Anxiety and Anxiety Disorders

This fact sheet provides some information on anxiety, to help pre-service teachers prepare for their work with young people. You will find other helpful fact sheets on the Education section of the Response Ability web site at www.responseability.org

**Mental Health Problem or Illness?**

People can experience anxiety either to the level of a mental health problem or a mental illness.

A *mental health problem* occurs when someone’s thoughts, feelings or relationships have been affected negatively – for example they are upset, sad, anxious or experiencing conflict. These are natural responses to negative events, which everyone experiences. The term indicates a disruption to our usual level of social and emotional wellbeing, but it is not the same as a mental illness. These feelings will usually resolve over time or when the situation improves, but a faster and more positive resolution may occur if the person seeks support from family, friends, a school counsellor or other professional.

*Mental illness* is a collective term for a range of medical conditions, which change a person’s thoughts, feelings, behaviour or relationships. The effects are more pronounced and long-lasting than a mental health problem and may not resolve without support or medical assistance. A diagnosis requires a certain combination of symptoms, of particular severity, to be present over time. People with mental illness may benefit from counselling and practical support and/or may receive treatment such as medication.

**Importance for Teachers**

Anxiety and depression (which can occur together) often have their onset in adolescence. These feelings can have a significant impact on behaviour and academic performance – whether they are temporary changes to wellbeing, or more severe and long-lasting symptoms associated with a mental illness.

Taken together, depression and anxiety are the most common mental health problems or disorders in young people. Approximately 12.8% of young Australians aged 4-17 exhibit behaviours associated with depression or anxiety.

People who have feelings of anxiety can benefit from talking to a school counsellor or other professional for support. If necessary, this person will be able to refer the adolescent on to a doctor or a specialised health service. Teachers can help by being able to identify young people who may have feelings of anxiety and knowing who they might refer to in the first instance.

**Anxiety in Young People**

Everyone experiences anxiety at times – this term describes the physical, mental and behavioural changes experienced in response to a 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. The ‘fight or flight’ response is useful when responding to an immediate threat. However, repeated or prolonged exposure to perceived stress – for example, psychologically stressful situations where fight or flight may not be appropriate options – can lead to unhealthy levels of anxiety.
Symptoms of anxiety may present differently in children and young people than in adults. Common symptoms in young people include:

- excessive and persistent worry
- restlessness and irritability
- crying or losing temper easily or frequently
- avoidance and procrastination
- disruption to sleep and eating patterns
- decline in academic performance
- truancy and school refusal
- increased use of alcohol or other drugs
- withdrawal from social activities.

Anxiety in children and adolescents can result in poorer performance at school, behaviour problems such as withdrawal or aggression, poorer problem-solving skills, attention seeking behaviour and low self-esteem.

**Working with Someone who is Anxious**

As a teacher, you may work with a young person, parent or colleague who is feeling anxious or recovering from an anxiety disorder. If you suspect that a young person is having problems with feelings of anxiety and/or depression, approach him or her and ask how things have been going. If their answer or attitude backs up your concerns, try to convince them to visit the school counsellor or a youth worker, or talk to a staff member who has responsibility for students’ wellbeing.

If you have particular concerns and the student doesn’t seem ready to seek help, you should approach the school counsellor or other support staff yourself for advice on how to proceed. If you suspect that an adult has such problems, encourage them to seek professional help from their general practitioner or a counsellor.

If you encounter someone who seems particularly anxious or panicky, try to remain calm and speak to the person in a calm, slow and soothing manner. Reassure them that the symptoms they’re experiencing are only temporary and encourage them to breathe slowly and deeply. Give the person plenty of space and room to breathe and do not overcrowd them. If others are standing nearby watching the episode, try to disperse them so that having an audience does not add to the person’s anxiety.

**Anxiety Disorders**

Many people with feelings of anxiety do not have an anxiety disorder – their feelings will resolve with support or time. However, some people do develop a mental illness that involves symptoms of anxiety. Here are some feelings and disorders that people may experience:

**Panic attack** - symptoms start suddenly and last a few minutes, or may escalate for ten minutes or more. They involve several of: shortness of breath, dizziness, chest pain, feeling faint, shaking, dry mouth, muscle tension, pounding heart, tingling fingers or feet, feeling of choking, sweating, hot/cold flushes, urge to flee, nausea, blurred vision, difficulty gathering thoughts, fear of dying or losing control, feeling that the situation is unreal.
**Agoraphobia** - after someone has experienced a panic attack, they may develop anxiety about having a panic attack in a public place, where it may be embarrassing or difficult to get help. Typical situations of concern can include crowded places, open spaces, buses, trains, enclosed spaces, travelling alone, being a long way from home.

**Panic Disorder** - having at least two unexpected panic attacks, followed by at least one month of concern and worry about having another panic attack. The panic attacks are not associated with any particular event or situation, but occur for no apparent reason. Panic disorder can occur with or without agoraphobia.

**Phobia** - a phobia is a consistent, irrational fear of a specific object, activity or situation. The fear experienced is so intense that it drives the person to try to avoid the situation completely. There are two main types of phobia: specific phobia and social phobia.

**Specific Phobia** - strong fear or avoidance of a particular object, activity or situation. There are no spontaneous panic attacks and no fear of having a panic attack. There is also no fear of embarrassment in social situations as in social phobia. Specific phobias include:

- animals or insects (eg spiders), situations (eg flying), fear of heights, blood, or dentists
- social phobia - fear of embarrassment or humiliation in situations where a person is exposed to the observation of others. The fear is stronger than the usual anxiety experienced by people in response to social situations, such as public speaking. People fear they will do or say something that others will judge as weak, crazy or stupid. Typical situations of concern include: eating in public, fear of being watched at work, fear of using public toilets, crowds, or taking examinations.

**Obsessive-Compulsive Disorder** - a disorder in which 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, aggressive or horrific impulses. Compulsions are behaviours or rituals that a person performs to relieve the obsession – excessively washing their hands, checking and rechecking items of concern, repetitively praying, counting or going over certain phrases.

**Generalised Anxiety Disorder** - people generally feel excessive worry, anxiety and apprehension that occurs for more days than not over at least 6 months. It is difficult for the person to control their worry. A person also has at least three of the following symptoms: feeling restless/keyed up, being easily fatigued, difficulty concentrating, irritability, muscle tension, or difficulty sleeping.

**Post-traumatic Stress Disorder** - people may develop this disorder after being involved in or witnessing a traumatic event, in which they experience intense fear, helplessness or horror. Examples include a combat or hostage situation, a natural disaster, an assault, or a traumatic accident. After the event, a person with this disorder may re-experience what happened, through recurrent distressing dreams or memories.
Causes and treatment

Symptoms of anxiety may begin for a number of reasons. They may arise when a person is experiencing a high level of stress due to life events, such as changing jobs or making major decisions. Sometimes, one major problem or several smaller ones occur together and overwhelm the person's coping resources and resilience.

Personality traits may also influence how people experience and cope with anxiety. How people think, feel and behave in stressful situations varies. Most people who are treated for anxiety disorders tend to be sensitive, emotional, easily worried and nervous. These characteristics can be the precursor to anxiety problems. Family history and genetics may also play a role - approximately one quarter of children who have a parent with agoraphobia will develop agoraphobia themselves.

As with depressive illness, anxiety disorders may be treated using counselling and/or medications, often in combination. Medication allows someone to reduce anxiety symptoms, in order to explore their personal issues and to understand their thoughts, emotions and behaviour. A person with symptoms of an anxiety disorder should consult with their general practitioner, who may refer them to a mental health professional.

Sources and Links


Anxiety Network Australia: www.anxietynetwork.com.au

Anxiety Panic Hub: www.panicattacks.com.au


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

