

When Kids Worry Too Much: Anxiety Disorders among Children and Teens

In any given year, nearly one in eight youth experience extreme anxiety that significantly interferes with their relationships, activities, or school work (13%).¹ Anxiety disorders typically start during childhood or adolescence. Fully half of adults with anxiety disorders show symptoms by age 11, and 75% by age 20.²

Children who suffer from an anxiety disorder experience extreme fear, nervousness, and shyness and may begin to avoid places and activities.³ These symptoms become problems when they occur without any recognizable stimulus, or when the stimulus does not warrant such a reaction.

Although everyone occasionally experiences anxiety, most people don't develop anxiety disorders. Anxiety becomes a disorder when it disrupts one's life by being constant, overwhelming, or uncontrollable. Anxiety disorders are characterized by repeated experiences of intense emotional distress over a period of months or years, and may include frequent unexplained episodes of rapid breathing, a racing heartbeat and tensing muscles.

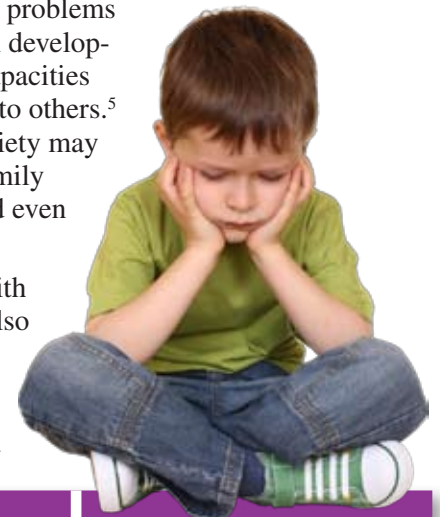
There are many different types of anxiety disorders with differing symptoms. But in all of them, anxiety occurs too often, is too strong, is out of proportion to the present situation, and affects an individual's daily life and happiness.

The combined prevalence of all types of anxiety disorders among youth is higher than all other mental disorders of childhood and adolescence.

Youth with anxiety disorders are at a greater risk for repeated school absences, impaired relations with peers, low self-esteem, and problems adjusting to work situations.⁴ If young children are not provided appropriate help,

these early mental health problems may disrupt typical brain development impair emerging capacities for learning and relating to others.⁵ When left untreated, anxiety may lead to school failure, family conflicts, drug abuse, and even suicide.^{6,7}

Roughly half of youth with an anxiety disorder are also diagnosed with a second anxiety disorder or other mental or behavioral disorder, and approximately



Emotional Symptoms:

- Excessive or irrational worry
- Apprehension or dread
- Trouble concentrating
- Increase in avoidant behaviors
- Feeling tense and jumpy
- Anticipating the worst
- Irritability
- Restlessness
- Mind going blank

Physical Symptoms:

- Pounding heart
- Sweating
- Upset stomach
- Dizziness
- Shortness of breath
- Twitches or tremors
- Insomnia
- Headaches
- Digestive problems
- Muscle tension

one third of teenage suicide victims suffered from an anxiety disorder, either alone or in combination with other mental

¹ U.S. Department of Health and Human Services. 1999. Mental Health: A Report of the Surgeon General. Washington, DC, <http://mentalhealth.samhsa.gov/features/surgeongeneralreport/toc.asp#chapter3>

² Kessler RC, Berglund PA, Demler O, Jin R, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). Archives of General Psychiatry. 2005 Jun; 62(6):593-602.

³ Anxiety Disorders Association of America (Accessed 5, 2010) Childhood Anxiety Disorders <http://www.adaa.org/living-with-anxiety/children/childhood-anxiety-disorders>

⁴ United States Department of Health and Human Services (US DHHS) – Substance Abuse and Mental Health Services Administration. (Accessed May 2010) Child and Adolescent Mental Health. <http://mentalhealth.samhsa.gov/publications/allpubs/CA-0004/default.asp>

⁵ National Scientific Council on the Developing Child at Harvard University (2008) Mental Health Problems in Early Childhood Can Impair Learning and Behavior for Life: Working paper #6. <http://www.developingchild.net>

⁶ US DHHS – Substance Abuse and Mental Health Services Administration.

⁷ United States Department of Justice (Accessed May 2010) Drug Abuse and Mental Illness Fast Facts <http://www.justice.gov/ndic/pubs/77343/7343p.pdf>

illness.⁸ Anxiety most commonly co-occurs with depression,⁹ and research has found that youth with depression and anxiety are more likely to use drugs, have sex by age 16, fight, steal, or run away from home by age 18, than other youth.¹⁰

	Youth with high depression and anxiety	Youth with low or no depression and anxiety
Fail to earn a high school diploma	33%	15%
Median annual earnings by age 23	\$15,506	\$22,975
Charged with an adult crime by age 24	27%	16%

Source: National Scientific Council on the Developing Child

How can I tell if a child needs help?

In addition to the typical emotional and physical symptoms of anxiety (see page 1), children also may express anxiety through crying, tantrums, or shrinking from social situations with unfamiliar people.¹¹

If a child exhibits repeated symptoms of an anxiety disorder, his or her regular healthcare provider should be able to determine whether there is a physical reason for the symptoms, and may refer the child to a mental health specialist if it is not a medical problem.¹²

Answering three key questions may help determine whether to contact a parent, physician, or mental health professional about a child's anxiety:

- Does the child's fear seem unreasonable in relation to the reality of the situation?
- Is the child's fear and behavior atypical for his/her age?
- Does the fear disrupt the child's life, activities, relationships, or school work?

Researchers suggest watching for signs of anxiety disorders when children are between the ages of 6 and 8. During this time, children generally grow less afraid of the dark or

imaginary creatures, and become more anxious about school performance and social relationships. However, a child at any age who withdraws from social situations and experiences fear when interacting with others may be experiencing anxiety.¹³

A few examples of normal, age-appropriate anxiousness include:¹⁴

- 6 months to 12 months of age – infants learn to recognize the experience of fear.
- 10 months to 18 months – toddlers have temper tantrums, but those tantrums aren't normally self-destructive or excessively aggressive toward others.¹⁵
- 8 months through age 3 – peaking between 12 and 24 months of age – toddlers have separation anxiety that typically lasts less than 5 minutes after the parent leaves.¹⁶
- 9 months to late childhood (through age 12) – toddlers and young children may have “stranger anxiety” around people with whom they are unfamiliar.
- Later in early childhood (up to age 8) – children express fear of both real and imagined circumstances, like monsters and the dark. These fears tend to peak around ages 4 and 5 and happen at certain times (bedtime or when they see a clown), but do not disrupt life overall.

In general, young children are less afraid of circumstances if they have some control over the environment, and typical childhood fears disappear with age.¹⁷ Research has shown that the presence of a sensitive, responsive caregiver may act as a buffer against excessive stress and anxiety.¹⁸

If a child with an anxiety disorder is already in the care of a mental health provider, he or she may have a plan in place for coping with anxiety using cognitive-behavioral therapy.¹⁹ These plans work best when they are implemented in all areas of a child's life, including at home, in school, and in after-school and summer programs. Youth workers may find it helpful to collaborate with a child's parents to provide appropriate supports for the child within their program.

⁸ US DHHS – Substance Abuse and Mental Health Services Administration.

⁹ US DHHS. 1999. Mental Health: A Report of the Surgeon General.

¹⁰ U.S. Department of Health and Human Services, Office of Human Services Policy (July, 2009) Youth With Depression/Anxiety Research Brief, using data from the Urban Institute's analysis of the National Longitudinal Survey of Youth 1997-2005 accessed at <http://aspe.hhs.gov/hsp/09/vulnerableyouth/5/index.shtml>

¹¹ American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000. Accessed May, 2010 at <http://www.behavenet.com/capsules/disorders/socphob.htm>

¹² Ibid.

¹³ US DHHS – Substance Abuse and Mental Health Services Administration.

¹⁴ Ibid.

¹⁵ National Scientific Council on the Developing Child at Harvard University (2010) Persistent Fear and Anxiety can Affect Young Children's Learning and Development: Working Paper no. 9 <http://www.developingchild.net>

¹⁶ National Scientific Council on the Developing child at Harvard University (2005) Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper no. 3 <http://www.developingchild.net>

¹⁹ U.S. Department of Health and Human Services. 1999. Mental Health: A Report of the Surgeon General.

Common Childhood Anxiety Disorders

The following list summarizes the most common types of anxiety disorders children face, but is not intended as an aid to diagnosis. Speaking with a child's parent, physician, or a mental health care professional is the first step in determining whether a child has a diagnosable disorder.

Generalized Anxiety Disorder (GAD) consists of general feelings of excessive anxiety and worry and may include physical symptoms such as mild heart palpitations and dizziness. GAD typically develops over a period of time and symptoms are not directly related to a specific event.

Panic Disorder consists of repeated panic attacks without a physical cause. Panic attacks are periods of intense fear accompanied with a pounding heartbeat, sweating, dizziness, nausea, or feeling of imminent death. Children with the disorder are often so scared by the experience that they avoid situations that may bring on an attack; they may not want to attend school or to be separated from their parents.

Post Traumatic Stress Disorder (PTSD) always follows a traumatic event that causes intense fear and/or helplessness; traumatic events may be one-time occurrences such as a natural disaster, or a repeated stressor like child abuse or neglect. Symptoms include re-experiencing the trauma through nightmares, obsessive thoughts and flashbacks, or avoiding situations, people, and/or objects related to the traumatic event. Typically the symptoms develop shortly after the event, but PTSD may have a delayed onset of more than six months after the stressor.

Separation Anxiety Disorder consists of developmentally inappropriate and excessive anxiety over the wellbeing of a child's home or family while the child is separated from them. This anxiety causes significant distress or impairment in social, academic, or other important areas of functioning. Physical symptoms may include headaches, stomachaches, nausea, or vomiting when separation from major attachment figures occurs or is anticipated.

Obsessive-Compulsive Disorder is an often irrational pattern of repetitive thoughts (obsessions) and behaviors (compulsions) that are very hard to stop and are disruptive to everyday functioning.

Specific Phobias (including Social Anxiety Disorder) are unrealistic and excessive fears of specific situations or objects. Symptoms include extreme anxiety about and/or avoidance of the feared object or situation. In children, a specific phobia must be a fear that is inappropriate for the child's age.

School Refusal vs. Truancy

School refusal is a behavior often connected with childhood anxiety disorders. Some ways in which students with school refusal differ from those who are truant include:

- Having severe emotional distress about attending school
- Parents being aware of absences because the child persuades the parents to let him or her stay home
- Absence of significant antisocial behavior such as juvenile delinquency
- Staying home during school hours because it's safe and secure
- Willingness to complete schoolwork at home

Type of Anxiety Disorder ²⁰	Prevalence
Generalized Anxiety Disorder	1-year prevalence is 3% for all ages
Obsessive-Compulsive Disorder	.2% to .8% of children and up to 2% of adolescents
Separation Anxiety Disorder	4% of children & young adolescents
Social Phobia	3% to 13% lifetime prevalence
School Refusal	1% to 5% of all school-aged children ²¹

²⁰ Ibid.

²¹ American Academy of Physicians & State University of New York Upstate Medical University (2003) School Refusal in Children and Adolescents. 68:8, October

Mental Health Resources

- Indiana's Community Mental Health Centers - Find a mental health center online at <http://www.iccmhc.org/providers>
- Indiana's Mental Health Ombudsman - 1-800-901-1133
- Indiana State Mental Health and Substance Abuse Agency www.in.gov/fssa/dmha/index.htm
- Indiana Federation of Families for Children's Mental Health (IFFCMH) <http://indianafamilies.org/>
- Centerstone helps individuals throughout South Central Indiana with mental healthcare needs. For the Customer Care Center and Crisis Call Center, call 1-800-344-8802 or find an online list of Indiana services at <http://centerstone.org/indiana-services>
- National Clearinghouse on Family Support and Children's Mental Health – 1-800-628-1696
- Mental Health America of Indiana www.mentalhealthassociation.com
- National Alliance on Mental Illness, Indiana www.namiindiana.org
- School Mental Health - a resource site for clinicians, educators, administrators, parents/caregivers, families, and students. <http://www.schoolmentalhealth.org/>

Indiana Youth Institute Resources

IYI Reduced Price Trainings and Webinars

High quality professional development trainings with nationally-known experts who deliver practical information and strategies that strengthen your organization and help you make a greater difference in the lives of Indiana youth. www.iyi.org/trainings

Virginia Beall Ball Library

A free lending library of books on nonprofit management and youth development. www.iyi.org/library

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Custom Data Research

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