CHILDREN'S MENTAL HEALTH RESEARCH

Quarterly

WINTER 2025 VOL. 19, NO. 1

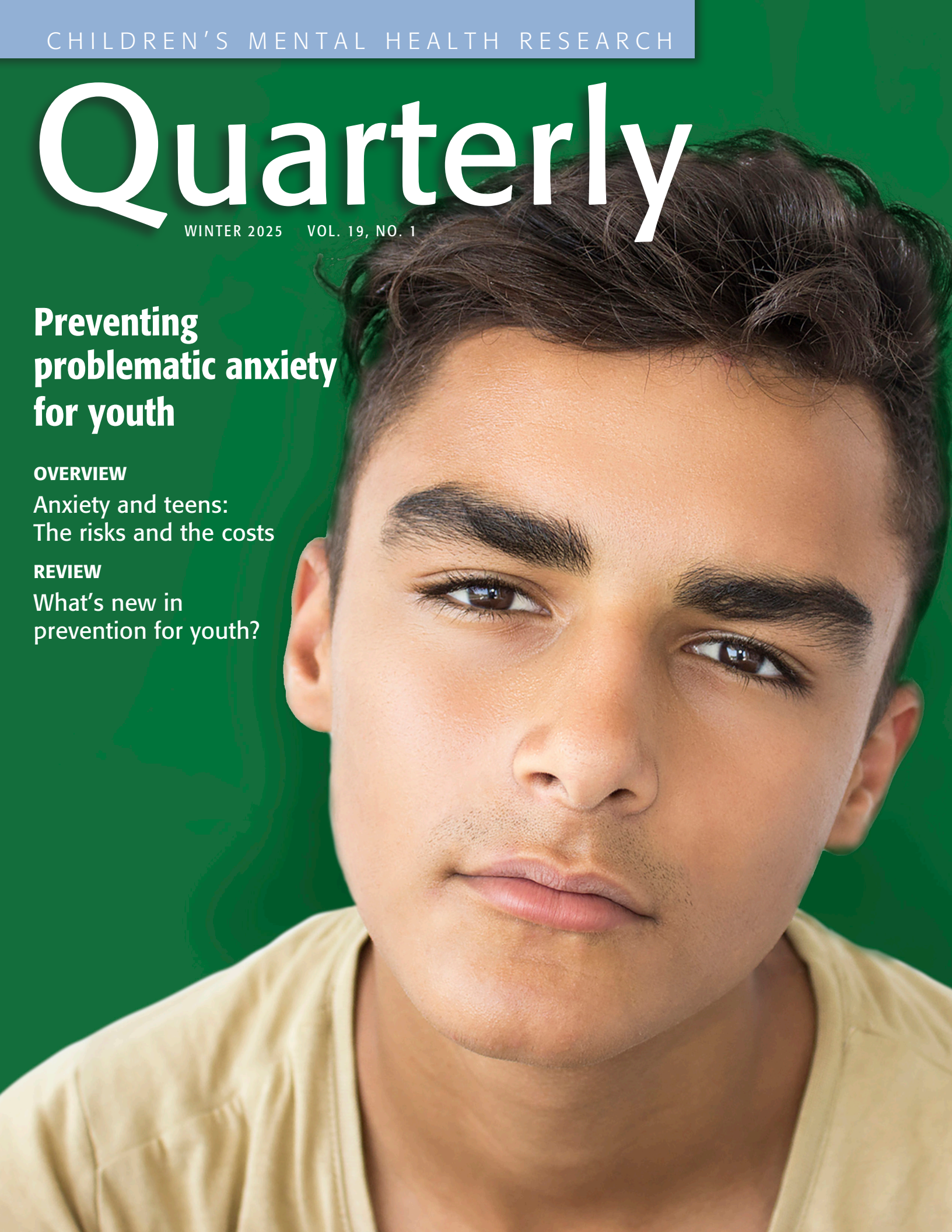
Preventing problematic anxiety for youth

OVERVIEW

Anxiety and teens: The risks and the costs

REVIEW

What's new in prevention for youth?



Winter

Quarterly

VOL. 19, NO. 1 2025

Children's Health Policy Centre

About the *Quarterly*

We summarize the best available research evidence on a variety of children's mental health topics, using systematic review and synthesis methods adapted from the *Cochrane Collaboration*. We aim to connect research and policy to improve children's mental health. The BC Ministry of Children and Family Development funds the *Quarterly*.

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.

Quarterly Research Team

Christine Schwartz, PhD, RPsych
Charlotte Waddell, MD, CCFP, FRCPC
Kimberly Thomson, PhD
Jen Barican, MPH
Jessica Tang, BA
Oliver White, BA

Production Editor
Melodie Corbett, BMus

Copy Editor
Naomi Pauls, MPub

Graphic Designer
Warren Clark

COVER: ISTOCK, HAMMARBY STUDIOS

SFU FACULTY OF HEALTH SCIENCES

This Issue

BIGSTOCK, RAWPIXEL.COM

NEXT ISSUE

Treating childhood anxiety disorders

Anxiety disorders are the most common childhood mental health conditions, so access to effective treatments is crucial. We review recent studies to identify interventions that can help.

How to Cite the *Quarterly*

We encourage you to share the *Quarterly* with others and we welcome its use as a reference (for example, in preparing educational materials for parents or community groups). Please cite this issue as follows:

> Schwartz C, White O, Barican J, Tang J, Waddell C, & Thomson K. (2025). Preventing problematic anxiety for youth. *Children's Mental Health Research Quarterly*, *19*(1), 1–14. Vancouver, BC: Children's Health Policy Centre, Faculty of Health Sciences, Simon Fraser University.

We celebrate the Indigenous Peoples whose traditional lands Quarterly team members live and work on.

OVERVIEW

Anxiety and teens: The risks and the costs

Anxiety disorders are the most commonly experienced child and youth mental health concern.[1] At any given time, approximately 5.2% of four-to-18-year-olds will meet criteria for an anxiety disorder.[1] Because these disorders can be prevented, they warrant considerable research and policy attention.[2] This issue of the *Quarterly* focuses on anxiety prevention for adolescents, building on our previous issue on anxiety prevention for children. We focus on prevention by age group because some anxiety disorder diagnoses are more likely to occur in adolescence than childhood, including social anxiety and panic disorders, and because some risk factors emerge at different developmental periods.[3]

More youth are diagnosed with anxiety disorders than with any other mental health condition.

ISTOCK, SOLSTOCK

Recognizing and addressing risks

Researchers have identified risk factors for problematic anxiety in adolescence. (See our previous issue for risks specific to childhood.) Here we review findings from studies that used especially rigorous designs, including those that followed large groups of teens over time to ensure that the risk factor preceded the development of anxiety. We also limited our reporting to studies that included young people representative of adolescents in their region, to ensure findings apply to the larger population.

Peer victimization, or bullying, is an experience that puts youth at risk. This link was identified in a study that followed more than 6,000 British children from birth onwards.[4] Youth who reported victimization by peers at age 13 — with incidents ranging from physical assault to social exclusion — were significantly more likely to be diagnosed with an anxiety disorder at age 18. Notably, risk increased with greater frequency of victimization.[4] Yet bullying can be prevented, since interventions that can reduce this problem exist (and are described in our Fall 2021 issue).

Anxiety disorders create substantial burdens for young people and for society.

Another study investigated the experiences of more than 1,200 German youth aged 14 to 17 for longer than a decade.[5–7] Researchers found that youth who reported greater parental overprotection and rejection or less emotional warmth were significantly more likely to develop social anxiety disorder in early adulthood.[5] This study also found that experiencing more daily hassles during adolescence, such as school stressors and relationship challenges, predicted the development of anxiety disorders up to eight years later.[7] Importantly, actions can be taken to reduce these risk factors given that there are effective interventions to enhance skills among parents of teens and to manage stressors.[7–10]

Why action is needed

Preventing anxiety disorders needs to be a public policy priority.

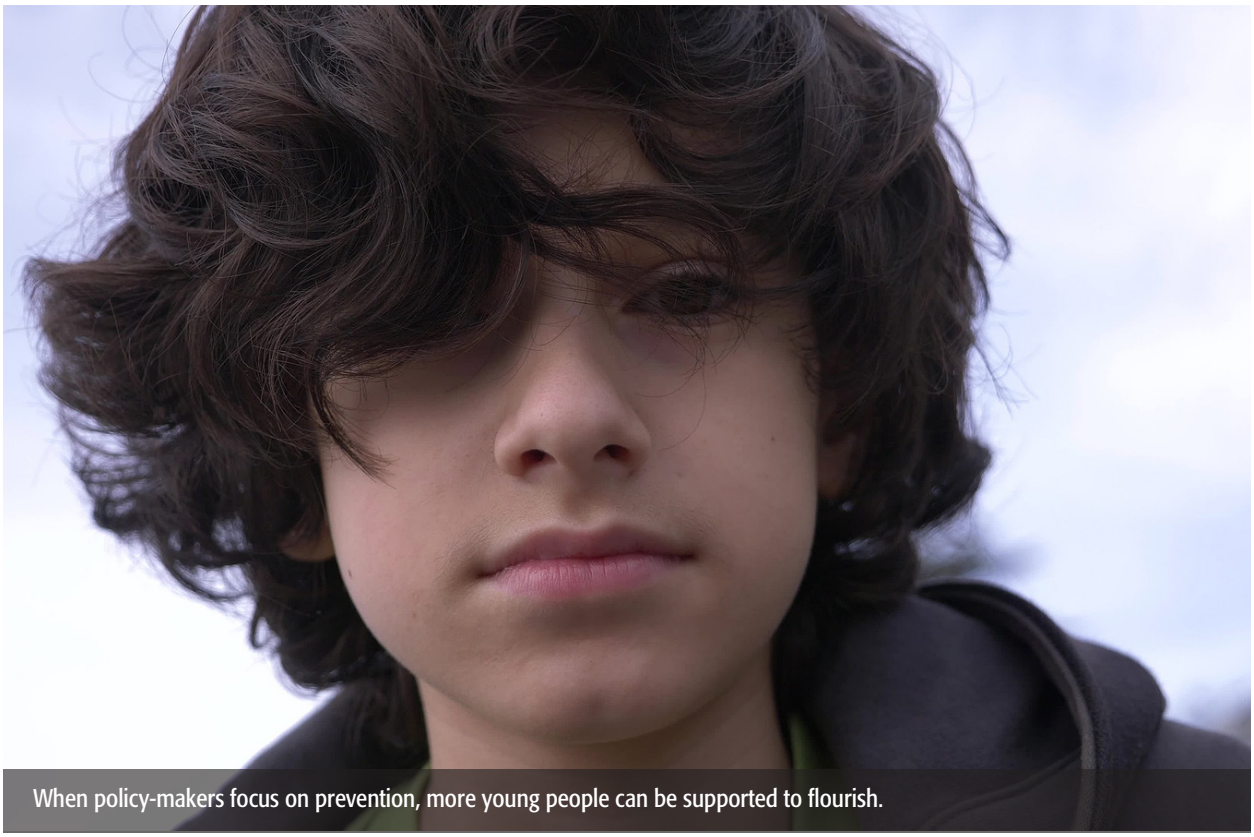
Anxiety disorders create substantial burdens for young people and for society. For instance, as revealed by a recent systematic review of 83 studies, youth with anxiety problems often experienced worse educational outcomes, including more school absences and lower school completion rates.[11] These young people also had detrimental employment outcomes, such as greater unemployment and poorer workplace functioning in adulthood. The review also identified negative financial outcomes, including lower household incomes.[11]

Based on these outcomes, preventing anxiety disorders needs to be a public policy priority. To inform policy-making and practice, the Review article that follows describes anxiety prevention programs for youth and the benefits that can result.

Climate anxiety: A rational response to a profound crisis

Among the many global challenges facing young people is climate change — now recognized as the largest health threat to humanity.[12] The resultant distress that many individuals undergo has been termed *climate anxiety*. Though climate anxiety is not a recognized mental disorder, experiences of it can mirror those of anxiety disorders, such as excessive worry and sleep problems.[13–15]

Still, many young people are showing resilience in the face of climate change, including using a variety of coping strategies.[16] These strategies included emotion-focused coping, which involves attempts to reduce negative emotions using strategies such as seeking support from others. Problem-focused coping, which includes engaging in activities to try to mitigate climate change, is another strategy employed by many young people.[16] However, the most effective solutions will involve adults taking collective action to reduce the severity of climate change[13] — an ethical imperative given that children and youth have contributed the least to the crisis and have the fewest opportunities to influence related policies.[17]



BIGSTOCK, EKAVID

When policy-makers focus on prevention, more young people can be supported to flourish.

REVIEW

What's new in prevention for youth?

Practicing being in anxiety-provoking situations is key to reducing fears.

ISTOCK, SKYNESHER

Efforts to prevent problematic anxiety have often focused on children of elementary school age or younger.[2] In fact, our past *Quarterly* issues found only one anxiety prevention program for youth that showed success at follow-up: MoodGYM.[18–20] (See the adjacent sidebar for more information.) So we conducted a new systematic review to identify recent evaluations of anxiety prevention programs for youth.

We used our typical standard, requiring studies to use randomized controlled trial (RCT) evaluation methods. We searched for RCTs published since our most recent *Quarterly* issue on this topic to the present. After applying our inclusion criteria (detailed in the Methods), we accepted four RCTs evaluating four different programs.[21–24] One universal program, delivered regardless of the young person's risk for anxiety disorders, was evaluated in two separate RCTs.[21–22] The three programs for those at greater risk for developing an anxiety disorder were evaluated in the two other RCTs.[23–24] All four studies involved youth between 12 and 15 years of age, with parental involvement in two of them.

What is MoodGYM?

MoodGYM is an online program designed to prevent and/or decrease symptoms of anxiety and depression in youth by using cognitive-behavioural therapy techniques.[20] The five-module program teaches skills such as changing the unhelpful thinking that perpetuates anxiety. When researchers evaluated MoodGYM facilitated by teachers in 30 Australian high schools, they found the program led to significantly lower anxiety ratings at six-month follow-up, compared with the control group.[20] The current version of MoodGYM can be purchased for individual use.

The single universal program

The two RCTs evaluating a universal anxiety prevention program examined different versions of Partners in Parenting, a Web-based educational program.[21, 25] Both versions addressed parenting practices linked to the development of anxiety disorders, such as parents showing fear when youth were in situations that caused them anxiety, thus inadvertently encouraging anxious behaviours.[21]

Both versions of Partners in Parenting also began with a parenting assessment that highlighted strengths and areas for improvement.[21] Parents then completed one or more interactive module focused on effective parenting strategies. For example, parents were encouraged to allow their child to independently manage their anxiety rather than immediately trying to assist.[21]

The first evaluation of Partners in Parenting tested a single-session version against a no-intervention control condition.[21] The second evaluation tested a version that included up to nine modules, depending on the results of the parenting assessment.[25] Still, parents were able to tailor their programming by deselecting modules they had been assigned as well as selecting additional modules. (Parents accessed 6.9 modules on average.) Parents could access a new module each week, and each module took from 15 to 25 minutes to

complete. For this second RCT, parents randomized to the control group were provided with five electronic factsheets on adolescent development and mental health — at weekly intervals.[25]

Programs for youth at increased risk

The best way to address problematic anxiety is to prevent it from occurring.

The third study evaluated the Mindset program with youth who had elevated symptoms of anxiety or depression or who had sought treatment for either condition in the past three years.[23] Mindset involved a single 20- to 30-minute Web-based session. The session included education about how behaviours are influenced by thoughts, how thoughts can change, and how having a "growth mindset" (or the belief that personal traits can change) can help individuals cope with challenges. Youth receiving the program also completed a worksheet on applying the growth mindset in their lives. Those randomized to the comparison group participated in one Web-based session that encouraged them to identify and express their feelings.[23]

The fourth study evaluated two different interventions — cognitive bias modification and cognitive-behavioural therapy (CBT) — with youth who had elevated social anxiety symptoms.[26] Cognitive bias modification involved 20 Web-based sessions lasting 40 minutes each. The sessions focused on helping youth to reduce their focus on negative situations and to interpret social situations in less threatening ways. CBT involved 10 group sessions lasting 90 minutes each. The psychologists leading the groups provided education about anxiety, taught youth to modify anxious thinking (i.e., cognitive restructuring) and encouraged them to practice tolerating anxiety-provoking situations (i.e., exposure).[26] Both programs were compared to a no-intervention control group. Table 1 summarizes all four RCTs.

Table 1. Study Descriptions

Program	Approach	Sample size	Youth ages (country)
Universal delivery			
Partners in Parenting[21]	Parents: 1 Web-based session focused on supporting positive parenting strategies	327	12–15 years (Australia)
Partners in Parenting[22]	Parents: As above but up to 9 Web-based sessions, depending on need	332	12–15 years (Australia)
At-risk delivery			
Mindset[23]	Youth: 1 Web-based session focused on using a "growth mindset," including recognizing that personal traits can change	96	12–15 years (United States)
Cognitive Bias Modification vs.	Youth: 20 Web-based sessions aimed at reducing focus on negative situations + viewing social situations as less threatening	240	12–15 years (The Netherlands)
Cognitive-Behavioural Therapy[24, 26]	Youth: 10 group sessions focused on challenging anxious thinking + practicing tolerating anxiety-provoking situations		

No impact for three interventions and possible reasons why

The single-session version of Partners in Parenting made no statistically significant difference in teens' anxiety symptoms according to both youth and parent reports at three-month follow-up, relative to the no-intervention control.[21] In explaining why youth in both intervention and control groups experienced similar small declines in anxiety, study authors suggested that the short follow-up of three months was insufficient for program participants to change their parenting enough to significantly influence teens' anxiety symptoms.[21]

When offered over multiple sessions, Partners in Parenting still made no difference in teens' anxiety symptoms according to youth and parent reports at one-year follow-up, compared to parents receiving only factsheets.[22] In accounting for why youth experienced similar small declines in anxiety regardless of whether

their parents received the intervention or factsheets, study authors speculated that the factsheets may have been sufficient to instigate positive parenting changes.[22]

Mindset also made no difference in anxiety symptoms by either youth or parent report at nine-month follow-up, compared to the comparison group.[23] Although the study's authors did not offer an explanation for the program's lack of success, it is plausible that teaching youth that personal traits can change is simply ineffective in reducing anxiety.

Cognitive bias modification did not outperform the control group on any anxiety measure at any follow-up point — including multiple measures of social anxiety and one measure of test anxiety at six-month, one- and two-year assessments.[24, 26] (Test anxiety was assessed given that it is a frequent concern for youth with social anxiety.)[26] The study's authors suggested that poor youth attendance, averaging only 8½ out of 20 sessions, may have played a role in the intervention's limited success.[26]

CBT's success in preventing anxiety for both children and youth is supported by a large body of evidence.

A different story for cognitive-behavioural therapy

In contrast to outcomes for the other interventions, youth who received CBT reported significantly less social anxiety and significantly less test anxiety at six-month follow-up, compared with those in the control group.[26] The impact of CBT in daily living, as quantified by effect sizes, was small for social anxiety and medium for test anxiety (Cohen's d = 0.41 and 0.58, respectively).[26] However, there was no significant difference between the groups on an implicit social anxiety measure. (This measure had youth sort words on a computer screen to determine how strongly they associated social situations with negative outcomes.)[27]

At one-year follow-up, youth who received CBT continued reporting significantly less test anxiety than youth in the control group, again with a small effect size (d = 0.34).[26] However, social anxiety did not differ across the intervention and control groups. By two-year follow-up, CBT did not show benefits for any anxiety symptom outcomes, compared to the control condition.[24] Table 2 details the outcomes for all four studies.

Table 2. Anxiety Outcomes

Program	Follow-up	Anxiety outcomes
Universal delivery		
Partners in Parenting — single session [21]	3 months	NS Anxiety symptoms (2 of 2 measures)
Partners in Parenting — multi-session [22]	1 year	NS Anxiety symptoms (2 of 2 measures)
At-risk delivery		
Mindset [23, 28]	9 months	NS Anxiety symptoms (2 of 2 measures)
Cognitive Bias Modification [24, 26]	6 months*	NS Social anxiety (2 of 2 measures) NS Test anxiety
	1 year	NS Social anxiety (2 of 2 measures) NS Test anxiety
	2 years	NS Social anxiety (3 of 3 measures) NS Test anxiety
Cognitive-Behavioural Therapy [24, 26]	6 months*	↓ Social anxiety (1 of 2 measures) ↓ Test anxiety
	1 year	NS Social anxiety (2 of 2 measures) ↓ Test anxiety
	2 years	NS Social anxiety (3 of 3 measures) NS Test anxiety

NS No significant difference between intervention and comparison condition.
↓ Statistically significant benefits favouring intervention over control condition.
* Outcomes assessed from end of intervention to six-month follow-up. For other time points and studies, outcomes assessed from baseline to follow-up.

Implications for practice and policy

Our findings suggest four implications for policy and practice.

- *Continue prevention efforts during adolescence.* Obviously, the best way to address problematic anxiety is to prevent it from occurring. Such efforts should begin in childhood, when problematic worries first emerge for many children.[29] Still, given that childhood prevention programs are unlikely to avert the development of problematic anxiety for all young people, prevention efforts need to continue into adolescence, using effective interventions such as the two identified in this review.
- *Implement prevention programs to address a range of needs.* One universal program (MoodGYM, described on page 5) and one program for at-risk youth (CBT) showed success in preventing anxiety for youth. Practitioners and policy-makers therefore have options for investing in prevention programs, to reach entire populations of youth as well as those at increased risk.
- *Focus on cognitive-behavioural interventions.* The two successful programs featured in this *Quarterly* issue, including MoodGYM, used cognitive-behavioural therapy. CBT's success in preventing anxiety for both children and youth is supported by a large body of evidence[30]— making it the first intervention to choose in preventing anxiety among youth.
- *Take advantage of the diverse ways of delivering CBT.* The successful CBT-based prevention programs used different formats: in-person groups and online individual sessions. Both formats can reach many young people. Group delivery offers efficiencies by reaching large numbers of young people at once, while online delivery can reach youth who experience barriers to service access, such as those living in remote communities. Ideally, programs would be offered in both formats.

If BC were to make additional investments in the prevention of childhood anxiety disorders, that could make an extraordinary difference in the lives of thousands of young people.

Young people with anxiety disorders face serious symptoms that interfere with their daily functioning. Still, there is good news in that many children and youth can be shielded from these experiences through the use of effective prevention programs. If BC were to make additional investments in the prevention of childhood anxiety disorders, that could make an extraordinary difference in the lives of thousands of young people.[1]

METHODS

We use systematic review methods adapted from the *Cochrane Collaboration*. We build quality assessment into our inclusion criteria to ensure that we report on the best available research evidence, requiring that intervention studies use randomized controlled trial (RCT) evaluation methods and meet additional quality indicators. For this review, we searched for RCTs on programs aimed at preventing anxiety disorders in youth 12 years and older. Table 3 outlines our database search strategy.

Table 3. Search Strategy

Sources	• Campbell Systematic Reviews, CENTRAL, Cochrane Database of Systematic Reviews, CINAHL, ERIC, Medline and PsycINFO
Search Terms	• Anxiety, anxiety disorder, agoraphobia, generalized anxiety disorder, panic disorder, phobic disorder, selective mutism, social phobia, specific phobia, separation anxiety disorder or social anxiety disorder *and* prevention, intervention, treatment or therapy
Limits	• Published in English between 2018* and 2024 in a peer-reviewed journal • Reported on children aged 18 years or younger • Used systematic review, meta-analysis or RCT methods

* Searches were conducted building on our prior systematic review[30] with search dates from database inception to 2018. We also hand-searched assessed studies published between 2016 and 2018.

To identify additional RCTs, we also hand-searched the reference lists from relevant systematic reviews and previous issues of the *Quarterly*. Using this approach, we identified 122 articles describing 91 studies. Two team members then independently assessed each article, applying the inclusion criteria outlined in Table 4.

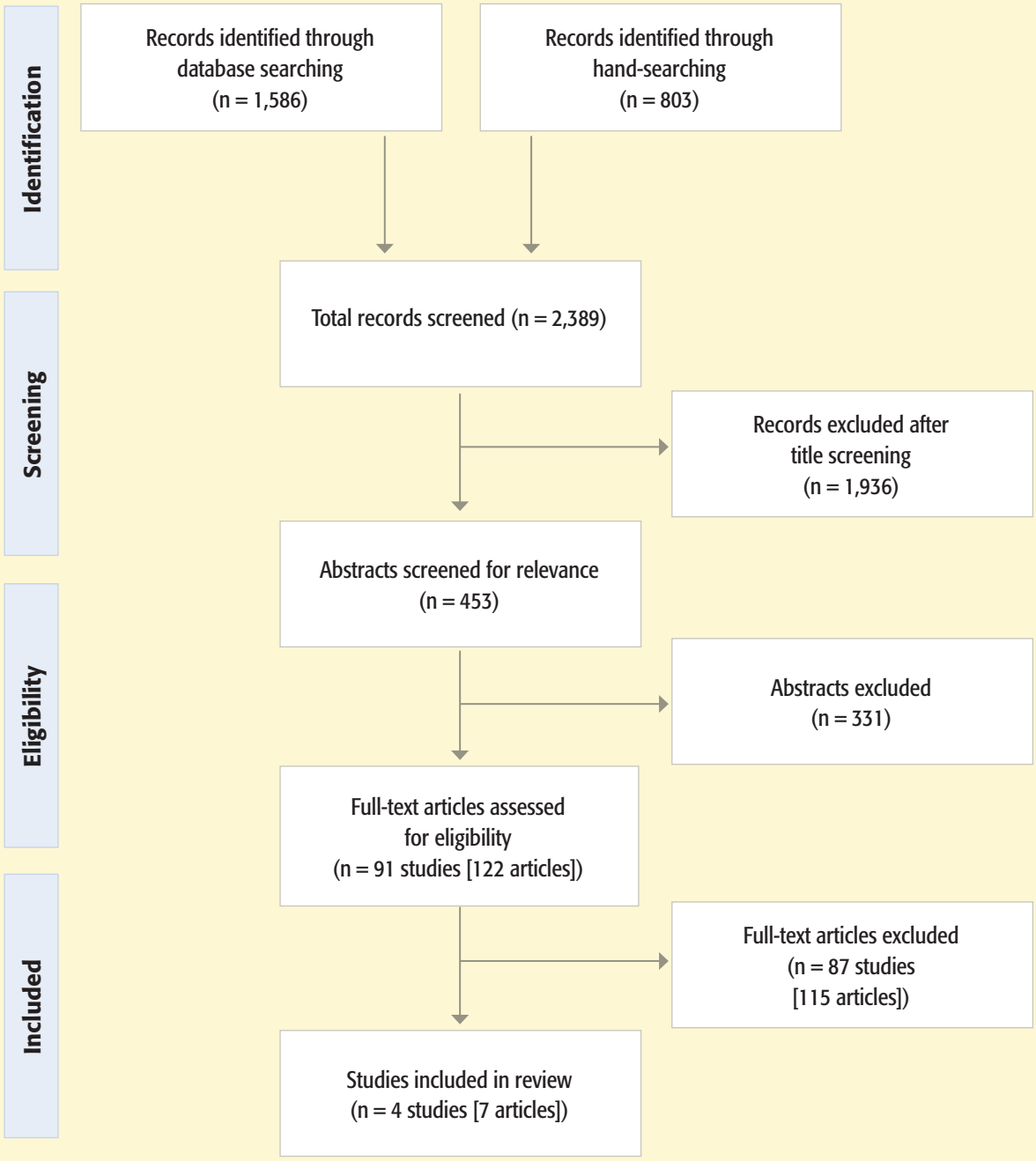
Table 4. Inclusion Criteria for RCTs

- Participants or schools were randomly assigned to intervention and comparison groups (i.e., no-intervention or active control)
- Participants were children 12 years or older
- Study authors provided clear descriptions of participant characteristics, settings and intervention
- Interventions were evaluated in high-income countries for comparability to Canadian settings
- Interventions aimed to prevent childhood anxiety symptoms or disorders
- At study outset, most participants did not have anxiety disorder diagnoses and/or had not been referred for treatment for anxiety problems
- Follow-up was three months or more (from the end of the intervention)
- Attrition rates were 20% or less at final assessment and/or intention-to-treat analysis was used
- Child outcome indicators included symptoms and/or diagnoses of anxiety disorders
- Anxiety symptoms were assessed at follow-up using two or more informant sources
- Reliability and validity were documented for primary outcome measures
- Statistical significance was reported for primary outcome measures
- Studies were excluded where authors indicated insufficient statistical power or no power analysis was conducted

Four RCTs met all of our inclusion criteria. Figure 1 depicts our search process, adapted from Preferred Reporting Items for Systematic Reviews and Meta-Analyses.[31] Data from these studies were then extracted, summarized and verified by two or more team members. Throughout our process, any differences among team members were resolved by consensus.

For more information on our research methods, please contact
Jen Barican, chpc_quarterly@sfu.ca
Children's Health Policy Centre, Faculty of Health Sciences
Simon Fraser University, Room 2435, 515 West Hastings St., Vancouver, BC V6B 5K3

Figure 1. Search Process for RCTs



RESEARCH TERMS EXPLAINED

Identifying the best available research evidence on how well interventions work for children is crucial in guiding public policy and practice decisions and investments. **Randomized controlled trials** (RCTs) are an important standard in the health sciences for assessing intervention effectiveness. RCTs involve randomly assigning participants to a given group (e.g., intervention or no intervention). The randomization process ensures that every young person enrolled in the study has an equal chance of being assigned to any of the groups. The goal is to create conditions that are fully comparable other than the interventions being evaluated.

To determine how well an intervention works, researchers then analyze relevant child and youth outcomes. Analyses include assessing whether group differences are **statistically significant**. This process gives more certainty that any differences favouring a given intervention were not due to chance. In the studies we reviewed, researchers used the typical convention of having at least 95% confidence that observed results reflected the intervention's real impact.

Beyond determining whether outcomes are statistically significant, it is important to evaluate how much meaningful difference an intervention makes to the young person's well-being — or the intervention's "real life" magnitude. This outcome, called an **effect size**, is a quantitative description of the strength of the relationship between the intervention and the outcome. Among those we report on in this issue, **Cohen's *d*** effect sizes are quantified as small (0.20), medium (0.50) or large (0.80).

Assessing whether any beneficial outcomes for the intervention are statistically significant helps ensure that the gains are reliable rather than being due to chance.

BIGSTOCK, NATALI_MIS

REFERENCES

BC government staff can access original articles from BC's Health and Human Services Library. Articles marked with * include randomized controlled trial data that was featured in our Review article.

1. Barican JL, Yung D, Schwartz C, et al. (2022). Prevalence of childhood mental disorders in high-income countries: A systematic review and meta-analysis to inform policymaking. *Evidence-Based Mental Health*, *25*, 36–44.
2. Schwartz C, Yung D, Barican J, et al. (2020). *Preventing and treating childhood mental disorders: Effective interventions*. Vancouver, BC: Children's Health Policy Centre, Simon Fraser University. https://childhealthpolicy.ca/wp-content/uploads/2022/02/CHPC-Effective-InterventionsReport-2022.02.15-REV.pdf
3. Kessler RC, Berglund P, Demler O, et al. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, *62*, 593–602.
4. Stapinski LA, Bowes L, Wolke D, et al. (2014). Peer victimization during adolescence and risk for anxiety disorders in adulthood: A prospective cohort study. *Depression and Anxiety*, *31*, 574–582.
5. Knappe S, Beesdo K, Fehm L, et al. (2009). Associations of familial risk factors with social fears and social phobia: Evidence for the continuum hypothesis in social anxiety disorder? *Journal of Neural Transmission*, *116*, 639–648.
6. Beesdo-Baum K, Knappe S, Asselmann E, et al. (2015). The 'Early Developmental Stages of Psychopathology (EDSP) study': A 20-year review of methods and findings. *Social Psychiatry and Psychiatric Epidemiology*, *50*, 851–866.
7. Asselmann E, Wittchen HU, Lieb R, et al. (2017). A 10-year prospective-longitudinal study of daily hassles and incident psychopathology among adolescents and young adults: Interactions with gender, perceived coping efficacy, and negative life events. *Social Psychiatry and Psychiatric Epidemiology*, *52*, 1353–1362.
8. Storch M, Gaab J, Kuttel Y, et al. (2007). Psychoneuroendocrine effects of resource-activating stress management training. *Health Psychology*, *26*, 456–463.
9. Chu JT, Bullen P, Farruggia SP, et al. (2015). Parent and adolescent effects of a universal group program for the parenting of adolescents. *Prevention Science*, *16*, 609–620.
10. Salari R, Ralph A, Sanders MR. (2014). An efficacy trial: Positive Parenting Program for parents of teenagers. *Behaviour Change*, *31*, 34–52.
11. Pollard J, Reardon T, Williams C, et al. (2023). The multifaceted consequences and economic costs of child anxiety problems: A systematic review and meta-analysis. *JCPP Advances*, *3*, e12149.
12. United Nations. (n.d.). *Climate action fast facts*. https://www.un.org/en/climatechange/science/key-findings
13. Crandon TJ, Scott JG, Charlson FJ, et al. (2022). A social–ecological perspective on climate anxiety in children and adolescents. *Nature Climate Change*, *12*, 123–131.
14. Clayton S. (2020). Climate anxiety: Psychological responses to climate change. *Journal of Anxiety Disorders*, *74*, 102263.
15. Hickman C, Marks E, Pihkala P, et al. (2021). Climate anxiety in children and young people and their beliefs about government responses to climate change: A global survey. *The Lancet Planetary Health*, *5*, e863–e873.
16. Ojala M. (2012). How do children cope with global climate change? Coping strategies, engagement, and well-being. *Journal of Environmental Psychology*, *32*, 225–233.
17. Galway LP, Field E. (2023). Climate emotions and anxiety among young people in Canada: A national survey and call to action. *Journal of Climate Change and Health*, *9*, 100204.

18. Schwartz C, Waddell C, Barican J, et al. (2016). Preventing anxiety for children. *Children's Mental Health Research Quarterly*, *10*(2), 1–15. Vancouver, BC: Children's Health Policy Centre, Faculty of Health Sciences, Simon Fraser University.
19. Schwartz C, Waddell C, Barican J, et al. (2012). Preventing problematic anxiety. *Children's Mental Health Research Quarterly*, *6*(1), 1–12. Vancouver, BC: Children's Health Policy Centre, Faculty of Health Sciences, Simon Fraser University.
20. Calear AL, Christensen H, Mackinnon A, et al. (2009). The YouthMood Project: A cluster randomized controlled trial of an online cognitive behavioral program with adolescents. *Journal of Consulting and Clinical Psychology*, *77*, 1021–1032.
21. * Cardamone-Breen MC, Jorm AF, Lawrence KA, et al. (2018). A single-session, Web-based parenting intervention to prevent adolescent depression and anxiety disorders: Randomized controlled trial. *Journal of Medical Internet Research*, *20*, e148.
22. * Yap MBH, Cardamone-Breen MC, Rapee RM, et al. (2019). Medium-term effects of a tailored Web-based parenting intervention to reduce adolescent risk of depression and anxiety: 12-month findings from a randomized controlled trial. *Journal of Medical Internet Research*, *21*, e13628.
23. * Schleider J, Weisz J. (2018). A single-session growth mindset intervention for adolescent anxiety and depression: 9-month outcomes of a randomized trial. *Journal of Child Psychology and Psychiatry*, *59*, 160–170.
24. * de Hullu E, Sportel BE, Nauta MH, et al. (2017). Cognitive bias modification and CBT as early interventions for adolescent social and test anxiety: Two-year follow-up of a randomized controlled trial. *Journal of Behavior Therapy and Experimental Psychiatry*, *55*, 81–89.
25. Yap MBH, Mahtani S, Rapee RM, et al. (2018). A tailored Web-based intervention to improve parenting risk and protective factors for adolescent depression and anxiety problems: Postintervention findings from a randomized controlled trial. *Journal of Medical Internet Research*, *20*, e17.
26. * Sportel BE, de Hullu E, de Jong PJ, et al. (2013). Cognitive bias modification versus CBT in reducing adolescent social anxiety: A randomized controlled trial. *PLoS One, 8*, e64355.
27. de Hullu E, de Jong PJ, Sportel BE, et al. (2011) Threat-related automatic associations in socially anxious adolescents. *Behaviour Research and Therapy*, *49*, 518–522.
28. * Schleider JL, Abel MR, Weisz JR. (2019). Do immediate gains predict long-term symptom change? Findings from a randomized trial of a single-session intervention for youth anxiety and depression. *Child Psychiatry and Human Development*, *50*, 868–881.
29. Schwartz C, White O, Barican J, et al. (2024). Preventing problematic childhood anxiety. *Children's Mental Health Research Quarterly*, *18*(4), 1–14. Vancouver, BC: Children's Health Policy Centre, Faculty of Health Sciences, Simon Fraser University.
30. Schwartz C, Barican JL, Yung D, et al. (2019). Six decades of preventing and treating childhood anxiety disorders: A systematic review and meta-analysis to inform policy and practice. *Evidence-Based Mental Health*, *22*, 103–110.
31. Page MJ, McKenzie JE, Bossuyt PM, et al. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *Journal of Clinical Epidemiology*, *134*, 178–189.

LINKS TO PAST ISSUES

The *Children's Mental Health Research Quarterly* Subject Index provides a detailed listing of topics covered in past issues, including links to information on specific programs.

2024 / Volume 18
4 – Preventing problematic childhood anxiety
3 – Treating opioid use disorder in young people
2 – Preventing problematic opioid use for young people
1 – Treating childhood eating disorders

2023 / Volume 17
4 – Preventing childhood eating disorders
3 – Treating concurrent mental disorders in children
2 – Preventing concurrent mental disorders in children
1 – Suicide prevention: Reaching young people at risk

2022 / Volume 16
4 – Suicide prevention: Reaching the greatest number of young people
3 – Supporting children after mental health hospitalization
2 – Children's mental health: The numbers and the needs
1 – Helping children with obsessive-compulsive disorder

2021 / Volume 15
4 – Childhood bullying: Time to stop
3 – Fighting racism
2 – Treating posttraumatic stress disorder in children
1 – Helping children cope with trauma

2020 / Volume 14
4 – Helping young people with psychosis
3 – Psychosis: Is prevention possible?
2 – Mental health treatment: Reaching more kids
1 – Prevention: Reaching more kids

2019 / Volume 13
4 – Preventing problematic substance use among youth
3 – Helping youth who self-harm
2 – Celebrating children's mental health: 50 lessons learned
1 – Helping youth with bipolar disorder

2018 / Volume 12
4 – Helping children who have been maltreated
3 – Preventing child maltreatment
2 – Treating substance misuse in young people
1 – Preventing youth substance misuse: Programs that work in schools

2017 / Volume 11
4 – Helping children with depression
3 – Preventing childhood depression
2 – Supporting LGBTQ+ youth
1 – Helping children with ADHD

2016 / Volume 10
4 – Promoting self-regulation and preventing ADHD symptoms
3 – Helping children with anxiety
2 – Preventing anxiety for children
1 – Helping children with behaviour problems

2015 / Volume 9
4 – Promoting positive behaviour in children
3 – Intervening for young people with eating disorders
2 – Promoting healthy eating and preventing eating disorders in children
1 – Parenting without physical punishment

2014 / Volume 8
4 – Enhancing mental health in schools
3 – Kinship foster care
2 – Treating childhood obsessive-compulsive disorder
1 – Addressing parental substance misuse

2013 / Volume 7
4 – Troubling trends in prescribing for children
3 – Addressing acute mental health crises
2 – Re-examining attention problems in children
1 – Promoting healthy dating relationships

2012 / Volume 6
4 – Intervening after intimate partner violence
3 – How can foster care help vulnerable children?
2 – Treating anxiety disorders
1 – Preventing problematic anxiety

2011 / Volume 5
4 – Early child development and mental health
3 – Helping children overcome trauma
2 – Preventing prenatal alcohol exposure
1 – Nurse-Family Partnership and children's mental health

2010 / Volume 4
4 – Addressing parental depression
3 – Treating substance abuse in children and youth
2 – Preventing substance abuse in children and youth
1 – The mental health implications of childhood obesity

2009 / Volume 3
4 – Preventing suicide in children and youth
3 – Understanding and treating psychosis in young people
2 – Preventing and treating child maltreatment
1 – The economics of children's mental health

2008 / Volume 2
4 – Addressing bullying behaviour in children
3 – Diagnosing and treating childhood bipolar disorder
2 – Preventing and treating childhood depression
1 – Building children's resilience

2007 / Volume 1
4 – Addressing attention problems in children
3 – Children's emotional wellbeing
2 – Children's behavioural wellbeing
1 – Prevention of mental disorders

