxious African-American Adolescents: A Controlled Pilot Study. *Journal of the American Academy of Child & Adolescent Psychiatry*, *41*(7), 768–775. https://doi.org/10.1097/00004583-200207000-00007

Gomez, K., Canon, T., & Barr, E. A. (2025). Cognitive-Behavioral Therapy and Suicide Risk in Adolescents and Young Adults: A Systematic Review. *Journal of Psychosocial Nursing and Mental Health Services*, *63*(8), 14–23. https://doi.org/10.3928/02793695-20250305-03

Hamdani, S. U., Huma, Z.-E., Malik, A., Nizami, A. T., Baneen, U., Suleman, N., Javed, H., Wang, D., van Ommeren, M., Mazhar, S., Khan, S. A., Minhas, F. A., & Rahman, A. (2022). Improving psychosocial distress for young adolescents in rural schools of Pakistan: study protocol of a cluster randomised controlled trial. *BMJ Open*, *12*(9), e063607. https://doi.org/10.1136/bmjopen-2022-063607

He, D. (2025). The Intervention Effect of Cognitive Behavioral Therapy (CBT) on Adolescent Depression. *Theoretical and Natural Science*, *131*(1), 109–114. https://doi.org/10.54254/2753-8818/2025.sh27043

Ijaz, S., Rohail, I., & Irfan, S. (2024). School-based intervention for anxiety using group cognitive behavior therapy in Pakistan: a feasibility randomized controlled trial. *Psicologia: Reflexão E Crítica*, *37*(1). https://doi.org/10.1186/s41155-024-00311-4

Johnson, D., Dupuis, G., Piche, J., Clayborne, Z., & Colman, I. (2018). Adult mental health outcomes of adolescent depression: A systematic review. *Depression and Anxiety*, *35*(8), 700–716. https://doi.org/10.1002/da.22777

Kang, C., Yue, Z., Yang, L., Wang, X., Zhao, N., Tie Feng, G., Qiu, S., Shi, J., & Jian, H. (2021). Prevalence, risk factors and clinical correlates of suicidal ideation in adolescent patients with depression in a large sample of Chinese. *Journal of Affective Disorders*, *290*, 272–278. https://doi.org/10.1016/j.jad.2021.04.073

Khan, M. N., Akhtar, P., Ijaz, S., & Waqas, A. (2021). Prevalence of Depressive Symptoms Among University Students in Pakistan: A Systematic Review and Meta-Analysis. *Frontiers in Public Health*, *8*. https://doi.org/10.3389/fpubh.2020.603357

Lewinsohn, P. M., Clarke, G. N., Hops, H., & Andrews, J. (1990). Cognitive-behavioral treatment for depressed adolescents. *Behavior Therapy*, *21*(4), 385–401. https://doi.org/10.1016/S0005-7894(05)80353-3

Nardi, B., Massei, M., Arimatea, E. & Moltedo-Perfetti, A. (2017). Effectiveness of group CBT in treating adolescents with depression symptoms: a critical review. *International Journal of Adolescent Medicine and Health*, *29*(3), 20150080. https://doi.org/10.1515/ijamh-2015-0080

Oud, M., de Winter, L., Vermeulen-Smit, E., Bodden, D., Nauta, M., Stone, L., van den Heuvel, M., Taher, R. Al, de Graaf, I., Kendall, T., Engels, R., & Stikkelbroek, Y. (2019). Effectiveness of CBT for children and adolescents with depression: A systematic review and meta-regression analysis. *European Psychiatry*, *57*(1), 33–45. Cambridge University Press. https://doi.org/10.1016/j.eurpsy.2018.12.008

Radloff, L. S. (1977). The CES-D Scale: A Self-Report Depression Scale for Research in the General Population. *Applied Psychological Measurement*, *1*(3), 385–401. https://doi.org/10.1177/014662167700100306

Shorey, S., Ng, E. D., & Wong, C. H. J. (2022). Global prevalence of depression and elevated depressive symptoms among adolescents: A systematic review and meta-analysis. *British Journal of Clinical Psychology*, *61*(2), 287–305. https://doi.org/10.1111/bjc.12333

Szász-Janocha, C., Vonderlin, E., & Lindenberg, K. (2020). Treatment outcomes of a CBT-based group intervention for adolescents with Internet use disorders. *Journal of Behavioral Addictions*, *9*(4). https://doi.org/10.1556/2006.2020.00089

Van Spijker, B. A. J., Batterham, P. J., Calear, A. L., Farrer, L., Christensen, H., Reynolds, J., & Kerkhof, A. J. F. M. (2014). The Suicidal Ideation Attributes Scale (SIDAS): Community-Based Validation Study of a New Scale for the Measurement of Suicidal Ideation. *Suicide and Life-Threatening Behavior*, *44*(4), 408–419. https://doi.org/10.1111/sltb.12084

Wang, H., Lyu, N., Huang, J., Fu, B., Shang, L., Yang, F., Zhao, Q., & Wang, G. (2024). Real-world evidence from a retrospective study on suicide during depression: clinical characteristics, treatment patterns and disease burden. *BMC Psychiatry*, *24*(1), 300. https://doi.org/10.1186/s12888-024-05726-y

Wang, S., Li, Q., Lu, J., Ran, H., Che, Y., Fang, D., Liang, X., Sun, H., Chen, L., Peng, J., Shi, Y., & Xiao, Y. (2023). Treatment Rates for Mental Disorders Among Children and Adolescents. *JAMA Network Open*, *6*(10), e2338174. https://doi.org/10.1001/jamanetworkopen.2023.38174

Weinberger, A. H., Zhu, J., Lee, J., Anastasiou, E., Copeland, J., & Goodwin, R. D. (2020). Cannabis use among youth in the United States, 2004–2016: Faster rate of increase among youth with depression. *Drug and Alcohol Dependence*, *209*, 107894. https://doi.org/10.1016/j.drugalcdep.2020.107894

World Health Organization. (2025, September 1). Mental health of adolescents. World Health Organization. https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health