Small Steps

An Anxiety Awareness Guide

For Teachers

WayAhead
Mental Health Association NSW

Small Steps is run by WayAhead - Mental Health Association NSW, funded by The NSW Mental Health Commission.

Wayahead.org.au

Contents

Introduction

WayAhead's anxiety program provides information and support to people with anxiety disorders, their carers, family and friends. Small Steps: An Anxiety Awareness Program for Primary Schools, grew from what we saw as an increasing need for awareness of anxiety disorders experienced by children.

International studies have found that, over a one-year period, between 8-10% of children can experience difficulties with anxiety that significantly affect their day to day functioning. Studies indicate that these children may continue to experience problems in adolescence and early adulthood. They may perform less well than other children in their academic and social life. They are also considered to be at greater risk of developing depression and turning to drugs and alcohol when they reach adolescence and early adulthood.

Studies are now beginning to support the efficacy of early intervention for anxiety in children. Recent studies have shown that between 80-95% of children who participate in therapy groups no longer experience anxiety that significantly impacts on their life. Furthermore they maintain these results up to 6 years after they have competed treatment. The benefits of early intervention are thus two-fold; the child is taught how to cope with their anxiety and manage anxiety provoking situations in the present, thereby reducing the chance of development of anxiety disorders and the associated aforementioned difficulties in the future. The Small Steps seminar therefore encourages early recognition and intervention for children experiencing problematic anxiety.

This booklet sets out the most common anxiety disorders children experience and help alert teachers to symptoms their students may exhibit. It also provides information on where appropriate treatment can be sought.

The booklet is designed as a resource guide and should not be used as a diagnostic tool. If you have any concerns about a student in your class, you should speak to the School Counsellor, nominated student welfare officer or learning support team at your school.

If you have any questions about the content of this booklet, please phone the Officer at Wayahead on (02) 9339-6003. For more information about Small Steps, or to book a Small Steps seminar, email smallsteps@wayahead.org.au or call (02) 9339 6003.

Anxiety in Children

Everyone experiences anxiety from time to time; it is a normal and natural response when we feel under threat, or when something frightening is about to happen. It is normal for children to feel anxious or fearful about a variety of different things during their development. After all, children are confronted with all sorts of new experiences and challenges as they grow up and learn about the world around them. In most cases these fears are transitory and do not significantly interfere with a child's academic, social or family life. Some common anxieties of different childhood developmental stages are outlined below. Children may continue to fear something from early childhood (thunderstorms, for instance), if they haven't had chance to encounter what they fear in a neutral or safe way, or to learn through experience that what they fear is not particularly harmful or threatening to them.

7 months to 3 years: Fear of strangers, animals, separation, loud noises, large machines such as the vacuum cleaner or lawn mower.

3 years to 8 years: Fear of animals/ insects, the dark, separation from parents, supernatural beings such as monsters, thunder and lightning, sleeping alone, "bad" people.

8 years to 12 years: Supernatural concepts, the dark, bodily injury, heights, getting lost or trapped, burglars, doctors/ dentists, death and dying.

12 years to 14 years: Fears revolve around social or evaluative situations, e.g. being teased or rejected by peers, being embarrassed, dating, giving oral reports, taking tests, fear of death or physical injury.

For some children fears and anxieties become more than just a phase, having a significant impact on their schooling, friendships, and family life. Children who experience significant difficulties with anxiety may display the following characteristics:

- They are often well behaved and tend not to bother anyone
- Avoid trying new things even when safe or fun
- Upset by normal changes such as breaks from routine or taking risks
- More easily upset than other children
- Ask many unnecessary questions and require constant reassurance
- Hard to separate from parents, e.g. Avoiding school camps due to separation fears ("homesickness")
- Dislike change
- They have a tendency to highlight the negative consequences of any situation, e.g. "All the other kids will laugh at me"
- Worries about school regularly despite being in routine, for example, at the beginning of each week
- Tries to avoid unfamiliar situations or endure them with significant difficulty
- Frequently ask 'what if…?'
- Perfectionistic, taking excessive time to complete school work or homework
- They attempt to avoid situations of objects they fear, e.g. a child with social anxiety may try to avoid participating in groups or speaking up in class
- Regularly going to the sick bay or the toilet during class
- Frequently complaining of aches and pains, including feeling sick

How do I know if a child requires assistance to deal with their anxiety?

Primary school teachers are in a unique position to notice anxiety in children because of the significant amount of time spent with their children in their class. If you have a child in your class whose anxiety fits with the description below, speaking with the parents or School Counsellor may be indicated.

a. **Significant interference in day-to-day life:** Anxiety becomes problematic when it significantly interferes with, or prevents, daily activities typical of childhood. For instance, excessive time on homework tasks for fear of getting things wrong, or regularly feeling so anxious that attending school is a battle, or they are missing days regularly. Issues for teachers to consider: Is the child unable to complete classroom tasks due to their anxiety? Are they having difficulty making or maintaining friendships? Do they frequently avoid participating in various class activities? Are they frequently complaining of feeling sick/unwell.

b. **Age-inappropriate:** Another indication that anxiety may need to be treated is if the child seems too "old" for the fear. For example, children of 6 or 7 years having strong separation anxiety. Separation anxiety is typically of children between 1 and 5 years. If a child is still routinely highly anxious on separating at 6 years of age or older, they may have an anxiety disorder.

c. **Significant distress:** Children with problematic anxiety experience high levels of distress due to that anxiety. Questions for teachers to consider: Is the child becoming very upset when faced with their fear? Are they enduring fearful activities with a high level of distress? For example, a child with social fears may cry whilst having to give a class presentation

d. **Length of time:** Duration of a child's anxiety is important to consider. Has the child been displaying anxious behaviour for quite some time, and which has remained reasonably constant? For example, if the child was anxious for a week before camp but managed to go and was okay, this would be fairly normal. However, if the anxious behaviour has been continuing for a few months prior to camp, and has remained reasonably constant (e.g. frequent questions about camp, seeking reassurance) it may be an indication that the child has high anxiety

If a child has an anxiety disorder…

Anxiety is highly treatable. Research indicates that the most effective treatment for anxiety disorders is Cognitive Behavioural Therapy (CBT). CBT is a skills-based therapy, teaching children how to face their anxieties while showing them how to challenge thoughts that lead to anxiety. CBT is a short-term therapy (around 12 weeks) which typically consists of:

- Learning about anxiety and what causes it
- Learning relaxation skills
- Realistic thinking skills
- Problem solving skills
- Gradually facing the fear/anxiety
- Child anxiety management strategies (taught to parents)

Social skills training and assertive skills training may also be of benefit, depending on the focus of a child's anxiety.

CBT is not a cure for anxiety but will teach practical skills to enable a child and their family to manage their symptoms better. Professional treatment for children with anxiety disorders will help them to get on with the tasks of childhood - learning, making friends and having fun.

Common anxiety disorders

Separation Anxiety Disorder

Separation anxiety is normal in young children, aged 9 months up to 5 years. Separation anxiety disorder can be diagnosed when a child's separation anxiety is much higher than what is typical for their age, and when it significantly interferes in day to day life.

What it looks like: A child with separation anxiety disorder becomes very upset, at a level much higher than what's typical for their age, on separation or anticipation of separation from their parent or home, over a period of at least four weeks.

In addition, children with separation anxiety disorder may:

- Worry excessively about themselves or others being harmed (e.g. kidnapped)
- Refuse to leave the home for school or other outings
- Fear being alone or without parents
- Refuse to sleep away from home or reluctance to go to sleep alone
- Have nightmares regularly about separation themes
- Complain of physical discomfort (e.g. tummy aches) when a separation is expected.

The onset of this disorder is usually between 7 and 9 years, and 12 and 14 years, and affects 2-3% of children. It often occurs fairly abruptly among children who previously had no problems with separation. Sometimes a serious life event, such as a death in the family, or divorce, will precede onset of this disorder.

In the classroom, a child with separation anxiety may:

- Have extreme difficulty separating from a parent, will often be clingy and become very upset and distressed when separation occurs and may continue to be upset throughout the day (however, they may settle down shortly after separation has occurred)
- Increasing absences from school
- Have parents who express a concern that their child does not want to go to school and/or does not want to be left alone at home
- Seeking reassurance that their parents are OK, that they'll be there to pick them up or they may ask if they can call their parents

What you can do to help as a teacher:

- Seek advice from the School counsellor if you suspect a child in your class has this disorder
- Encourage the child and parent to separate quickly
- With sensitivity, try to encourage the parent to keep their emotions in check when separating from their child
- Encourage the child to reduce reassurance seeking – tell them that you will only reassure them once or twice
- Watch out for any signs of bravery and praise it accordingly

Social Anxiety Disorder

Social anxiety disorder typically begins in late childhood or early adolescence. Often there is a history of shyness, and this worsen as children become more socially aware as they enter adolescence.

What it looks like: Extreme shyness. Children with this disorder have high anxiety about being in social situations because they are afraid of being embarrassed, and of what others think of them. They are concerned they will make themselves look silly or stupid, and will avoid situations in which they have to mix with others or be the centre of attention. While all adolescents are concerned about what others think, those with social anxiety disorder have high levels of social avoidance, or engage in activities in social situations in an attempt to avoid judgment (for example, sit in a corner and occupy themselves with their phones). They may worry that others will notice their anxiety, and may hover around or cling to a parent in social situations. Young children may not be able to speak in social situations. Children with this disorder experience shyness around children their own age, not just adults. These symptoms must persist for at least 6 months, and cause significant disruption to every day life, for this disorder to be diagnosed.

In addition, children with social anxiety disorder may avoid:

- Birthday parties
- Answering the telephone
- Buying things at the shops
- Playing with other children
- Eating or writing in front of others
- Other age-appropriate social activity.

Other possible symptoms:

- Complaining of physical aches and pains, such as tummy ache, before social activities
- Tantrums, meltdowns, or crying in an attempt to avoid social situations.

In the classroom, a child with social anxiety may:

- Be very withdrawn in class and in social situations
- Be excessively shy or upset when interacting with unfamiliar children
- Avoid eye contact with fellow students
- Avoid or refuse to participate in group activities
- Rarely volunteers information in class – may become upset if asked to do so
- Blush when speaking up in class
- Avoid impromptu performances by asking to go to the sick bay or toilet, or being absent from school
- Have a tendency to remain on the outskirts of social activities
- Be perceived as a loner or restrict themselves to a small group or 'safe' people

What you can do to help as a teacher:

- Seek advice from the School Counsellor if you suspect a child in your class has this disorder
- Determine the child's comfort with answering questions in class (they may feel more comfortable when a 'yes' or 'no' answer is required rather than an open- ended response). Once this is determined, ask the child such questions in class until the child becomes used to and comfortable answering them. Once they are reasonably comfortable with answering yes/no questions, move on to open-ended question, for example, with the aim of gradually exposing the child to their anxiety
- Patiently give the child extra time to answer questions. Often children with high levels of anxiety need a bit more time to respond than their non-anxious peers, but are able to if they are given sufficient time
- If a child has extreme difficulty with oral reports, have them present to the teacher alone, or record it on video tape prior to class
- Consider having the child exempt from going up to the Board to answer questions until they are ready for that challenge
- If the child has few or no friends, structure small group activities just before recess or lunch, and encourage children to stay in these groups at recess and/or lunch
- Seek out one or two other staff members the child might be able to approach at school if things get too much for them

Generalised Anxiety Disorder

Generalised anxiety disorder is marked by worries that are out of proportion, or occur when "nothing is wrong". This disorder typically starts once a child has the ability to think about hypothetical scenarios (around 7 or 8 years, but possibly younger). A diagnosis of this disorder may be made if the symptoms last for more than 6 months.

What it looks like: Children with this disorder tend to worry about a broad range of issues. More common worry topics in children include school achievement, sporting performance, natural disasters, someone (themselves, a family member) getting sick or injured, and the future. A child with this disorder will typically envisage the worst case scenario.

In addition, children with this disorder may:

- Frequently ask "what if…?" questions
- Seek reassurance over minor issues and details
- Worry excessively when there's a change in routine (e.g. going on an excursion)
- Be perfectionistic
- Check they are doing the right thing
- Experience restlessness, become tired quickly, have difficulty concentrating, experience irritability, complain of aches and pains, difficulty sleeping.

Other possible symptoms:

Sweating, nausea, diarrhoea, rapid heart rate, shortness of breath, dizziness.

In the classroom, a child with generalised anxiety may:

- Ask many unnecessary questions and require constant reassurance and approval
- Have difficulty settling at the beginning of each term or perhaps each Monday (this is often reported by parents)
- Worry about a wide variety of issues, (performing sport, making mistakes, classroom work, punctuality)
- Become upset in any new or novel situation, e.g. a substitute teacher
- Ask to go to sick bay regularly due to stomach ache or other physical ailments

What you can do to help as a teacher:

- Seek advice from the School Counsellor if you suspect a child in your class has this disorder
- Anxious children will worry about getting into trouble, so seat anxious children away from boisterous children
- Anxious children often worry about getting class directions wrong, so give a signal before giving direction (such as clapping), or write direction on the board to help with understanding
- Extended time on tests, if possible, may ease the pressure on anxious children, and just knowing that the time is available may obviate the need to use it. If possible, offer testing in an alternate quiet location
- Set time estimates for homework and class work. This will give the child some guidance as to what standard the work should be at, and may limit excessive redoing
- Have one person at school who understands the child's worries. Ensure that the child can check in briefly with this person to help dispel worry thoughts, etc.
- Give the child permission to leave the classroom when things get too much using a Cool-Down Pass. The child could place this on your desk when they need to leave the classroom briefly to get a drink of water or use the bathroom. This way you know where the child is
- Anxious children find change stressful. If you know that you are going to be away the following day, or there will be a change in routine, letting the child or their parents know may help
- If you know there is going to be a fire drill, let the child know just beforehand which may prevent them jumping to catastrophic conclusions

Specific Phobias

A specific phobia is an intense fear of a particular object or situation. For a diagnosis to be made, the fear needs to cause significant interference in day-to-day routine, and last for more than 6 months.

What it looks like: Intense anxiety that is out of proportion, and attempts to avoid the feared object or situation. In children this may look like crying, pleading, clinging, meltdowns or tantrums in an effort to avoid the feared object or situation. Common phobias in children include fear of dogs, water, heights, injections, and insects.

Phobias are different to normal developmental fears. Certain fears arise at specific ages in most children (e.g. fear of the dark). These fears tend to disappear as the child grows older. The difference between a normal developmental fear and a phobia is the degree of interference it causes. A child who has a specific phobia will experience intense fear when confronted with the object/event.

Other possible symptoms:

- Unrealistic perception of the feared object, e.g. for a phobia of bees, "Bees want to sting me!"
- May ask many questions ahead of time to try and determine whether they will be put in a situation where they may be confronted with the object of their phobia.

What specific phobias might look like in the classroom:

Depending on what the child fears, if exposed to their feared situation or object the child becomes extremely distressed, E.g. if they have a fear of water and are required to go swimming at school, the child may become extremely upset once at the pool. Often children with specific fears try to avoid what they fear at any cost. In the case of swimming at school, they may be absent on the days they are required to attend.

What you can do to help as a teacher:

- Seek advice from the School Counsellor if you suspect a child in your class has this disorder
- Talk to children about anxiety if the class is approaching an activity that makes many of them anxious that anxiety is a normal experience, uncomfortable, but not harmful
- Encourage a child to think more realistically about what they fear, and challenge any irrational thoughts that might come up
- Encourage the child to be brave and try to approach what they're afraid of
- Reward bravery with targeted praise (name what you are praising them for - E.g. "You went in the pool - I'm so proud of you!")
- If appropriate, talk about how you bravely face your own fears (rather than avoiding what you fear)

Obsessive Compulsive Disorder (OCD)

Obsessive compulsive disorder is characterised by persistent thoughts, impulses, or images that are intrusive, inappropriate, and cause distress or anxiety; and compulsions, which are repetitive behaviours (e.g. hand washing, checking) or mental rituals (e.g. counting, repeating words silently) that are performed to reduce anxiety, and not because the child (or adult) enjoys doing them. Compulsions are either clearly excessive or are not reasonable. For example, a child has a persistent fear that a someone will break in, so they excessively check the locks and windows over and over again.

What it looks like: Fears of germs, contamination, harm and danger, alongside actions intended to reduce the fear, such as washing, reassurance seeking, or checking of safety. Common compulsions and rituals include washing and grooming rituals, repeating, retracing or redoing actions, touching, tapping, checking, counting, or ordering and arranging things until they feel "just right".

NB: Children may do things over and over again at times during their development in order to learn them, or to give them structure. For instance, parents often experience their child asking them to read the same book over and over, or kissing them goodnight in a prescribed way.

Rituals and OCD-like behaviour is considered a problem when it consumes an hour or more each day, or causes interference with daily activities, or causes distress for the child, over a period of at least 6 months. However, if your child does not strictly meet this criteria but you are concerned that they may be experiencing OCD, seek advice immediately, starting with a GP who understands mental health issues.

The difference between non-OCD habits and OCD habits is that if the ritual were stopped or prevented for a child without OCD, they would probably experience minor upset. However, in the same situation a child with OCD would experience intense and excessive distress.

Non-OCD and OCD habits compared

Non-OCD Habits	OCD Habits
Not overly time-consuming	Time-consuming
Child wants to do them	Child feels like he/she has to do them
Enhance efficiency or enjoyment	Disrupt routine, take on a life of their own
Create a sense of mastery	Create distress, dread, or frustration
Appear ordinary	Appear bizarre or unusual
Can be skipped or changed without consequence	Cause great distress; if interrupted child must start over
Become less important over time	Become increasingly inflexible and elaborate over time
Performed for the sake of the activity itself; comforting but has no visible connections to feared situations or superstitious beliefs	Connected to a web of feared consequences, are performed to prevent harm, or due to other superstitious belief

Other compulsive behaviours: A main component of obsessive compulsive disorder is avoidance. Children who experience OCD often avoid situations or items that cause discomfort or trigger anxiety. For example, if a child has a fear of contamination, they may avoid working with clay or paint in the classroom; they may cover their hands to open doors or touch 'contamination' items. The child may also engage in reassurance seeking. For example, a child with a fear of contamination may repeatedly ask a teacher that the door hand is free of germs, or if it's OK to sit on a particular chair;

In the classroom, a child with OCD may:

- Make excessive requests to go to the bathroom to wash hands, or avoid the school bathrooms all day
- Have rough, red, or chapped skin on their hands (from excessive washing)
- Repeatedly get up from their chair to check school bag or other property
- Be very upset if they are made to stop their ritual, for example, if they are in the process of going out to check their bag for the fifth time and a teacher commands them to stop, they will often become distressed and distracted, and possibly irritable
- Excessively check answers on tests or written assignments (work may be regularly handed in late)
- Engage in repetitive movement, for example walking in and out of a doorway a certain number of times, or constantly sharpening a pencil
- Re-read words/sentences;
- Cross out and rewrite or erase/re-erase letters/whole words/numbers

- Constantly re-arrange items on a desk or shelf so they are symmetrical or in a particular order
- Repeatedly touching an object, e.g. tree in a playground, table leg
- Avoid contact with glue, paste, paint clay, chalk, scissors, or other shared items
- Repeatedly ask questions to gain reassurance, e.g. about germs, mistakes, or general safety
- Be easily tired, as obsessions and compulsions often take up a lot of mental and physical energy
- Withdraw from others
- Lack of concentration, or appear distracted

What you can do to help as a teacher:

- Consult the School Counsellor if you suspect a child in your class has OCD
- Set limits for the child, but try to avoid becoming angry with them or punishing them if it appears their ritualistic behaviour is OCD
- Reward the child bravery and progress
- Seek information from the parents about ways to support the child in the classroom

Post-Traumatic Stress Disorder (PTSD)

Post-traumatic stress disorder (PTSD) involves a severe and ongoing emotional reaction, which includes elevated anxiety, in relation to a traumatic or life threatening event that a child (or adult) experienced, witnessed, or someone close to them witnessed and which the child subsequently learned about. Not all children who have the above experiences will develop PTSD. A child who did not show extreme distress at the time of the event can still develop PTSD.

What it looks like: A child with PTSD may report feeling they are re-experiencing the traumatic event. They may attempt to avoid objects, events, or situations that remind them of the traumatic event. They may experience nightmares and flashbacks, and be easily startled. Some children may become easily upset and revert to immature behaviours such as thumb sucking, bedwetting, clinging or tantrums. Young children may re-enact the event through play, or display more limited play activities. Older children may report feeling numb. Symptoms usually appear within 3 months of the event but some children may not react for several months or years later. To be diagnosed, generally symptoms need to be present for more than one month. PTSD can affect children and adults of any age.

In addition, children with PTSD may experience:

- Avoidance
- More frequent low mood and negative thoughts
- Social withdrawal
- Extreme temper tantrums and anger outbursts
- Reckless or self-destructive behaviour
- Poor concentration
- Hypervigilance
- Sleep disturbance

In the classroom, a child with PTSD may:

- Become withdrawn
- Have difficulty concentrating and maintain focus on work
- Be frequently irritable or agitated
- Have physical complaints such as stomach and headaches
- Display uncharacteristic or regressive behaviour, for example misbehaving, clingyness

What you can do to help as a teacher:

- Seek advice from the School Counsellor if you suspect a child in your class has this disorder
- Assign a responsible buddy after an absence to help the child catch up
- Watch for topics, activities, or events that trigger upset in the child and inform School Counsellor and parents

General strategies for anxious children

The strategies below can be used to help children when they're showing anxiety. If a child's anxiety is extreme, always consult with your School Counsellor on the best approach for a particular child.

- Run relaxation exercises with your class occasionally. There are numerous resources available online to assist with this, as well as formalised classroom programs that aim to foster children's wellbeing
- Provide calm and assertive support when children are facing their anxieties
- Avoid excessive reassurance-giving or checking if the child is okay, as this can bring the child's attention to their anxiety
- Planned ignoring of excessive complaining, for example, "I know you're frightened but it's going to be OK. We're not going to talk about this anymore. Let's focus on something else", etc.
- Limit the amount of reassurance you give when a child asks, and challenge them to come up with their own answers
- Encourage a problem-solving approach, asking the child what they could do to cope in a situation they fear
- Model empathetic but firm responses when children are anxious. An empathetic response might involve telling your child that you know they are scared, in a calm and understanding manner. Being firm might look like telling your child you still expect them to face their anxiety. Follow through by avoiding rescuing them
- For withdrawn children, utilise small group structured activities in class whenever possible, which may help them engage better
- Reward brave behaviour with targeted praise, for example a child who answers a difficult question voluntarily. Ensure you tell them why you are praising them. For example, "You answered that difficult question in front of the whole class. That was very brave!"
- Help anxious children to challenge unrealistic ideas; help them learn to think more realistically by gently asking them questions such as "How likely is that?"
- Encourage risk taking in small steps;
- Provide opportunities for developing independence; for example, get them to run messages
- Talk to children about what anxiety is, how it's normal, that it's uncomfortable but possible to continue even when they feel it strongly
- Before intervening to rescue a child from a situation that makes them anxious, ask yourself "What's the worst that could possibly happen if I don't intervene here?"

Referral pathways

For Teachers

What do I do if a student is having difficulty with anxiety?

a. Speak to the School Counsellor

b. If you have rapport with the parents, let them know what you've noticed in your classroom

Beyond this, the child and their parents should visit their GP for a referral to a mental health practitioner.

For School Counsellors and parents

Psychologists

To find a psychologist, contact the Psychology Database on 1800 333 497 or visit www.psychology.org.au. This database is run by the Australian Psychological Society and provides inform on psychologists in your area that treat anxiety in children. They will require that you are specific about what you are looking for i.e. psychologists who treat anxiety in children.

Community Health Centres and Child, Adolescent and Family Teams

Your child may be eligible to receive treatment from the Child and Youth Mental Health Service in your area. Phone your Area Health Service (numbers listed below) to find the location of the nearest Community Health Service or locate their nearest service on the Internet at www.health.nsw.gov.au/services/.

Referral Information

If your child is having problems with anxiety, start with an appointment with a GP who understands mental health.

General Practitioner

A GP is often a good starting point for accessing services for children experiencing problematic anxiety. They can often refer to an appropriate professional (e.g. psychologist or psychiatrist) within the local area. Fees for visits to registered psychologists and psychiatrists, with a referral from a GP, may be eligible for a Medicare rebate under the Medicare Better Access Scheme. Please speak to your GP for more information, or visit the website of the Australian Psychological Society www.psychology.org.au for more information about the Medicare Better Access Scheme and psychologists.

Psychologists

Contact the Psychology Database on 1800 333 497 or visit www.psychology.org.au. This database is run by the Australian Psychological Society and provides information on psychologists in your area that treat anxiety in children. They will require that you are specific about what you are looking for i.e. psychologists that treat 'anxiety in children' or 'OCD in children'.

Community Health Centres and Child, Adolescent and Family Teams

Your child may be eligible to receive treatment from the Child and Youth Mental Health Service in your area. Phone your Area Health Service (numbers listed below) to find the location of the nearest Community Health Service or locate their nearest service on the Internet at www.health.nsw.gov.au/services/.

Northern Sydney/ Central Coast AHS	(02) 9462 9955
Sydney South West AHS	(02) 87386000
Sydney West AHS	(02) 9845 5555
South Eastern Sydney and Illawarra AHS	(02) 9540 7756
Central Coast	(02) 4320 2111
Illawarra Shoalhaven	(02) 4221 6899
Nepean Blue Mountains	(02) 4734 2000
Sydney	(02) 9515 9600
Greater Western AHS	(02) 6841 2222
North NSW AHS	(02) 6620 2100
Far West	(02) 8080 1333
Mid North Coast	(02) 1800 726 997
Mental Health Line	1800 011 511

University clinics that treat anxiety in children

Some of the major universities run psychology clinics where intern psychologists are trained under close supervision. Most offer group or individual treatment at a fraction of the cost of fully registered psychologists. Some clinics are also able to negotiate the fee in the case of financial hardship. Clinics based at universities that offer services for anxious children are listed below.

Centre for Emotional Health, Macquarie University	(02) 9850 8711 centreforemotionalhealth.com.au
University of Western Sydney Psychology Clinics	(02) 9852 5288
University of NSW Psychology Clinic, Randwick	(02) 9385 3042 www.clinic.psy.unsw.edu.au/clinic-services
Psychology Clinic, University of Sydney	(02) 9114 4343 www.psych.usyd.edu.au/clinic/
Northfields Psychology Clinic, University of Wollongong	(02) 4221 3747 socialsciences.uow.edu.au/psychology/northfields
Psychology Clinic, University of Newcastle	(02) 4921 5075

Anxiety Treatment for Adults	
Anxiety Treatment and Research Unit, Nth Parramatta	(02) 9840 4095
CRUFAD (Clinic of St Vincent's Hospital)	(02) 8382 1400
Nepean Anxiety Disorders Clinic, Penrith	(02) 4734 3404
Newcastle University, Psychology Clinic	(02) 4921 5075
Australian National University, Canberra	(02) 6125 8498

Help over the phone

Life Line	13 11 14	
Catholic Care Parent Line	1300 130 052	Help for Parents
Tresillian Parent Help Line	1300 272 736	Support for parents with young children
Dial-A-Mum Telephone Support Service	(02) 9477 6777	For anyone who needs a listening ear (8am-11pm)
Kids Helpline	1800 55 1800	

Self-help Resources

Books

Helping Your Anxious Child: A Step-by-Step Guide for Parents. (2000).
Ron Rapee, Susan Spence, Vanessa Cobham, Ann Wignall. New Harbinger Publications, Inc. PRICE: $27.50
AVAILABLE: through most bookstores and Macquarie University
-A self-help book designed specifically for parents. It has a step by step guide to helping your child deal with anxiety.

Worried No More: Help and Hope for Anxious Children. (2002).
Pinto-Wagner, Aureen. New York: Lighthouse Press.
AVAILABLE: www.amazon.com
-A self-help book that is easy to read and thorough, this book provides ample information and useful resources for parents of anxious children.

Freeing Your Child From Anxiety. (2004).
Chansky, Tamar E. New York: Broadway Books.
AVAILABLE: www.amazon.com
-Provides a thorough explanation of anxiety disorders, strategies and treatment options.

Fear-Free Children. (2001).
Hall, Janet. Finch Publishing.
AVAILABLE: through the publisher at www.finch.com.au or bookstores.

Keys to Parenting Your Anxious Child. (1996).
Katharina Manassis.
AVAILABLE: through Angus & Roberston Bookworld www.angusrobertson.com.au
-Easy to read book for parents which provides some practical strategies for dealing with anxious children.

The Secret Problem. (2000).
Chris Wever. A Shrink Rap Press Book.
AVAILABLE: through Facing Anxiety. Ph: 1300 794 992

The School Wobblies. (2000).
Chris Wever. A Shrink Rap Press Book.
AVAILABLE: through Facing Anxiety. Ph: 1300 794 992
-An excellent book for children and adults which discusses the nature of school refusal and sets out simple strategies for how to deal with it.

Obsessive Compulsive Disorder (OCD) in Childhood and Adolescence: A Resource Kit for School Personnel. (1997). I'Anson, K., Orr, A., and Tomlinson, J (ED) Obsessive Compulsive and Anxiety Disorders Foundation of Victoria (now called the Anxiety Recovery Centre).
AVAILABLE: Anxiety Recovery Centre Victoria.

Nine, Ten Do It Again: A Guide to Obsessive Compulsive Disorder for People with OCD and their families. (1997). I'Anson, K SmithKline Beecham International, Victoria. AVAILABLE: through Facing Anxiety program. Ph: 1300 794 992

Bully Busting: How to Help Children Deal with Teasing and Bullying. (1999).
Field, Evelyn. Finch Publishing.
AVAILABLE: through the publisher at www.finch.com.au or bookstores.

How to Talk So Kids Will Listen & Listen So Kids Will Talk. (1999).
Faber, A., & Mazlish, E. HarperCollins.
AVAILABLE: through www.amazon.com .

Websites

Below is a list of websites on anxiety, anxiety in children, and mental health.

AnxietyBC - Canada
www.anxietybc.com

Macquarie University Research Unit - Australia
www.centreforemotionalhealth.com.au

Hands on Scotland – (emotional wellbeing in children and young people)
www.handsonscotland.co.uk

About our Kids - New York University Child Study Centre
www.aboutourkids.org

National Mental Health Association: Anxiety Disorders - USA
www.nmha.org

Child Anxiety Network - USA
www.childanxiety.net

International OCD Foundation
www.iocdf.org

Anxiety Disorders Association of Manitoba - USA
www.adam.mb.ca

Anxiety Disorders in Children and Adolescents - USA
www.childdevelopmentinfo.com/disorders/anxiety_disorders_in_children.htm

Wayahead Mental Health Association NSW
www.wayahead.org.au

Australian Psychological Society
www.psychology.org.au

Missing Persons Information
www.talkingworks.com.au