

Awareness and Prevention of Adolescent Anxiety Disorders

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Abstract: Anxiety disorder is a common mental disorder in children and adolescents, affecting their psychological development and interpersonal relationships. Since anxiety disorders are hidden in the early life of children, failure to recognize and intervene early may lead to serious consequences in adolescence. At present, the strength of psychological specialists in China is generally insufficient, and the early identification of this type of disease by non-psychological pediatricians is not enough, and further improvement is also needed in terms of disease comorbidity and comprehensive diagnosis. Through strengthening early identification, actively carrying out multi-dimensional and multi-level active health management and precise intervention are necessary measures to prevent and manage children with this disease.

Keywords: Children and Adolescents; Awareness of Anxiety Disorders; Prevent.

1. Definition and Characteristics of Adolescent Anxiety Disorder

Anxiety is one of the most common mental disorders in children and adolescents, and anxiety disorder is the most common mental disorder characterized by excessive stress and worry accompanied by corresponding behavioral problems in children and adolescents. The global prevalence rate of anxiety disorder in children and adolescents is about 6.5%, ranking first among childhood mental disorders (Arlington, V.A., 2013). Childhood anxiety disorder has a high recurrence rate and is easy to develop into chronic persistent diseases. Increase self-injury, the risk of comorbid depression and other mental illnesses (Polanczyk G.V., Salum, G.A., Sugaya, L.S., Caye, A., & Rohde, L.A., 2015; Andreas, Strohle, Jochen, Gensichen, Katharina, & Domschke., 2018).

The main manifestations of adolescent anxiety disorder are strange to their unfamiliar environment, sensitive mind, temper, hyperactivity and so on. In school, the main performance for the loss of learning motivation, attention decline, conflict with classmates, mental depression and other phenomena. This mental health problem often occurs in adolescents aged 10-14 and 15-19, and studies have shown that these mental illnesses occur frequently and show an increasing trend year by year.

2. Classification of Anxiety Disorders in Adolescents

Childhood anxiety disorders can be roughly divided into seven categories according to different characteristics, causes and manifestations. Different anxiety disorders have different characteristics and have different effects on children's life.

2.1. Generalized Anxiety Disorder

Generalized anxiety disorder is a mental disorder characterized by uncontrollable excessive worry and stress. In the childhood stage, it is mainly manifested as the inexplicable worry about the future, or the interpersonal relationship, the family relationship, the friend relationship is very tense, afraid to communicate and talk. In school learning, I always feel that my ability is not enough, I can not complete

what I want to do, and I lack a sense of value. In the adult stage, its anxiety disorder is manifested as having unrealistic anxiety worries, conflicts with others, arguments, and inexplicable temper tantrums, crying and other behaviors.

2.2. Dissociative Anxiety Disorder

Dissociative anxiety disorder refers to excessive fear, worry and other emotions and symptoms that occur when a child leaves his or her attachment object or family environment. At the same time, this can also have an impact on the child's physical condition and functioning appropriate for his age. These include refusing to go to school, having nightmares when sleeping alone, fearing something bad will happen to an attachment, and experiencing unexplained physical discomfort, such as nausea and dizziness.

2.3. Fear Anxiety Disorder

Fear anxiety disorder refers to an abnormal fear emotion unique to children, specifically, it is excessive fear of common objective things and situations in daily life, resulting in avoidance and withdrawal behaviors, affecting children's normal learning, life and interpersonal communication. The object of this fear anxiety disorder is multiple, can be objects, blood, enclosed Spaces, or a variety of natural phenomena. When individuals are exposed to fearful things or situations, neurological disorders and other symptoms will occur (Su Linyan, Wan Guobin, Du Yasong, 2014).

2.4. Social Anxiety Disorder

Social anxiety disorder is also known as social phobia. It is mainly manifested in that teenagers are afraid to appear in some social occasions or other occasions, and will try to avoid afraid social occasions, and will experience strong anxiety and depression when they cannot avoid them. Somatic anxiety reaction no organic disease (Panda, Prateek Kumara, Juhi Chowdhury, Sayoni Roy Kumar, Rishi Meena, Ankit Kumar Madaan, Priyanka Sharawat, Indar Kumar Gulati, Sheffali, 2015).

2.5. Selective Silence

Selective silence refers to the performance of children who remain silent in a certain social environment due to a series of

psychological reasons after obtaining normal language ability. After the onset of the disease, the child mainly refuses to speak on certain occasions, but 3 can communicate normally on other occasions. If you cannot communicate with strangers, you can communicate with familiar people, or you do not communicate with adults outside your family, but can communicate with other children. Sometimes it can be communicated with body language such as gestures and nodding, and sometimes it can be expressed in writing (Jin Xingming, Jingjin,2014).

3. Analysis of Causes of Adolescent Anxiety Disorder

There are many reasons for adolescent anxiety disorders, such as family, school, society, as well as children's personal emotions and other reasons, which will cause students to have anxiety disorders.

3.1. The Influence of Family Aspects on Adolescent Anxiety Disorder

3.1.1. Genetic Factors

Genetics predispose adolescents to symptoms of anxiety. Children with a family history of psychiatric disorders are more likely to develop anxiety disorders than children with no family history of psychiatric disorders. Because if there is a family history, children will be more worried about whether and when they will get sick in the future. If a family member is hospitalized with mental illness, then the child will worry about how to take care of the family and when the family will get better, which will make his heart feel very depressed, and he is often in a tense state, worried that he will be excluded by friends and laughed at by classmates. They also worry about whether they will be accepted by society in the future. This series of causality often places children in a very tense, depressed, and fearful situation, which undoubtedly provides a "flower house" for children to suffer from anxiety disorders.

3.1.2. Parenting Style

The parenting style of parents plays a very important role in the formation of early character and attitude of children and adolescents. Parenting style is a behavioral tendency shown by parents in the process of raising and educating children, which is mainly divided into negative and positive two dimensions. Negative parenting style mainly includes neglect and indifference of children, lack of communication with children, too strict, too much control of children's learning and life, and cold refusal of all requests of children. Excessive control means that parents are too involved in the child's daily life and small and large things, and do not allow the child to leave his field of vision and protection, which will constantly strengthen the child's dependence on him and obedience. The apathetic rejection mainly refers to the parents' insufficient warm care and emotional response to their children, the lack of positive feedback of affirmation and encouragement in communication, and the negative feedback of uncertainty and avoidance. Therefore, they cannot master the strategies and methods to solve problems independently, which is not conducive to forming a high level of self-efficacy and a sense of control over the environment (Zhou Ya, Fan Fang, Peng Ting,2017).

3.1.3. Parental Relationship

Parents are the first teachers of children, only a good relationship between parents can cultivate the character, morality, physical and mental health of the child. The conflict

between parents and marital status are the unfavorable factors that affect the healthy growth of children. Parental conflict refers to the verbal conflict or even physical attack between parents due to differences of opinion and disputes. The anxiety level of children and adolescents is related to the quality of the relationship between parents. The higher the conflict level between parents, the higher the anxiety level of children. Fear, sadness, and lack of problem solving skills in the relationship between parents in conflict can lead to more severe anxiety disorders in children.

3.2. The Influence of School on Adolescent Anxiety Disorder

3.2.1. Schools Attach Importance to Grades While Ignoring Students' Mental Health

Due to the influence of exam-oriented education, it is common for some schools to pay attention to students' achievements and pay attention to the enrollment rate of students while neglecting the development of students' mental health. In some schools, in order to improve students' performance, some teachers divide fast and slow classes, assign various homework, arrange various tasks, and occupy students' mental health courses to learn the main course content, which will bring dissatisfaction to students. Without a reasonable arrangement of courses and teaching tasks, homework tasks, and various examinations, students will become anxious, afraid, and fearful psychological states, and in the long run, students will deepen the degree of anxiety disorder.

3.2.2. School Environment Affects Students' Mental Health

School environment refers to the academic atmosphere and physical environment, both of which will have an important impact on students' mental health development. The physical environment of a school can have an impact on students' mental health development. School furnishings, layout, degree of greening and comfort of teaching facilities are all related to students' mental health. The clean and comfortable campus provides a comfortable learning atmosphere and space for children, which helps to maintain students' mental health, increase students' sense of belonging, and give students healthy humanistic care. Let students during the school, every day in a relaxed, pleasant, comfortable learning environment, so that the psychological feel happy, then will help students to grow.

3.3. Influence of Social Aspects on Adolescent Anxiety Disorder

3.3.1. The Influence of social media Cannot be Ignored

Nowadays, young people live in an era of information explosion, and the spread of Internet information is fast and wide, and their values, aesthetics and even lifestyles are influenced by the society. On the one hand, social media provides a platform for young people to show themselves, express themselves and understand the society; On the other hand, the false image of perfection and distorted values on the Internet may bring teenagers negative emotions such as inferiority and depression. Nowadays, with the continuous development of the Internet, teenagers are easy to use mobile phones to read the overwhelming information content on the Internet. Young people lack the standard of right and wrong judgment, it is easy to be misled by various information on the Internet, in the long run, it will produce anxiety, inferiority,

the formation of distorted values and outlook on life. And that can lead to more severe anxiety disorders.

3.3.2. Social Environment Affects the Psychological Development of Adolescents

Moral values and cultural inheritance in the social environment have an important impact on the mental health of adolescents. Young people are at a critical stage in the formation of ideology and values, and they are easily influenced by social climate, mass media and peers. If there are bad interpersonal relationships and the transmission of values in the social environment, it is easy for teenagers to deviate from the right track of values and codes of conduct. For example, when the values of vanity, comparison and materialism are prevalent in the social environment, teenagers may distort their values and excessively pursue their appearance and material comforts. With the development of the Internet, the information released by some morally corrupt people on social media will make children lack the ability to distinguish between right and wrong.

3.4. Influence of Adolescents' Individual Self-factors

3.4.1. Self-recognition and Evaluation are not Objective and Tend to be Negative

If you encounter difficulties in school and your grades are not satisfactory, your self-understanding tends to be negative evaluation, which is a more subjective behavior. This subjective behavior often has a more serious psychological implication, that their ability is low, not as good as others in learning. Blindly carrying on self-negative reflection will make oneself anxious psychological state, in the long run, will have an important impact on their own psychology. Negative evaluation, evaluation is not objective, are the adolescent anxiety disorder of personal factors. Self-recognition and evaluation are not objective such a performance, negative evaluation is the lack of communication with parents, teachers, friends caused by young people, self-awareness is not clear, did not stand in a reasonable position to evaluate.

3.4.2. Vitamin D Deficiency Increases Anxiety Symptoms

Vitamin D deficiency in students increases the risk of detection of anxiety symptoms, depressive symptoms, and anxiety-depression comorbidities. Based on the data analysis of the UK Biobank, it was found that serum vitamin D level was negatively correlated with anxiety symptoms and depression symptoms. Through genome-wide association analysis, it was found that the rs114086183 polymorphism of LRRM4 gene, a candidate gene related to vitamin D, was correlated with depression symptoms, and the rs14976011 polymorphism of GNB5 gene was correlated with anxiety symptoms. Vitamin D supplementation can improve the severity of depression in people with depression. In addition, vitamin D also has antioxidant and anti-inflammatory effects, which may affect the pathophysiological changes in the brain associated with anxiety and depression symptoms. Anxiety disorder caused by vitamin D deficiency is a chemical factor, so if you have a mild anxiety disorder, you can try vitamin D supplements to relieve it.

4. Adolescent Anxiety Disorder Prevention and Intervention Measures

If the adolescent anxiety disorder does not carry out early

intervention and take corresponding measures, the condition will become more serious, and even endanger life. In the overall treatment of anxiety disorders in children, psycho-behavioral therapy is usually used, and it is also necessary to pay attention to parental education and family therapy, as well as psychological therapy, drug therapy and combination therapy.

4.1. Psychotherapy

Behavioral therapy and cognitive behavioral therapy are commonly used as effective treatments for anxiety disorders. Behavioral therapy techniques, including relaxation training, systematic desensitization, model modeling, imagination, gradual exposure, etc., are based on behavioral therapy for children with a certain level of development to help identify and correct unreasonable solilogizing, negative beliefs, identify early physical signs of anxiety, teach reasonable positive beliefs, and develop coping strategies. Play therapy is also a common method suitable for children, especially young children (Zhang Lili, Wang Lin,2022). Cognitive behavioral therapy (CBT) is a first-line treatment for adolescents and children with anxiety disorders by helping patients recognize and correct their own false beliefs to improve anxiety symptoms. In China and most countries and regions, there is a serious shortage of psychiatrists, and the duration and duration of CBT sessions are relatively long, and people with anxiety disorders are often reluctant to accept face-to-face treatment because of shame.

4.2. Use Parents as Facilitators of the Child's Treatment

Parental training in parenting skills can help children come out of anxiety disorders. Parenting style is closely related to the occurrence and development of anxiety disorders in children and adolescents. Parental intervention, such as taking over tasks that should be done by the children themselves, can limit the children's grasp of the unexpected, which affects their self-efficacy. By giving their children autonomy, parents can help young children better grasp the experience and become more confident and resilient to new environments. Therefore, relevant studies have shown that improving parents' parenting style and communication skills between parents and children, allowing children to keep trying and making mistakes, reducing parents' behavior of substituting for children's decision-making, promoting children's self-resolution, 7. Doing so may reduce the level of anxiety disorders in children (Changminghao Ma, Wenjing Liu, Zhen Liu,2021).

4.3. Guide Teenagers to Learn Self-Regulation and Receive Psychological Counseling

Teenagers need to learn some ways to regulate themselves. Things like deep breathing or distracting yourself can help with anxiety symptoms. If the child does not have too many problems psychologically, the method of self-regulation is desirable, but if the psychological barrier is too big, self-regulation is not feasible, psychological counseling is needed. If teenagers have excessive anxiety, they should learn to take the initiative to consult the school's mental health teachers, psychological counselors can try to use systematic desensitization to relieve anxiety to help teenagers, and schools should also strengthen mental health services. Each school should carry out hierarchical and classified mental health services, which can provide support for cultivating

positive emotions of adolescents through the attention and support of all teachers, the focus of class teachers, psychological courses and activities.

4.4. Drug Treatment

In cases of severe anxiety, anti-anxiety drugs or antidepressants with anti-anxiety effects may be considered. Antianxiety medications can include phenylene diamines, but caution should be exercised when used in children. The selection of antidepressants should consider whether they are suitable for children and adolescents. Currently, 5-yanamine reuptake inhibitors are preferred. For patients who require a definitive diagnosis and psychotherapy and antidepressant therapy, referral to a child psychiatrist or developmental behavioral pediatrician is recommended for further evaluation and treatment.

5. Concluding Remarks

Adolescent anxiety disorder affects the psychological development and interpersonal relations of children and adolescents, and will have a significant impact on the future growth of adolescents. We should recognize the seriousness of adolescent anxiety disorders, but also learn to distinguish different anxiety disorders, for different characteristics of anxiety disorders appropriate medicine. In the school teachers should guide students in their own anxiety symptoms are more serious, to consult a psychological counselor. Society should also pay more attention to the psychological condition of teenagers, create a good social atmosphere, and promote teenagers to form good values and outlook on life, so as to avoid negative emotions. In the family, parents should also create a good family relationship and a good way of education. In short, adolescent anxiety disorder needs to carry out multi-dimensional and multi-level active health management and precise intervention, which is a necessary measure to prevent

and manage children with this disease.

References

- [1] Arlington, V. A. (2013). American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.
- [2] Polanczyk, G. V., Salum, G. A. , Sugaya, L. S. , Caye, A. , & Rohde, L. A. . (2015). Annual research review: a meta-analysis of the worldwide prevalence of mental disorders in children and adolescents. *Journal of Child Psychology and Psychiatry*, 56.
- [3] Andreas, Strohle, Jochen, Gensichen, Katharina, & Domschke. (2018). The diagnosis and treatment of anxiety disorders. *Deutsches Arzteblatt International*, 155(37):611-62.
- [4] Su L Y, Wan G B, Du Y S, et al. (2014). *Child psychiatry*. Changsha: Hunan Science and Technology Press.
- [5] Panda, Prateek KumarGupta,,JuhiChowdhury, Sayoni RoyKumar, RishiMeena, Ankit KumarMadaan, Priyanka Sharawat, Indar KumarGulati, Sheffali. (2021). Psychological and behavioral impact of lockdown and quarantine measures for covid-19 pandemic on children, adolescents and caregivers: a systematic review and meta-analysis. *Journal of tropical pediatrics*., 67(1).
- [6] Jin XM, Jing Jin. (2014). *Child Development and Behavioral Pediatrics*. Beijing: People's Medical Publishing House.
- [7] Zhou Y, Fan F, Peng T, et al. (2017). Effects of Nr3c1 gene polymorphism, haplotype and parenting style on anxiety disorders in adolescents. *Acta Psychologica Sinica*,49(10),15.
- [8] Zhang, L, Wang, L. (2022). Awareness, prevention and coping strategies of childhood anxiety. *Chinese Journal of Practical Pediatrics*,37(11):808-812.
- [9] Ma C M H, Liu W J, Liu Z, et al. (2021). Parental intervention in cognitive behavioral therapy for anxiety disorders in children and adolescents. *Chinese Journal of Clinical Psychology*, 29(06):1312-1316.