

Actions Against Anxiety Disorder Among Primary School-Aged Children in Australia

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ABSTRACT

Anxiety disorders have become one of the most significant mental health issues for children in Australia. This paper examines the main factors associated with anxiety problems in primary school-aged children from three perspectives: family, school and society, and critically analyses the efforts of government and other organizations to prevent and treat anxiety in children, including related programs, services and policies. While some of these actions have shown positive results in reducing and preventing anxiety problems in children, more action needs to be developed, particularly national policies that target children themselves. In addition, the Australian government needs to pay more attention to marginalized groups of children, such as children with intellectual disabilities in the primary school age group.

Keywords: Anxiety disorder, Anxiety problem, primary school aged children, children

1. INTRODUCTION

Mental health disorders in children have become a major issue worldwide in the last decade. Approximately 20% of the world's children are suffering from mental health disorders such as attention deficit hyperactivity disorder (ADHD), anxiety and depression [1]. Anxiety disorders are the second most common cause of mental disorders in these children (6.9%), right after ADHD (8.2%). Anxiety in children usually has the following symptoms—fear of being alone and irrational worries about germs, restlessness [2]. Social phobia, generalized anxiety disorder, separation anxiety disorder and obsessive-compulsive disorder are the main types of anxiety disorders.

The prevalence of anxiety disorders in children in Australia has almost doubled in the last five years [3]. In Australia, 14% of children aged 4-11 years suffered from a mental disorder in 2013-2014, and separation anxiety disorder was the most common anxiety disorder among Australian children aged 4-11 years (4.9%) [4]. Childhood anxiety is already an issue in Australia that cannot be ignored in the area of children's education, and in the last five years the Australian government has released policies and plans to improve children's mental health [4], such as the National Action Plan for Child and Adolescent Health 2020-2030 [5] and the Becoming You program [6]. However, very few Australian children aged 6-12 years (9-27%) meet the criteria to receive appropriate treatment

and use these services [3, 7]. In addition, there is widespread resistance to addressing the needs of children with anxiety disorders in the primary school age group in the corresponding policy development [8]. Policy makers and researchers often focus on preschool and adolescent children because of the relative calmness of the primary school years [8].

This study will focus on primary school-aged children in Australia, exploring the main factors contributing to anxiety from three perspectives: family, school and community, and will critically analyze the efforts of government and other organizations to prevent and treat anxiety in children.

2. FACTORS AND CONSEQUENCES OF THE ANXIETY DISORDERS AMONG CHILDREN

Many factors have increased the risks of experiencing anxiety disorders among primary school-aged children, such as over-involved parenting, child neglect or abuse, school bullying, unhealthy relationships with friends and teachers, and socio-economic disadvantages [2, 5, 9]. Moreover, research from Harvard University (2010) demonstrates that primary school-aged children are particularly vulnerable to anxiety, since brain development is more sensitive during this period than others [8].

These risk factors can produce anxious circumstances harmful to children's brain structures by triggering the body's stress-response system for a long period. As a result, children's ability to think and study, engage in social relationships, build confidence and deal with stress can be negatively affected until adulthood [2, 8, 10]. Meanwhile, anxiety in childhood increases the risk of developing physical illnesses, such as stomach aches, headaches, and diarrhea [2]. Furthermore, anxiety disorders can cause pessimistic emotions in children aged 6-12 and further develop into depression [11].

3. FAMILY-BASED ANXIETY

Many studies have found that most anxiety (75%) among primary school-aged children originates from their families [2, 10]. The Second Australian Children and Adolescence Survey of Mental Health and Well-being (Young Minds Matter) reports that the children living in low-income families or unemployment, blend, step and one parent or carer families, and low education level families (year 10 or below) are twice to suffer from mental disorders compared to those who live in high-income families, two parents or carer families [9]. In addition, Yap and Jorm (2015) conducted a meta-analysis to show that negative parents' behaviors, such as neglecting their children, over-involvement and inter-parental conflicts, are strongly associated with anxiety problems among children aged 5-11 [12]. The children who have family-based anxiety are 3.5 times higher rates of developing negative behaviors than those who do not have family-based anxiety, and these children's anxiety disorders can reversely affect the family's perceived well-being [13].

Most of the programs are aimed at parents of primary school-aged children and have shown a positive impact on preventing family-based anxiety. In 2015, Beyond Blue [2] and the University of Melbourne issued a parenting guideline - How to reduce your child's risk of depression and clinical anxiety (Guideline) and positively prevented family-based anxiety in primary school-aged children [14]. The Guideline mainly focuses on educating the parents of primary school children to establish a harmonious relationship with their children. For example, supporting children's autonomy to avoid parental over-involvement and minimizing conflicts at home to avoid negative responses to the children [14]. Moreover, Sim et al. (2017) conducted an online survey to evaluate the impacts of the Parenting Guideline on parents and their children one month after using the Guideline [15]. The Guideline had the users' high acceptability, including parents and psychologists (88% of the users). 71%-79% of the users believed that the Guideline helped build a good relationship with the child and supported the child's autonomy. This Guideline was useful for anxiety prevention and anxiety reduction of the children who had existing anxiety symptoms.

Many derivative programs in Australia were designed based on the Parenting Guideline that aims to prevent family-based anxiety among primary school children, such as the Raising Children Network [1] and Parenting Resilient Kids (PaRK) [17]. PaRK is an evidence-based online program to prevent family-based anxiety among primary school-aged children by promoting the interactions between the parents and the child, which helps reduce family-related risk factors of anxiety disorders and strengthens corresponding protective factors [17]. The participants were the parents who spoke English proficiently and had at least one child aged 8-11. PaRK includes a self-assessment parenting scale, a feedback report and an interactive parenting program with 12 modules. In addition, a randomized controlled trial (RCT) was conducted by Fernando et al. (2018) to assess the effectiveness of PaRK [18]. The authors had set up the intervention group (the parents participated in PaRK) and control group (the parents received standardized parenting materials for children's well-being development). They followed the participants up to 3, 12 and 24 months to observe different results in two groups. Although the RCT has not finished, the current data shows that due to the easy accessibility of the online program, PaRK has higher acceptability from participants than the standard parenting materials [18].

However, the programs and services for the children (e.g. Cool Kids Online assessment and treatment program [19]) and primary school teachers (WayAhead program-small steps seminars for primary schools [20]) are lacking. The corresponding evaluation of the programs is lacking as well. [21].

4. SCHOOL-BASED ANXIETY

It is common for primary school-aged children to experience an anxiety disorder in schools, and the children who have anxiety disorders performed worse due to the anxiety symptoms than those who have no mental illness [9]. The common risk factors associated with school-based anxiety are bullying in school, stress from peers, over-strict teachers, excessive activities [5]. In the class, repetitive questioning, missing activities, and frequently discussing concerns are signs of the child experiencing anxiety disorders [22]. The school-based anxiety among primary school-aged children negatively affects the children's school life in many aspects, such as poor school performance, lack of ability to make friends, and avoid participating in class groups [23]. It is worth mentioning that many studies and reports demonstrate the server impacts on school attendance due to anxiety disorders. More than half (58%) of the children with anxiety symptoms were absent from school for at least one day, and the average number of days absent from school because of anxiety is six days. The number of days off school due to generalised anxiety disorder is the highest ten days among children aged 4-11 [9].

There are plenty of school-based strategies that have been made to reduce anxiety among primary school-aged children in Australia. For example, in 2016, the South of Australia state government recommended a strategy guideline - Small Step: Strategies to Support Anxious Children in the Classroom published by WayAhead (a mental health association in New South Wales) - to the school teachers [23]. Small Steps is a part of the WayAhead Anxiety Program and highly targets the children experiencing anxiety in primary school. This guideline provides relaxation skills and problem-solving skills for the children diagnosed with anxiety disorder and those showing anxiety disorder symptoms to manage their anxiety in primary school. The skills mentioned in the strategies are practical and valuable for dealing with individual conditions, which attracted many teachers to help their students fight against anxiety disorders [23]. However, few evaluations of the strategies have been conducted. Therefore, there is little understanding of the effectiveness of the strategies in reducing anxiety problems in primary schools.

Another part of the WayAhead Anxiety Program is Small Step Seminars for Primary School has successfully increased the awareness and recognition of anxiety disorders among primary-aged children [21, 23]. The seminars were open for both school staff and parents. The topics discussed in the one-hour seminars were related to anxiety identification and evidence-based treatments for children with anxiety disorders [20]. The Follow-up surveys indicated that the seminars have increased the referral rates and successfully increased children's awareness of anxiety disorder in primary schools [23]. However, the seminars did not provide information about anxiety management skills on campus, which was one of the limitations of the seminars [23].

Some other primary school-based anxiety prevention programs in Australia were designed based on cognitive behavioral therapy (CBT). However, the long-term impacts of the CBT-based programs are uncertain, such as Penn Prevention Program (PPP). A systematic review conducted by Higgins and O'Sullivan identified the positive outcomes of the FRIENDS For Life Program (FRIENDS) program, which makes enormous contributions to the children's resilience building and well-being improvement to prevent anxiety in the long term [24]. Nevertheless, another program Aussie Optimism Program: Positive Thinking Skills (AOP), only showed short- and medium-term effects on anxiety prevention in primary schools [25, 26]. The potential reason for this result may be because the modules in AOP are over-complicated for the children.

5. SOCIETY-BASED ANXIETY

Society-based anxiety refers to the anxiety disorder that grows from social factors such as cultural backgrounds and the COVID-19 pandemic. The currently

known risk factors of social-based anxiety disorder among the children are bullying out of school, stigma and discrimination to the children with anxiety, low socio-economic disadvantages, non-dominant cultural backgrounds (e.g., Australian Aboriginal and Torres Strait Islander) [27]. Social Anxiety Disorder [28] is the most common social-based anxiety outcome, and Post-traumatic Stress Disorder (PTSD) is the second leading social-related anxiety outcome [29]. Children with social anxiety are used to avoiding social activities [27]. In addition, due to the COVID-19-related risk factors, such as persisting school closures, parental unemployment, and the increased risk of parental mental disorders, the continuous pressure from the COVID-19 pandemic can be transferred from family and society to the primary school-aged children. In particular, children with existing anxiety disorders have less chance of being with friends than other children [30].

To reduce and prevent the negative impact of the COVID-19 pandemic on children's mental health, the Australian Institute of Family Studies (AIFS) issued a guideline in 2020 that emphasizes the crucial role of consistent positive parenting, parents' mental health, and their behaviors in prevention of social-based anxiety among the primary school-aged children [31]. It also mentioned many ways for the parents to minimize the negative mental impacts on their children, such as taking good care of the parent's emotions and reducing the opportunity to watch the COVID-19 relate news [32]. In addition, some online services or programs have been implemented for children to address anxiety and smoothly go through the COVID-19 pandemic, such as Kids Helpline [33] and The BRAVE Program [34]. However, the effectiveness of these programs and services is unknown due to the lack of corresponding evaluations.

Apart from this, some policies, research and services have been conducted to address social-based anxiety disorder among primary school-aged children living in rural and remote areas [35]. This group of children is more likely to develop mental illness (24%) than the general population (14%) due to the isolation, harsh natural environment, and limited mental health services [35]. Indigenous Advancement Strategy focuses on the wellbeing and safety of Indigenous children and the Australian National Audit Office (ANAO) has evaluated the performance of this strategy [36]. About 70% of the grants have been successfully used to improve wellbeing among children in Indigenous schools. Nevertheless, the evaluation results are not entirely appropriate, since the assessment method is not suitable for all the schools involved in the program [36]. In addition, there was another program - the Mental Health Services in Rural and Remote Areas (MHSRRA) program that the Department of Health of Australian Government-funded - aims to serve psychological therapies for people with mild to moderate mental health conditions living in Australian rural and remote areas [37]. The evaluation of the program

illustrates that MHSRRA made a hugely beneficial and essential contribution to the early intervention among children living in rural areas. However, the focus and service for children aged 4-11 living in rural and remote areas should be increased [38].

6. CONCLUSION

The anxiety disorder among primary school-aged children results in significant adverse effects on the children's life. Most of the past strategies and services are useful for addressing anxiety disorder among primary school-aged children. However, the related national policies are insufficient. More funding for children's mental health development should be invested. According to the previous studies, CBT-based prevention programs and targeted programs have more significant effects than other therapy-based prevention programs (e.g., Mindfulness-Based Cognitive Therapy) and universal prevention programs. Some basic educational materials about addressing anxiety in primary school are needed to be recommended to parents and teachers. Further research and service should focus on marginalized children's groups, such as children with intellectual disability.

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