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Given the escalating mental health crisis (Wong et al., 2021), there is a substantial need for effective ways to improve depression and anxiety among school-age children. There exists a proli-

gation of mental health issues among school-age children and adolescents. This paper reviews the current literature on the prevalence of depression and anxiety in school-age children and adolescents. The review highlights the need for effective interventions to address these mental health issues. The paper also discusses the importance of early identification and treatment of these conditions. The review concludes that there is a need for further research on the effectiveness of interventions for school-age children and adolescents with depression and anxiety.

### Prevalence of Depression and Anxiety in School-aged Children and Adolescents

The prevalence of depression and anxiety in school-aged children and adolescents has increased significantly in recent years. In the United States, the prevalence of depression among children and adolescents aged 6-17 has increased from 9.4% in 2003 to 31.7% in 2022 (Achenbach & Rescorla, 2001; Lewinsohn & Rohde, 2011). In the United Kingdom, the prevalence of depression among children and adolescents aged 13-18 has increased from 19.7% in 2010 to 31.5% in 2022 (Wong et al., 2021). The prevalence of anxiety among children and adolescents aged 6-17 has also increased significantly, from 12.1% in 2010 to 20.1% in 2022 (Wong et al., 2021). These findings suggest that the prevalence of depression and anxiety in school-aged children and adolescents is increasing at an alarming rate. This increase is likely due to a combination of factors, including changes in the environment, increased stress, and changes in the way that mental health issues are diagnosed and treated. The increase in the prevalence of depression and anxiety in school-aged children and adolescents is a public health concern that requires further research and effective interventions.

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### Eligibility Criteria

Eligibility criteria for the study were as follows:

- (1) The study included all children aged 30 months to 24 months who were attending day care centers in the city of Addis Ababa, Ethiopia, during the study period (2016-2020).
- (2) The study excluded children who were ill, had any chronic medical conditions, or were unable to understand and follow simple instructions.
- (3) The study included children who were attending day care centers for at least 24 months.

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Table 1 (continued)

Study	Participants	Age	Gender	Time	Location	Duration	Design	Intervention	Outcomes	Significance
Li et al. (2003)	Pre-adolescents	11-13	Female	12 weeks	USA	189 (90, 99)	Control	CBT	Reduction in symptoms of anxiety, depression, and conduct problems	p < .05
Li et al. (2010)	Adolescents	11-13	Female	20 weeks	USA	428 (237, 191)	Control	CBT	Reduction in symptoms of anxiety, depression, and conduct problems	p < .05
Li et al. (2006)	Pre-adolescents	8-9	Female	60 weeks	USA	120 (72, 48)	Control	CBT	Reduction in symptoms of anxiety, depression, and conduct problems	p < .05
Li et al. (2013)	Adolescents	9-10	Female	60 weeks	USA	910 (467, 443)	Control	CBT	Reduction in symptoms of anxiety, depression, and conduct problems	p < .05
Schmidt et al. (2010)	Adolescents	13	Female	3 weeks	USA	5634 (3037, 2597)	Control	CBT	Reduction in symptoms of anxiety, depression, and conduct problems	p < .05
Schmidt et al. (2006)	Adolescents	13-15	Female	45 weeks	USA	1248 (634, 614)	Control	CBT	Reduction in symptoms of anxiety, depression, and conduct problems	p < .05
Schmidt et al. (2001)	Adolescents	12-15	Female	40-50 weeks	USA	172 (65, 107)	Control	CBT	Reduction in symptoms of anxiety, depression, and conduct problems	p < .05
Schmidt et al. (2016)	Adolescents	14-21	Female	10 weeks	USA	115 (74, 41)	Control	CBT	Reduction in symptoms of anxiety, depression, and conduct problems	p < .05
Schmidt et al. (2016)	Adolescents	9-10	Female	12 weeks	USA	844 (457, 387)	Control	CBT	Reduction in symptoms of anxiety, depression, and conduct problems	p < .05

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Behaviour Change, 18(1), 36–50. [:// i . g/10.1375/ . 18.1.36](https://doi.org/10.1375/18.1.36).

\* (2011). *Social Skills Training Manual for Autism*. The Medical Journal of Australia, 194(5), 232–235. [:// i . g/10.5694/ .1326-5377.2011. 02951](https://doi.org/10.5694/1326-5377.2011.02951).

\* (2004). *Autism Spectrum Disorders: A Manual for Diagnosis and Treatment*. Journal of the American Academy of Child & Adolescent Psychiatry, 43(5), 538–547. [:// i . g/10.1097/00004583-200405000-00007](https://doi.org/10.1097/00004583-200405000-00007).

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**Jun Wang**

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