

Anxiety and anxiety disorders



Fact Sheet

Anxiety in children and young people

Everyone can experience feelings of stress and anxiousness at times. They may arise when a person is experiencing high levels of stress due to life events such as starting school, changing jobs or making major decisions. Small amounts of nerves or anxiousness can actually improve performance and functioning, such as before you give a speech, prior to a job interview, or performing in a play.

These feelings of stress and uneasiness are part of the body's normal physical, mental or behavioural response to situations of uncertainty, or to a perceived threat or danger. Our brain registers a perceived threat and sends signals to the body via the nervous system and hormones to get ready for 'fight or flight.' This causes an increase in breathing and heart rate and a change in blood flow throughout the body, to prepare it for movement. It can also be accompanied by unpleasant feelings such as dizziness, nausea and perspiration.

For some children and young people, feelings of prolonged stress, worry and anxiousness do not go away once the immediate threat or perceived threat passes. For others, anxiety often occurs out of the blue, without a particular reason or cause. Anxiety and anxiety disorders are a serious condition that cause a person distress and can impair their relationships, schooling and everyday functioning.

Why is it important?

Anxiety and anxiety disorders often have their onset during childhood and adolescence, and along with depression are the most common mental illnesses experienced by young people. Approximately 15% of young Australians aged 4 -17 years display behaviours associated with anxiety disorders.

Anxiety can have a significant impact on children and young people - whether they experience temporary changes to wellbeing, or more severe and long-lasting symptoms associated with a mental illness. Impacts can be seen on a child or young person's behaviour such as withdrawal or

aggression, poorer problem-solving skills, attention seeking behaviour and low self-esteem. It can also be reflected in their academic performance, including poorer performance at school due to an inability to participate in class discussions, group-work and school performances. Anxiety and anxiety disorders can also have physical consequences for children and young people such as tiredness, irritability, diarrhoea or stomach aches.

Symptoms of anxiety may present differently in children and young people than in adults. Symptoms can be expressed either physically or mentally. Common symptoms in children and young people may include:

- Dizziness, nausea, perspiration and a racing heart;
- Excessive and persistent worry;
- Restlessness and irritability;
- Crying or easy or frequent loss of temper;
- Freezing, clinging or shrinking in children;
- Avoidance and procrastination;
- Disruption to sleep and eating patterns;
- Decline in academic performance;
- Truancy and refusal to attend school;
- Increased use of alcohol or other drugs;
- Withdrawal from social activities or a failure to speak in social situations; and
- Obsessive thinking, perfectionist behaviour and compulsive behaviour.

Anxiety disorders

There are many types of anxiety disorders. Most involve persistent, intense fear or anxiety that is out of proportion to the actual threat of the situation and avoidance of situations associated with the fear or anxiety.

Several anxiety disorders that can occur across the spectrum of children, young people and adults include:

Generalised Anxiety Disorder – Experiences of excessive anxiety, apprehension and unrealistic worrying about a number of things in everyday life. Often the concern is that something terrible is going to occur. The worry and anxiety persistently occurs over a period of six months or more. Symptoms can include feeling restless; being easily





fatigued; difficulty concentrating; irritability; muscle tension; or difficulty sleeping. These children and young people will often require lots of reassurance.

Panic Attack – Abrupt surges of intense fear or discomfort. Symptoms will start suddenly and last a few minutes. They can involve several of the following symptoms: shortness of breath; dizziness; chest pain; feeling faint; shaking; dry mouth; muscle tension; pounding heart; tingling fingers or feet; choking sensations; sweating; hot/cold flushes; urge to flee; nausea; blurred vision; difficulty gathering thoughts; fear of dying or losing control; or feeling that the situation and the world around them is unreal.

Panic Disorder – Experiences of unexpected and recurrent panic attacks which include feelings of panic, intense fear and discomfort that becomes disabling. Panic disorders are characterised by experiencing at least one month of concern and worry about having another panic attack; avoidance of situations where a panic attack might come on; changing behaviours to avoid objects related to previous panic attacks; and worrying intensively about the consequences of any future panic attacks (e.g. a fear of being unwell).

Agoraphobia – A persistent fear or anxiety of at least two of the following situations: using public transport; being in open spaces; being in enclosed spaces; standing in line or being in a crowd; or being outside of the home alone. The fear is about being unable to escape or that help might not be available if they experience panic, embarrassment or get into difficulty. Particular situations are actively avoided, endured with intense fear or anxiety, or unable to be undertaken alone.

Specific Phobia – Marked, persistent fear of a specific object, activity or situation that is out of proportion to the actual danger posed. The fear experienced is so intense that it drives the person to try to avoid the situation completely. Specific phobias include animals or insects (e.g. spiders), situations (e.g. flying), fear of heights, blood, or dentists.

Social Anxiety Disorder (Social Phobia) – Persistent, marked fear and avoidance of social situations where the person is exposed to the observation of others, such as in social interactions (e.g. meeting new people, having a

conversation), being observed (e.g. eating or drinking) and performing (e.g. public speaking). The fear is stronger than shyness or the usual anxiety experienced by people in response to social situations. The fear is about believing that their behaviour will lead them to feel humiliated or embarrassed, offend others or lead to rejection.

Selective Mutism is a form of social anxiety disorder, and is when a child or young person has a fear of speaking in particular environments or situations. The child or young person fears that when other people hear their voice, they will judge them negatively and reject them. Selective mutism is often visible from a very young age and can be diagnosed from the age of three. It often co-occurs with other anxiety disorders or behavioural disorders. Selectively mute children generally speak freely at home, but are most likely not to speak at school to their teachers, principals or other students.

Obsessive-Compulsive Disorder – Where a person experiences obsessions and compulsions to a degree that seems excessive and disrupts everyday life. Obsessions are intrusive, repetitive ideas such as thoughts about being contaminated; doubts about locking a door; need to have things in a certain order; or having aggressive or horrific impulses. Compulsions are behaviours or rituals that a person performs to relieve the obsession, for example: excessively washing their hands; checking and rechecking items of concern; repetitively praying; counting or going over certain phrases.

Separation Anxiety Disorder – Separation anxiety is a childhood disorder characterised by a fear of being away from family, primarily the mother, leading to significant distress and worry. Often the child is fearful that something harmful is going to happen to a family member. Children with separation anxiety disorder persistently worry about being separated and will try to resist this from happening by behaviours such as avoiding going to bed; getting upset when being left at early childhood services, school, and with others such as a babysitter; or refusing to go on school excursions or overnight stays. It is considered developmentally appropriate for children to be anxious about separation until two years of age; this should lessen as children get older.



What can teachers do to support children and young people with anxiety?

Most of the symptoms of anxiety disorders become noticeable during schooling, placing teachers in the position of being able to identify children or young people who may need additional support. Teachers can provide assistance in a number of ways: by talking to the child or young person, and referring them to different sources of information and help; and by implementing strategies within the classroom setting to support those children.

Examples of general strategies teachers can utilise for children and young people experiencing anxiety and anxiety disorders in their classrooms include:

- Encouraging and supporting the development of young people's positive coping skills. Do not dismiss their anxious feelings, but try to encourage them to manage how they are feeling and use positive self-talk;
- Setting realistic expectations around the students' work and completion of tasks;
- Being mindful of situations that increase anxiety for the student, e.g. presenting to the class or reading aloud, and modify these activities if possible;
- Encouraging the development of their confidence in participating in activities; this could be by giving them specific roles or responsibilities;
- Encouraging the student to have a go within their limits. Forcing them to do something will overwhelm them; instead modify the task where possible so they feel comfortable but so they can still build their confidence; and
- Practice relaxation techniques with the whole class to teach children experiencing anxiety how to manage the physical reactions they have when feeling anxious without singling them out.

Some examples of ways teachers can help a child or young person experiencing anxiety receive additional support include:

- Speaking with the student to let them know you have noticed changes in their behaviour. Let them know you are there to listen and offer support. If it is a young child, speak with their family to talk about the changes you have noticed to see if they are noticing similar behaviours at home;
- Directing students and families to online sources of information and self-help services such as www.youthbeyondblue.com or www.reachout.com. These may act as a useful starting point for them to find out more information and feel comfortable seeking help;
- Encouraging the student to explore some self-help strategies;
- Following up with the student to see how things are going; and
- If you have particular and ongoing concerns and the student does not seem ready to seek help, you could speak with the school counsellor or your supervisor for advice on how to proceed.

Children and young people who have feelings of anxiety may also benefit from talking to a school counsellor or a trusted adult for support. If necessary, they can also visit a health or mental health professional who can examine whether their experience of anxiety meets particular criteria, causes them distress, and impairs their ability to function, indicating they have an anxiety disorder that may need additional assistance such as medication or psychotherapies.

If you feel an adult, such as a colleague or a parent is experiencing anxiety problems, show support by letting them know you have noticed changes to their behaviour, suggest sources of information they can refer to and encourage them to seek professional help from their GP or a counsellor.



If you encounter someone who seems particularly anxious or panicked, try to remain calm and speak to the person in a quiet, slow and soothing manner. Reassure them that the symptoms they are experiencing are only temporary and encourage them to take slow, regular breaths. Give the person plenty of space and do not crowd them. If others are standing nearby watching, try to disperse them to reduce the person's anxiety.

Sources and Links

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*. Washington: American Psychiatric Association.

Bourne, E.J. (1995). *The Anxiety and Phobia Workbook, Second Edition*. Oakland: New Harbinger Publications Inc.

Clinical Research Unit for Anxiety and Depression, UNSW: www.crufad.org

Headspace National Youth Mental Health Foundation: www.headspace.org.au

Mental Health Online: www.anxietyonline.org.au

ReachOut Professionals: au.professionals.reachout.com/Anxiety

beyondblue: www.beyondblue.org.au/the-facts/anxiety