Characteristics of the studies included in the review

Author Year	Country	Purpose	Setting	Target group Age A number of randomized (N)	Allocation to study groups (n)	Follow-up (n) Attrition %
Burckhardt et al. 2015[30]	Australia	To examine the feasibility of an online school-based positive psychology program	High schools	High-school students, 12–15 years N=572	1) Bite Back (n=313) 2) Control group (n=259)	187 67%
# Calear et al. 2016[45]	Australia	To test the effectiveness of an online self-directed anxiety prevention program, and to compare two methods of implementing an anxiety program	Schools	30 Schools, Students 12–18 years N=1,767	1) eGAD school (n=427) 2) eGAD health service (n = 562) 3) wait-list control (n = 778)	687 61%
# *Calear et al. 2009[46] **# *Calear et al. 2013**[47]	Australia	To investigate the effectiveness of an online program in preventing and reducing the symptoms of anxiety and depression and adherence to an internet-based depression prevention program	Schools	32 schools, students 12–17 years N=1,477	1) MoodGYM (n = 563) 2) Wait-list (n = 914)	1,194 19%
# Costin et al. 2009[48]	Australia	To evaluate a brief depression information intervention employing health e-cards	Community	Young people 19–24 years N=348	1) e-health card and depression information, basic (n = 114) 2) e-health card and depression information, enhanced (n = 117) 3) e-health card with health information, control (n = 117)	298 14%
Geisner et al. 2015[31]	USA	To examine the efficacy of web-based personalized feedback on reducing depressed mood and alcohol use	A public university	Students 18–24 years N = 331	1) Alcohol only (n = 84) 2) Depressed mood only (n = 84) 3) Integrated (n = 78) 4) Referral only (n = 85)	311 (8%)
# Hoek et al. 2012[49]	Netherlands	To evaluate the effects of preventive internet-based self-help problem-solving therapy	Variety of settings (via schools, parents' mental health services, internet)	Adolescents 12–21 years N=45	1) Internet-based guided self-help intervention (n = 22) 2) A wait list (n = 23)	27 40%
# Ip et al. 2016[50]	China	To evaluate the effectiveness of Grasp the Opportunity in reducing depressive symptoms	Secondary schools	Adolescents 13–17 years N=257	1) Grasp the Opportunity (n = 130) 2) attention control (n = 127)	250 3%

# Kramer et al. 2014[51]	Netherlands	To evaluate the effectiveness of an individual chat treatment	Community (via articles, newspapers, banners, websites, Facebook)	Young people 12–22 years N=263	1) PratenOnline (n = 131) 2) A wait list (n = 132)	136 48%
# Levin et al. 2014[52]	USA	To examined the feasibility of a prototype web-based acceptance and commitment therapy program for preventing mental health problems	Colleges	Undergraduate first-year college students 18–20 years N=76	1) ACT (n = 37) 2) A wait list (n = 39)	73 4%
# Lillevoll et al. 2014[53]	Norway	To evaluate the feasibility and efficacy of disseminating a self-directed internet-based mental health intervention	Senior high schools	Students 15–20 years N=707	1) MoodGYM without reminders (n = 176) 2) MoodGYM with standard reminders (n = 176) 3) MoodGYM with tailored reminders (n = 175) 4) Control condition (n = 180)	503 29%
Manicavasagar et al. 2014[33]	Australia	To explore the feasibility of the online delivery of a youth positive psychology program	Schools and youth organizations	Adolescents 12–18 years N=235	1) Bite Back (n = 120) 2) Control websites (n = 115)	167 29%
# Merry et al. 2012[54]	New Zealand	To evaluate whether the computerized CBT intervention reduces depressive symptoms as much or more than treatment as usual	Primary healthcare	Adolescents 12–19 years N=187	1) SPARX (n = 94) 2) Control group (n = 93)	168 10%
# Poppelaars et al. 2016[55]	Netherlands	To teste the effectiveness of OVK and SPARX separately, as well as in combination	Secondary education	Girls 11–16 years N=208	1) OVK only (n =50) 2) SPARX (n = 51) 3) OVK and SPARX combined (n = 56) 4) Monitoring control condition (n = 51)	159 24%
# Reid et al. 2011[56]	Australia	To examine the mental health benefits of the mobile type program	Primary care	Patients in general practices 12-24 years old N=118	1) The mobile type monitoring intervention (n = 69) 2) The comparison program group (n = 49)	86 27%
# Rickhi et al. 2015[57]	Canada	To evaluate the effectiveness of an online spirituality informed e-mental health intervention on depression severity	Community	Adolescents 13–18 years; Young adults 19–24 years N=63	1) Study arm a. Younger (n = 18) b. Older (n = 16) 2) Wait list a. Younger (n = 13) b. Older (n = 16)	59 6%

# Sethi et al. 2010[58]	Australia	To assess the efficacy of online therapy in the treatment and prevention of anxiety and depression	University, the Faculty of Health	Students 18–23 years old N=38	1) MoodGYM (n = 9) 2) Face-to-face therapy and MoodGYM (n = 9) 3) Face-to-face therapy (n = 10) 4) Control without treatment (n = 10)	38 0%
# Smith et al. 2015[59]	United Kingdom	To test the efficacy of Stressbusters, a Computerized-CBT (C-CBT) program, for depression	Secondary schools	Adolescents 12–16 years N=11	1) Stressbusters (n=55) 2) Wait list (n=57)	8 7%
# Stallard et al. 2011[60]	United Kingdom	To describe the development of a software package for depression and anxiety, and report preliminary results on feedback and outcomes	Child and Adolescent Mental Health Services	Young people 11–16 years old N=20	1) Think, Feel, Do immediately (n = 10) 2) Wait list control, intervention after delay (n = 10)	15 25%
Stasiak et al. 2014[35]	New Zealand	To examine the feasibility, acceptability, and effects of a computerized program for depressed adolescents	Urban high schools	Students 13–18 years old N=34	1) Computerized cCBT (n = 17) 2) Computer brief psychoeducation program (n = 17)	19 44%
*Van Voorhees et al. 2008[36] Hoek et al. 2011[32] Saulsberry et al. 2013[34] Van Voorhees et al. 2009a[37] Van Voorhees et al. 2009b[38]	USA	To determine which primary care approach is more efficacious in reducing vulnerability in major depressive disorders	Primary care practice sites	Adolescent patients 14–21 years old N=83	1) Motivational interview and CATCH-IT (n = 43) 2) Brief advice and CATCH-IT (n = 40)	77 7%
Whittaker et al. 2012[39]	New Zealand	To develop and test novel mobile phone delivery, a depression prevention intervention	High schools	Students 13-17 years old N=855	1) Mobile phone program (n = 426) 2) Control program with different content of messages (n = 429)	835 2%
Wright et al. 2017[40]	United Kingdom	To assess the feasibility of delivering an RCT comparing Stressbusters with an attention control	Children and Adolescent Mental Health Services	Adolescents 12–18 years old N=91	1) Stressbusters (n=45) 2) Websites (n=46)	55 46%

* The study results were reported more than one article

The study was included in the meta-analysis