

Background

- Anxiety disorders are common mental health concern among children and adolescents globally with a prevalence rate of 6.5% across 27 countries (Polanczyk et al., 2015).
- The percentage of Canadian youth aged 12 to 24 diagnosed with an anxiety disorder more than doubling from 6% in 2011 to 12.9% in 2018 (Weinz et al., 2020).
- The demand for anxiety interventions has risen since the onset of the COVID-19 pandemic with one study estimating a 46% increase in unmanaged anxiety symptoms in Canadian children aged 2-18 since 2020 (Cost et al., 2022).
- Anxiety can have a detrimental impact on academic functioning, cognitive development, social relationships, and physical well-being (Zahl-Olsen et al., 2022).
- Unmanaged anxiety in childhood is associated with an increased risk of school dropout, substance abuse, marginalization, unemployment, and issues with peers and family in adulthood (Öst & Ollendick, 2017).

Barriers to Care

- Over 50% of youth experiencing mental health concerns do not receive professional treatment (Becker et al., 2012).
- In Ontario, only 32% of youth who reported having concerns regarding their anxiety were given the opportunity to be seen by a mental health professional (Children's Mental Health Ontario [CMHO]; 2020).
- Waitlist period in Ontario with some families having to wait years to be seen for complex support (CMHO; 2020)
- Lack of transportation and financial constraints (Reardon et al., 2020).
- Insufficient use of evidence-based anxiety interventions (Roberge et al. 2011)
- Low confidence in core anxiety treatment and lack of collaboration across settings and professionals (Harne et al., 2014).

Tiered Approach to Anxiety Intervention

Goal of stepped-care treatment: Enhance the use of limited resources and decrease treatment costs by starting with low intensity (i.e., first-step) treatments and then moving up to higher-intensity treatment as required (Kendall et al., 2016)

- Parent Knowledge + Anxiety Storybooks
- 3 Hour - Anxiety Workshops for Parents
- School-based Anxiety PD

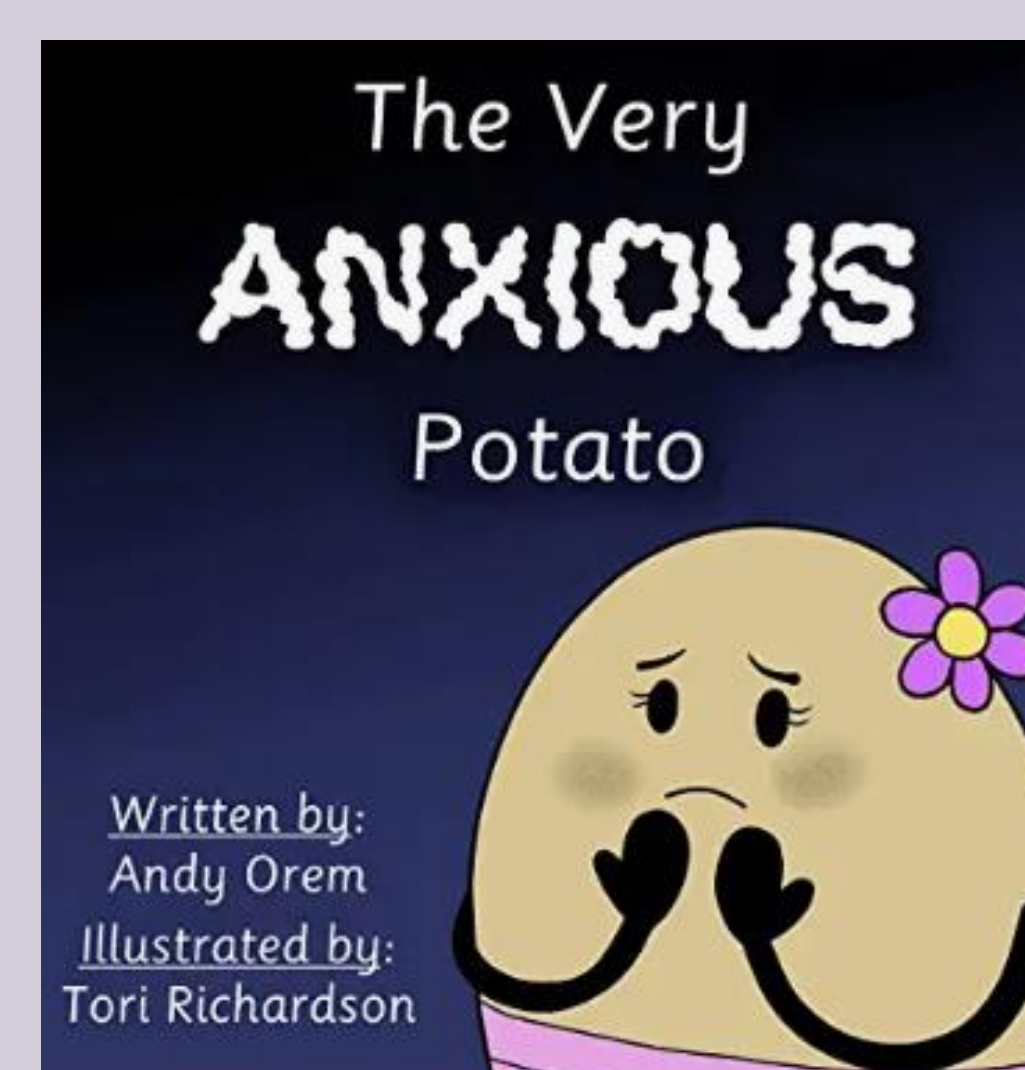
- Parent/Child Interactive Website Program (M.I. Friends)
- Individual Child/Parent Treatment (~ 1-4 Sessions)
- Parent Programs (with Child Component; 4 Weeks)

- Individual Child/Parent Treatment (~ 8-12 Sessions)
- Child and Parent Group Programs (12 Weeks)

Tier 1

Anxiety Story Books

- Has been examined to support knowledge/process in subject areas: Anxiety, Grief, Autism, Bullying
- Easily accessed, inexpensive resource
- Little knowledge about skills promoted to children for anxiety knowledge/support
- Research currently occurring at the CYDC to create a database for anxiety storybooks; parent guides



Tier 1 Cont'd

Anxiety Workshops for Parents

- Designed to provide skills to parents for how to help their child cope with anxiety
- Psychoeducation, role-play, and opportunities to ask questions
- Parent-Led Strategies for Child Anxiety

School-Based Anxiety PD

- Utilizes the approach that educators are well-positioned to scaffold and support exposure (“supportive risk-tasking”)
- Many strategies align with existing teacher practice

Tier 2

Parent/Child Interactive Website Program (M.I Friends) -

www.miunderstanding.ca/m-i-friends

- Provides children with a comfort toy (named Poppy), support videos and activities, while also equipping parents with strategies, tools, resources, and suggestions on how to support their child
- Resources developed in conjunction with psychologists, educational advisors, and parents

Individual Child/Parent Treatment (4 Weeks)

- Evidence-based treatment services
- Cognitive Behaviour Therapy (CBT) interventions
- Parental support

Parent Programs (with Child Component) (4 Weeks)

- Brief (3-5 session) parent education and technique coaching
- Designed to improve parent understanding and approach for children with mental health conditions

Parent Led Anxiety Intervention

- Transfer of knowledge model wherein the clinician collaborates with parents, who in turn, apply the skills they have learned with their child
- Based on core skill modules (psychoeducation; problem-solving; exposure; cognitive coping; modeling/co-regulation; relaxation)

Main Message/Future Directions

- Significant potential to develop stepped-care treatment options by leveraging strong treatment evidence base in childhood anxiety
- Stepped-care treatment can overcome various barriers to treatment
- Continued focus on feasibility evaluation and program development
- Continue to incorporate caregiver and client feedback; adapt to barriers to treatment

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