

The Youth Mental Health Project EMPOWERS families and communities to act with the KNOWLEDGE, SKILLS and RESOURCES they need to support the SOCIAL, EMOTIONAL, MENTAL, and BEHAVIORAL health of youth.



## WHAT IS ANXIETY?

**F**ear, worry, and anxiety are natural feelings that everyone has from time to time and can be appropriate reactions to certain situations. In fact, those feelings can be completely typical responses to a variety of circumstances or stressful situations and can, sometimes, even be healthy.

**Fear** is most easily identified as a response to something specific that is perceived as a clear and imminent threat. Fear can start the fight, flight, or freeze response in a child and can cause a child to act out, become extremely agitated, distracted, or withdrawn. At the same time, fear is generally temporary and the reaction calms down when the threat is no longer present.

**Worry** is closely related to fear. You may have a child who asks lots of worrisome questions, like “*What if lightning hits the house during a rainstorm?*” or “*What if I break my arm during baseball practice?*” While sometimes hard to differentiate, worry is the anticipation of something bad, the train of thought before the potentially fearful event.

**Anxiety** is also anticipatory in nature and focused on a possible danger, but it is more intense than worry. Anxiety is an overwhelming sense of unpleasantness, discomfort, or apprehension, which can sometimes be related to a specific thought or feeling but oftentimes is unexplainable.

Generally, worries and fears that cause significant distress and impair daily functioning may be an indication that your child is experiencing anxiety.

Half of all lifetime cases of Anxiety Disorders begin as early as age 8.<sup>1</sup>

Anxiety is a common problem affecting children and adolescents both at home and in school, causing significant problems personally, socially, and academically yet is highly treatable.

## COMMON SIGNS AND SYMPTOMS OF ANXIETY DISORDERS

- Refusing to go to school
- Difficulties at school
- Difficulty with separation of parents
- Seeking reassurance that everything will be ok
- Avoiding very specific things, situations, crowds, dogs
- Difficulty handling minor problems
- Difficulty sleeping or eating
- Physical complaints like stomach aches, headaches, shakiness, dizziness, shortness of breath, sweating, choking, chest pains, numbness

## TIPS FOR PARENTS - of children under 10

- Talk with your child every day about life.
- Don't minimize their concerns, they are big to them.
- Encourage proper rest, exercise and nutrition.
- Help them put stressors into perspective.
- Provide structure, consistent rules and predictability.
- Plan ahead for stressful events.
- Set reasonable expectations and help your child set manageable goals.
- Model effective coping strategies.
- Set up a reasonable schedule.
- Plan for transitions (For example, allow extra time in the morning if getting to school is difficult.)

1 in 5

children in the U.S. has a diagnosable mental health condition, yet less than 20 % of those youth receive the treatment they need.

<sup>1</sup>National Institute of Mental Health  
<sup>2</sup>. U.S. Department of Health & Human Services

# TYPES & SYMPTOMS

## GENERALIZED ANXIETY DISORDER<sup>3</sup>

Generalized anxiety disorder (GAD) is characterized by excessive and uncontrollable worry about a variety of events. It is often accompanied by physical symptoms such as headaches, muscular tension, restlessness, heart palpitations, and stomach upset. Children and adolescents with GAD may worry excessively about their performance and competence at school or in sporting events, about personal safety and the safety of family members, or about natural disasters and future events.

## PANIC DISORDER<sup>4</sup>

More common in girls than boys, panic disorder emerges in adolescence usually between the ages of fifteen and nineteen.

## SOCIAL ANXIETY DISORDER<sup>5</sup>

The defining feature of social anxiety disorder, also called social phobia, is intense anxiety or fear of being judged, negatively evaluated, or rejected in a social or performance situation. People with social anxiety disorder may worry about acting or appearing visibly anxious (e.g., blushing, stumbling over words), or being viewed as stupid, awkward, or boring. As a result, they often avoid social or performance situations, and when a situation cannot be avoided, they experience significant anxiety and distress.

The average age of onset for social anxiety disorder is during the teenage years. Although individuals diagnosed with social anxiety disorder commonly report extreme shyness in childhood, it is important to note that this disorder is not simply shyness that has been inappropriately medicalized.

## SPECIFIC PHOBIAS

Phobias are highly specific and exclusive fears. The child or adolescent functions normally until confronted by the dreaded object, event, or situation. Some examples include fears of bugs, fears of heights, crowded spaces or fear of flying in an airplane.

## SEPARATION ANXIETY

Separation anxiety disorder (SAD) is an anxiety disorder that causes a child to suffer from feelings of extreme worry when apart from family members or other places/ people she is attached to. Sometimes just the thought of the separation causes this intense worry.

Children with SAD may experience:

- Difficulty being away from parents or other loved ones.
- Excessive worry about harm to loved ones.
- Excessive worry about danger to self.
- Difficulty leaving the home, even to go to school.
- Difficulty sleeping.
- Feeling physically ill when away from loved ones.

In order to diagnose SAD, these symptoms must be present for at least 4 weeks and be more severe than the normal separation anxiety that most children experience.<sup>6</sup>

## SELECTIVE MUTISM<sup>7</sup>

A child with selective mutism will talk at some times and in some places, but not in others. This might start when your child goes to school or younger.

If your child has selective mutism, you may notice that:

- She will not speak at times when she should, like in school. This will happen all of the time in that situation. Your child will talk at other times and in other places.
- Not speaking gets in the way of school, work, or friendships.
- This behavior lasts for at least 1 month. This does not include the first month of school because children may be shy and not talk right away.
- Your child can speak the language needed at that time. A child who does not know the language being used may not talk. This is not selective mutism.
- Your child does not have a speech or language problem that might cause her to stop talking.

**For more information:**

**The Youth Mental Health Project**

[ymhproject.org](http://ymhproject.org)

**National Institute of Mental Health**

[www.nimh.nih.gov](http://www.nimh.nih.gov)

**Special thank you to:**

**Dr. Tara Levinson**

3. Childrenshospital.org

4. American Academy of Child & Adolescent Psychiatry

5. ADAA

6. childrenshospital.org

7. ASHA.org