

When does Anxiety become a problem?

(1) Separation Anxiety Disorder:

Story:

Alvin is a Primary One student whose mother reports that he has always had difficulty separating from her. Alvin's mother states that he stopped kindergarten after two weeks because he was crying and was in great distress whenever she dropped him off at the kindergarten.

On the first day of Primary School, Alvin refused to enter the school compound. His form teacher, Mr Lim who was there to welcome the new students saw what was happening. When Mr Lim went over to Alvin and tried to invite him into the school, he cried and clung onto his mother even more. Alvin finally relented after his mother promised to wait for him at the school gate until the end of the school day.

However, Alvin was teary in class and kept on looking out of the window. When Mr Lim asked him if he was all right, Alvin remarked that he was worried that something bad would happen to his mother. After two periods of class, Alvin told Mr Lim that he was having a stomachache and wanted to go home early. Alvin's mother was subsequently contacted to bring him home early.

Alvin continued to exhibit difficulty separating from his mother at school for the rest of the school term. He also often appeared distracted and worried during lessons. During recess, Alvin would decline his classmates' invitations to play with them and would rush to the school gate to meet up with his mother instead.

Symptoms:

- Have great trouble separating from their parents/caregivers when they have to go to school, which sometimes leads to late arrival times
- Have long and tearful morning drop-offs, throwing tantrums as their parents/caregivers are about to leave
- May present with concentration difficulty due to persistent worry about harm befalling their parents/caregivers. This may affect their ability to follow instructions and complete assignments

- May resist additional time at school
- Look for ways to leave school before the end of the school day
- May exhibit fear, anger and attention-seeking behaviors

Explanation:

While it is developmentally normal for young children to sometimes feel anxious or insecure to leave their primary caregiver, their separation anxiety usually does not last long and the child can get on with the activities without the primary caregiver after awhile. However, if the separation anxiety persists and greatly impedes the child's normal activities, especially when the child is beyond 5 years of age, this may indicate the presence of a Separation Anxiety Disorder.

(2) Generalized Anxiety Disorder**Story:**

Serene is a ten-year-old girl whose parents describe as being a worrier and acting like a "little adult". Her parents report that she worries about practically everything. At home, she worries about the safety of her younger brother and whether her parents pay the household bills on time.

At school, she worries about being late, making a mistake in class and getting into trouble with her teachers. At the playground, she worries about getting herself hurt or accidentally hurting others. Serene's parents notice that she usually does not sleep well the night before going for a new event and often complains about having stomachache or giddiness on the morning of the event.

As a result, she has been missing a number of social and school activities. Serene's form teacher reports that Serene often appears distracted in class and seeks repeated assurances from teachers on whether she is doing her class work correctly. Serene also frequently visits the school counsellor for her "many problems" in school.

Symptoms:

- Worry excessively about many areas of life functioning, such as family, school, friends, health and any new situations
- Find it hard to control their worry
- May experience sleep or concentration difficulties

- Are often irritable, fidgety and tense
- Seek excessive reassurance or procrastinate too much
- Can be very perfectionistic

Explanation:

Although it is common for children to have worries particularly when they are experience a major change in their life, such as starting school or moving house, these worries usually cease when the children have adapted to these changes. However, if the child worries excessively about many things in their life almost everyday for more than six months, this may indicate the presence of a Generalized Anxiety Disorder.

(3) Social Phobia**Story:**

Jacky is a teenager in Secondary Two who was referred to the school counselor because he refuses to attend school. Upon further probing, it was found that the primary reason for his absence is because he is afraid and wants to avoid giving a presentation for his history project in class.

According to his parents, Jacky has always avoided situations that require him to meet and speak to new people or perform in public. Jacky's parents also observed that he often falls ill before his piano recitals and exams. His parents report that he has always been an introverted and quiet child and that he only had a few friends while in primary school.

Jacky revealed to the school counselor that he constantly worries what other people are thinking of him and is concerned he will make a fool out of himself in front of others. He states that his heart will be pounding whenever his teachers ask any questions in class as he is afraid that he may be asked to respond to the questions and that his classmates may laugh at him if he answers them wrongly.

Jacky also reports that he had friends in Primary School because they had initiated the conversation and friendship. Jacky remarks that he feels nervous initiating conversations with his current classmates and dreads recess as he is always alone.

Jacky is also extremely concerned that his school curriculum requires him to give class presentations quite frequently now.

Symptoms:

- Experience intense fear and distress in social or performance situations, particularly if they feel that they are being evaluated
- Are highly concerned that they may do things which may result in them being **judged, criticized or rejected.**
- Often experience physical symptoms such as heart palpitations, nausea, blushing and trembling before and/or during social situations and in situations where attention is centred on the them such as when they are asked to answer questions in class or during class presentations
- Avoid social situations or public performance. They may cry, throw tantrums or freeze when avoidance of these types of situations is not possible.
- Usually avoid eye contact and do not speak to unfamiliar people
- Tend to have few friends and are hesitant in trying new things or activities

Explanation:

While it is normal for children to feel some anxiety when speaking to unfamiliar people or performing in front of others, most children warm up to the situation eventually and can still get on with the task. However, some children with Social Phobia are so fearful of negative evaluation that they avoid social or performance situations whenever they can, which affects their daily social and academic functioning. Although older children and adolescents with Social Phobia are generally able to recognize that their fears are excessive or unrealistic in these situations, they find it hard to control their anxiety. Younger children, on the other hand, may lack insight into the excessive nature of their fear.

(4) Specific Phobia

Story:

Yong Qiang is a twelve-year-old boy who is really afraid of blood after witnessing a car accident involving his best friend four years ago. Yong Qiang reports that whenever he sees blood, he starts feeling nauseous and giddy. As a result, he has

refused to do the routine medical blood test this year and screamed and kicked his form teacher when she tried to encourage him to do the blood test.

Yong Qiang's teacher reports that he typically cites stomachaches and headaches as reasons for not being able to attend his Physical Education lessons. However, his mother feels that this may be due more to his fear that he may see blood if he or someone else accidentally gets hurt. Yong Qiang also never fails to take sick leave during his school's annual sport carnival.

Symptoms:

- Experience excessive and irrational fear of a certain object or situation even when it does not pose an immediate danger
- Actively avoid their feared object or situation
- Experience intense distress and physical symptoms such as heart palpitations, shortness of breath, sweating, stomach discomfort or trembling in the face of their feared object or situation
- Tend to think of the feared object or situation to be more threatening than it really is

Explanation:

It is normal for children to be fearful of certain objects and situations (such as darkness or going to the dentist) but most of them grow out of it as they learn of ways to cope with their negative emotions. However for some, the fear of certain objects or situations persists and intensifies over time so much so that the child finds it hard to control his/her fear despite assurances and facts about the irrationality of the fear. In addition, if these start to affect the child's usual activities and functioning, the child may be diagnosed as having a Specific Phobia.

(5) Obsessive-Compulsive Disorder

Story:

Jeremy is a sixteen year old boy who is studying in a co-educational secondary school. Earlier this year, the school invited the police to give a talk in school. The topic was about criminal offences and punishment. Shortly after the talk, Jeremy began to feel very anxious whenever he is around his female classmates. He

reported having recurrent thoughts of having touched his female classmates inappropriately. He also reported having intrusive images of scantily-clad females.

Whenever Jeremy has these thoughts or images, he feels a strong urge to “cleanse” himself. If he doesn’t clean himself, he feels worried that he will be found guilty of actually touching his female classmates inappropriately and charged by the police. As such, he spends most of his time during recess in the toilet washing his hands over and over again until he feels clean.

He also avoids talking or looking at his female classmates as he is afraid that talking or looking at them will trigger more obsessions. As Jeremy is often preoccupied and distressed by his obsessions during lessons, he has been having difficulties concentrating. He feels very ashamed and thinks of himself as a “freak” and “pervert” for having such thoughts.

Symptoms:

- Experience persistent obsessions such as recurrent thoughts, images and urges that are intrusive and distressing.
- May have obsessions such as fear of contamination, fear of harming self or others, repeated doubts of whether they have already done something or a need to have things done in a particular order. **They may** appear distracted in class as they may be preoccupied or distracted by intrusive thoughts and images during lesson time.
- May use compulsions, which are repetitive behavior or mental acts performed in response to the obsession to prevent a feared outcome of the obsession from happening. These compulsions may include washing, checking, counting, repeating rituals, mental rituals or hoarding.
- In class, they may have difficulty completing work on time as they may have rituals that involve checking, repeating and re-doing work until they “*feel* right or perfect”
- May have difficulties getting to school in time due to the rituals he/she performs at home in the morning (e.g. washing, checking). They may also avoid going to school due to separation anxiety from family if their obsessions are related to harm befalling their loved ones. Sometimes, students may also

feel overwhelmed by all the obsessions and compulsions they experience in school so much so that they avoid going to school altogether.

- May have deteriorating grades and school performance

Explanation:

It is common for children to sometimes have rituals and superstitions to help them feel safe and secure particularly in times of stress. However, it is uncommon for children and adolescents to have the need to perform their rituals more than five times. Generally, if the obsessions cause a child great distress and the child takes more than an hour each day to perform his rituals, and these affect the child's daily functioning, the child can be diagnosed with Obsessive-Compulsive Disorder. In addition, while adolescents may sometimes recognize that their obsessions are irrational, younger children may not be able to do so.

(6) Panic Disorder with or without Agoraphobia

Story:

Kathy is a seventeen-year-old who experienced her first panic attack last year during her school morning assembly. She reported that her school is very strict. Every morning, the school discipline master would conduct random checks to make sure that the students' uniforms are neat and their shoes are clean. She reported that her heart started racing and she felt herself shaking uncontrollably during that morning assembly.

Following that incident, Kathy began to pay more attention to physical changes in her body. Whenever she notices any changes in her body, she becomes very frightened. She is worried that her schoolmates will think she is weird if they see her trembling and she is terrified of losing control in front of all her schoolmates and teachers. Soon after, Kathy noticed that she also experiences the same symptoms when she boards a crowded train.

In order to cope with her anxiety, Kathy now makes sure that she takes the train together with her good friend in the morning. Having a friend with her somehow makes her feel more secure. Her school also allows her to stand by herself in an

open space away from the assembly ground. Kathy feels embarrassed about her condition and often wonders what her classmates think of her.

Symptoms:

- Experience recurrent, unexpected episodes of intense anxiety known as panic attacks
- Have sudden onset or “attacks” of physical symptoms such as heart palpitations, sweating, trembling, shortness of breath, chest discomfort, nausea or giddiness that reach a peak within ten minutes during the panic attack
- Have persistent worry about having another panic attack and its implications, such as losing control or dying. This may affect their concentration in class.
- Become frightened of their bodily changes and typically misinterpret these changes as the start of another panic attack. Some may avoid Physical Education lessons as they fear that participating in physical activities (e.g. running) could lead to panic attacks.
- May also develop agoraphobia – the fear of places or situations where it would be difficult to escape or get help if they have a panic attack. These may include crowded places, public transport, school, shopping centres or any places outside of home. As a result of this fear, they may refuse to enter a room with many people (e.g. school hall) or may refuse to go to school in order to avoid travelling on crowded buses/ trains.

Explanation:

Experiencing a panic attack at least once in a lifetime is fairly common and while it typically occurs during times of physical or psychological stress, it may happen for no apparent reason. However, if the child becomes fearful and is persistently worried about the changes in his or her physical symptoms, this may lead to the child becoming hyper vigilant and misinterpret any bodily changes as a trigger of another panic attack. If this fear consistently leads to more panic attacks and it starts to affect the child's daily functioning, the child can be diagnosed as having a Panic Disorder. Nonetheless, this disorder is not common until late adolescence.

(7) Post-Traumatic Stress Disorder

Story:

Siti is a twelve year old girl who was involved in a car accident three months ago. While walking home from school, she was knocked down by a car. Luckily, apart from some minor skin abrasions on her legs and arms, she was not badly hurt. After the accident, however, Siti was terrified of cars. She was also afraid of walking to and from school on her own. As such, her parents had to take turns to send and fetch her to and from school.

Siti also has nightmares about car crashes. Sometimes, she wakes up in the middle of the night in a cold sweat. In the day, she sometimes has thoughts or images of the accident pop into her head. She gets very anxious whenever she passes by the particular area which she was knocked down. She also gets very frightened whenever she hears the sound of screeching tyres or car horns honking.

Symptoms:

- Have witnessed or experienced trauma that was life-threatening or involving potential or actual injury
- Re-experience the earlier trauma in various ways, such as having repeated and intrusive images or thoughts of the trauma. As a result, they may appear distracted in class.
- May have repeated nightmares about the trauma, some of which the content may not be directly related to the trauma (e.g. being chased by monsters). This affects their sleep, which can lead to fatigue in the daytime.
- May have “flashback” episodes, in which they act or feel as if the trauma is happening again
- Avoid cues such as activities, places or people that remind them of the trauma
- Exhibit great distress and anxiety when exposed to cues that remind them of the trauma

- May become more irritable, hypervigilant and get startled more easily compared to their peers. They may startle easily or jump at the slightest sound (e.g. school bell going off)

Explanation:

While it is normal for children to feel very anxious immediately after a trauma, the anxieties usually settle down, especially after personal and physical safety has been restored. However, if the symptoms of anxiety persist more than a month and they affect the child's daily functioning, the child may have Post-Traumatic Stress Disorder.

(8) Adjustment Disorder with Anxiety**Story:**

Mandy is a thirteen year old girl who is in Sec 1 this year. When she was in primary school, she always had a close group of friends from her class whom she would hang out with. In her new class this year, she has not been able to join in any groups as most of her classmates were from the same primary school which she was not from.

Hence, most of her classmates were already in cliques when school first started. Mandy also found it difficult to cope with the increase in academic demands and expectations as she now has more subjects, while her teachers were always emphasizing that they expected students to be more independent and less spoon-fed in secondary school.

Mandy would complain of nausea most mornings when she woke up to go to school. Initially, her mother would allow her to stay at home but as these complaints got more frequent, her mother would force her to go to school. When in school, Mandy would often ask to go to the sick bay as she was afraid that she would vomit in class.

Although she has never vomited in class, she always feels better when she doesn't have to stay in class. In class, her teachers noted that she often frowned and looked worried. She would also frequently ask to go to the toilet.

Symptoms:

- Develop excessive emotional and behavioral difficulties within three months in response to an identifiable stressor, such as moving house, the death of a parent, parental divorce, change of school or loss of a pet etc.
- Often become excessively worried or nervous.
- May become fearful of separation from emotionally-attached figures
- Develop physical symptoms of anxiety such as nausea, giddiness, chest or stomach discomfort or headaches
- May have sleep and concentration difficulties
- May become more irritable and start “acting out”

Explanation:

While it is normal for children to exhibit some emotional and behavioral reactions to changes or major life stressors, these reactions usually resolve as the child adapts to the change. However, if these reactions significantly affect the child’s social and academic functioning and cause marked distress and anxiety, the child may be diagnosed with Adjustment Disorder with Anxiety.

(9) Selective Mutism**Story:**

Joanna is a seven year old girl in Primary 1 this year. Her form teacher, Miss Peh, is concerned that Joanna seems extremely shy. This is her third term teaching Joanna but she has never heard Joanna speak to any of the teachers or classmates. She has called on Joanna several times to answer questions in class but she would look down and scratch her nose and would not say anything.

Each time, Miss Peh would call on someone else. During Show and Tell, Joanna would stay in her seat and scratch her nose despite Miss Peh’s coaxing. Miss Peh has tried ways and means to make Joanna talk. She has tried talking to her one on one, confiscating her spectacles hoping to force her to ask for it and making her stay back during recess if she would not talk.

Once, Miss Peh saw Joanna at a shopping centre with her mother. She was surprised to see that Joanna was talking loudly to her mother. It was the first time she heard Joanna's voice and she thought Joanna looked just like any other child. When Joanna saw Miss Peh, she was shocked and hid behind her mother. Although Miss Peh approached to say hello, Joanna would not speak anymore and avoided eye contact. She reverted to her usual classroom self.

Symptoms:

- Are capable of full speech and able to speak at home but persistently fail to speak in other social settings whereby they are expected to do so (eg school or relative's house etc)
- Generally exhibit fear of speaking in social situations or with people whom they are not familiar with. **They** may not respond when the teachers ask them questions in class. They may also not speak to their classmates.
- Show reluctance to establish or maintain eye contact with unfamiliar people
- Tends to be tensed or have a blank facial expression when in school

Explanation:

It is common for children to feel shy and avoid speaking when they are adjusting to a new social environment particularly when they parents are not around, such as during the first few weeks of preschool or primary school. However, they usually warm up and start talking after their initial anxieties subside. However, if the child fails to speak after a month and this inability to speak is not due to any speech or language difficulty, the child may be diagnosed with Selective Mutism, particularly if this inability to speak is also affecting the child's social and academic functioning.

(10) School Refusal due to anxiety

Story:

Wenhui is a fourteen year old girl in Secondary 2 this year. Her form teacher, Mrs Tan, noted that her attendance has been very irregular. Whenever Wenhui was absent, she would produce a parents' letter explaining that she was ill. Finally, her form teacher checked with her mother and realized that Wenhui would frequently

complain of stomachache and heart palpitations and would plead with her mother to let her skip school. These complaints were especially severe when school re-opened after the holidays or on Sunday evenings.

Her form teacher also noted that when Wenhui was supposed to do a class presentation, she would invariably be absent. Wenhui's mother told the teacher that her daughter has anxiety about making presentations in class. She does not think that Wenhui is making up about her physical symptoms as she would appear very weak and make many trips to the toilet on those days. On most days, her mother feels sorry for her and allows her to stay at home.

However, this has led to much friction between them as her mother would nag at her to go to school. Wenhui would shout at the mother and say that she does not understand. On occasions when she is forced to go to school, Wenhui would put up a physical struggle and her father would need to restrain her in the cab ride to school.

Symptoms:

- Have difficulty attending school or remaining in school for the full day due to their excessive anxiety about what will happen in school
- Exhibit emotional distress and physical symptoms of anxiety such as heart palpitations, shortness of breath, nausea, giddiness or chest discomfort which may start the night before school and peak at the time of departure for school
- Commonly react with tears, fits of temper or even aggressive outbursts when made to go to school
- When allowed to miss school, they usually stay at home because it is considered a safe and secure environment

Explanation:

School Refusal is not an official anxiety disorder diagnosis under the Diagnostic and Statistical Manual of Mental Disorders- Fourth Edition. However, this term has been increasingly used by school and mental health professionals and refers to the child's difficulty in attending school due to a variety of reasons such as motivational issues, truancy and anxiety problems. This section only focuses on School Refusal that is due to anxiety. Typically, children with this problem fear school because they are



afraid of what will happen if they attend school, such as having to leave their parents, having to speak to others when they are socially anxious or being scolded by authority figures in school. These children commonly can be diagnosed with a childhood anxiety disorder, typically Separation Anxiety Disorder or Social Phobia.