Childhood Anxiety Kit

Mental Health Association NSW
Level 5, 80 William Street
East Sydney NSW 2011
Tel 9339 6000
Fax (02) 9339 6066
www.mentalhealth.asn.au
info@mentalhealth.asn.au

Anxiety is part of our ‘fight or flight’ response, which helps us to be on the alert for potentially dangerous or scary situations such as crossing a busy road or approaching a big black spider in the bath tub. As with adults, anxiety is a normal and common experience for children.

Toddlers tend to have anxiety around separation from parents, and often fear loud noises, bright lights, and large objects. Pre-schoolers are often afraid of the dark and imaginary creatures, while primary school-aged children may begin to experience anxiety about potential but unlikely threats such as natural disasters. By late primary school children experience greater anxiety about how their peers perceive them, and by adolescence anxiety often surrounds issues like academic performance, social acceptance and career choices.

While most children learn to handle their anxiety for some it can become a problem. If the anxiety begins to interfere significantly with daily activities and continues over a considerable period of time it is possible that they may have an anxiety disorder. If you are concerned about your child’s anxiety it is important to seek further advice and treatment. It is also good to remember that anxiety disorders in children can be effectively treated.

This Fact Sheet outlines the common anxiety disorders in children, their causes and treatment, as well as providing some tips for parents and a list of treatment services.

Common Anxiety Disorders in Children

Separation Anxiety Disorder

Separation anxiety disorder is the most common anxiety disorder in children. It may be diagnosed in children who experience excessive anxiety around separating from their parents, caregivers, or home. Children with this disorder experience anxiety beyond what would be expected for the child’s age. To be diagnosed, the anxiety must cause significant distress and last for at least 4 weeks.

Children with separation anxiety disorder may

- refuse to attend school
- refuse to be in a room on their own
- follow parents and family members around the home
- express fears about being lost
- express fears about their parent or themselves experiencing illness or injury whilst apart
- express a constant need to know the whereabouts of the caregiver
- exhibit extreme homesickness when away from the home
- be unable to sleep in a room on their own
- experience nightmares featuring separation themes
- be distressed when anticipating future separations
- complain of stomach aches, nausea, headaches, particularly around times of separation, or when anticipating separation.

Separation anxiety disorder appears to be more common in girls and affects approximately 3% - 5% of children. It is usually experienced by children aged 7 to 9 years, but can occur in children as young as 2 or 3, or in adolescents up to 17. This

disorder often develops following a highly stressful event in the child's life (e.g. death of a relative or pet, an illness of the child or relative, a change of schools, immigration).

Approximately 50% of children diagnosed with separation anxiety disorder are diagnosed with another anxiety disorder, most often generalised anxiety disorder and specific phobia. Children of mothers with panic disorder may be more susceptible to developing separation anxiety disorder.

Social Phobia
Social phobia is characterised by an extreme and persistent fear of being looked at and judged negatively by others. Children with this disorder are highly anxious about the possibility of humiliating or embarrassing themselves in social situations. They may not recognise that their fear of these situations is excessive. To be diagnosed with social phobia, anxiety in relation to social situations must cause significant distress and significantly interfere with the child's daily activities. The anxiety must be present when interacting with peers and adults, and the symptoms must persist for at least 6 months.

Children with social phobia may:

- attempt to avoid social situations (e.g. play with other children, birthday parties) or endure them with dread
- avoid eating, drinking, or writing in front of others
- exhibit crying, tantrums, freezing, clinging, extreme timidity when in unfamiliar surroundings
- stay close to a familiar person in social contexts
- have poor social skills (e.g. avoiding all eye-contact)
- shrink from contact with others
- refuse to take part in classroom performances
- refuse to attend school
- experience severe anxiety when faced with an upcoming social or performance situation
- experience blushing, tremors, sweating, rapidly beating heart, upset stomach, diarrhoea, muscle tension, confusion
- have difficulty being assertive.

Approximately 1% - 2% of children and adolescents are diagnosed with social phobia. While it most commonly occurs in mid-teens it can occur earlier. Onset is usually slow, often following a history of childhood shyness. However, it can occur abruptly after a particularly embarrassing or humiliating experience. It affects boys and girls equally.

Generalised Anxiety Disorder
Generalised anxiety disorder may be diagnosed in children when excessive anxiety and worry has occurred more days than not for a period of at least 6 months. The anxiety must be about a number of events or activities, and a child must exhibit difficulty in controlling their worrying. The intensity, duration, or frequency of the anxiety is far out of proportion to the actual likelihood or impact of the feared event.

Common worries in children include health, school, natural disasters, personal harm, the health and safety of others, and the future. To be diagnosed with this disorder, however, children must also experience either restlessness, difficulty concentrating, fatigue, irritability, muscle tension, or disturbed sleep.

Children with generalised anxiety disorder may:
- worry about how well they are performing
- worry about catastrophic events such as natural disasters or war
- be unsure of themselves
- redo tasks because of a less-than-perfect performance
- require excessive reassurance about their performance and worries
- go from one worry to the next
- exhibit a strong desire to conform to rules and social norms (e.g. in dress, mannerisms, and behaviour)
- be extremely eager to please
- be anxious about age inappropriate matters (e.g. deadlines, keeping appointments, the dangers of various situations).

Approximately 2% - 4% of children and adolescents experience this disorder. In childhood, gender has no effect on prevalence rates. However, in adolescents, the disorder is more common in girls.

Panic Disorder
A panic attack is an experience of extreme anxiety in the absence of real danger. A child experiencing panic disorder has repeated and unexpected panic attacks.

Children with panic disorder may experience:
- choking sensations
- racing heart
- tingling sensations
- chills or hot flushes
- dizziness
- nausea
- sweating
- trembling or shaking
- fear of dying
- fear that something dreadful is going to happen.

Children with panic disorder very frequently have another anxiety disorders and may be prone to depression. While this disorder can occur in children, it is much more common in adolescents with the peak age of onset between 15 and 19 years.

Specific Phobia
Phobias are characterised by an extreme and persistent fear of specific objects, situations, or events. To be diagnosed with specific phobia, a child must experience this severe anxiety for a period of at least 6 months. However, a diagnosis of specific phobia should only be made if the phobia, and avoidance of it, causes significant interference and distress in the child's life. Common examples of childhood phobias include fear of animals, heights, water, thunderstorms, darkness, medical or dental procedures.

Children experiencing specific phobia may:
- make extreme attempts to avoid what they fear, or will endure the situation with distress
- express their fear through crying, tantrums, freezing, or clinging

- ask many questions ahead of time to determine whether or not they will have to confront their fear in the near future
- have unreasonable thoughts or beliefs about what they fear (e.g. a child with a phobia of bees might believe that bees actually want to sting them).

Specific phobia may develop after a traumatic experience, through observing others display the same fear, or through being told stories about a particular object or situation that is regarded as dangerous. These phobias affect between 4% - 11% of the whole population and are more common in females.

Obsessive Compulsive Disorder
Obsessive Compulsive Disorder (OCD) is characterised by:
a) Obsessions, which are recurrent and persistent thoughts, impulses or images, that are intrusive, inappropriate, and cause anxiety or distress; and
b) Compulsions, which are repetitive behaviours or mental acts that the child feels driven to perform. The behaviours (e.g. handwashing, checking) or mental acts (e.g. counting, repeating words silently) are aimed at preventing or reducing distress, or preventing some dreaded event or situation.

For a child with OCD, these behaviours are either not connected in a realistic way with the obsession, or are clearly excessive. For example, a child whose obsession is about germs may wash their hands 10 times in a row. To be diagnosed with obsessive compulsive disorder, the obsessions and compulsions must cause significant impairment and distress, and/or be debilitating, taking one hour or more per day.

Children with OCD:
- may not realise that the obsessions and/or compulsions are excessive or unreasonable
- often have obsessions related to fear of contamination, fears for personal safety, or the safety of others, and the need for symmetry
- often have compulsions involving washing rituals, checking, ordering or aligning objects
- will become extremely distressed if they are prevented from carrying out compulsions
- may demand that family members become engaged in their compulsive rituals
- may exhibit a gradual decline in schoolwork due to difficulties concentrating
- are more likely to engage in rituals at home than in front of friends, teachers, or strangers
- may be secretive or ashamed of their obsessions and compulsions
- often have more than one obsession and compulsion at any one time
- may experience changes in the focus of their obsessions and compulsions.

The onset of OCD is usually gradual and affects around 1% of children and adolescents. It typically occurs between 6 and 15 years in males, and 13 and 29 years in females.

Post-traumatic Stress Disorder
Post traumatic stress disorder (PTSD) may develop after a child has been exposed to a traumatic incident. Such incidents could involve witnessing or being in a serious car accident, witnessing violence, or learning about the violent death of a close friend or

family member. For children to be diagnosed with PTSD, their response to the trauma will typically involve agitated behaviour, or feelings of intense fear, horror, or helplessness. Symptoms must occur for more than one month, and cause significant distress or disruption to the child's life.

Children with PTSD may:

- re-experience the event through recurrent and intrusive dreams, nightmares, and flashbacks
- play out the trauma with dolls or toys
- avoid any reminders of the traumatic event
- no longer enjoy once loved activities
- feel detached or distant from others
- behave in impulsive or self-destructive ways
- experience bodily aches, pains, and discomfort
- show rapid changes in personality.

PTSD can occur at any age and is estimated to affect 8% of the population over the lifespan.

What Are the Causes?

As with many mental disorders there is no clear cause. However, some of the factors that are associated with anxiety include heredity and biology, family background and upbringing, and stressful life events. .Children may inherit genes that predispose them to high levels of anxiety, or they may inherit a personality that makes them more vulnerable to anxiety disorders.

Parental influence also appears to be a factor with overly protective and cautious parenting that emphasises the danger of the world, or parenting that is overly punishing and perfectionist seen as risk factors. Children who display emotional insecurity and dependence are also particularly vulnerable.

Life stressors can play a role in the development of anxiety disorders. Experiences in childhood such as parental divorce, death, or serious illness, can increase the likelihood of an anxiety disorder developing. Significant life changes such as relocating over large distances, starting or changing schools, can also increase the risk.

How Are Anxiety Disorders Treated in Children?

Cognitive-behavioural therapy (CBT) has been shown to be an effective treatment for children experiencing anxiety disorders. Cognitive behaviour therapy involves assisting people, including children, to change their attitudes and negative inaccurate thoughts, as well as their behaviour.

The key components of CBT used with children with anxiety disorders are:

- providing information and education to children and their families about anxiety
- helping children change the way they think about anxiety-provoking situations, e.g. therapists often use an idea called "detective thinking" where children are assisted to look for the evidence for their anxious thoughts as a way of challenging and replacing them with more realistic, calm, and helpful thoughts

- teaching relaxation skills to help children manage the physical symptoms related to anxiety
- teaching problem-solving techniques to help children identify ways to cope in anxiety-provoking situations
- teaching children to face their fears one small step at a time through a technique called systematic desensitisation (As children face their fears, they gradually overcome their anxiety.)
- teaching strategies to parents so that they are better equipped to assist their child reduce and manage anxiety.

CBT is effective in both small group and individual settings. Group CBT is also used as a prevention and early intervention strategy targeting children with anxiety symptoms.

Sometimes children will only have a minimal response to CBT alone. In these instances, medication may sometimes be prescribed. Various studies support the effectiveness of Selective Serotonin Re-uptake Inhibitors (SSRIs) in decreasing symptoms of anxiety. Parents who are concerned about the side-effects of medication should discuss this with a psychiatrist or treating physician.

Tips for parents

- Try not to dismiss your child's fears as silly as they are very real for your child.
- Check your own anxiety levels. Others can usually sense when you are anxious, and this could be affecting your child.
- Look for patterns of avoidance in your child's behaviour, as avoidance is often a sign of anxiety.
- Be aware that some children would rather get into trouble through misbehaving than face their anxiety.
- Whenever possible, try to *gradually* reduce your child's avoidance of situations that cause them anxiety.
- Spend time with your child away from their anxiety so that they do not associate anxiety with your love and attention.
- If you feel that you and your child are frequently having difficulty with their anxiety, see your family doctor/GP. Early intervention is the best option.

What Help is Available?

General Practitioner
If you are concerned about your child's anxiety your local doctor (GP) is often a good starting point. GPs can refer you to an appropriate professional (e.g. psychologist or psychiatrist) within the local area. (You may be able to claim some of the costs of seeing a psychologist through the Medicare Better Access Scheme, see p 9.)

Psychologists
Contact the Psychology Database on 1800 333 497 or visit www.psychology.org.au. This database is maintained by the Australian Psychological Society and provides information on psychologists in your area that treat anxiety in children. It's good to be specific about what you are looking for, e.g. psychologists that treat 'anxiety in children' or 'OCD in children'.

Community Health Centres and Child, Adolescent and Family Teams
Help is available at Community Health Centres and from the Child and Family Teams that are located throughout NSW. A referral is not needed to make an appointment. To find your nearest Community Health Service you can call the Mental Health Information Service on 1300 794 991, check the Government and Business White Pages under 'Community' or go to www.health.nsw.gov.au/services/.

University clinics that treat anxiety in children
Some of the major universities run psychology clinics where intern psychologists are trained under close supervision. Most offer group or individual treatment at a fraction of the cost of fully registered psychologists. Some clinics are also able to negotiate the fee in the case of financial hardship. Clinics based at universities that offer services for children with anxiety are listed below:

Centre for Emotional Health, Macquarie University, North Ryde, NSW (02) 9850 8711
Psychology Clinic, University of Western Sydney, Milperra, NSW (02) 9772 6686
Psychology Clinic, University of New South Wales, Randwick, NSW (02) 9385 3042
Health Psychology Unit, University of technology, Gore Hill, NSW 902) 9514 4077
Northfields Clinic, University of Wollongong, Gwynneville, NSW (02) 4221 3747
Psychology Clinic, University of Newcastle, Callaghan, NSW (02) 4921 5075
Psychology Clinic, Australian National University, Canberra, ACT 902) 6125 8498

Public hospital-clinics that treat anxiety in children
Child and Adolescent Anxiety Clinic, Royal North Shore Hospital, St Leonards, NSW (02) 9926 8905
Redbank House, Westmead, NSW (02) 9845 7950
Rivendell (Thomas Walker Hospital), Concord, NSW (02) 9736 2288

At school
The school counsellor at your child's school may be able to provide assistance by way of assessment of your child's anxiety, or referral to other services. Some school counsellors also run group programs for children experiencing anxiety. You can contact the school counsellor at your child's school through the school's administration office.

Small Steps
Small Steps is an anxiety awareness program for primary schools. It aims to help parents and teachers recognise anxiety disorders in children, and promotes early intervention. Small Steps consists of an anxiety awareness seminar for teachers and parents that can be held at a time and place convenient for the school community. Seminars are funded by NSW Health and are free of charge for primary schools in the Sydney metropolitan area. If you feel that your school community could benefit from a Small Steps seminar, email smallsteps@mentalhealth.asn.au, or phone 9339 6088.

Telephone Interpreter Service 131 450

If English is not your first language please call the Mental Health Information Service through the Telephone Interpreter Service (TIS).This service is free to non-English speaking Australian citizens or permanent residents. TIS have access to interpreters speaking more than 120 languages and dialects.

Medicare Rebates and Accessing Private Practitioners

What is the difference between psychiatrists and psychologists?
Psychiatrists are medically trained doctors who specialise in the treatment of mental illness. Like GPs they can prescribe, administer and monitor medication. Psychiatrists do not advertise so it is up to your GP to refer you to someone appropriate.

Psychologists are trained in human behaviour and use a range of therapies to treat patients. They provide services including assessment, psychological testing, and various types of psychotherapy and counselling.

Medicare rebate for psychologists
A Medicare rebate is now available for a number of sessions per calendar year with a registered psychologist* with a Medicare Provider Number. To obtain the rebate you must be referred by an appropriate medical practitioner, i.e. a GP, psychiatrist or paediatrician. The practitioner will ensure that you meet the eligibility requirements and develop a management plan for your condition.

The cost and rebate from Medicare can vary depending on the consultation length and fee charged. If the psychologist bulk bills there will be no extra cost.
For further information about the rebate, or to locate a psychologist in your area contact the Australian Psychological Society on 1800 333 497 or www.psychology.org.au.

* Similar Medicare rebates also exist for mental health accredited social workers and occupational therapists.

Mental Health Resource Centre

The Mental Health Resource Centre contains material that promotes a better understanding of mental health issues. New books and DVDs are purchased on a regular basis and visitors are welcome to come in and browse.

Members of MHA, CAG and ARAFMI may check-out resources on loan. The length of the loan is 3 weeks. Membership costs between $10 - $30 per individual per annum. Please note that most of the reference books are not available for loan

You will find the Resource Centre Booklist at our website: www.mentalhealth.asn.au

For further information contact 1300 794 991.

References

American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders,* Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000.

Bourne, E. J. (2005). The Anxiety and Phobia Workbook. California: New Harbinger.

Pinto-Wagner, A. (2002). Worried No More: Help and Hope for Anxious Children. NY: Lighthouse Press.

Morris, T. L., & March, J. S. (Eds.) (2004).Anxiety Disorders in Children and Adolescents (second edition). New York: Guildford Press.

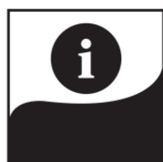
Victor, A. M., & Bernstein, G. A. (2008). Developing an effective treatment protocol. *Psychiatric Times,* 25*(2).*

Disclaimer

This information is for educational purposes. As neither brochures nor websites can diagnose people it is always important to obtain professional advice and/or help when needed. The listed websites provide additional information, but should not be taken as an endorsement or recommendation.

This information may be reproduced with an acknowledgement to the Mental Health Association NSW. This and other fact sheets are available for download from www.mentalhealth.asn.au. The Association encourages feedback and welcomes comments about the information provided.

This fact sheet was last updated in July 2010.



Mental Health Information Service
Mental Health Association NSW Inc
Level 5, 80 William Street
East Sydney NSW 2011

Phone: 1300 794 991
Fax: (02) 9339 6066
Email: info@mentalhealth.asn.au
Web: www.mentalhealth.asn.au