Introduction to Anxiety

This is a brief introductory video for schools around understanding anxious feelings in children and young people developed by the Oxfordshire Educational Psychology Service.

We’re going to start with a short quiz highlighting some key statistics about mental health needs and anxiety some of which have been taken from NHS England. The first question is, in 2023, what ratio of children aged 8 to 16 had a probable mental health need according to NHS statistics? A) 1 in 10; B) 1 in 5; C) 1 in 8. I’m going to give you a few moments to think about that. The answer was **1 in 5 children**, so a high proportion of the population and around 6 children in a class of 30.

The next question is what is the most commonly occurring anxiety in children under 12? I will give you a moment to think about it. A) Separation anxiety; B) School-based anxiety; C) Social anxiety.

If you said **separation anxiety** that would be correct.

Our final question is what is the most commonly occurring anxiety in teenagers? Give a moment to think about it. A) Separation anxiety; B) School-based anxiety; C) Social anxiety.

If you said **school based** or **social anxiety** both would be considered correct.

The aims of our video and the target audience are professionals who work with children and young people ages 4 – 19.

1. Give you an introduction to understanding anxiety and how it can present in children and young people.
2. Give examples of the different support in settings
3. Signpost to further information and guidance you can access.

The purpose of this guidance is **not** to diagnose difficulties with anxiety – that is not within our remit as educational professionals to do.

Anxiety relates to feelings of worry, fear and sometimes panic that is experienced as a combination of uncomfortable physical sensations, thoughts, feelings, and behaviours. Everyone experiences anxiety, fear and worry from time to time.

It is a part of everyday life. However, it is the degree to how much the anxiety is impacting on the child or young person that may influence how we intervene.

Anxiety is an internal alarm system which evolved to keep us vigilant and safe from dangers. It is a primitive system that developed in a time where humans were more regularly exposed to predators. It stems from our fight or flight response which happens when our body feels as though it is in danger. This is a natural reaction where our body releases hormones such as adrenaline to help us feel more alert so we can attend and respond to possible dangers – pumping blood to vital systems in the body that will enable us to fight or flee from the threat. There is an additional reaction which is to “freeze” which has developed so we could hide or play dead until the danger passes. People’s perception of threat/stress vary and will be influenced by their previous experiences.

Model of anxiety

The hot cross bun model (which comes from cognitive behavioural therapy) demonstrates how people’s thoughts about situations influence their emotional, behavioural, and often physiological responses.

**Thoughts**: how you interpret the situation, both positive and negative - it is what you say to yourself (e.g. ‘something bad is going to happen’, ‘I can’t do this’).

**Emotions**: labels you use to describe how you feel in that situation (e.g. anxious, scared, nervous).

**Physiological responses**: body’s reaction to the situation (e.g. pounding heart, fast breathing, feeling shaky, having sweaty palms and a dry mouth).

**Behaviour**: how you react to the situation (e.g. urge to run away, withdraw from others, leave and find safety, avoid the situation next time).

The situation is the triggering factor (e.g. an upcoming exam).

Our thoughts, emotions, physiological responses, and behaviours all interact and influence each other.

Let’s apply this model to a situation that some children will experience in the classroom: Jess did not understand something in class and wanted to ask a question.

The **thoughts** she had about the situation were: ‘everyone is looking at me’, ‘they will think I am stupid’, ‘they all know the answer’, ‘I am stupid’.

Her **emotions** included feeling: anxious, sad, and scared.

Her **body’s reactions** included: her heart racing, her breathing becoming shallow, she had a nervous stomach, her hands were clammy, her face went red, and she felt hot.

It led to the following **behaviours**: looking down, trying to be invisible, not getting on with the work, thinking about how she could escape the situation.

A key point of this model of anxiety is that your interpretation of an event (your thoughts) can completely change how you feel and how you behave.

Signs of anxiety

Anxiety can present in different ways for different people and in different situations. Anxiety may not always present in the ways you might expect. Within a learning environment, the following behaviours and indicators may be noticeable:

Some *withdrawing/avoidance* behaviours

This could include:

* opting out of certain activities or tasks or parts of these
* avoiding having to ‘go first’ and letting others take their turn first
* seeking support in the form of reassurance or closeness of adults and/or friends
* being quieter than usual
* changes in patterns of behaviour such as often forgetting equipment (e.g. PE kit), needing to go to the toilet or to exit lessons regularly
* leaving situations or hiding away from others
* seeking to control the environment/activity
* verbal refusal or protest in response to participating with demands or in activities

Some *physical signs/changes in behaviour*

This could include:

* verbally and physically challenging behaviours in response to difficult situations (e.g. swearing, arguing back, pushing)
* being unable to settle within a lesson or finding it difficult to concentrate
* not being able to follow instructions
* speaking more often or faster than usual, calling out.
* having a noticeable change of tone in their voice
* shallow or quick breathing
* sweating or getting very hot
* complaining of wobbly legs or tense muscles
* panic attacks
* complaining of or experiencing sickness and/or nausea

Please take a few minutes to look through the list of signs of anxiety before we move on to how we can support children and young people experiencing anxiety.

Tiers of support

There are 3 levels at which we can support children experiencing anxiety.

Universal support - applies to all children and young people.

Targeted intervention - applies to some children and young people.

Bespoke interventions - applies to a few children and young people.

If your school has bought in EP time, our service can support at **ALL** levels.

We have given a few examples of universal support that can provide mental health stability and positivity in all children and young people in your school. Take a moment to have a look at what we have listed.

What is key is having a whole school vision and commitment to promoting wellbeing, a sense of belonging and community and building strong relationships.

Forming relationships can be as simple as e.g., greeting students at the door, making time for brief chats, learning pupils’ interests, sharing your own likes and dislikes, being reliable and consistent, modelling how you manage your own emotions and keeping calm. Using clear language or techniques such as PACE or Emotion Coaching scripts to support de-escalation can be really helpful. (more information on these can be found in the EPS anxiety booklet).

Within classes or tutor groups there can be sessions teaching what anxiety is and how individuals can support themselves when they feel anxious (e.g., using the 5 ways to wellbeing framework; teaching calming strategies through trying out different skills such as mindfulness or breathing strategies.)

Targeted support is for groups of students who are showing signs of anxiety.

Use a graduated approach which firstly includes identifying the level of need through assessment and information gathering (e.g., through capturing the child or young person’s voice, talking to adults who know the child best, observations, checklists and other resources such as using emotion cards).

Have a link adult in school who can monitor progress and communicate with the family.

Think about intervention groups that pupils can join following specific emotion recognition and support programmes or nurture groups with a focus on grounding and breathing techniques, calming activities, physical movement and access to sensory tools.

Support children and young people to access safe spaces in school to be able to regulate (with adult support as required) when they need it during the school day

Think about activities pupils can do at break times in places they feel supported and safe.

Bespoke provision is for those few pupils who are finding managing their worries challenging and it is impacting significantly on their ability to access the curriculum.

Think about environmental adaptations to help reduce sensory overwhelm, including providing soft periods in the day – usually at transition points – with low demand calming activities available

Have a de-escalation plan for situations where pupils are feeling anxious. Look carefully at their timetable and adapt it to include sessions where they can meet with mentors, have space to regulate and increase the activities that are linked to relaxation and mood boosting such as art, music, physical activity, and access alternative provision if needed.

At this stage, think about referrals to more specialist services to gain advice and support.

Here are a few websites and documents you may find useful

Keep an eye out on schools’ news for any training opportunities around anxiety. Have a look at the EPS website as this includes an Anxiety Guidance Document and EBSA school toolkit or ask your link EP directly if you have one for these documents or further training that you might find helpful in your school. The CAMHS website has useful materials as does the Anna Freud centre

Thank you for listening to this short overview of anxiety.