

About the Executive Summary

This executive summary provides the highlights of the most recent issue of the *Children's Mental Health Research Quarterly*, available for free at childhealthpolicy.ca. The *Quarterly* presents the best available research evidence on a variety of children's mental health topics. The BC Ministry of Children and Family Development funds the *Quarterly*.

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About the Children's Health Policy Centre

We are an interdisciplinary research group in the Faculty of Health Sciences at Simon Fraser University. We focus on improving social and emotional well-being for all children, and on the public policies needed to reach these goals. To learn more about our work, please see childhealthpolicy.ca.



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Helping children with anxiety

About 3% of Canadian children aged four to 17 years experience persistent fears and worries severe enough to warrant an anxiety disorder diagnosis. It may be possible to lower this prevalence by reducing children's exposure to known anxiety risk factors, such as bullying by peers, changes in caregivers, and child maltreatment.

Young people who develop anxiety disorders, however, require effective treatment. In our recent systematic review, we identified eight cognitive-behavioural therapy (CBT) programs that reduced child anxiety diagnoses or disorder severity. These programs were *Cool Kids*, *Coping Cat*, *FRIENDS*, *One-Session Treatment Parent Education Program*, *Skills for Academic and Social Success*, *Strongest Families* and *Timid to Tiger*. We also found two medications — venlafaxine and sertraline — that reduced diagnoses, although both had significant side effects.

Implications for practice and policy

- **CBT is the first choice for treating childhood anxiety.** Every CBT program either reduced diagnoses or disorder severity, and effects were often sustained over long periods.
- **CBT can be offered to children for all types of anxiety disorders.** Across the studies we examined, every main childhood anxiety disorder was represented. So CBT can be offered no matter which anxiety disorder a child has.
- **CBT can be offered to children of all ages.** According to our review, CBT is effective for treating anxiety disorders in young people from ages three to 17 years. For young children, it may be particularly helpful to also teach CBT skills to parents, so they can use them with their children.
- **CBT's efficient formats could potentially increase access to care.** All eight CBT programs used highly efficient formats — groups, self-delivery with telephone coaching, or single child sessions with a practitioner. Greater use of these efficient formats could allow more children to be seen more quickly. This is particularly important for anxiety disorders, which are the most common mental disorders in children.
- **Medications should be used sparingly and cautiously.** The medications venlafaxine and sertraline led to significant side effects after only eight and 12 weeks, respectively. Consequently, these medications should only be considered when children have not benefited from CBT. When they are used, practitioners need to conduct a thorough baseline evaluation and provide ongoing monitoring.

While anxiety disorders may be the most common childhood mental disorders, they are also highly treatable — particularly using CBT, which is effective in a variety of formats and with children of all ages. CBT should be made available to all children who present with anxiety disorders. Please view our [full issue](#) to learn more about treating childhood anxiety. 🖐️