

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?

Fear, 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. When there is something to fear, a child may have significant somatic symptoms, such as increased heart rate, shortness of breath, muscle tension, and even sweat. 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flight, or freeze response in a child and can cause a child to act out, become extremely agitated, distracted, or withdrawn.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. As a result of an overactive fight, flight, or freeze response to anxiety, a child may feel uneasy, complain of headaches or stomach aches, and perceive a threat which may or may not exist.

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

Anxiety disorders affect 25.1% of children between 13 and 18 years old. Research shows that untreated children with anxiety disorders are at higher risk to perform poorly in school, miss out on important social experiences, and engage in substance abuse.¹

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.

TIPS FOR PARENTS

- of children over 11

- Be consistent in how you handle problems and discipline.
- Be patient and be prepared to listen.
- Avoid being overly critical.
- Maintain realistic, attainable goals and expectations for your child.
- Do not communicate that perfection is expected.
- Maintain consistent but flexible routines for homework, chores, activities, etc.
- Accept that mistakes are a normal part of growing up.
- Praise and reinforce effort, even if success is less than expected.
- Teach organization.
- Do not minimize feelings.
- Do not criticize your child for not being able to respond to rational approaches. Rationalization may not always work.
- If the problem persists and continues to interfere with daily activities seek help.

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.

1. ADAA

2. U.S. Department of Health & Human Services

TYPES & SYMPTOMS

According to the SAMHSA report, Behavioral Health, United States – 2012, lifetime phobias and generalized anxiety disorders are the most prevalent among adolescents between the ages of 13 and 18 and have the earliest median age of first onset, around age 6.

GENERALIZED ANXIETY DISORDER³

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 DISORDER⁴

More common in girls than boys, panic disorder emerges in adolescence usually between the ages of fifteen and nineteen. Feelings of intense panic may arise without any noticeable cause or they may be triggered by specific situations, in which case they are called panic attacks. A panic attack is an abrupt episode of severe anxiety with accompanying emotional and physical symptoms.

During a panic attack, the youngster may feel overwhelmed by an intense fear or discomfort, a sense of impending doom, the fear he's going crazy, or sensations of unreality.

SOCIAL ANXIETY DISORDER⁵

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.

The objects of a phobia usually change as a child gets older. While very young children may be preoccupied with the dark, monsters, or actual dangers, adolescents' phobic fears tend to involve school and social performance.

OBSESSIVE-COMPULSIVE DISORDER

See separate fact sheet.

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

For more information:

The Youth Mental Health Project

ymhproject.org

National Institute of Mental Health

www.nimh.nih.gov

Special thank you to:

Dr. Tara Levinson

3. Childrenshospital.org

4. American Academy of Child & Adolescent Psychiatry

5. ADAA