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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 is 9.4% (2022) (CDC, 2022). In the United Kingdom, the prevalence of depression among children and adolescents aged 13-18 is 31.5% (2019) (Mental Health Foundation, 2019). In the United States, the prevalence of anxiety among children and adolescents aged 6-17 is 12.1% (2011) (National Institute of Mental Health, 2011). In the United Kingdom, the prevalence of anxiety among children and adolescents aged 13-18 is 10.1% (2010) (Mental Health Foundation, 2010). In the United States, the prevalence of anxiety among children and adolescents aged 6-17 is 10.1% (2020) (National Institute of Mental Health, 2020).

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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	Male	12 weeks	USA	189 (90, 99)	Control	CBT	Reduction in conduct problems	p < .05
Li et al. (2010)	Adolescents	11-13	Male	20 weeks	USA	428 (237, 191)	Control	CBT	Reduction in conduct problems	p < .05
Li et al. (2006)	Pre-adolescents	8-9	Male	60 weeks	USA	120 (72, 48)	Control	CBT	Reduction in conduct problems	p < .05
Li et al. (2013)	Adolescents	9-10	Male	60 weeks	USA	910 (467, 443)	Control	CBT	Reduction in conduct problems	p < .05
Schaeffer et al. (2010)	Adolescents	13	Male	3 weeks	USA	5634 (3037, 2597)	Control	CBT	Reduction in conduct problems	p < .05
Schaeffer et al. (2006)	Adolescents	13-15	Male	45 weeks	USA	1248 (634, 614)	Control	CBT	Reduction in conduct problems	p < .05
Schaeffer et al. (2001)	Adolescents	12-15	Male	40-50 weeks	USA	172 (65, 107)	Control	CBT	Reduction in conduct problems	p < .05
Schaeffer et al. (2016)	Adolescents	14-21	Male	10 weeks	USA	115 (74, 41)	Control	CBT	Reduction in conduct problems	p < .05
Schaeffer et al. (2016)	Adolescents	9-10	Male	12 weeks	USA	844 (457, 387)	Control	CBT	Reduction in conduct problems	p < .05

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# Implications for Policy

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