VOL. 09 NO. 2,
AUGUST, 2025
E-ISSN 3027-1533
P-ISSN 3026-8648



African Scholar Publications & Research International
www.africanscholarpub.com

Journal of African Innovation & Advanced Studies (JAIAS)

The Effectiveness of Cognitive Behavioural Therapy on Depressive Symptoms among Young People in the Netherlands: A Systematic Review

Pegah Naghizadeh
Northumbria University, Newcastle, United Kingdom.
Corresponding Author: pegahnghz@gmail.com
DOI: https://doi.org/10.70382/ajaias.v9i2.050

Abstract

The study aim to examine the effectiveness of cognitive behavioural therapy in reducing depressive symptoms among young people between the age of 12 and 25years in the Netherlands. This systematic review aims at assessing the efficacy of cognitive behavioural therapy (CBT) in the reduction of depressive symptoms among youths in the Netherlands aged between twelve and twenty-five years. The type of investigation used in the study is quantitative, and the PRISMA guidelines are used in the process. A search strategy was designed based on the PICO approach to search for the relevant articles in PubMed, PsycINFO, Embase, Web of Science and other databases. Classification of inclusion and exclusion was done with reference to the population, intervention, comparison, and outcome. The data extraction and the quality assessment were done by using some tools which are standard. The synthesis of findings follows the SWiM approach, which enables the examination of the evidence accounting for a number of factors that may enhance or hinder the effectiveness of CBT in this regard. This review provides evidence that CBT indeed works in order to reduce depressive symptoms of Dutch youths but not equally. Research provides proof of a reduction in symptoms in all the patients that underwent CBT across most of the modules with up to 24.3% remission rates. The data compares the effectiveness of CBT with TAU, which ranges from a little higher to similar. It is evident again that the order of the CBT modules affects the results stressing the significance of individual strategies. This systematic review is a conclusion that after application of the Cognitive Behavioural Therapy (CBT), depressive symptoms reduce among the Dutch youth aged between 12 to 25 years. Therefore, CBT should be included in mental health policies and programs with focus on the accessibility and early

adoption. CBT should therefore be delivered according to the client's need and cultural background. Moreover, future research can look into the longitudinal impacts of CBT and how it can be implemented with technology incorporation for better results in the future and how CBT will affect different groups of people.

Keywords: Cognitive Behavioural Therapy, Depressive Symptoms, Young People, Netherlands.

Introduction

Depression in the Dutch young people population is still a major concern as the prevalence rates averagely range from 2.5% to 3.8% for children and adolescents (de Graaf et al., 2012). These rates, however, seem to be on the rise in the recent past and more so after the advent of the COVID 19 pandemic as pointed out by van der Velden *et al*. (2021).

The current strategies of managing depression in the Dutch young peoples are generally stepped care model that includes both pharmacological and psychosocial therapies. Although the Zwaanswijk et al. (2015) study was beneficial for a general overview, subsequent research has brought additional information about the treatment approaches in the Netherlands. For example, Gijzen *et al*. (2018) described a study of using collaborative care for the treatment of adolescents with depression and showed that such an approach helped to enhance both the severity of depressive symptoms and the quality of life.

The Dutch Association for Psychiatry has issued guidelines for the treatment of childhood depression where psychotherapy is said to be the first choice of treatment for mild to moderate depression and CBT is noted to be one of the most commonly used approaches to psychotherapy. It is also worthy to note that this has been developed from the van Balkom *et al*. (2013) guidelines but the treatment is not stationary and has evolved over time. The guidelines written in 2019 by the Dutch Association for Psychiatry also maintain the recommendation of CBT as a first-line intervention alongside the focus on the individualised treatment and shared decision-making (Spijker *et al*., 2019). CBT is a structured, time-limited psychological intervention that focuses on altering cognition and behaviour that is linked with depression (Lodha, 2022). Internet based self-help with or without therapist support has been proven effective for people of different ages and from different cultures (Cuijpers *et al*., 2013). In Dutch context for instance, CBT has been adapted and implemented in different settings like learning institutions and the primary health care facilities for the purpose of making the intervention accessible to young people.

The aim of this research is to examine how cognitive behavioural therapy (CBT) works to decrease depressive symptoms in

Netherlands-based young people ranging from 12 to 25 years old. The study will review existing research about CBT depression treatment effectiveness for young people to deliver a thorough analysis of past investigations. The research will deeply analyse CBT's effect on depressive symptoms among young people in the Netherlands to determine its general effectiveness. This study unites existing research findings with direct analysis to increase knowledge about CBT-based depression management for youth and develop better targeted mental health interventions for young populations.

Research Question

What is the effectiveness cognitive behavioural in reducing depressive symptoms among young people aged 12-25 in the Netherlands?

Systematic Review

A quantitative approach served as the methodological foundation for this review. A quantitative research design allows researchers to achieve unbiased evidence evaluation which leads to valid conclusions about the effectiveness of CBT in this particular case. The review followed the Preferred Reporting Items for Systematic and Meta-analysis (PRISMA) guidelines to establish a clear transparent process which ensured replication (Page *et al*., 2021). The framework delivers detailed instructions about systematic review execution and reporting which results in better quality outcomes. This review conducted quantitative analysis by retrieving numerical data from qualified studies that included effect sizes along with confidence intervals and various statistics. The outcomes produced in this review can be combined with other research findings to generate estimates about CBT effectiveness for young Dutch people experiencing depressive symptoms (Borenstein *et al*., 2021).

Search Term

A search term is a word or a phrase that is used to describe the type of studies to be used in conducting systematic review (Gusenbauer and Haddaway, 2020). It is important because it defines how and to what an extent literature review will be done and ensures that all research papers are considered. Keywords used in specific search are helpful to maintain the logical strategy to find the whole range of the available evidence (Higgins and Green, 2011). Table 1 presents the search term used:

Table 1: Search Term

Component	Search Terms	Boolean Operators	MeSH Terms
Intervention	cognitive behavioural therapy, cognitive behavioral therapy, CBT, psychotherapy, talk therapy	OR	"Cognitive Behavioral Therapy"
Condition	depression, depressive disorder, major depressive disorder, depressive symptoms, mood disorders	OR	"Depressive Disorder", "Mood Disorders"
Population	adolescents, youth, teenagers, children, young people, 13-18 years	OR	"Adolescent", "Child"
Location	Netherlands, Dutch, Holland, Amsterdam, Rotterdam	OR	"Netherlands"

Inclusion and Exclusion Criteria

The researcher employed the Population, Intervention, Comparator, and Outcome (PICO) framework to specify the criteria for both inclusion and exclusion within the systematic review. The researcher selected this method because it allows researchers to develop organised research questions which identify essential study elements (Zhang *et al*., 2020). Through the PICO framework the researcher specified the research variables including the study population (young people in the Netherlands) and intervention (CBT) alongside alternative therapies or no therapy as comparators and depressive symptoms as the outcome. The review was refined and irrelevant studies were prevented from exclusion through this method (Methley *et al*., 2014). The PICO method functioned to lower selection bias by enabling researchers to include only suitable research studies. The search methodology became more transparent through this approach which also allowed readers to clearly understand the review aims (Eriksen and Frandsen, 2018).

Table 2: Inclusion and Exclusion Criteria

PICO Element	Inclusion Criteria	Exclusion Criteria
Population	- Young people aged 12-25 years. Residing in the Netherlands. Diagnosed with depression or exhibiting depressive symptoms	- Adults over 25 years. Children under 12 years. Population outside the Netherlands. No depression diagnosis or symptoms
Intervention	- Cognitive Behavioral Therapy (CBT). CBT-based interventions. Individual or group CBT	- Non-CBT psychotherapies. Pharmacological interventions only. Combined interventions where CBT effect cannot be isolated

PICO Element	Inclusion Criteria	Exclusion Criteria
Comparison	- Other psychotherapies. Treatment as usual. Waitlist control. No treatment	- Comparisons not involving CBT. Studies without a comparison group
Outcome	- Measures of depressive symptoms. Validated depression scales. Self-reported or clinician-rated outcomes	- Outcomes not related to depressive symptoms. Non-validated outcome measures
Study Type	Quantitative study (randomized control trials, cohort study)	Qualitative, mixed method study, and secondary study.
Year	Studies published between 2013 and 2024	Studies published earlier than 2013

Search Strategy

Cochrane protocol for systematic reviews does not refer to the review processes conducted by individual researchers but a pool of teams with diverse skills. The guidelines of Cochrane also do not support single authorship reviews because it is thought to be unreliable and inadequate. However, Boland *et al*. (2017) suggested that the review should be done by a postgraduate student, but in consultation with an academic supervisor. Furthermore, when systematic reviews are performed, Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) enhances the methodological quality of the results. PRISMA includes items for reporting systematic reviews with additional features on the clarification of methodologies and outcomes found (Hutton *et al*., 2015). According to Boland *et al*. (2017), from a different viewpoint, the search strategies should be conducted in the various bibliographic databases as well as the unpublished evidence. The employment of such an approach goes a long way in determining association quality in systematic review, since it is bias free and comprehensive with evidence synthesis. Using multiple databases would enhance the probability of getting evidence that would enhance the solidity of the findings and therefore strengthen the strengths and substantiate the conclusions made.

Bibliographic database

The systematic review used bibliographic databases to search for scholarly literature that contains peer-reviewed journals alongside conference proceedings and theses (Cooper *et al*., 2018). Through these databases researchers obtain essential evidence needed for systematic synthesis according to Livoreil *et al*. (2017). The author conducted database searches through PubMed together with PsycINFO and Embase and Web of Science. The researcher selected these databases because they included studies on cognitive behavioural therapy (CBT) and depressive symptoms among youths in the Netherlands. The biomedical and mental health literature base of PubMed includes MEDLINE under its extensive database collection (Singh

et al., 2021). The selection of PsycINFO was based on its specialised collection of psychological research content about depression and psychotherapeutic approaches (Singh *et al*., 2021). The online research base Embase expanded its search scope to European and international studies while giving special attention to research conducted in the Netherlands (Salvador-Oliván *et al*., 2021). The researchers accessed high-quality randomised controlled trials through Web of Science to evaluate CBT's effectiveness according to Higgins and Green (2011).

Data Extraction

The researcher adhered to a systematic approach in the process of data extraction and quality assessment of the included studies. For data extraction, a form was developed based on the Cochrane data collection form for intervention reviews (Higgins and Green, 2011). This form included general information about the studies like the type of studies being done, the participants' characteristics, details about the intervention, the type of outcome measures used and the outcomes.

Quality Assessment

To minimize error inclusion and possible bias in data extraction, the researcher filled this form twice while extracting data from each of the selected papers with an interval. The two extractions were compared and the differences that were exists was established and solved when there was existence of such. This made the process of extracting data accurate and consistent as the data extracted by one coder was compared with that of the other coder. In view of the quality assessment, the researcher used CASP tools; CASP Randomised Controlled Trial Checklist for the RCTs and CASP Cohort Study Checklist for the non-RCTs. These tools were chosen because they allow to assess all the significant methodological characteristics and are used in systematic reviews.

The CASP checklists were applied to assess a range of quality features including the aim of the study, the employed methods, the procedure of recruitment, the evaluation of exposure and outcome, the control of confounding factors, the monitoring of the subjects, the precision and accuracy of the results, and the validity and applicability of the findings.

Data Synthesis

For this systematic review, the researcher used synthesis without meta-analysis (SWiM) because of the possibility of variation in the studies' design, intervention, and outcomes. This approach enabled the synthesis of the 'whole story' of the findings in as much as it was possible to avoid quantitative pooling of data. The synthesis process adhered to the procedures described by Campbell *et al*. (2020) in performing SWiM. Firstly, the researcher divided the studies according to such attributes as type of intervention (individual CBT, group CBT,

computerized CBT), age of participants, and level of depressive symptoms. The researcher then qualitatively narrated the results obtained in each group with an emphasis on similarities, similarities, and differences between the studies.

Results

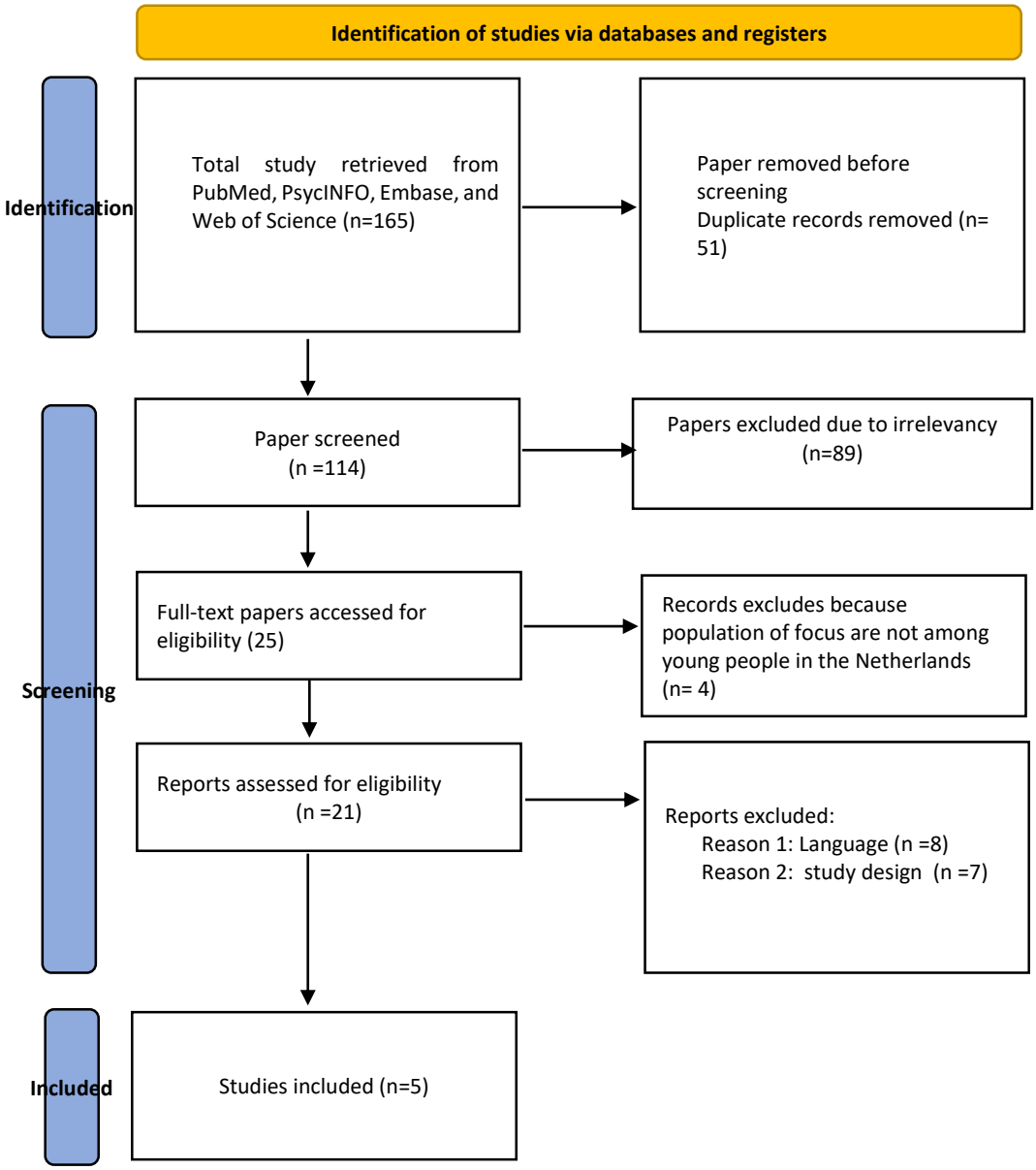


Figure 3.1: PRISMA Framework

This flowchart illustrates the systematic literature review process focused on studies involving young people in the Netherlands. The research procedure started with 165 publications that scholars obtained from PubMed and PsycINFO and Embase and Web of Science academic databases.

The initial screening started with 114 papers after removing 51 duplicate records through a strict examination process. A total of 89 research papers failed to meet the research criteria for inclusion. Full-text assessment for eligibility revealed that 4 studies among the 25 papers did not focus on young people in the Netherlands. The eligibility assessment revealed that 15 out of 21 potential reports became excluded because 8 were limited by language barriers and 7 had inadequate study design quality.

Five studies fulfilled all inclusion criteria and were chosen as the final review subjects. The systematic review method features this standard approach of narrowing the research scope to maintain high relevance and methodological quality of studies included in the final results.

Table 3: Data Extraction

Author/year	Study design	Aim and Objectives	Study population/ sampling/ /setting	Intervention duration	Description interventions	Primary outcome measures	Main findings	Ethics Appraisal comment
van den Heuvel *et al.* (2023a)	Randmised Control Trials (RCTs)	To assess the relative effectiveness of four different CBT modules (cognitive restructuring, behavioral activation, problem-solving, relaxation) in preventing depression among adolescents.	282 Dutch adolescents (mean age = 13.8 years, 55.7% girls, 92.9% Dutch) with elevated depressive symptoms. Participants were recruited from 11 secondary schools in urban areas of the Netherlands. Based on the Children's Depression Inventory-2 (CDI-2) tool. Adolescents had to be aged between 10 and 20, have elevated depressive symptoms, and give informed consent (with parental consent for participants younger than 16).	The STARr-training consisted of an introductory meeting and 12 CBT sessions (45-60 minutes per session) across the 4 modules, delivered 6months.	Four CBT modules: Think (Cognitive Restructuring), Act (Behavioral Activation), Solve (Problem Solving) Relax (Relaxation)	Depressive Symptoms: Measured using the CDI-2 scale at five intervals: baseline, after each module, post-intervention, and 6-month follow-up.	Adolescents with fewer depressive symptoms (OR = 0.95, p < .001, 95% CI = 0.93–0.97), older age (OR = 1.17, p < .001, 95% CI = 1.08–1.27), lower education levels (OR = 1.34, p = .028, 95% CI = 1.03–1.73), and non-Dutch ethnicity (OR = 2.76, p < .001, 95% CI = 1.71–4.46) were less likely to participate. The average session attendance was 8.18 (SD = 4.09), with a dropout rate of 26.2%. Treatment integrity scores were 84.3% for content (SD = 13.85) and 91.9% for form (SD = 23.57). Significant decreases in depressive symptoms were observed post-intervention for all module sequences except Relax-Solve-Act-Think, with no significant differences between sequences over time.	The study adhered to CONSORT guidelines for randomized trials.

Author/year	Study design	Aim and Objectives	Study population/ sampling/ /setting	Intervention duration	Description interventions	Primary outcome measures	Main findings	Ethics Appraisal comment
Driessen *et al*. (2014)	RCT	341 young people and adults diagnosed with major depressive episode	16 individual sessions within 22 weeks. Three psychiatric outpatient clinics in Amsterdam.	22 weeks.	Utilises Beck's principles, including behavioural activation and cognitive restructuring, through a manualised protocol with homework assignments. Delivered by trained psychologists or psychiatrists.	Posttreatment remission rate, defined as achieving a Hamilton Depression Rating Scale (HAM-D) score of 7 or below.	The study found 24.3% of CBT patients met the remission criterion (HAM-D score ≤7) at posttreatment. **Response Rate:** 38.7% of CBT patients showed clinical improvement. Mean observer-rated depression scores improved by 0.24 points (SE=0.90) with a Cohen's d of 0.02.	The study adhered to ethical standards by obtaining informed consent from participants, ensuring confidentiality, and providing treatment according to established protocols.
Stikkelbroek *et al*. (2013)	Multi-site Randomized Controlled Trial (RCT)	To test the effectiveness and cost-effectiveness of the individual CBT program "D(o)epression course" for clinically referred adolescents with a depressive disorder and compare it with Treatment As Usual (TAU). Also, to assess moderators, mediators, and treatment characteristics.	140 clinically referred adolescents aged 12–21 years, randomly assigned to CBT (N=70) or TAU (N=70).	15 weekly sessions of 45 minutes each, plus 2 parent sessions at 3 and 9 weeks, and a final parent meeting.	CBT ("D(o)epression course"): Includes psycho-education, goal setting, self-monitoring, activity scheduling, social and communication skills training, relaxation techniques, cognitive restructuring, problem-solving skills, and relapse prevention. TAU: Includes various treatments such as Interpersonal Therapy (IPT), family therapy, parent counseling, medication, mindfulness, ACT, psychodynamic therapy, etc., but CBT is not included in TAU.	Presence of depression diagnosis assessed by the K-SADS-PL (semi-structured diagnostic interview).	CBT showed a marginally higher effectiveness in reducing depressive symptoms compared to TAU.	The study adhered to ethical standards, including informed consent and treatment protocol adherence. It was approved by an ethics committee and financially supported by ZonMw. Privacy and confidentiality were maintained throughout.
van den Heuvel (2023b)	Pragmatic cluster-randomized trial.	To investigate whether age group, gender, and baseline depressive symptom severity moderate the effectiveness of cognitive versus behavioral-based CBT modules and the sequence of these modules in preventing	282 Dutch adolescents with elevated depressive symptoms. Mean age of 13.8 years. 55.7% girls.	Each CBT module consisted of three sessions. The study involved four CBT-modules with different sequences.	Cognitive Restructuring. Problem Solving. Behavioural Activation. Relaxation	Self-reported depressive symptoms, assessed at: Baseline. After three sessions. Post-intervention. 6-month follow-up.	**Moderation Effects:** Age group, gender, and baseline depressive symptom severity did not significantly moderate the effects of cognitive versus behavioural modules or the sequences of these modules.	Informed consent of the participants.

Author/year	Study design	Aim and Objectives	Study population/ sampling/ /setting	Intervention duration	Description interventions	Primary outcome measures	Main findings	Ethics Appraisal comment
		adolescent depression.					Both cognitive and behavioural modules, as well as their sequences, were effective in preventing adolescent depression across a wide range of adolescents in terms of age, gender, and symptom severity.	
Stikkelbroek *et al*. (2020)	Multisite randomized controlled trial.	To examine if manualised cognitive behavioral therapy (CBT) was more effective than Treatment As Usual (TAU) for clinically depressed adolescents within routine care.	88 clinically depressed adolescents (aged 12-21 years) recruited from 14 public mental health clinics in the Netherlands.	15 weekly sessions of 45 minutes each	CBT: D(o)epression course, an individual CBT protocol based on the CWD-A TAU: Varied, including eclectic therapy, IPT, EMDR, solution-focused therapy, family therapy, group counseling, and medication.	Presence of a depression diagnosis based on the Kiddie-Schedule for Affective Disorders and Schizophrenia (K-SADS).	No significant differences between CBT and TAU in depression diagnosis or symptom levels at post-treatment or 6-month follow-up. Both treatments showed significant decrease in depression diagnoses and symptoms. 41.6% in CBT and 31.8% in TAU were below clinical cut-off for depressive symptoms at post-treatment. 61.4% in CBT and 47.7% in TAU were below clinical cut-off at 6-month follow-upEthics Appraisal commentThe study design was approved by the independent Medical Ethical Committee of Utrecht Medical Centre at Utrecht University. All research was performed in accordance with relevant guidelines and regulations.	The study design was approved by the independent Medical Ethical Committee of Utrecht Medical Centre at Utrecht University. All research was performed in accordance with relevant guidelines and regulations.

Effectiveness of CBT in reducing Depressive Symptoms

The studies reviewed herein agree that CBT has an impact on the reduction of depressive symptoms among young people, though this impact is not uniform. Van den Heuvel *et al*.

(2023a) noted that depressive symptoms were significantly lower in all the CBT modules apart from one sequence thus showing that CBT can prevent depression among adolescents. I found that Driessen *et al*. (2014) also found that be 24.3% of the participants achieved remission, with much improved clinical status, stressing the efficacy of CBT in Major depressive episodes. In the same vain, Stikkelbroek *et al*. (2013) observed that CBT was slightly more effective than TAU in reducing depressive symptoms, whereas Stikkelbroek *et al*. (2020) did not find significant difference between CBT and TAU suggesting that though the CBT is effective.

Variability in treatment modalities and outcome

The studies also show the differences in the approaches used in CBT as well as the results of the applications. Van den Heuvel *et al*. (2023a, 2023b) investigated the efficacy of different CBT modules, including cognitive restructuring, behavioural activation, problem solving and relaxation, in different orders. The results revealed that in general all the modules were quite effective, however, the programme based on the sequence of Relax-Solve-Act-Think did not have a significant effect on depressive symptoms, which pointed to the significance of the order of the applied modules. On the other hand, Stikkelbroek *et al*. (2020) found out that both CBT had comparable impact hence asserting that almost all kinds of therapeutic approaches can be helpful in everyday practice for adolescents with depression. The improvement in CBT's relative efficacy to TAU as well as the impact of the treatment approaches emphasise the importance of tailoring the therapies in mental health treatment.

Moderating factors and participants characteristics

The reviewed also examined how participant characteristics influenced the efficacy of CBT. In Van den Heuvel (2023b) a focus was done on age, gender, and the severity of baseline depressive symptoms on the outcomes of CBT modules, but no moderation effects were found. This implies that CBT is equally useful to adolescents of different background, therefore reflecting its broad applicability to adolescents in general. The studies combined suggest that, overall, CBT is beneficial, and with regards to the treatment response, age, gender, education level, and symptom severity do not moderate the treatment outcomes, therefore supporting the CBT's cross-sectional applicability to the adolescent population.

Discussion

This systematic review strengthens the evidence supporting the effectiveness of cognitive behavioural therapy (CBT) in treating youth depression while confirming previous findings from meta-analyses and systematic reviews. The effectiveness of CBT receives moderate support from Zhou *et al*. (2015) and Hetrick et al. (2016) while these studies also demonstrate variations when compared to treatment as usual (TAU). A study by Stikkelbroek et al. (2020) discovered no significant differences between CBT and TAU which can be explained by

strong quality levels in usual care provided in the Netherlands. Standard mental health services need evaluation based on their function within various healthcare systems.

The research demonstrates the necessity of developing customised CBT methods that use modular strategies according to Van den Heuvel *et al*. (2023a, 2023b). Therapy effectiveness improves when practitioners deliver treatments according to individual client preferences together with their specific needs. The research did not confirm significant age-dependent or gender-related or symptom base effects which differs from Weisz *et al*. (2017) findings that CBT proved more effective for adolescents than children.

The wide range of suitable applications for CBT makes this treatment option a practical intervention choice for youth mental health services from public health standpoint. Careful assessment of cost-effectiveness in relation to Traditional Anxiety Treatment (TAU) needs to be conducted. The implementation challenges linked to therapist training together with intervention fidelity affect how well the intervention works (Proctor *et al*., 2009). The review proposes that CBT should become part of prevention efforts through educational programmes (Werner-Seidler *et al*., 2017). Additional large-scale well-controlled studies need to happen in real-world settings to strengthen evidence about CBT effectiveness (Cuijpers *et al*., 2019).

Conclusion

The findings of this review provide robust support for the use of CBT in reducing depressive symptoms among youths in the Netherlands with policy and practice as well as future research directions highlighted. The government and other policymakers should ensure that CBT is incorporated into the mental health care systems and that those who seek the services receive it without much difficulty and the practitioners should ensure that they use individualized and researched techniques to offer CBT. More studies should be conducted to fill the gaps for instance the impact of CBT in the long-term, the cost-effectiveness analysis, and CBT across different groups of people and different settings. Through focusing on these areas, it will be possible to improve the delivery of CBT and hence the young people's mental health.

Recommendation

The following recommendations aim to strengthen research into cognitive behavioural therapy (CBT) effectiveness for depressive symptom reduction among Dutch youth populations.

Upcoming research needs to use databases from diverse geographic areas which include both local sources and materials that do not exclusively use English language for comprehensive study inclusion. Researcher should broaden their scope to discover relevant studies which previously remained hidden because they were either not indexed or not published in English. The evidence base for CBT effectiveness needs stronger foundations which researchers must establish through priority research of high-quality randomised controlled trials (RCTs) and longitudinal studies. The analysis of CBT's effectiveness benefits from investigations that examine distinct age categories within the 12–25 age bracket.

Finally, systematic reviews should serve as a foundation for evidence-based decision making about CBT implementation in clinical and community settings by policymakers and mental health practitioners. School-based and online mental health programmes should integrate CBT to expand mental health services available to young people.

References:

Boland, A., Dickson, R. and Cherry, G. (2017). Doing a systematic review: A student's guide. *Doing a Systematic Review*, pp.1-304.

Borenstein, M., Hedges, L.V., Higgins, J.P. and Rothstein, H.R. (2021). *Introduction to meta-analysis*. John Wiley & Sons.

Campbell, M., McKenzie, J.E., Sowden, A., Katikireddi, S.V., Brennan, S.E., Ellis, S., Hartmann-Boyce, J., Ryan, R., Shepperd, S., Thomas, J. and Welch, V. (2020). Synthesis without meta-analysis (SWiM) in systematic reviews: reporting guideline. *bmj*, *368*.

Cooper, C., Lovell, R., Husk, K., Booth, A. and Garside, R. (2018). Supplementary search methods were more effective and offered better value than bibliographic database searching: a case study from public health and environmental enhancement. *Research Synthesis Methods*, *9*(2), pp.195-223.

Cuijpers, P., Berking, M., Andersson, G., Quigley, L., Kleiboer, A., & Dobson, K. S. (2013). A meta-analysis of cognitive-behavioural therapy for adult depression, alone and in comparison with other treatments. *The Canadian Journal of Psychiatry*, 58(7), 376-385.

Cuijpers, P., Karyotaki, E., Reijnders, M. and Ebert, D.D. (2019). Was Eysenck right after all? A reassessment of the effects of psychotherapy for adult depression. *Epidemiology and Psychiatric Sciences*, *28*(1), pp.21-30.

de Graaf, R., Ten Have, M., van Gool, C. and van Dorsselaer, S. (2012). Prevalence of mental disorders and trends from 1996 to 2009. Results from the Netherlands Mental Health Survey and Incidence Study-2. *Social psychiatry and Psychiatric Epidemiology*, 47, pp.203-213.

Driessen, E., Van, H.L., Don, F.J., Peen, J., Kool, S., Westra, D., Hendriksen, M., Schoevers, R.A., Cuijpers, P., Twisk, J.W. and Dekker, J.J. (2014). The efficacy of cognitive-behavioral therapy and psychodynamic therapy in the outpatient treatment of major depression: A randomized clinical trial. *Focus*, *12*(3), pp.324-335.

Eriksen, M.B. and Frandsen, T.F. (2018). The impact of patient, intervention, comparison, outcome (PICO) as a search strategy tool on literature search quality: a systematic review. *Journal of the Medical Library Association: JMLA*, *106*(4), p.420.

Gijzen, M.W., Creemers, D.H., Rasing, S.P., Smit, F. and Engels, R.C. (2018). Evaluation of a multimodal school-based depression and suicide prevention program among Dutch adolescents: design of a cluster-randomized controlled trial. *BMC psychiatry*, *18*, pp.1-12.

Gusenbauer, M. and Haddaway, N.R. (2020). Which academic search systems are suitable for systematic reviews or meta-analyses? Evaluating retrieval qualities of Google Scholar, PubMed, and 26 other resources. *Research synthesis methods*, *11*(2), pp.181-217.

Higgins, J.P. and Green, S. (2011). Cochrane handbook for systematic reviews of interventions. The Cochrane Collaboration. *London, UK*.

Hutton, J.S., Horowitz-Kraus, T., Mendelsohn, A.L., DeWitt, T., Holland, S.K. and C-Mind Authorship Consortium, (2015). Home reading environment and brain activation in preschool children listening to stories. *Pediatrics*, *136*(3), pp.466-478.

Livoreil, B., Glanville, J., Haddaway, N.R., Bayliss, H., Bethel, A., de Lachapelle, F.F., Robalino, S., Savilaakso, S., Zhou, W., Petrokofsky, G. and Frampton, G., 2017. Systematic searching for environmental evidence using multiple tools and sources. *Environmental Evidence*, *6*, pp.1-14.

Lodha, P. (2022). Optimising Patient Care in Psychiatry Using Cognitive Behaviour Therapy. In *Handbook on Optimizing Patient Care in Psychiatry* (pp. 357-370). Routledge.

Methley, A.M., Campbell, S., Chew-Graham, C., McNally, R. and Cheraghi-Sohi, S. (2014). PICO, PICOS and SPIDER: a comparison study of specificity and sensitivity in three search tools for qualitative systematic reviews. *BMC health services research*, *14*(1), pp.1-10.

Page, M.J., McKenzie, J.E., Bossuyt, P.M., Boutron, I., Hoffmann, T.C., Mulrow, C.D., Shamseer, L., Tetzlaff, J.M. and Moher, D. (2021). Updating guidance for reporting systematic reviews: development of the PRISMA 2020 statement. *Journal of Clinical Epidemiology*, *134*, pp.103-112.

Proctor, E.K., Landsverk, J., Aarons, G., Chambers, D., Glisson, C. and Mittman, B. (2009). Implementation research in mental health services: an emerging science with conceptual, methodological, and training challenges. *Administration and Policy in Mental Health and Mental Health Services Research*, *36*, pp.24-34.

Salvador-Oliván, J.A., Marco-Cuenca, G. and Arquero-Avilés, R. (2021). Development of an efficient search filter to retrieve systematic reviews from PubMed. *Journal of the Medical Library Association: JMLA*, *109*(4), p.561.

Singh, V.K., Singh, P., Karmakar, M., Leta, J. and Mayr, P. (2021). The journal coverage of Web of Science, Scopus and Dimensions: A comparative analysis. *Scientometrics*, *126*, pp.5113-5142.

Stikkelbroek, Y., Bodden, D.H., Deković, M. and van Baar, A.L. (2013). Effectiveness and cost effectiveness of cognitive behavioral therapy (CBT) in clinically depressed adolescents: individual CBT versus treatment as usual (TAU). *BMC psychiatry*, *13*, pp.1-10.

Stikkelbroek, Y., Vink, G., Nauta, M.H., Bottelier, M.A., Vet, L.J., Lont, C.M., Van Baar, A.L. and Bodden, D.H. (2020). Effectiveness and moderators of individual cognitive behavioral therapy versus treatment as usual in clinically depressed adolescents: a randomized controlled trial. *Scientific reports*, *10*(1), p.14815.

Spijker, J., Meeuwissen, J.A.C., Aalbers, S., van Avendonk, M.J.P., van Bon-Martens, M.J.H., Huson, A., van der Lande, H.J., Oudijk, M., Bockting, C.L.H. and Ruhé, H.G. (2019). De zorgstandaard Depressieve stoornissen [The care standard'Depressive disorders'].

van Balkom, B.W., De Jong, O.G., Smits, M., Brummelman, J., den Ouden, K., de Bree, P.M., van Eijndhoven, M.A., Pegtel, D.M., Stoorvogel, W., Würdinger, T. and Verhaar, M.C., 2013. Endothelial cells require miR-214 to secrete exosomes that suppress senescence and induce angiogenesis in human and mouse endothelial cells. *Blood, The Journal of the American Society of Hematology*, *121*(19), pp.3997-4006.

van den Heuvel, M.W., Bodden, D.H., Smit, F., Stikkelbroek, Y., Weisz, J.R., Moerbeek, M. and Engels, R.C. (2023a). Relative effectiveness of CBT-components and sequencing in indicated depression prevention for adolescents: A cluster-randomized microtrial. *Journal of Clinical Child & Adolescent Psychology*, *52*(4), pp.503-518.

van den Heuvel, M.W., Bodden, D.H., Smit, F., Stikkelbroek, Y.A. and Engels, R.C. (2023b). Evaluating effect moderators in cognitive versus behavioral based CBT-Modules and sequences towards preventing adolescent depression. *Journal of Clinical Child & Adolescent Psychology*, pp.1-11.

Van der Velden, P.G., Hyland, P., Contino, C., von Gaudecker, H.M., Muffels, R. and Das, M. (2021). Anxiety and depression symptoms, the recovery from symptoms, and loneliness before and after the COVID-19 outbreak among the general population: Findings from a Dutch population-based longitudinal study. *PloS one*, *16*(1), p.e0245057.

Weisz, J. R., Kuppens, S., Ng, M. Y., Eckshtain, D., Ugueto, A. M., Vaughn-Coaxum, R. and Fordwood, S. R. (2017). What five decades of research tells us about the effects of youth psychological therapy: A multilevel meta-analysis and implications for science and practice. *American Psychologist*, 72(2), 79.

Werner-Seidler, A., Perry, Y., Calear, A. L., Newby, J. M., and Christensen, H. (2017). School-based depression and anxiety prevention programs for young people: A systematic review and meta-analysis. *Clinical Psychology Review*, 51, 30-47.

Zhang, X., Geng, P., Zhang, T., Lu, Q., Gao, P. and Mei, J. (2020). Aceso: PICO-guided evidence summarization on medical literature. *IEEE journal of biomedical and health informatics*, *24*(9), pp.2663-2670.

Zhou, X., Hetrick, S.E., Cuijpers, P., Qin, B., Barth, J., Whittington, C.J., Cohen, D., Del Giovane, C., Liu, Y., Michael, K.D. and Zhang, Y. (2015). Comparative efficacy and acceptability of psychotherapies for depression in children and adolescents: A systematic review and network meta-analysis. *World psychiatry*, *14*(2), pp.207-222.

Zwaanswijk, M., Nielen, M.M., Hek, K. and Verheij, R.A. (2015). Factors associated with variation in urgency of primary out-of-hours contacts in the Netherlands: a cross-sectional study. *BMJ open*, *5*(10), p.e008421.