

# Student Anxiety & The Role of the Psychology School Mental Health Initiative

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*Psychology Month, Dufferin-Peel C.D.S.B.*

## Tuning into the presence of Stress and Anxiety Disorders in Our Students

Both Canadian and American studies have shown that levels of stress have been increasing. One study revealed that 44% of Americans reported that stress levels have increased over the past five years, with money, work, and the economy the chief areas of concern. Stress is having a big impact on children as well. A study showed that almost a third of surveyed children reported that in the last month they had experienced a health symptom often associated with stress such as headaches, stomachaches, or trouble falling or staying asleep. Anxiety and stress in children and teens can come from many sources, including doing well in school, making and keeping friends, and managing perceived expectations from teachers, parents, and coaches. Therefore, tuning into emotional and behavioral cues from our students is an



important step in identifying potential problems and providing the necessary guidance and support.

Anxiety disorders are one of the most common problems exhibited by school-age children and adolescents. Anxiety disorders in young people are important to treat as they are associated with negative outcomes including peer relationship difficulties, academic failure, and later onset of other mental health disorders including depression and alcohol abuse. In spite of the high prevalence rates, most students identified with anxiety

disorders have not received any interventions.

Anxiety is a subjective sense of worry, apprehension, fear and distress. It is normal to have these sensations on occasion, and so it is important to distinguish between normal levels of anxiety and unhealthy or pathologic levels of anxiety. The subjective experience of anxiety typically has two components: physical sensations (e.g., headache, nausea, sweating) and the emotions of nervousness and fear. Anxiety disorders, when severe, can affect a student's thinking, decision-making ability, perceptions of the environment, learning and concentration. It raises blood pressure and heart rate, and can cause a multitude of bodily complaints, such as nausea, vomiting, stomach pain, ulcers, diarrhea, tingling, weakness, and shortness of breath.

Signs and symptoms of anxiety can include: endless checking or re-checking actions; a con-

stant and unrealistic worry about everyday occurrences and activities; fear and anxious feelings that appear for no apparent reason; and increased physical or health problems leading to difficulty carrying out activities of daily living.

All young people experience some anxiety from time to time, and fears and worries in young people can be common and developmentally appropriate. Toddlers can fear darkness, imaginary creatures, and being separated from their caretakers. School-age children are more likely to worry about injury, death, and natural events such as thunder and lightning. Pre-adolescents and adolescents typically worry about school performance, social status, and health issues.

The diagnosis of normal versus abnormal anxiety depends largely upon the degree of distress and its effect on a young person's ability to function. The degree of abnormality must be gauged within the context of the young per-

son's age and developmental level. A specific anxiety disorder is usually diagnosed by the pattern, intensity, and quality of symptoms. Some common anxiety disorders include:

**Generalized Anxiety Disorder** is the experience of chronic, excessive anxiety about multiple areas of life (e.g., family, school, social situations, health, natural disasters).

**Separation Anxiety** is the experience of excessive fear of being separated from the home or caretakers.



**Specific Phobia** is a fear of a specific object or situation (e.g., spiders, needles, riding in elevators).

**Social Phobia** is the experience of anxiety in social settings or performance situations.

**Panic Disorder** is characterized by unexpected, brief episodes of intense anxiety without an apparent trigger, and includes multiple physical symptoms (e.g., shortness of breath, increased heart rate, sweating).

Psychotherapy is typically the first choice of treatment for anxiety disorders of mild severity. A widely used, evidence-based, and effective form of psychotherapy for anxiety disorders is Cognitive Behavioral Intervention (CBI).

## The Psychology School Mental Health Initiative (PSMHI) at Dufferin Peel

- Ontario's current children's mental health system has the capacity to serve fewer than 1 in 3 of young people with mental health issues
- 80% of students with mental health disorders receive inadequate intervention or no intervention at all

The psychology department has started the Psychology School Mental Health Initiative (PSMHI). This is a 2 year professional development initiative to build capacity among psychology staff in CBI, and to provide services to students with mental health issues. It is funded by a grant from the Ontario Centre of Excellence for Child and Youth Mental Health at the Children's Hospital of Eastern Ontario. At the end of the grant, we will develop family of schools-based Mental Health teams to provide intervention (individual or group-based) for students dealing with mental health issues. Consult with psychology staff at your school if there is a need for service for students with anxiety.

For further information contact the psychology staff member at your school or Dr. Debra Lean, Chief Psychologist

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