Appendix I.

Results from the surveys, content analysis and prioritisation before the workshops.

Overall, 674 responders submitted a total of 1267 research suggestions in the three surveys. After content analysis, there were 247 (90 unique) suggestions for treatments of depression, 381 (134 unique) suggestions for treatments of anxiety, 278 (71 unique) suggestions of outcome measures of depression and 361 (84 unique) for outcome measures of anxiety.

In response to the four lists with the suggestions resulting from the first surveys, **the clinicians** ranked 23 suggestions out of 134 for interventions for anxiety, 16 out of 84 for outcomes, and 15 suggestions out of 90 for interventions for depression, 16 out of 71 for outcomes.

In response to the four lists with the suggestions resulting from the first surveys, **the youth** ranked 12 suggestions out of 134 for interventions for anxiety, 11 out of 84 for outcomes, and 16 suggestions out of 90 for interventions for depression, 12 out of 71 for outcomes.

Survey nr. 1 sent to persons working with children and young people's mental health in the municipalities, including employees in child welfare institutions/orphanages, special education teachers working in schools, child welfare services, child welfare guard, family protection office, refugee and immigration departments**.**

Do you work with children and adolescents who have an anxiety or depression diagnosis?

Yes / No

If yes: We would like to ask you some questions as to what what is missing from research on treatments for anxiety and depression.

1. In order to gain knowledge about the benefits and possible unwanted effects of various forms of treatment, research is used to obtain systematic experiences.

For anxiety, there is existing research on the following treatments

• Psychoeducation
• Cognitive Behavioral Therapy
• Family therapy

• Psychodynamic therapy
• Mindfulness
• Pharmacological therapy

In your view, are there other treatments that should be tried on children and adolescents with anxiety? (open answer option / free text)

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2. In research, the effects of different types of treatments are measured on different aspects of children's and young people's health and welfare.

For anxiety, research has so far looked at the following outcomes:

• Anxiety
• Self-harm (including suicidal behavior)
• Satisfaction with treatment
• Function
• Dropout
• Unwanted outcomes

In your view, are there other outcomes that should be measured for children and adolescents with anxiety?

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3. In order to gain knowledge about the benefits and possible unwanted effects of various treatments, research is used to obtain systematic experiences.

For depression, there is existing research on the following treatments:

• Psychoeducation
• Cognitive Behavioral Therapy
• Interpersonal therapy
• Dialectical behavioral therapy
• Behavioral Activation

• Psychodynamic therapy
• Family therapy
• Mindfulness
• Therapeutic games
• Art Therapy
• Physical activity
• Pharmacological therapy
• Electroshock treatment (ECT)
• Magnetic stimulation (rTMS)

In your view, are there other treatments that should be tested on children and adolescents with depression?

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4. In research, the effects of different forms of treatment are measured on different aspects of children's and young people's health and well-being.

For depression, existing research has looked at the following outcomes:

• Less depression
• Anxiety
• Mani
• Self-harm (including suicide)
• Satisfaction with treatment
• Function
• Dropout
• Unwanted outcomes (side effects)

In your view, are there other outcome measures that should have been measured for children and adolescents with depression?

Survey nr. 2 sent to professionals working in the specialist mental health service for children and adolescents.

Anxiety and depression: what research topics do you think we need?

The purpose of this survey is to obtain suggestions from clinicians (who treat children and adolescents with anxiety and depression) about what is missing from research on treatments for anxiety and depression. By treatment we mean all measures (changes) that are intended to make everyday life better for children and adolescents living with anxiety or depression. These may be measures in the local community, at school, treatment provided by health personnel or otherwise.

Participation is voluntary, and by responding to this survey you agree to participate in the study. Your answers will not be traceable to you.

The suggestions we receive through this study will be summarized in a report that will be published on RBUP's websites and in a scientific article. This work will be an important contribution to national priorities in research. When the report is completed, the responses we received in this survey will be deleted (no later than 31.08.2020).

• Do you work with children and adolescents who have an anxiety or depression diagnosis? *

Yes

No

1. In order to gain knowledge about the benefits and adverse effects of various forms of treatment, research is used to gain evidence. For anxiety there is existing research on the following treatments:

• Psychoeducation
• Cognitive Behavioral Therapy
• Family therapy
• Psychodynamic therapy
• Mindfulness
• Pharmacological therapy

In your view, are there other treatments that should have been tried on children and adolescents with anxiety? *

2. Research measures the effects of treatment on various aspects of children's and young people's health and well-being.

For anxiety, research has so far looked at the following outcomes:

• Less anxiety
• Less self-harm (including suicide)
• Satisfaction with treatment
• Function
• Dropout
• Unwanted outcomes (adverse effects)

• In your view, are there any other outcomes that should have been measured for children and adolescents with anxiety? *

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3. For depression, there is existing research on the following treatments:

• Psychoeducation
• Cognitive Behavioral Therapy
• Interpersonal therapy
• Dialectical behavioral therapy
• Behavioral Activation
• Psychodynamic therapy
• Family therapy
• Mindfulness
• Therapeutic games
• Art Therapy
• Physical activity
• Pharmacological therapy
• Electroshock treatment (ECT)
• Magnetic stimulation (rTMS)

In your view, are there other treatments that should have been tested on children and adolescents with depression? *

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4. For depression, research has so far looked at the following outcomes:

• Less depression
• Anxiety
• Mani
• Self-harm (including suicide)
• Satisfaction with treatment
• Function
• Dropout
• Unwanted outcomes (side effects)

In your view, are there other outcomes that should have been measured for children and adolescents with depression? *

Thanks for your contribution! If you have any questions about the survey, please contact project manager Brynhildur Axelsdottir at email: ba@r-bup.no

Survey nr. 3 sent to children and adolescents with personal experience with depression or anxiety and their carers.

The purpose of this survey is to obtain suggestions from children, adolescents and their parents about what is missing from research on treatment methods for anxiety and depression. By treatment we mean all measures (changes) that are intended to make everyday life better for children and adolescents living with anxiety or depression. These may be measures in the local community, at school, treatment provided by health care professionals or otherwise.

Participation is voluntary and by answering this survey you agree to participate in the study. Your answers will not be traceable to you.

The suggestions we receive through this study will be summarized in a report that will be published on RBUP's websites and in a scientific article. This work will be an important contribution to national priorities in research. When the report is completed, the responses we received in this survey will be deleted (no later than 31.08.2020).

• Are you under 25 and have (or have had) anxiety or depression, or do you have parental responsibility for a child or adolescent who has or has had anxiety or depression? *

Yes

No

1. In order to gain knowledge about the benefits and possible unwanted effects of various forms of treatment, research is used to gain experience.

For anxiety there is existing research on the following treatments:

• Psychoeducation (a type of training)
• Cognitive Behavioral Therapy (a type of psychological therapy)
• Family therapy (a type of psychological therapy)
• Psychodynamic therapy (a type of psychological therapy)
• Mindfulness
• Medications

• Although you have not heard of these treatments, are there any other treatments that you think could be helpful for children / adolescents with anxiety?

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2. In research, the effects of different forms of treatment is measured on different aspects of children's and young people's health and well-being.

For anxiety, existing research has looked at whether one gets;

• Less anxiety
• Less self-harm (including suicide)

• If you are satisfied with the treatment
• If things are going better in everyday life
• If you stop treatment (dropout)
• Unwanted outcomes (side effects)

In your view, are there other effects of treatment that should have been measured in children and adolescents with anxiety?

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3. For depression, there is existing research on the following treatments:

• Psychoeducation (a type of training)
• Cognitive Behavioral Therapy (a type of psychological therapy)
• Interpersonal therapy (a type of psychological therapy)
• Dialectical behavioral therapy (a type of psychological therapy)
• Behavioral activation (a type of psychological therapy)
• Psychodynamic therapy (a type of psychological therapy)
• Family therapy (a type of psychological therapy)
• Mindfulness
• Therapeutic games (a type of digital psychological therapy)
• Art therapy (a type of psychological therapy)
• Physical activity
• Medications
• Electroshock treatment (ECT)
• Magnetic stimulation (rTMS)

Even if you haven't heard of any of these therapies, are there any other treatments you think could be helpful for children / adolescents with depression?

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4. For depression, existing research has looked at whether one gets;

• Less depression
• Less anxiety
• Less mania
• Less self-harm (including suicide)
• If you are satisfied with the treatment
• If things are going better in everyday life
• If you stop treatment (dropout)
• Unwanted outcomes (side effects)

In your view, are there other effects of treatment that should have been measured on children and adolescents with depression?