Children and Anxiety

Whilst it is very normal for children and young people to experience emotional problems and personal difficulties of some form whilst growing up, a proportion of children have anxiety problems that are significant enough to impact on their lives and warrant further help.

The term anxiety disorders is used to describe a wide range of conditions characterised by sufferers experiencing anxiety and just as anxiety disorders can affect adults irrespective of age, race and gender, they similarly affect children. Although children experience the symptoms of anxiety in much the same way as adults do, children can respond to those symptoms very differently, which leads to problems in diagnosis and difficulties for parents who are often not sure whether their child is just 'going through a phase' which they will eventually grow out of, or if the problem really constitutes an anxiety disorder.

It is, however, worth pointing out that many children have short-lived fears (for example, fear of the dark, animals, insects or storms) and for most, no action need be taken. It is only when the anxiety that a child experiences becomes so severe that it begins to interfere with the daily activities of childhood (for example, attending school, being away from parents and other significant adults) that it is advisable to seek professional help. The first port of call in this case is a visit to your child's GP.

What causes the development of anxiety in children?

Children and young people experience stress in their lives in the same way that adults do. Stressful life events (for example, starting a new school, moving house, adapting to having a new sibling or bereavement) can trigger the onset of an anxiety disorder and indeed, are common triggers of anxiety disorders and anxiety in children. Having said this, some children develop anxiety disorders without having experienced anything particularly stressful.

Whilst children can develop any of the recognised anxiety disorders (agoraphobia, social phobia, Obsessive Compulsive Disorder or panic attacks), some are more common in childhood than in others. Similarly, some anxiety disorders seem to be more likely to develop at specific stages in a child's development. Examples of this are separation anxiety disorder and specific phobias, which are generally more common in younger children of pre-school age and up to 9 years. Disorders such as Generalised Anxiety Disorder and social phobia/social anxiety disorder, however, are more likely to develop in middle childhood and adolescence.

Separation anxiety

The most common ages for separation anxiety to be exhibited by children are at around 8 to 12 months and anywhere between 18 months and 3 years. The way children express separation anxiety at this time in their development is by crying and clinging to their parents/loved ones. Separation anxiety, however, does tend to ease off between the ages of 2-3 years and children become better able to cope with separation from their parents, whilst at the same time becoming very aware of strangers. The degree of separation may vary from day to day. Some days a child may be fine whilst on other days he/she may exhibit high levels of anxiety and become extremely clingy. Some children go through phases of clinging to a particular parent, which can lead to exhaustion in the parent concerned and possible feelings of rejection in the excluded parent. These times in a child's development can often be very trying for both children and parents and it is common for children to have temper tantrums.

Many factors may contribute to separation anxiety, including tiredness, minor or major illness, changes in household routine, the arrival of a new sibling or changes in day care provision. It is important to note that separation anxiety is not usually caused by the behaviour of parents but it is true to say that parents can take steps to reduce the severity of the problem

How to reduce separation anxiety in pre-school children

- Start occasionally using a trusted babysitter in your child's first year. This will help your child to tolerate short periods away from you and will help them to develop trust in other adults.
- From a few months of age onwards, encourage social interaction and play with other children through attending playgroups or day care centres.
- Help your child become familiar with new surroundings and people before actually leaving your child in a new place.
- Focus on the positive things that have taken place whilst your child has been in day care or being looked after by others.
- When leaving your child at a playgroup or another's care, make sure you give them a quick hug/kiss and say goodbye, leaving promptly. Hanging about only worsens the situation.
- Never try to sneak off without your child noticing. Always say goodbye. This way the child knows when you are going to be absent, and isn't constantly on 'red alert' that you might disappear without warning.

Separation anxiety disorder

Most children of 4 years old and above are able to leave their parents for short periods without experiencing significant distress. If

not, the problem could be separation anxiety disorder, which is estimated to affect approximately 4% of children.

Separation anxiety disorder involves excessive anxiety, even panic, that occurs when a child is separated from home or a loved one. It can often appear in a child who has shown no previous signs of a problem.

For separation anxiety disorder to be diagnosed, a child:

- Must experience anxiety severe enough to interfere with normal activities such as attending school or being left with a trusted babysitter.
- May worry that their parents will suffer harm when they are separated.
- May experience nightmares, sleep problems and physical problems such as nausea, headaches and abdominal pain (usually before or during a separation).

Separation anxiety disorder may result in the development of 'school phobia'. This is when children refuse to attend school because they fear separation from a parent, although school phobia may be the result of other underlying problems (see Anxiety UK's factsheet on school phobia for further information).

Because school phobia can often be a symptom of a deeper problem, if it is not treated it can have a negative impact on a child's socialisation skills, self-confidence, coping skills and, of course, their education. School phobia is generally more common during times of transition - for example, when children move from primary to junior school and from junior to senior school. Common school fears are:

- Being separated from parents and caregivers
- Travelling to school via school bus/other public transport
- Eating in the school cafeteria
- Using the school toilets
- Being asked to read out aloud in class
- Getting changed for PE lessons
- Worries about fitting in with other children and interaction with teachers
- Being picked on by older children

Obsessive Compulsive Disorder in children and adolescents

Obsessive Compulsive Disorder (OCD) usually begins in adolescence or young adulthood and is characterised by recurrent obsessions and/or compulsions that are severe enough to cause significant discomfort.

Obsessions are recurrent and persistent thoughts, impulses or images that are unwanted and cause anxiety and distress. Obsessional thoughts are often unrealistic and irrational, and are not simply worries about real-life problems. Compulsions are repetitive behaviours or rituals (for example, hand-washing, hoarding, counting, keeping things in order, and checking things over and over again). For a child to be diagnosed as having OCD, the obsessions or compulsions must cause significant anxiety and interfere with the child's normal pattern of life. Children as young as 5 or 6 can exhibit OCD.

The obsessive thoughts that a child has may vary with age and indeed, change over time. For example, a younger child with OCD may worry excessively that harm of some form may come to their parents and in response to these obsessive thoughts, will compulsively check that the doors and windows of their house are locked to prevent intruders from entering.

Older children with OCD may develop obsessive thoughts around contamination or illness. To cope with their obsessions, the child may develop ritualistic behaviours such as hand-washing repetitively to 'rid' them of germs and contamination.

It is common for children and young people with OCD to feel embarrassed about their OCD and often keep the problem to themselves, only telling friends and family members when the problem becomes impossible to contain.

Specific phobias

Specific phobias are defined as an intense, irrational fear of a specific object - for example, a dog - or a situation, such as being in the dark. Specific fears are very common in children, particularly young children, and often are not a cause for concern as they go away on their own accord without treatment. However, a phobia is usually diagnosed in children if it is persistent for at least 6 months and interferes significantly with a child's daily routine – for example, a child who refuses to play outdoors for fear of encountering a dog. The most common childhood phobias are:

- Animals and insects
- Storms
- Heights
- Water
- Blood
- The dark
- Injections and other medical procedures

Unlike adults, children often don't recognise that their fear is irrational or out of proportion to the situation and they may not always be able to articulate their fears. Children therefore frequently avoid situations or things that they fear, or endure them with anxious feelings which are exhibited in the form of crying, tantrums, freezing on the spot, clinging, avoidance or complaining of physical symptoms such as headaches and tummy aches.

Treatment of childhood phobias is generally very similar to that for adult phobias and entails psychological treatment methods such as systematic desensitisation over time, during which the phobia either disappears or substantially

decreases so that it no longer restricts daily activities.

Selective Mutism

Selective Mutism used to be known as 'Elective Mutism' but has been renamed in recognition of the fact that a child does not choose/elect to be selectively mute. This condition is most commonly found in children and is characterised by a persistent failure to speak so as to be heard in select settings, which continues for a reasonable period of time – usually a month or two. Children with Selective Mutism understand language and have the ability to speak, and in most cases will speak to their parents and a few significant others. They do not, however, generally speak in school or in other social situations. Children suffering from Selective Mutism may:

- Stand motionless and expressionless, turn his/her head, chew or twirl hair, avoid eye contact or withdraw into a corner.
- Become anxious before entering an uncomfortable situation, exhibiting common symptoms of anxiety such as stomach-aches, headaches and other physical ailments.
- Display additional signs of severe anxiety such as frequent tantrums and crying, moodiness, inflexibility, sleep problems and extreme shyness.

Selective Mutism is a form of severe anxiety disorder and may be associated with a variety of issues/conditions. To date, the exact cause of Selective Mutism is unknown.

Social phobia/social anxiety disorder

Social phobia is usually diagnosed in the mid-teen years but it is found in children of pre-school and above age. If left untreated, social phobia can persist into adulthood and can sometimes lead to other psychiatric problems such as depression and alcohol misuse.

Social phobia is characterised by:

- Fear of at least one social situation (for example, eating in school or playtimes at school).
- Apparent fear when dealing with peers as well as when interacting with adults.
- Avoidance or intense dread of feared situations.
- Interference with school performance/attendance and the ability to interact with peers/develop and maintain relationships.

When faced with social situations that the child fears, he/she may experience anxiety symptoms such as:

- Sweating
- Racing heart
- Stomach-ache
- Dizziness
- Crying Tantrums
- Freezing

Generalised Anxiety Disorder (GAD)

Generalised Anxiety Disorder usually affects children between the ages of 6 and 11 and is characterised by excessive worry and anxiety over a number of things. For example, worrying about:

- Performance at school/exam results
- Performance in sporting events
- Being punctual for school/appointments
- Family issues in general
- World events
- Health

Children with GAD find that they cannot control their worry and that it interferes with normal activities. The physical symptoms of GAD include:

- Restlessness
- Fatigue and inability to sleep
- Difficulty in concentrating
- Irritability
- Muscular tension

It is not uncommon to find that children with GAD are very hard on themselves, striving for perfection. They also frequently seek the approval or reassurance of others and have a 'people pleasing' type personality.

Panic disorder

Panic disorder in children can be characterised as when a child suffers at least two unexpected panic attacks (symptoms of which include):

- Racing or pounding heartbeat
- Shortness of breath or a feeling of being smothered
- Trembling or shaking
- Sense of unreality
- Intense fearfulness
- Fear of dying, losing control or losing your mind

This is followed by a period of time, usually of at least one month, where there is concern about the possibility of having another panic attack.

Panic disorder itself is a very common problem in adults and usually begins in adolescence, although it may start during childhood.

Panic disorder can interfere with a child's normal development and lead to children avoiding situations where they fear a panic attack may occur, or avoiding situations where help may not be available. For this reason, a child may be reluctant to go to school or be separated from his/her parents. In severe cases, children may be so anxious that they are afraid to leave home. This pattern of avoiding certain places or situations is known as agoraphobia.

What to do if you think your child is suffering from an anxiety disorder

After having read the information contained in this factsheet up to now, you will notice that most of the conditions only

become a problem when the anxiety or behaviour that a child exhibits significantly impacts on their daily functioning. Therefore, the first step as a parent or caregiver is to assess how much of a problem the problem really is. It is important to emphasise that a great many children experience anxiety in one form or another and that many simply go through phases of anxiety which they eventually grow out of. However, if the anxiety that your child is experiencing is so severe that you are having to make changes to your lifestyle and that of your child in order to accommodate their problem then it is probably advisable to seek help.

So where do you go?

A good place to start is to telephone an organisation such as ourselves. Often a simple phone conversation will allay your concerns and if not, will point you in the right direction. We recommend that parents of children experiencing severe anxiety go to see their child's GP and explain the problem. Your child's GP will make an assessment of the problem and if necessary, will refer your child on for an appointment to see a child mental health professional. Early treatment can prevent future difficulties and therefore is worth pursuing. Of course, it is always really important to keep talking to your child, listen to their fears and not discount them. Good communication with people like your child's teachers also goes a long way to resolving any problems.

Further reading

Some of the books listed below are available at the Anxiety UK shop at **www.anxietyuk.org.uk/shop** or over the telephone on **08444 775 774**.
By purchasing through Anxiety UK, you are also helping to support the charity.

Coping with an Anxious or Depressed Child
Dr Sam Cartwright-Hatton

Anxiety UK school phobia factsheet

The Theory and Practice of Anxiety Management
Dr Eddie McNamara

Cool Kids Anxiety Programme
Maquarie University

The content in this factsheet was reviewed by Dr Sam Cartwright-Hatton.

Last updated May 2012.