

Abstract

Anxiety is the most common mental health issue experienced by young people in New Zealand [1,2]. As it may go unrecognised in many young people, the number experiencing anxiety but not actually receiving help may be greater than estimated. This paper sets out best practice intervention strategies for those working with young people who may be experiencing some form of anxiety.

For youth workers and other people who have regular contact with young people, best practice involves recognising symptoms of anxiety, and creating supportive and empathetic spaces in which to encourage problem-solving and help-seeking. For clinicians, cognitive behavioural therapy and a positive therapeutic alliance appear to be particularly effective. Mindfulness-based interventions also appear to show promise.

Overview

What is anxiety? Recognising the symptoms

While anxiety is a normal and expected emotion [3], intense or continuous anxiety can interfere with a young person's social, academic and family functioning, and increases their risk of substance abuse and depression [4,5].

Because there are so many differing anxiety classifications, it is difficult to generalise across them. However, there do appear to be some common symptoms, which are listed below. Three or more of the following symptoms may indicate an anxiety disorder [6]. The fear of specific objects, places or situations may indicate a specific phobia [6].

- irritability
- difficulty concentrating
- hyper-vigilance
- exaggerated startle response
- restlessness or feeling on edge
- difficulty sleeping
- easily tired
- muscle tension
- panic attacks
- fear and/or avoidance of specific people, objects, places or situations

Population stats

- Worldwide, around 15-20% of young people (aged between 12 and 24) report experiencing some form of anxiety disorder [7]
- In comparison, the number of young people in New Zealand (aged between 16 and 24) reporting an anxiety disorder in 2004 was 24%, with slightly higher numbers for Maori (26%) and Pacific Island young people (29%) [1]
- More young New Zealand women than men report experiencing an anxiety disorder [1]
- The anxiety disorder most commonly experienced by New Zealand young people in 2004 was a specific phobia (11.8%) [1]

Anxiety in young people

Recognising an anxiety disorder in young people, particularly young children, may not be as easy as with adults. On one hand, younger people might find it difficult to identify and describe psychological symptoms [8]. Instead, their anxiety may be expressed through crying, tantrums or freezing [6].

The appropriateness of applying symptom criteria also differs with age, even though the diagnostic criteria are the same for all ages. For example, the fear of separation or fear of an unknown adult could be expected in younger children but considered abnormal in teens or adults [8].

Young people who experience anxiety are also highly likely to continue experiencing anxiety into adulthood, and are at greater risk of experiencing depression and substance abuse later in life ^[9]. These highlight the need for effective intervention.

Research suggests that only a small number of anxiety cases are recognised by primary health care providers ^[10]. The avoidance and inhibition associated with anxiety also means that anxious young people may be hesitant to approach others or services to seek help ^[9]. This is apparent in the national data on anxiety. For example, the *New Zealand Health Survey* ^[2; 11] used official diagnoses given by general practitioners to estimate anxiety prevalence. According to this data, only 2% of young people aged 2-14, and 6% of people aged 15+, experience anxiety. However, *Te Rau Hinengaro: the New Zealand Mental Health Survey* used diagnostic interviews to assess participants from the general population. According to this report, a much higher—and internationally comparable—24% of young people aged 16-24 experience anxiety. This highlights the need for increased recognition of anxiety in young people who may not have come to the attention of services.

Risk

While research cannot currently tell us exactly how young people develop anxiety, there is much evidence to support common factors and pathways ^[9]. Knowledge of how these factors may be impacting on a young person may be helpful in understanding the bigger picture of a young person's experience of anxiety. Specifically, research suggests that a young person may start off with particular personality factors and temperaments which increase their risk of anxiety ^[9]. These may interact with external factors, such as parent-child relationships and life experiences, together leading to a young person experiencing clinically relevant anxiety ^[9].

What follows are some of the factors that may increase a young person's vulnerability to anxiety ^[12; 13; 9; 14; 15; 16; 17; 18].

- family history of anxiety
- neurological factors
- low family socio-economic status
- modelling and learning

- family dysfunction
- parental absence, particularly fathers
- stressful life events
- abuse
- trauma
- peer victimisation and bullying
- poor social relationships
- parents' parenting styles
 - overprotective
 - controlling
- cognitive factors
 - interpreting uncertainty
 - overestimating danger
 - tending to focus on potential threats
- personality and temperament
 - neuroticism
 - shyness
 - social inhibition
 - withdrawal
 - low conscientiousness

High risk groups

Young women

More New Zealand women than men report experiencing an anxiety disorder ^[1]. This is apparent regardless of ethnicity ^[1].

Young people with parents who experience anxiety

Despite this not being a group, per se, research suggests that one of the biggest predictors of a young person's risk of anxiety is the presence of anxiety in their parents/care givers ^[9; 19].

Resilience

Resiliency factors are any traits or social connections that could be used to help a young person to maintain or regain their mental health in the face of difficulty ^[20]. There appears to be little research examining young peoples' resiliency to anxiety. The research that does exist suggests that not all resiliency factors are guaranteed to provide a protective effect for every young person in every context ^[21]. Instead, resiliency factors may be very specific ^[21].

These could include a young person's^[22; 20]:

- personal competence and resolve
- self-belief
- acceptance of change
- secure relationships
- perceived control
- family
- friends
- community connections

Clinical best practice

Before a discussion around best practice takes place, it may be useful to consider what people think about the effectiveness of treatment, as this could influence their likelihood of seeking help from health services, and the development of therapeutic alliances^[23].

Research from Australia suggests that the general public may view counselling and psychotherapy for anxiety and depression favourably^[23]. Antidepressants were viewed unfavourably in the research; being seen as potentially harmful, addictive and avoiding underlying problems^[23].

In comparison to health professionals (including general practitioners, nurses, psychologists and psychiatrists), young people and their parents have been found to attribute treatment effectiveness to^[23]:

- close friends
- close family
- support groups
- self-help books
- phone counselling
- getting up early and out into sunlight

This research suggests that even though young people may view psychotherapy favourably, they prefer to turn to family, friends and sources of information they can access alone.

Pharmacotherapy

Pharmacotherapy refers to medical treatment by means of drugs, and has been found to be more effective than placebo trials^[24; 25]. Fluvoxamine^[26], Clomipramine and Selective Serotonin Reuptake

Inhibitors (SSRIs) in particular, have been found to reduce the symptoms of anxiety in young people^[25; 27].

However, research comparing pharmacotherapy to cognitive behavioural therapy (CBT) suggests that CBT can yield the same, if not better, effects in treating anxiety as some forms of pharmacotherapy, particularly Benzodiazepines. It is also important to note that some pharmacotherapy treatments, such as Benzodiazepines, have been associated with physical dependence, withdrawal and adverse side effects^[28].

Warnings have been issued overseas, advising carers to monitor pharmacotherapy use in young people due to concerns around possible adverse suicidal effects of medications, particularly SSRIs^[29]. Careful consideration is advised when considering pharmacotherapy for young people.

Psychotherapy

Psychotherapy refers to the treatment of mental health issues by psychological rather than medical means. Of the psychotherapies, CBT appears to be a popular choice of treatment for anxiety; with much evidence to support its effectiveness in treating young people^[30; 4; 31; 32; 33]. Research also suggests that no mode of CBT (e.g. individual, family or group therapy) appears to be better than another^[34].

Common individual CBT strategies include^[30]:

- exposure techniques
- cognitive restructuring
- relaxation
- positive self-talk

Common parent-based CBT strategies include teaching parents to^[30]:

- manage their own anxiety
- cope with and manage their children's anxiety
- communicate effectively
- problem-solve

There is much evidence to suggest that CBT, in general, is more effective than receiving no treatment in reducing the symptoms of anxiety^[4; 30; 31; 34]. The effectiveness of CBT appears to be most effective in

improving physiological outcomes and for changes in coping, rather than for general cognitive changes ^[4]. However, research also suggests that CBT may be no more effective than alternative treatments, such as self-help books ^[34].

Much research emphasises the importance of strong alliances and positive relationships between therapists and young people in psychotherapy. Solid evidence suggests that this relationship may influence treatment outcomes as much as the treatment itself ^[35]. So, strong alliances and positive relationships between therapists and young people that are stimulating, humorous and rewarding seem vital for treatment efficacy ^[35].

It should be noted that some systematic reviews ^[31] and meta-analyses ^[30] tend to exclude treatment trials that focus on obsessive compulsive disorder (OCD) and post-traumatic stress disorder (PTSD). This is done on the grounds that the two disorders are thought to differ substantially from other anxiety disorders. Even though psychotherapy has been found to be effective with OCD and PTSD ^[32; 36], some research suggests that different outcomes could be expected and that some symptoms may even persist after treatment ^[37].

Mindfulness-based therapy (MBT)

MBT involves practicing a meditative mental state in which an open and non-judgemental awareness of the present moment is encouraged ^[38]. MBT is based on Buddhist and yoga practices, and is becoming more popular in current psychotherapy ^[38].

Research into the area of MBT as an effective treatment for anxiety is relatively new and so largely considers whether clients would accept it as a legitimate treatment ^[39]. That said, there is some evidence to suggest that mindfulness-based therapy is effective in treating anxiety in young people ^[40] and none to suggest any negative effects ^[39]. Some research suggests that MBT also reduces anxiety symptoms over a range of severities ^[38]. However, because of the newness of this research, many of the existing studies generally present methodological issues ^[39].

Large-scale intervention programs

Large-scale prevention and intervention programs have been used in Australian schools; incorporating components of CBT (problem-solving, social skills, cognitive restructuring, relaxation and assertiveness), interpersonal therapy (improving social networks, role transitions, perspective taking and conflict resolution) and psycho-education ^[41].

A systematic review found that programs which have been delivered to general student populations, or to specific groups with mild symptoms, have been found to be effective in reducing self-reports of anxiety symptoms ^[41]. The effects of these programs have been found to last at least 6 months; 12 months if the program incorporated some kind of booster sessions. This suggests that large-scale intervention programs could be effective, though the evidence exists only for low severity groups. It is unclear whether large-scale intervention programs would be as effective for high severity groups of young people.

Summary

Effective interventions in reducing the symptoms of anxiety appear to lie in the hands of therapists who can administer therapies that are supported by evidence (e.g. CBT or MBT). Recommended referrals are listed on the following page.

The role that those working with young people, particularly helpline volunteers and youth workers, play in best practice appears to be in recognising and referring young people experiencing symptoms of anxiety. Phone counselling helplines have been cited by young people as being an accepted and effective point of contact for anxiety. This puts helpline counsellors in a good position to recognise symptoms and to encourage help-seeking in young people who, through fear and avoidance associated with anxiety, may be reluctant to approach services in person. The same may likely be true of youth workers, who have existing relationships with the young people in their care.

Of particular relevance to those working in the clinical services, research suggests that the most effective intervention strategies may be cognitive behavioural techniques that directly address a young person's reaction to other people, objects or situations. Building a strong and positive alliance with young people appears to be vital in determining treatment outcomes.

Strategies that work

- ✓ Recognising the symptoms of anxiety
- ✓ A consideration of the complex interactions of vulnerabilities that may be involved in a young person's experiences of anxiety
- ✓ Encouraging young people to seek help and referring them to appropriate services
- ✓ A consideration of the treatments young people and their families may believe to be effective
- ✓ Cognitive behavioural therapy
- ✓ Forming a solid, positive therapeutic alliance with young people
- ✓ The incorporation of mindfulness into intervention shows some promise
- ✓ The incorporation of interpersonal therapy and psycho-education also shows promise in low-severity cases

Strategies that don't work

- × Assuming a one-size-fits-all approach
- × Ill-consideration of the costs versus benefits of pharmacotherapy to a young person
- × Expecting all young people who experience anxiety to seek help without continued support, given symptoms of fear and avoidance

Recommended referrals

In an emergency

Police/ambulance services 111

Youthline counselling services

Helpline 0800 37 66 33
Free text counselling 234
email counselling talk@youthline.co.nz
face-to-face counselling (09) 361 4168

Local mental health service providers

211 information line 0800 211 211
Family services directory www.familyservices.govt.nz/directory

Training and seminars

Youthline www.youthline.co.nz

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