What is Anxiety?

Anxiety disorders are typically overwhelming by nature and occur over a long time scale. Children may develop anxiety disorders for a whole host of reasons. Such disorders may include:

**Separation anxiety:** Separation anxiety refers to the feelings of stress or worry induced when a child is away from parents and/or carers. This will subsequently impact upon relationships and behaviour in situations whereby they are away from carers i.e. school.

**Generalised anxiety disorder:** Most people – children included will suffer with worry from time to time, but the thing that makes GAD different from ‘normal worry’ is that the worry is prolonged (it lasts for over 6 months), and the level of worry is out of proportion to the risk. This disorder is often described as an intense and irrational fear, whereby feelings of fear and anxiety are induced by an object/situation that provides little or no threat to the sufferer.

GAD is a particularly difficult disorder to live with as it is constantly on the sufferer’s mind – there is no respite as the anxiety is not tied to a specific situation or event. It can cause problems with sleep, ability to focus upon school work, as well as impacting on close relationships.

**Post-traumatic stress disorder:** PTSD may develop following exposure to a highly stressful/traumatic event of series of events. Examples would include any event that involves actual or threatened death, or serious injury.

The event may be witnessed rather than directly experienced. For example, learning about a traumatic event involving a loved one may be sufficient enough to induce PTSD. Sufferers may experience flashbacks and panic attacks.

**Obsessive Compulsive Disorder:** Obsessive Compulsive Disorder (OCD) is typically separated into two parts:

- **Obsessions** – repetitive, obtrusive, unwanted thoughts that are experienced and result in unreasonable fears, and;
- **Compulsions** – acts or rituals carried out in response to fears generated by obsessions.

Often, sufferers will feel less anxious once they have carried out a compulsion. It is also possible to experience obsessive thoughts and not carry out a compulsion. Examples of compulsions are excessive cleaning, counting, checking, measuring, and repeating tasks or actions.
**Panic Disorder:** Refers to the occurrence of panic attacks, but when attacks are experienced outside of an associated situation or circumstances. In other words, attacks may occur ‘out of the blue’ but incur the same physiological impacts.

**Symptoms of Anxiety:**

- Overly irritable
- Insomnia or alternatively, excessive sleeping
- Loss or increase of appetite
- Weight change – usually loss rather than gain
- Suicidal thoughts/self harm
- Poor concentration/loss of interest in previously enjoyed activities
- Negative thoughts about self
- Aggressive
- Marked decline in educational performance
- Difficulty getting on with friends and family
- Unable to study or perform tasks such as taking exams

**Support for Children with Anxiety Disorders:**

A number of causes of anxiety in childhood can be prevented/supported by sensible handling, such as:

- Help children talk through their anxieties, using drawing or play where necessary.
- Talking to or helping children and parents to understand how the problem has developed.
- Specific fears are usually treated by helping children confront their fear in a gradual manner that they can manage i.e. carefully planning a return to school is anxiety is school based.
- Teaching relaxation skills.
- When anxiety symptoms are age and context appropriate, reassuring parents/carers may be all that is necessary.
- For illogical fears that are not quite phobias, simple explanations and reassurances are essential to helping children gradually overcome these fears.

**Further Support and guidance:**

For additional support with anxiety and anxiety disorders, please follow the link below: