EVIDENCE OVER IDEOLOGY

PROTECT CHILDREN BY RESTORING CLINICAL STANDARDS IN CLIMATE ANXIETY TREATMENT

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A NEUROSCIENTIFIC AND PSYCHOLOGICAL PERSPECTIVE

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Protect Children by Restoring Clinical Standards in Climate Anxiety Treatment

Published by the Institute of Public Affairs.
Printed in Melbourne, Australia, March 2026.
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CONTENTS

Foreword 5

Executive Summary 6

Summary of Recommendations 7

Introduction 8

Understanding anxiety disorders and their treatment in children 10
- Definition and prevalance 10
- Evidence-based treatments 11
- Other therapeutic approaches 11
- Developmental adaptations in cognitive behavioural therapy (CBT) 11
- The empirical journey to CBT's gold -standard staus 12
- Core principles of effective anxiety treatment in children 13
- Facing fears, exposure, and cognitive challenging 13
- Reassurance and rationalising 13
- Distress tolerance and coping skills 13
- The climate anxiety paradox: validating fear instead of treating it 14
- Education and therapy as political arenas 17
- Ethical and clinical concerns 19
- Regulatory oversight and negligence risk 20

Recommendations 23
- Education policy recommendations - Colleen Harkin 23
- Professional practice and clinical guidance - Clare Rowe 26

Conclusion 27

References 28

About the Institute of Public Affairs 31

About the Author 31

FOREWORD

In recent years increasing numbers of children have reported distress and anxiety linked to climate change and environmental catastrophe narratives. While public debate often focuses on environmental policy, far less attention has been paid to the role played by institutions responsible for educating and safeguarding children.

This report by developmental psychologist Clare Rowe provides an important and overdue examination of how climate-related anxiety is being addressed in clinical and educational settings. Her analysis raises serious questions about emerging psychological responses that depart from established evidence-based treatment for childhood anxiety and may inadvertently reinforce distress rather than alleviate it.

Educational institutions have a duty of care not only to protect children's physical safety but also their psychological wellbeing. As evidence of climate anxiety among children grows, the risks associated with alarmist or catastrophist messaging in classrooms are no longer merely theoretical but increasingly foreseeable.

Protecting children's wellbeing requires restoring both educational integrity and clinical standards.

Schools, regulators, and curriculum authorities should be aware that the systematic exposure of children to emotionally distressing narratives may raise serious legitimate questions about whether reasonable safeguards and duty of care obligations have been adequately exercised. Rowe advocates for a return to established evidence-based approaches to childhood anxiety treatment and greater accountability where psychological interventions or classroom practices risk reinforcing anxiety rather than alleviating it.

The reforms outlined later in this report propose practical steps for schools to ensure that environmental issues are taught in developmentally appropriate ways. Rowe provides clinical recommendations intended to safeguard children from unnecessary risk of psychological harm.

The classroom and curriculum recommendations outlined in this report reflect my role as Director of the IPA Education Programs and the Institute of Public Affairs' longstanding work examining the Australian National Curriculum and its impact on children's wellbeing.

COLLEEN HARKIN
Director, Education Programs
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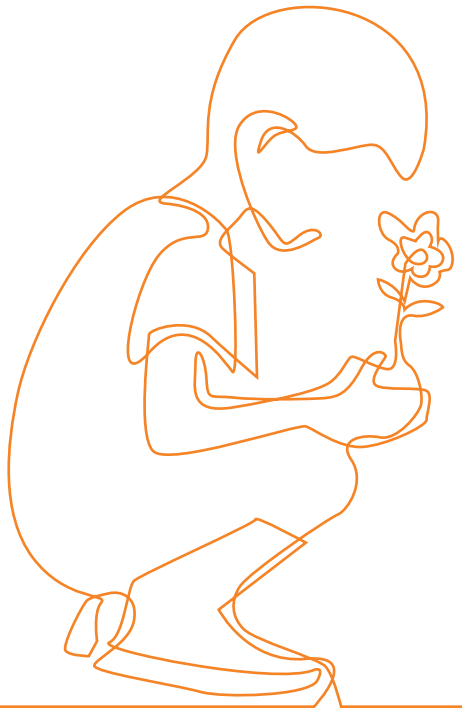
EXECUTIVE SUMMARY

The psychological responses in educational settings to the increase in climate anxiety, endorsed by professional bodies, are a marked departure from established, evidence-based approaches to anxiety treatment, and risk reinforcing, rather than alleviating, distress in young people.

Decades of research demonstrates that anxiety is most effectively reduced through cognitive restructuring, graduated exposure, reassurance, and the development of emotional regulation and coping skills. By contrast, emerging treatments to climate anxiety often involve emotional immersion, validate existing fears, discourage reassurance, and promote activism or collective action as coping strategies.

In clinical terms, fear is affirmed rather than examined, distress is sustained rather than contained, and emotional intensity is reframed as a moral virtue.

These approaches are particularly problematic for young people, whose cognitive and emotional development limits their capacity to evaluate abstract threats, probabilistic risks, and long-term global outcomes, while encouraging children to take responsibility for global problems fosters frustration rather than agency.



These trends raise important questions for practitioner regulators, and also potentially expose clinicians departing from evidence-based practice to negligence claims, which is an emerging phenomenon in common law jurisdictions.

Children's mental health care must remain grounded in evidence, developmental appropriateness, and a clear duty of care. Emotional distress should not be preserved or mobilised for social or political ends. Clinicians with strong views on climate change or other social causes should avail themselves of the democratic process to press for their desired policies, rather than use the consulting room as a site for advancing a political agenda.

To address these concerns, this paper recommends a return to evidence-based anxiety treatment principles, developmentally appropriate climate education, renewed therapeutic neutrality, improved psychological safeguards in schools, respect for parental roles, rigorous outcome-based evaluation of interventions, and curriculum reform to protect children from fear-based messaging.

Protecting children's mental health requires resisting the politicisation of psychological practice and reaffirming the foundational principles that have long guided effective care. Climate change education must not come at the expense of children's psychological wellbeing.

SUMMARY OF RECOMMENDATIONS

Mental health interventions must be anchored in research, not political or emotional ideology

Mental health professionals must address climate anxiety using the same clinical tools that govern all anxiety presentations: cognitive restructuring, graduated exposure, coping skills, and developmental adaptations. Therapists and school wellbeing staff must avoid reinforcing or affirming ideological worldviews and adopt a neutral stance in response to emotionally charged topics.

Maintaining professional standards in climate anxiety practice

As new responses to climate-related distress emerge, it is important that they remain consistent with established clinical standards. Approaches that reinforce catastrophic thinking in children without strong empirical support may raise legitimate concerns about developmental safeguards and evidence-based practice.

Tailor climate communication to promote competence and critical thinking over emotional mobilisation

Education about environmental issues should be matched to the cognitive capacities of children. For primary school-aged students, teaching should focus on local environments rather than abstract, global threats, and for adolescents, the focus should be on rigorous scientific literacy – engaging with modelling, probabilities, uncertainty, and competing policy trade-offs.

Train educators in psychological safeguards

Educators, particularly those leading sustainability curricula, should receive training in basic child psychology and mental health risk. They ought to be equipped to recognise signs of distress, distinguish between concern and clinical anxiety, and know when to refer children to trained professionals.

Conduct outcome-based evaluations of interventions

All climate anxiety programs and resources should be subject to rigorous, longitudinal evaluation. This includes assessing not only increases in awareness or engagement but also psychological outcomes: anxiety symptoms, coping skills, emotional resilience, and overall functioning. Programs that increase distress or induce helplessness should be discontinued.

Advocate for policy reform in curriculum design

The National Curriculum must be revised to ensure that environmental education is developmentally appropriate and psychologically safe. Sustainability should be removed as a cross-curriculum priority for primary school students.

INTRODUCTION

In recent years, a growing number of children have presented to clinicians with anxiety symptoms explicitly linked to environmental concerns. These symptoms, ranging from rumination about climate-related disasters to functional impairments such as sleep disturbances and school refusal, are increasingly reported in psychological and educational settings (Clayton, 2020; Hickman et al., 2021; Rowe, 2025). This phenomenon, often described as "climate anxiety" or "eco-anxiety", reflects a broader cultural shift wherein children are exposed to pervasive narratives of environmental catastrophe through education, media, and adult discourse. While concern for ecological sustainability is both rational and socially valued, the psychological impact of such messaging, particularly on young, developmentally immature populations, warrants urgent clinical scrutiny.

The American Psychological Association (APA) describes climate or eco-anxiety as "the chronic fear of environmental cataclysm that comes from observing the seemingly irrevocable impact of climate change and the associated concern for one's future and that of next generations" (APA, 2017). Importantly, for children, such "observation" is rarely direct lived experience but is typically mediated through education, media exposure, and adult discourse. This phenomenon is increasingly recognised as a serious psychological issue, particularly among children and young people, who may feel a profound sense of powerlessness in the face of climate-related challenges.

Children experiencing climate anxiety may exhibit a range of psychological and emotional symptoms, including obsessive thoughts about environmental destruction, heightened feelings of existential dread, guilt associated with personal carbon footprints, and an overwhelming sense of doom (Clayton, 2020).

What is striking in the emerging discourse is the manner in which climate anxiety is addressed within therapeutic and educational contexts. While proponents of activism-oriented approaches often frame them as solution-focused strategies designed to increase agency and reduce helplessness, these interventions diverge from established anxiety treatments such as cognitive behavioural therapy (CBT), which emphasise cognitive restructuring, graduated exposure, and the challenging of catastrophic interpretations. In some formulations, clinicians are advised to avoid reassurance or de-escalation, on the grounds that these responses may invalidate the child's concerns (Sanson & Bellemo, 2021; Sciberras & Fernando, 2022). This raises an important clinical question: whether affirming the catastrophic premise underlying the anxiety alleviates distress in the short term, or whether it risks reinforcing threat perception over time.

This represents a profound clinical paradox. In any other presentation of childhood anxiety, whether it be separation anxiety, phobias, or generalised anxiety disorder, clinicians are trained to help children assess the realness of their fears, build distress tolerance, and reduce avoidance behaviours (James et al., 2015; Kendall et al., 2008). Yet in the case of climate-related anxiety, standard principles of psychological care appear to be suspended in favour of ideologically infused practices. This is particularly troubling given the cognitive and emotional limitations of younger children, who are often unable to critically evaluate abstract threats or probabilistic outcomes (Byrnes & Vu, 2015; Piaget, 1952). Children at this stage of development tend to interpret information in concrete and absolute terms, leaving them vulnerable to internalising extreme and unfiltered messages about global catastrophe (Ojala, 2016; Giedd, 2008).

The rise of climate anxiety, and the response to it, must therefore be understood not only as a clinical issue but as a cultural and political development. Within school curricula, mental health discourse, and professional organisations, including the Australian Psychological Society (APS), there is a growing emphasis on validating climate fears and embedding advocacy into the therapeutic process (APA, 2017; APS, 2020).

The APS publicly recognises that human-driven climate change presents an existential threat and calls for urgent multilevel action. It also identifies psychologists' roles in driving behaviour change for sustainability, community resilience, and policy engagement (APS, 2020).

Emotional states such as despair, helplessness, and urgency are often portrayed as rational responses to the climate crisis and are sometimes even encouraged as moral imperatives (Ojala, 2016). This shift raises ethical concerns about the role of psychologists and educators in reinforcing emotional distress for political ends. It also raises developmental concerns, as children are increasingly enlisted as agents of activism before they have acquired the cognitive tools required for critical reflection or emotional regulation.

This paper will explore this divergence between the science of anxiety treatment and the practice of climate anxiety intervention. It argues that by departing from evidence-based approaches, current responses to climate-related distress in children may inadvertently reinforce the very symptoms they seek to resolve. Furthermore, it will suggest that these responses risk undermining the clinical integrity of psychological practice, eroding the principle of therapeutic neutrality, and compromising the long-term wellbeing of a generation of children. The stakes are high: at risk is not only the psychological wellbeing of children, but the foundational clinical principles upon which trust in therapeutic institutions is built.

UNDERSTANDING ANXIETY DISORDERS AND THEIR TREATMENT IN CHILDREN

DEFINITION AND PREVALENCE

Anxiety disorders are among the most common mental health conditions in childhood and adolescence, affecting approximately 6.9 per cent of Australian children aged 4–17 years (Lawrence et al., 2015). More recent data suggests the mental health burden among children may have increased: in 2023, a national survey of children aged 8–13 found 16 per cent reporting anxiety symptoms (RCH National Child Health Poll, 2023). Further, largescale school surveys such as Resilient Youth Australia have found over 27 per cent of primary students reporting significant symptoms of anxiety or depression (Resilient Youth, 2023).

These disorders encompass a range of presentations, including generalised anxiety disorder (GAD), social anxiety disorder, separation anxiety, specific phobias, panic disorder, and selective mutism. While mild anxiety is a typical part of development, clinical anxiety is characterised by excessive, persistent worry that significantly impairs a child's daily functioning, social relationships, and engagement with education (Kendall et al., 2008).

Symptoms in children often manifest somatically, through headaches, stomach aches, sleep disturbances, or behaviourally, through avoidance, clinginess, irritability, or school refusal. Anxiety disorders often have their onset in childhood and, if left untreated, can persist into adolescence and adulthood, increasing the risk of comorbid mental health conditions such as depression and substance abuse (Kessler et al., 2005). Early and effective intervention is therefore critical to altering long-term mental health trajectories.

EVIDENCE-BASED TREATMENTS

The most empirically supported treatment for childhood anxiety is CBT. CBT is a structured, short-term, and goal-oriented intervention that helps children understand the relationship between their thoughts, feelings, and behaviours. It focuses on identifying and challenging unhelpful thought patterns, gradually exposing children to feared situations, and building coping strategies to manage distress (James et al., 2015; Ginsburg et al., 2018).

Meta-analyses consistently show CBT to be highly effective for treating anxiety in children and adolescents, with long-term benefits and durability of treatment gains (Reynolds et al., 2012). Core components of CBT include psychoeducation, cognitive restructuring, behavioural experiments, and graduated exposure to anxiety-provoking situations. These elements help children "face their fears", learn that anxiety is tolerable, and develop a more accurate interpretation of threat (Kendall et al., 2008).

OTHER THERAPEUTIC APPROACHES

Other therapeutic modalities have been explored, including mindfulness-based interventions, family therapy, interpersonal therapy, and pharmacological treatment. While mindfulness-based programs can be helpful for emotional regulation, the evidence base is less robust, especially for younger children (Chi et al., 2018). Pharmacological treatments may be appropriate in moderate to severe cases or when CBT alone is insufficient. However, medication is rarely a first-line treatment for children under 12, due to potential side effects and limited developmental research (Walkup et al., 2008).

Family therapy and parent-focused interventions may be beneficial, especially when parental anxiety or family dynamics contribute to the maintenance of the child's symptoms. Importantly, these interventions should still be grounded in cognitive-behavioural principles to ensure clinical efficacy (Barmish & Kendall, 2005).

DEVELOPMENTAL ADAPTATIONS IN COGNITIVE BEHAVIOURAL THERAPY (CBT)

While CBT is the gold standard, adaptations are necessary for younger children (typically aged 4–12), whose abstract reasoning and verbal reflection capacities are still emerging. Developmentally informed CBT involves the use of concrete examples, visual aids, play-based tasks, simplified language, and greater parental involvement (Cartwright-Hatton et al., 2004). For instance, younger children may benefit from externalising their anxiety ("worry monsters") or using visual worry scales and stories to illustrate cognitive distortions.

Figure 1: 'Worry Monster" illustrations used in a therapeutic approach to assist children with externalising and personifying their worry

Source: SEL Sketches

Parental involvement is especially critical in paediatric CBT. Parents are taught to reinforce "brave behaviours", model calm responses, and avoid inadvertently accommodating avoidance behaviours. Effective programs coach parents to respond supportively while encouraging gradual exposure to feared situations, thereby aligning with broader behavioural reinforcement principles (Chorpita & Daleiden, 2002).

THE EMPIRICAL JOURNEY TO CBT'S GOLD-STANDARD STATUS

The status of CBT as the gold-standard treatment for anxiety emerged through a decades-long process of empirical testing and refinement. CBT evolved from the behavioural tradition of the 1950s and 1960s, which was itself a corrective response to the untestable assumptions of psychoanalysis. Early pioneers such as Joseph Wolpe demonstrated that anxiety could be reduced through systematic desensitisation and graduated exposure, showing that avoidance behaviours maintained fear responses through negative reinforcement (Wolpe, 1958). These principles were later integrated with Aaron Beck's and Albert Ellis's cognitive models, which recognised that maladaptive thinking patterns, not just conditioning, sustain anxiety (Beck, 1976; Ellis, 1962). By the 1980s, this synthesis of cognitive and behavioural science had produced a coherent, testable model of anxiety treatment that could be evaluated using randomised controlled trials.

As the evidence base grew, CBT underwent a second major evolution: its adaptation for children and adolescents. Psychologists such as Philip Kendall and Susan Spence refined CBT protocols to match developmental stages, translating abstract cognitive techniques into concrete, play-based formats. The *Coping Cat* program (Kendall & Hedtke, 2006) and *Friends for Life* program (Barrett, 1998) became landmark examples, demonstrating that with visual aids, modelling, and parental involvement, children could learn to identify "worry thoughts", test them against evidence, and practice "brave behaviours". Decades of controlled studies followed, consistently showing strong effect sizes and durable treatment gains across cultures and clinical settings (James et al., 2015; Reynolds et al., 2012). This cumulative research, which was replicated, peer-reviewed, and codified in international guidelines (NICE, 2013; AACAP, 2020), established CBT not as a theoretical preference but as the empirically verified intervention by which anxiety can be safely reduced.

The development of CBT illustrates how psychological treatments become recognised as best practice – through controlled research, replication, peer review, and ethical oversight (Chambless & Hollon, 1998; Kazdin, 2008). No comparable process has occurred for the new wave of climate anxiety interventions being delivered to children. In the absence of randomised trials, outcome data, or developmental validation, these practices have bypassed the very evidentiary steps that define psychological science. What has emerged instead is a methodologically unsound, ideologically driven model that is being implemented directly into classrooms and therapy rooms without due diligence or safeguards.

CORE PRINCIPLES OF EFFECTIVE ANXIETY TREATMENT IN CHILDREN

Anxiety interventions are grounded in several core clinical principles that are consistently shown to reduce distress and promote functional recovery. These principles are not only supported by long-term research but are embedded in national and international clinical guidelines for treating childhood anxiety (Roberts et al., 2023; AACAP, 2020).

FACING FEARS: EXPOSURE AND COGNITIVE CHALLENGING

One of the central tenets of effective anxiety treatment is the principle of exposure. Children are supported to gradually face the situations or thoughts they fear, in a safe and structured way, rather than avoiding them. Avoidance, while temporarily relieving distress, ultimately reinforces anxiety by validating the fear as legitimate and unmanageable (Kendall et al., 2008). CBT teaches children to approach feared stimuli in small, manageable steps, using "brave behaviours" and therapist-guided exposure exercises to build tolerance and confidence (James et al., 2015).

Cognitive challenging is equally critical. Children learn to identify irrational or catastrophic thoughts, examine the evidence for and against them, and generate more balanced and realistic appraisals. This process, known as cognitive restructuring, is essential to helping children reinterpret threat and regain a sense of control over their emotional responses (Ginsburg et al., 2018).

REASSURANCE AND RATIONALISING

Contrary to claims that reassurance is counterproductive, appropriate reassurance from trusted adults can be a powerful therapeutic tool, especially for younger children. Therapists and parents are encouraged to model calm thinking and to acknowledge emotions without reinforcing distortions. Reassurance is not about dismissing a child's feelings but about anchoring them in facts and offering hope, safety, and perspective (Cartwright-Hatton et al., 2004).

This stands in direct contrast to some climate anxiety interventions, where reassurance is discouraged and children are instead encouraged to "lean in" to catastrophic fears. For example, Sciberras and Fernando (2022) caution that "avoiding or dismissing the emotions associated with climate anxiety may be unhelpful. Instead, emotional validation and action-oriented coping strategies are recommended." This reframes developmentally appropriate reassurance not as a tool for resilience, but as harmful and invalidating. Without accompanying cognitive reframing, such validation risks reinforcing the catastrophic premise underlying the anxiety rather than fostering adaptive coping.

DISTRESS TOLERANCE AND COPING SKILLS

Effective anxiety interventions also prioritise the development of distress tolerance. Children are taught that anxiety, while uncomfortable, is temporary and survivable. Rather than trying to eliminate fear, therapy focuses on equipping children with tools to manage it such as deep breathing, distraction, grounding techniques, and positive self-talk. These coping skills are essential for preventing avoidance behaviours and fostering resilience (Kendall et al., 2008).

Problem-solving skills are also introduced, helping children shift from passive worry to active coping. This is especially important in situations where some level of concern is realistic, such as natural disasters or illness, but which require proportionate and adaptive responses.

Together, these principles represent the foundation of clinical care for children with anxiety. They are applicable across disorders and developmental stages and are consistently validated by empirical research. The current shift away from these principles in the context of climate anxiety represents a departure from clinical best practice and demands critical examination.

THE CLIMATE ANXIETY PARADOX: VALIDATING FEAR INSTEAD OF TREATING IT

Table 1: Contrasting clinical principles in childhood anxiety treatment

EVIDENCE-BASED ANXIETY TREATMENT	CLIMATE ANXIETY INTERVENTIONS
Cognitive restructuring	Emotional validation
Exposure therapy	Emotional immersion
Reassurance and coping skills	Discouragement of reassurance
Distress tolerance	Activism as coping
Reduced anxiety over time	Sustained sense of threat

The emergence of climate anxiety as a clinical and educational concern has introduced a striking divergence from evidence-based models of anxiety treatment. While standard interventions encourage children to question catastrophic thoughts and gradually face their fears, climate anxiety interventions often do the reverse: they validate existential dread, discourage cognitive restructuring, and frame emotional immersion as a moral good (Sanson & Bellemo, 2021; Sciberras & Fernando, 2022). This divergence in therapeutic logic is summarised in Table 1, which contrasts the core mechanisms of evidence-based anxiety treatment with commonly promoted climate anxiety interventions.

Professional guidance from psychology bodies, such as the APS and APA, has increasingly recommended that clinicians 'lean in' to children's climate-related fears, offering validation and facilitating group-based emotional processing (APA, 2017; APS, 2022). For example, the APS explicitly states; "Psychologists are encouraged to support individuals in expressing their eco-anxiety without minimising it, and to facilitate emotional validation alongside engagement in meaningful action" (APS, 2022).

Furthermore, climate anxiety interventions frequently discourage reassurance or attempts to downplay concerns, framing such approaches as dismissive. This contradicts the therapeutic norms for working with anxious children, where reassurance, when developmentally appropriate and paired with gradual exposure, is considered essential to building resilience and reducing avoidance (Cartwright-Hatton et al., 2004; James et al., 2015).

This ideological shift has concerning implications. By validating children's fears of planetary collapse without cognitive challenge, clinicians may inadvertently reinforce the perception that danger is imminent and unmanageable. In psychological terms, this may act as a form of overaccommodation, removing the opportunity for children to confront and dispel their fears (Kendall et al., 2008). Unlike CBT, which fosters internal coping skills and emotional independence, affirmation-based approaches risk cultivating dependency on collective emotional responses and external narratives for a sense of safety and control.

Rather than challenging irrational beliefs or introducing proportionate thinking, children are sometimes encouraged to embrace activism as a form of psychological coping – a strategy with no established clinical evidence base and unknown long-term developmental effects (Clayton, 2020). Sanson and Bellemo (2021), for example, argue that "children and adolescents need adults who listen, validate their emotions, and support them to take action", cautioning that attempts to downplay their fears may lead to mistrust or disengagement. This approach effectively positions alignment with the child's emotional worldview as both therapeutic and ethical, prioritising moral allegiance to the climate narrative over clinical containment or developmental nuance.

Problem-solving skills are a valuable component of CBT however their effectiveness hinges on the individual's capacity to identify realistic, actionable steps within their control. For younger children confronting climate change messaging, this condition often fails to hold. The psychological cycle of climate messaging in schools typically begins by inducing fear or despair, then shifts toward encouraging agency and action (Rowe, 2025). However, many of the suggested actions, such as reducing family meat consumption, driving less, or retrofitting homes with solar panels, are structurally beyond a child's control. This sets up a troubling psychological paradox: children are encouraged to take responsibility for averting global catastrophe, yet lack the autonomy to effect meaningful change. The result is often not empowerment, but frustration, helplessness, and internalised failure. From a developmental perspective, this mismatch between perceived responsibility and actual agency risks reinforcing anxiety, not resolving it. Young children, particularly in the concrete-operational stage (typically ages 7–11), are especially vulnerable to absorbing this learned helplessness when efforts at "solving" the problem repeatedly prove ineffective or ignored.

Additionally, interventions that direct children towards behavioural activation may blur the line between therapy and political messaging. When climate anxiety responses are explicitly tied to advocacy campaigns or school-based protest movements, psychological support becomes contingent on ideological alignment. This risks placing children in a therapeutic bind: to be validated, they must subscribe to a worldview of existential threat; to express hope or disengage may be viewed as denial or apathy. The emotional consequences of this dichotomy, particularly for children with differing temperaments, beliefs, or support systems, remain largely unstudied.

There are also developmental concerns. Children in the concrete-operational stage of cognitive development struggle to grasp abstract, long-range concepts such as probabilistic risk, geopolitical complexity, or the non-linear impacts of environmental change (Piaget, 1952; Byrnes & Vu, 2015). When exposed to emotionally charged messages such as "the world is ending," and "there is no planet B", without the scaffolding needed to contextualise them, children may interpret environmental messaging in black-and-white terms and absorb these statements as imminent truths. Without cognitive challenging or reframing, these internalised beliefs can crystallise into maladaptive schemas that affect their broader worldview and daily functioning.

Moreover, the reliance on group-based emotional processing and collective action as coping mechanisms raises questions about emotional contagion. While peer support can be protective, there is evidence to suggest that in emotionally unregulated groups, distress can escalate rather than abate (Larsen et al., 2001). Children may mirror heightened anxiety expressed by peers or adults, reinforcing a shared sense of doom. In such contexts, group processing does not lead to resolution and can lead to emotional amplification.

The broader risk is that climate anxiety becomes self-perpetuating. Children who are repeatedly exposed to emotionally loaded content and then encouraged to process that distress through collective fear and action may be more vulnerable to chronic anxiety, rumination, and learned helplessness (Seligman, 1972; Ojala, 2016). Without a foundation in evidence-based practice, well-intentioned responses may serve more to amplify emotional disturbance than to resolve it.

The distinction between *constructive* and *unconstructive* worry, articulated by McNeill and Dunlop (2015), provides a useful clinical framework for evaluating contemporary responses to climate anxiety in children. In psychological terms, worry is considered constructive only insofar as it reduces perceived threat, restores a sense of agency, and supports adaptive goal pursuit. By contrast, unconstructive worry sustains threat awareness, interferes with functioning, and perpetuates anxiety through rumination and emotional preoccupation. Current climate anxiety frameworks appear to invert this distinction. Persistent fear, emotional immersion, and heightened threat focus are reframed as "constructive" not because they reduce anxiety or improve psychological functioning, but because they are perceived to serve broader social or moral goals, such as fostering activism or environmental concern. This represents a category error: a clinical construct designed to assess individual mental health outcomes is replaced by a vague notion of socially productive worry, even when such worry demonstrably increases distress and helplessness in children.

> *"In effect, anxiety is no longer treated as a condition to be alleviated, but as an emotional state to be preserved and mobilised, subordinating child wellbeing to ideological objectives."*

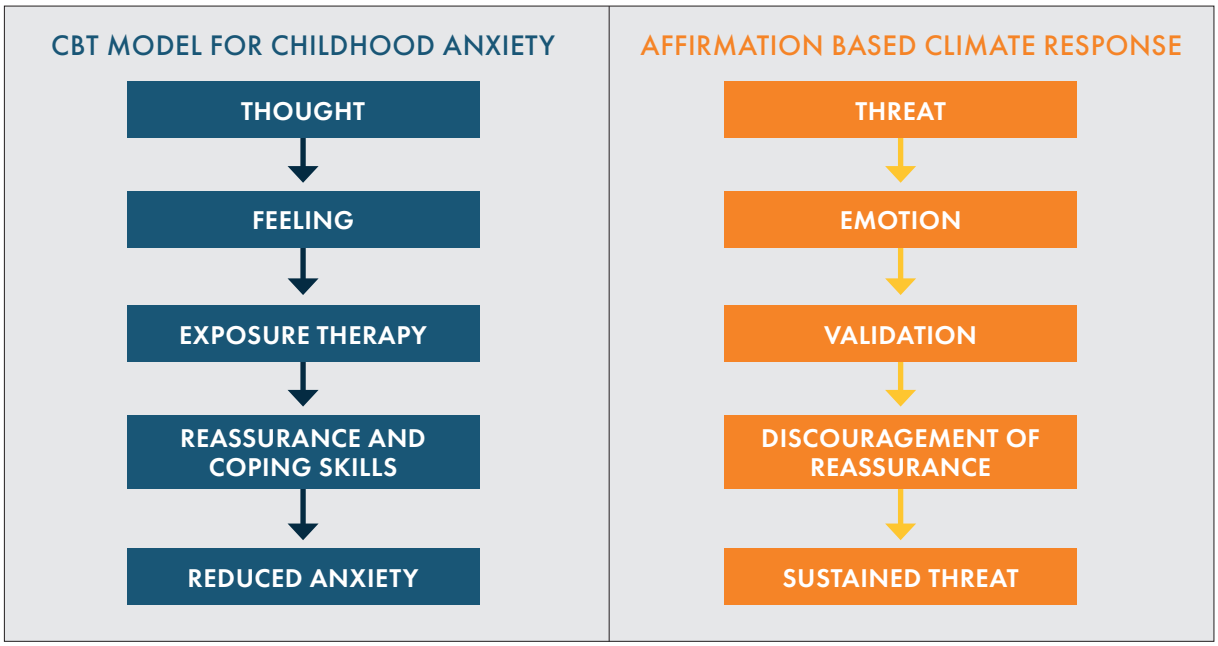
Anxiety is reduced when perceived threat decreases and agency increases. Many climate anxiety interventions do the opposite. The emerging approach to climate anxiety in children reflects a profound departure from clinical best practice. It prioritises emotional validation over cognitive development, activism over agency, and distress amplification over psychological containment. While born from a desire to respond compassionately to young people's concerns, these practices may ultimately be doing more harm than good by entrenching anxiety, eroding resilience, and compromising the role of clinicians and educators as stewards of psychological safety.

EDUCATION AND THERAPY AS POLITICAL ARENAS

The divergence between traditional clinical approaches and current climate anxiety interventions reflects a deeper transformation: the politicisation of mental health and education. Historically, the role of therapists and educators has been to equip children with the emotional tools and critical thinking skills required to navigate complex ideas and cope with adversity. Increasingly, however, therapeutic and educational spaces are being reshaped by ideological currents that prioritise moral and emotional allegiance to specific narratives, particularly those related to climate change, over clinical neutrality and developmental appropriateness.

Climate change is no longer presented to children as a scientific or ecological issue alone; it is framed as an urgent moral crisis, often with highly emotive language and visual imagery (O'Neill & Nicholson-Cole, 2009).

Figure 2: Divergent therapeutic pathways in childhood anxiety



Schools, mental health professionals, and advocacy groups frequently promote the view that children are not only victims of environmental collapse but also primary agents of its reversal (Trott, 2021; Li & Monroe, 2017). This framing places a psychological burden on young people to solve problems they neither created nor fully understand, implicitly tying their self-worth to their level of engagement in activism. In therapeutic contexts, this manifests as a form of moral urgency that prioritises emotional investment in the cause over objective psychological assessment. As illustrated in Figure 2, this shift alters the clinical pathway itself: rather than moving from thought to cognitive restructuring and reduced anxiety, the affirmation-based model sustains threat salience through validation without systematic cognitive challenge.

The alignment of psychological responses with political messaging is not unique to climate change. It mirrors similar shifts seen in other areas of youth mental health, such as gender dysphoria, where affirmation has replaced cautious exploration (Cass, 2024). In both cases, the clinician's role is redefined, not as a neutral guide, but as a validator of ideologically endorsed identities or fears. In such environments, disagreement or cautious clinical inquiry is often pathologised or interpreted as harm. This cultural climate makes it difficult for professionals to challenge irrational thoughts or redirect children toward evidence-based coping strategies without being accused of invalidation or political dissent.

This ideological drift has consequences for psychological wellbeing. When children are encouraged to interpret their emotions through political lenses, emotional intensity is often valorised, while ambivalence, scepticism, or disengagement is framed as moral failure. Rather than building resilience, this approach may reinforce polarised thinking and dependency on external narratives for emotional regulation. The risk is that children learn to equate anxiety with virtue and regulation with complacency – an inversion of clinical logic that leaves them more distressed, not less.

Moreover, the moralising of emotional distress reframes psychological symptoms as indicators of ethical awareness rather than targets for treatment. A child who is chronically anxious about the future of the planet is not seen as dysregulated but as conscientious; their worry becomes a badge of virtue rather than rightly recognised as a barrier to functioning. This inversion undermines the clinician's ability to provide balanced care and reframes therapeutic success not in terms of psychological wellbeing, but in terms of political alignment.

"Treating fear as a moral virtue reverses the core principles of anxiety treatment."

The increasing entanglement of therapy, education, and ideology also raises concerns about informed consent and autonomy. Young children, particularly those in primary school, lack the cognitive capacity to evaluate competing moral claims or abstract scientific debates. When emotionally charged messages about climate change are embedded in the school curriculum and reinforced in therapy, children are not being empowered to think critically; they are being conditioned to feel urgently. The result is a form of psychological mobilisation that bypasses rational processing in favour of emotional conformity.

ETHICAL AND CLINICAL CONCERNS

The shift toward ideological responses to climate anxiety raises profound ethical and clinical questions about the role of professionals in safeguarding children's mental health. At its core, the therapeutic enterprise is governed by a duty of care: the obligation to act in the best interests of the client, guided by developmental appropriateness, clinical evidence, and ethical responsibility. When practitioners depart from these principles in favour of political affirmation or emotional alignment, they risk violating this fundamental trust.

One of the most pressing ethical issues is the potential for psychological harm through over-validation. Children who are led to believe that their catastrophic fears about environmental collapse are entirely accurate, and who are not offered tools for cognitive reappraisal, may develop entrenched beliefs that the future is bleak and threatening, fostering a sense of despair that is both disproportionate and developmentally damaging. Rather than reducing distress, this approach may reinforce maladaptive thought patterns, promoting chronic anxiety, helplessness, and emotional dysregulation that will last into adolescence and adulthood (Pihkala, 2020; Ojala, 2016).

Clinicians are also ethically bound to distinguish between normal emotional responses and pathological states. While concern about environmental degradation may be a legitimate moral and intellectual position, when that concern begins to impair sleep, social functioning, school attendance, or emotional wellbeing, it crosses into the realm of clinical anxiety. Treating it as a badge of political virtue, rather than a mental health issue requiring intervention, is a failure of clinical responsibility.

In schools, the ethical dilemma is equally pronounced. Teachers and wellbeing staff, many without clinical training, are increasingly expected to facilitate discussions and activities that elicit strong emotional responses in children about the future of the planet (Trott, 2021). Without adequate psychological frameworks or mental health safeguards, this risks creating classroom environments that normalise despair and reward emotional intensity over critical reflection or resilience. Worse still, these emotionally charged environments may marginalise children who do not share the same level of fear or ideological orientation, creating a culture of emotional conformity that suppresses diversity of thought.

There is also the risk of undermining parental authority. Some climate anxiety literature and school-based programs discourage adults from offering reassurance or reframing children's fears – strategies that are standard in most parenting and therapeutic contexts. For example, while Sciberras and Fernando (2022) suggest that parents, teachers, and peers may act as supports, they also caution that "views and beliefs about the topic may vary" and some adults might respond with dismissiveness. This framing implies that adult responses are often unreliable or ideologically suspect, and that a child's concern should be affirmed regardless of adult input. When schools and clinicians implicitly or explicitly override parental attempts to down-regulate distress, they not only disrupt the parent-child attachment dynamic but foster mistrust in adult authority figures outside the activist paradigm.

These ethical concerns culminate in a broader threat: the erosion of public trust in psychology and education. As parents observe ideologically driven responses supplanting evidence-based care, they may become sceptical of professionals' ability to act in their children's best interests. The consequences could be lasting – reducing engagement with mental health services, polarising discourse around child development, and undermining confidence in institutions designed to protect children's wellbeing.

To maintain their ethical integrity, clinicians and educators must recommit to first principles: do no harm, operate within scope, and centre the child's developmental needs. Ethical care must be rooted in objectivity, psychological science, and the long-term flourishing of the individual child. When these values are compromised, so too is the legitimacy of the professions that uphold them.

Childhood is the developmental period in which curiosity, mastery, and foundational competencies in literacy, numeracy, and scientific reasoning are formed. The task of educators and clinicians is to cultivate epistemic curiosity and a love of learning, not to mobilise children into political advocacy on matters that exceed their cognitive and emotional capacities. When educational experiences shift from fostering inquiry to encouraging moral urgency and activism, the developmental priorities of childhood risk being displaced. A psychologically sound curriculum should nurture wonder about the natural world, competence in scientific method, and confidence in problem-solving capacities that ultimately empower future civic engagement without prematurely burdening the child with responsibility for global crises.

REGULATORY OVERSIGHT AND NEGLIGENCE RISK

The departure from established evidence-based anxiety treatment principles in the context of climate-related distress raises questions not only of clinical integrity, but of regulatory oversight and potential legal exposure.

In common law jurisdictions, clinicians owe their clients, particularly minors, a duty of care defined by the standard of a reasonably competent practitioner acting in accordance with accepted professional practice. This standard is not determined by personal conviction, cultural momentum, or prevailing political narratives. It is grounded in established clinical guidelines, empirical research, and demonstrable consensus regarding best practice.

For childhood anxiety disorders, the applicable standard of care is well established. National and international clinical guidelines consistently identify Cognitive Behavioural Therapy (CBT) and related cognitive-behavioural approaches as first-line treatments (AACAP, 2020; NICE, 2013; Roberts et al., 2023). These approaches emphasise cognitive restructuring, proportionate threat appraisal, graduated exposure, and the development of emotional regulation skills. Central to this model is the principle that catastrophic thinking should be examined and recalibrated, not affirmed.

Where clinicians:

- Affirm catastrophic interpretations without cognitive challenge;
- Discourage developmentally appropriate reassurance;
- Substitute activism or ideological alignment for structured therapeutic intervention; or
- Depart materially from recognised evidence-based treatment frameworks,

questions may arise as to whether such practices align with accepted standards of care.

Recent legal developments in other areas of youth mental health demonstrate that courts are willing to scrutinise departures from established professional standards where minors are involved. In February 2026, for example, a U.S. jury awarded damages in a malpractice case involving clinical decisions relating to a gender-related medical intervention provided to a minor, finding that aspects of assessment and standard-of-care obligations had not been adequately met (*Fox Varian v. Kenneth Einhorn PhD et al*). While the clinical context differs, the broader legal principle is instructive: courts may hold practitioners accountable where recognised standards of care are materially breached.

The relevance of such developments lies not in drawing direct equivalence between clinical domains, but in recognising that politically or socially sensitive subject matter does not insulate practitioners from negligence principles. The duty of care owed to child clients remains constant regardless of the cultural or ideological framing of the issue at hand.

If a child were to develop entrenched anxiety, functional impairment, or long-term psychological harm following intervention that materially departed from recognised anxiety treatment protocols, the foreseeability of harm and adherence to established standards could become matters of regulatory or legal inquiry. Even where the probability of litigation may be difficult to quantify, the potential severity of consequences, particularly where harm to a minor is alleged, is significant.

These trends therefore raise important questions for practitioner regulators. Professional bodies should consider whether emerging climate anxiety interventions:

- Have undergone sufficient empirical validation;
- Align with established treatment standards for childhood anxiety;
- Provide clear guidance regarding developmental safeguards; and
- Adequately address potential risk where practice departs from recognised evidence-based models.

Clinical innovation is not prohibited. However, innovation that bypasses established evidentiary safeguards, particularly in work with children, carries ethical and potentially legal implications. The standard of care does not change because a topic is politically charged. Psychological treatment must remain anchored in evidence, developmental appropriateness, and professional neutrality.

RECOMMENDATIONS

EDUCATION POLICY RECOMMENDATIONS – COLLEEN HARKIN

The rise of climate anxiety among children is not simply a psychological phenomenon. It reflects a deeper institutional problem: the politicisation of education and the diffusion of ideological narratives throughout the school curriculum.

For more than a decade the Institute of Public Affairs has warned that the Australian National Curriculum embeds environmental activism through the Sustainability cross-curriculum priority and associated classroom resources. This framework has enabled climate change messaging to spread across multiple subjects and year levels, frequently framed through emotionally charged narratives of crisis, catastrophe, and impending planetary collapse.

Children are increasingly exposed to messages suggesting that their future is under existential threat and that they bear personal responsibility to prevent environmental disaster. These narratives appear not only in science or geography but in English, the arts, civics, and even physical education through the National Curriculum's Sustainability cross-curriculum priority.

The consequences of this approach are becoming increasingly visible. Research into climate anxiety suggests that repeated exposure to catastrophic environmental messaging can contribute to distress, helplessness, and fear among children. When this messaging is delivered during the primary years when children lack the cognitive maturity to interpret complex global systems or probabilistic scientific models, the psychological impact can be particularly pronounced.

At the same time, some psychological responses to climate anxiety risk reinforcing rather than alleviating these fears by validating catastrophic interpretations rather than applying established, evidence-based approaches to childhood anxiety.

This has created an institutional feedback loop: schools introduce emotionally charged narratives about global environmental catastrophe, and therapeutic responses sometimes validate these fears rather than helping children develop perspective and resilience.

Protecting children's wellbeing requires addressing the source of the problem. Climate anxiety is not merely a therapeutic issue, it is also a curriculum design issue. Restoring the integrity of Australian education therefore requires reforms across curriculum policy, classroom practice, and professional standards.

The following recommendations focus on reforms to curriculum design, classroom practice, and professional oversight that would reduce the risk of unnecessary psychological harm while restoring educational integrity.

Ensure Climate Education Complies with Schools' Duty of Care Obligations

As evidence of climate anxiety among children continues to emerge, the risks associated with alarmist or catastrophising climate messaging in classrooms are no longer merely theoretical but increasingly foreseeable.

Schools and education authorities have a duty of care not only to protect students' physical safety but also to safeguard their psychological wellbeing. When young children are repeatedly exposed to emotionally distressing narratives about environmental catastrophe—particularly during developmental stages where they lack the cognitive capacity to contextualise complex global risks—serious questions arise about whether appropriate safeguards are being exercised.

Education policy should recognise that the cumulative exposure of children to fear-based environmental messaging may carry psychological risks. Where curriculum design, classroom resources, or school activities contribute to persistent distress, anxiety, or feelings of helplessness among students, institutions may face increasing scrutiny as to whether their duty of care obligations have been properly discharged.

Although Australian courts have not yet directly considered the relationship between climate messaging in schools and duty of care obligations, policymakers should review whether existing child-safeguarding frameworks adequately address this emerging risk. Clear guidance may be required to ensure that environmental education is delivered in ways that are developmentally appropriate, balanced, and consistent with schools' obligations to protect student wellbeing.

- **Remove Sustainability as a Cross-Curriculum Priority in Primary Education**

  The Sustainability cross-curriculum priority has allowed climate change narratives to permeate subjects far beyond the natural sciences. Environmental messaging appears in subjects ranging from English to the arts, health education, and physical education.

  This structure encourages repeated exposure to emotionally charged material which emphasises guilt, responsibility and activism in response to global environmental threats. This occurs during the primary school years where children are developmentally ill-equipped to process complex global systems, long-term climate modelling, or geopolitical environmental policy.

  Environmental education should not involve repeated exposure to narratives of irreversible planetary collapse or existential environmental catastrophe.

  Removing Sustainability as a cross-curriculum priority in primary education would restore disciplinary integrity and ensure environmental topics are taught in appropriate academic contexts.

- **Restore Subject Integrity and Scientific Literacy**

  Environmental education in secondary schooling should prioritise scientific reasoning and evidence-based analysis rather than emotional mobilisation.

  Students should be academically equipped to critically engage with environmental issues through:

  - climate science and modelling;
  - technological innovation and adaptation;
  - economic and policy trade-offs in environmental decision-making; and
  - competing policy responses to environmental challenges.

  The purpose of education is to cultivate scientific literacy and critical thinking, not to mobilise students as political advocates.

- **Audit Activist Classroom Resources**

  A significant proportion of climate education resources used in Australian schools are produced by advocacy organisations rather than educational institutions.

  Platforms such as **Cool.org**, along with a range of environmental campaign groups, distribute classroom materials that encourage students to:

  – campaign for political change;

  – pressure governments and businesses; and

  – adopt activist roles in response to climate change.

  These resources frequently frame climate change as an immediate existential crisis and position student activism as a moral responsibility.

  Schools should not outsource curriculum content to advocacy organisations. Prior to use, educators should conduct audits of external teaching materials to ensure they meet standards of:

  – scientific accuracy;

  – developmental appropriateness; and

  – political neutrality.

- **Protect the Role of Parents**

  Parents remain the primary authority in guiding their children's emotional development and understanding of complex social issues.

  Some climate education materials implicitly undermine this role by suggesting that parents who downplay climate fears are misinformed or dismissive. In some cases, classroom activities encourage children to challenge or confront the behaviour of their families regarding environmental practices.

  Educational institutions should never place young children in positions where they feel responsible for rejecting or correcting the views or behaviour of their parents.

  Schools must recognise and respect the central role of parents in helping children interpret complex issues and manage emotional responses.

  This requires stronger parental transparency provisions, including:

  – advance notice of emotionally sensitive curriculum content;

  – full and prior disclosure of external materials used in classrooms; and

  – the right of parents to exclude their children from activities that may cause distress.

  Primary-aged children should not be subjected to large-scale psychological interventions driven by ideological enthusiasm rather than empirical evidence.

RECOMMENDATIONS

PROFESSIONAL PRACTICE AND CLINICAL GUIDANCE – CLARE ROWE

- **Train Teachers in Psychological Safeguards for Climate Curricula**

  Teachers play a central role in how complex and potentially distressing issues are presented to children. Educators delivering environmental or sustainability-related content should therefore receive training in basic child development and psychological risk.

  This training should equip teachers to recognise the difference between age-appropriate concern and symptoms of genuine anxiety or distress. Educators should be able to identify warning signs, understand when classroom material may be contributing to emotional strain, and know when referral to trained mental health professionals is appropriate.

  Equipping teachers with these safeguards would help ensure that environmental education is delivered in a manner that is both intellectually rigorous and developmentally appropriate.

- **Practitioners must Maintain Therapeutic Neutrality**

  The role of clinicians is to help children regulate emotions, build resilience, and develop perspective – not to reinforce ideological narratives or encourage political engagement.

  Psychologists and school wellbeing staff must maintain professional neutrality when working with emotionally charged social issues.

  When therapy becomes a vehicle for advocacy, the child's wellbeing risks becoming secondary to broader social or political objectives.

  Professional regulatory bodies must ensure that emerging climate-anxiety interventions meet recognised clinical standards. This includes assessing whether such approaches:

  – align with established anxiety treatment frameworks;

  – have been empirically evaluated; and

  – include appropriate developmental safeguards for children.

  Where practices depart from established standards of care, regulators should provide clear guidance to ensure professional accountability.

CONCLUSION

Children are increasingly exposed to emotionally charged narratives about global crises during the most formative years of their development.

The evidence suggests that these narratives delivered repeatedly through school curriculum and classroom materials can contribute to anxiety, helplessness, and distress.

Education should cultivate curiosity, knowledge, and critical thinking. Psychological practice should reduce distress and strengthen emotional resilience. Neither profession should become a vehicle for political mobilisation.

By restoring curriculum integrity, reaffirming evidence-based psychological practice, and strengthening the role of families, policymakers can ensure that children are equipped to understand environmental challenges without compromising their emotional wellbeing.

The responsibility of adults is not to mobilise children into political causes, but to ensure that they grow into confident, capable, and resilient citizens.

REFERENCES

- American Academy of Child and Adolescent Psychiatry (AACAP). (2020). Practice parameter for the assessment and treatment of children and adolescents with anxiety disorders. *Journal of the American Academy of Child and Adolescent Psychiatry, 59*(10), 1107–1124.
- *American Psychological Association & ecoAmerica. (2017). Definition and commentary on eco-anxiety.* American Psychological Association.
- Australian Psychological Society. (2020). *APS position statement on climate change and mental health.* https://psychology.org.au/about-us/position-statements/psychology-and-climate-change
- Barmish, A. J., & Kendall, P. C. (2005). Should parents be co-clients in cognitive-behavioral therapy for anxious youth? *Journal of Clinical Child and Adolescent Psychology, 34*(3), 569–581.
- Barrett, P. M. (1998). *Evaluation of cognitive–behavioral group treatments for childhood anxiety disorders. Journal of Consulting and Clinical Psychology, 66*(3), 467–480.
- Beck, A. T. (1976). *Cognitive therapy and the emotional disorders.* International Universities Press.
- Byrnes, J. P., & Vu, L. T. (2015). The role of threat and fear in shaping decisions about climate change. *Journal of Environmental Psychology, 43*, 1–9.
- Cartwright-Hatton, S., Roberts, C., Chitsabesan, P., Fothergill, C., & Harrington, R. (2004). Systematic review of the efficacy of cognitive behaviour therapies for childhood and adolescent anxiety disorders. *British Journal of Clinical Psychology, 43*(4), 421–436.
- Cass, H. (2024). *Cass Review: Independent Review of Gender Identity Services for Children and Young People*. NHS England.
- Chambless, D. L., & Hollon, S. D. (1998). *Defining empirically supported therapies. Journal of Consulting and Clinical Psychology, 66*(1), 7–18.
- Chi, X., Bo, A., Liu, T., Zhang, P., & Chi, I. (2018). Effects of mindfulness-based stress reduction on depression in adolescents and young adults: A systematic review and meta-analysis. *Frontiers in Psychology, 9*, 1034.
- Chorpita, B. F., & Daleiden, E. L. (2002). Tripartite dimensions of emotion in a child clinical sample: Measurement strategies and implications for clinical utility. *Journal of Consulting and Clinical Psychology, 70*(5), 1150–1160.
- Clayton, S. (2020). Climate anxiety: Psychological responses to climate change. *Journal of Anxiety Disorders, 74*, 102263.
- Ellis, A. (1962). *Reason and emotion in psychotherapy.* Lyle Stuart.
- Giedd, J. N. (2008). The teen brain: Insights from neuroimaging. *Journal of Adolescent Health, 42*(4), 335–343.
- Ginsburg, G. S., Becker, K. D., Drazdowski, T. K., & Tein, J. Y. (2018). Treating anxiety disorders in children: The role of family in cognitive behavioral therapy. *Clinical Child and Family Psychology Review, 21*(3), 306–323.
- Hickman, C., Marks, E., Pihkala, P., Clayton, S., Lewandowski, R. E., Mayall, E. E., Wray, B., Mellor, C., & van Susteren, L. (2021). Climate anxiety in children and young people and their beliefs about government responses to climate change: A global survey. *The Lancet Planetary Health, 5*(12), e863–e873.

- James, A. C., James, G., Cowdrey, F. A., Soler, A., & Choke, A. (2015). Cognitive behavioural therapy for anxiety disorders in children and adolescents. *Cochrane Database of Systematic Reviews, 2015*(2), CD004690.

- Kazdin, A. E. (2008). *Evidence-based treatment and practice: New opportunities to bridge clinical research and practice. American Psychologist, 63*(3), 146–159.

- Kendall, P. C., Hudson, J. L., Gosch, E., Flannery-Schroeder, E., & Suveg, C. (2008). Cognitive-behavioral therapy for anxiety disordered youth: A randomized clinical trial evaluating child and family modalities. *Journal of Consulting and Clinical Psychology, 76*(2), 282–297.

- Kendall, P. C., & Hedtke, K. A. (2006). *Cognitive-behavioral therapy for anxious children: Therapist manual* (3rd ed.). Ardmore, PA: Workbook Publishing.

- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*(6), 593–602.

- Larsen, R. J., Norris, C. J., & Cacioppo, J. T. (2001). Effects of positive and negative affect on electromyographic activity over zygomaticus major and corrugator supercilii. *Psychophysiology, 38*(5), 739–748.

- Lawrence, D., Johnson, S., Hafekost, J., Boterhoven de Haan, K., Sawyer, M., Ainley, J., & Zubrick, S. R. (2015). *The mental health of children and adolescents: Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing.* Department of Health, Canberra.

- Li, C., & Monroe, M. C. (2017). Development and validation of the climate change hope scale for middle school students. *Environmental Education Research, 23*(5), 718–731.

- *McNeill, A. R., & Dunlop, S. M. (2015). What does "constructive" climate change worry look like? Exploring worry, engagement and efficacy.* ***Journal of Environmental Psychology****, 44*, 40–48.

- National Institute for Health and Care Excellence. (2013). *Social anxiety disorder: Recognition, assessment and treatment (Clinical guideline CG159).*

- Ojala, M. (2016). Young people and global climate change: Emotions, coping, and engagement in everyday life. In K. K. Norton, A. Majdik, & D. Endres (Eds.), *Communicating climate change: The path forward* (pp. 161–179). Routledge.

- O'Neill, S., & Nicholson-Cole, S. (2009). "Fear won't do it": Promoting positive engagement with climate change through visual and iconic representations. *Science Communication, 30*(3), 355–379.

- Piaget, J. (1952). *The origins of intelligence in children* (M. Cook, Trans.). International Universities Press.

- Pihkala, P. (2020). Eco-anxiety and environmental education. *Sustainability, 12*(23), 10149.

- Resilient Youth Australia. (2023). *State of the Nation: Mental health and wellbeing of Australian children and adolescents.* Resilient Youth Australia & University of Adelaide.

- Reynolds, S., Wilson, C., Austin, J., & Hooper, L. (2012). Effects of psychotherapy for anxiety in children and adolescents: A meta-analytic review. *Clinical Psychology Review, 32*(4), 251–262.
- Roberts, R., Hudson, J., Jones, M., Harris, F., Simon, A., & Rapee, R. (2023). *Evidence-based clinical practice guideline for anxiety in children and young people*. Murdoch Children's Research Institute, Melbourne.
- Rowe, C. (2025). *Climate anxiety in pre-adolescent children: A neuroscientific and psychological perspective*. Institute of Public Affairs.
- *Sanson, A., & Bellemo, M. (2021). Children and youth in the climate crisis. BJPsych Bulletin, 45(4),* 205–209.
- *Sciberras, E., & Fernando, J. W. (2022). Climate change-related worry among Australian adolescents: an eight-year longitudinal study. Child and Adolescent Mental Health, 27(1),* 22–29.
- Seligman, M. E. P. (1972). Learned helplessness. *Annual Review of Medicine, 23*(1), 407–412.
- *Spence, S. H. (2003).* Social skills training with children and young people: Theory, evidence and practice. *Child and Adolescent Mental Health, 8*(2), 84–96.
- The Royal Children's Hospital. (2023). *Mental health of children aged 8–13 years in Australia: Findings from the RCH National Child Health Poll*. The Royal Children's Hospital Melbourne.
- Trott, C. D. (2021). Children's constructive climate change engagement: Empowering awareness, agency, and action. *Environmental Education Research, 27*(4), 499–519.
- Walkup, J. T., Albano, A. M., Piacentini, J., Birmaher, B., Compton, S. N., Sherrill, J. T., Ginsburg, G., Rynn, M., McCracken, J., Waslick, B., Iyengar, S., March, J. S., & Kendall, P. C. (2008). Cognitive behavioral therapy, sertraline, or a combination in childhood anxiety. *New England Journal of Medicine, 359*(26), 2753–2766.
- Wolpe, J. (1958). *Psychotherapy by reciprocal inhibition*. Stanford University Press.

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