



Generalised Anxiety Disorder (GAD) in Young Adults (YA)

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Statistics on YA and anxiety



28.7% YA between ages 20-24 scored higher in levels of anxiety than other ages between April-June (ONS, 2024)



89% YA between 18-24 said their anxiety interfered with their life (MHF, 2023)



40% students are not coping well with their anxiety (MHF, 2023)





YA at risk of GAD

- 16-24 years old
- Minority ethnic
- LGBTQ+
- Single
- Living alone
- Carer
- Unemployed
- Long-term health condition
- Disability
- Death of a loved one



What makes YA anxious?

- Education
- Work
- Loneliness
- Unemployment
- Housing situation
- Walking alone
- Living in an unsafe area
- Climate change

Symptoms of GAD

Physical

- Panic attacks
- Faster breathing
- Heart palpitations
- Sweating
- Aches and pains
- Trouble sleeping
- Nausea
- Headaches
- Light headed
- Irritable stomach
- Loss of libido

Psychological

- Sense of dread
- Feeling tense
- Rumination
- Worrying about the future or the past
- Difficulty concentrating
- Wanting reassurance
- Low mood

Behavioural

- Underachieving
- Absent from work or school
- Lack of interest in hobbies
- Not socialising
- Not taking care of yourself
- Avoiding situations or places
- Irritability

Theoretical Explanations

Biological

- Genetics (Friligkou et al., 2024)
- Neurotransmitters (Martin et al., 2009)
- Brain activity (Gray, 1983)

Behavioural

- Conditioning (De Houwer, 2020)
- Modelling (Bandura, 1977)

Humanistic

- Lack of acceptance (Rogers, 1957)

Psychodynamic

- Attachment (Bassi et al., 2022)
- Adverse childhood experiences (Watt et al., 2020)
- Inner conflict (Duffy et al., 2017)

Cognitive

- Early maladaptive schemas (Tariq et al., 2020)
- Negative automatic thoughts (Pirbaglou et al., 2013)
- Cognitive distortions (Wilson et al., 2011)
- Worry (Wells, 1995)

Evaluation of explanations

- 1 Biological explanations take away personal responsibility (Lebowitz et al., 2014)
- 2 Behaviour does not examine emotions (Dymond & Roche, 2009)
- 3 Cognitive explanations do not define what threat is (Goldberg, 1998)
- 4 Psychodynamic theory does not consider human resilience (Parichehr, 2024)
- 5 Unclear how lack of self-acceptance causes anxiety (Ruan et al., 2023)

How GAD in YA is diagnosed by the DSM-V and the GP

1 Worrying most of the time
6+ months

2 Worry is difficult to control

3 Impacting areas of life

4 Experiencing 3 or more
symptoms

GAD-7 to measure anxiety

Possible blood test to rule
out underactive thyroid

GP might ask about medical
history and life stressors



Treatment Guidelines



GUIDELINES

NICE (2020) - 15+ treated as adult

- Practitioners should look out for somatic signs of anxiety
- Low intensity interventions - self help materials, 6 sessions of CBT, psychoeducational groups
- High intensity interventions - 15 sessions of CBT, 15 sessions applied relaxation
- Pharmacology - SSRIs/SNRIs or pregabalin

Cognitive Behavioural Therapy (CBT) for GAD

- Beck (1964) - our perception of events influence how we act and feel
- CBT helps treat maladaptive thoughts and behaviours
- Cognitive and behavioural techniques
- 6-20 sessions, 30-60 minutes
- **Strengths**
 - Evidence-based
 - Can be self or therapist lead
 - Cost Effective
 - Can be online - accessible, convenient
- **Limitations**
 - Homework
 - Does not address wider issues
 - Not suitable for complex issues

(Fenn, 2013; NHS, 2022)



Humanistic Counselling for YA with GAD

Person Centred Therapy

- Developed by Rogers (1957)
- Nondirective approach
- Use of the core conditions (Rogers, 1957): empathy, congruence, unconditional positive regard
- Active listening skills (Miller & Rollnick, 2013)
- Aims to help clients self-actualise
- **Strengths**
 - Online or in person
 - Free initial consultation
 - Work at client's pace
- **Limitations**
 - Long waiting list
 - Costly if private
 - Lacks structure



Gestalt Therapy

- Developed by Perls (1969)
- Focuses on the present moment
- Helps clients to meet needs and identify blockages in the Gestalt cycle of awareness
- Focuses on bodily sensations, thoughts and emotions
- Use of breathing techniques, grounding, mindfulness, focusing, empty chair
- **Strengths**
 - Helps clients to remove internal blockages
 - Can practice techniques at home
- **Limitations**
 - Some clients might not feel comfortable focusing on present body awareness



Pharmacology in treating GAD

SSRIs/SNRIs

Increases the levels of serotonin and noradrenaline which helps regulate mood.

Eg., Citalopram, Fluoxetine, Sertraline

Pregabalin

Increases GABA which calms neural activity and decreases anxiety.

E.g., Alzain, Axalid, Lyrica

Benzodiazepines

Treats severe anxiety by slowing down the activity of the central nervous system.

Not to be used long term due to bad side-effects

E.g., Diazepam, Valium

Beta-blockers

Only treats physical symptoms of anxiety such as rapid heartbeat and high blood pressure.

E.g., Propranolol, Atenolol

Effectiveness of Treatment

- Papola et al. (2024) - CBT and relaxation techniques are significantly more effective than psychotherapy in moderate to large effect sizes during the acute stage of GAD in adults.
- Dickson and Gullo (2015) - CBT significantly reduced anxiety in young adults.
 - Trainees are slower at bringing about change compared to qualified seniors
- Duncan et al. (2020) - Compared counselling outcomes from CAMHS, school counselling and the voluntary sector (11-25 year olds)
 - Voluntary sector reached marginalised groups
 - Higher effectiveness than CAHMS but was comparable to school counselling
 - Needed a score of 10 to be considered 'recovered'
- Kopcalcik et al. (2025) - most drop out of SSRI group due to side effects, most drop out of placebo group due to lack of efficacy
- Murphy et al. (2021) - SSRIs significantly more effective (61%) than CBT (43%) after 12 weeks.
 - side effects of SSRIs involve weight gain, nausea, decreased libido, sleep disturbances, irritability, suicidality

Recent research findings

Wang et al. (2025) - Parents verbally abusing their children were found to be the biggest predictors of anxiety in young and middle adults.

- Analysed data from a psychological investigation into Chinese residents in 2023.
- Used the GAD-7 and Adverse Childhood Experiences scale.

Hart et al. (2025) - Examined internal validity and reliability of the GAD-7 and PHQ-9 in treating South African women (18-28 years)

- Need interventions for those who did not score high enough for diagnosis.
- Africans experience anxiety and depression somatically and may be more likely to report physical symptoms.



Impact of GAD on YA

Wang et al., (2025)

- Decreases sense of identity, self-esteem, self-confidence, self-worth
- Creates a weaker immune system
- Causes permanent damage to the hippocampus which results in dysregulation of emotions and the endocrine system
- Anxiety over assignments can lead to poorer academic performance even if students are well-prepared (Pascoe et al., 2025)



societal perceptions

How YA with anxiety perceive anxiety (Bear et al., 2021)

- Ability to manage symptoms and recover improves over time with experience and knowledge
- Impact on relationships and other areas of life, but also develops empathy in the person
- Effectiveness of treatment depends on the individual
- Clinical psychologists should consider YA perspectives in their case formulations and prioritise their desired outcomes

Generalised Anxiety Stigma Scale (GASS) (Griffiths et al., 2011)

- Personal stigma subscale and perceived stigma subscale
- Most people agreed that people anxiety disorders are unstable and that anxiety disorders are not real mental health issues.
- Most people disagreed that people with anxiety disorders are lazy and should be ashamed of themselves





Policy

- All-Age Mental Health and Well-being Strategy 2024-2034 (Welsh Government, 2024)
 - 10 principles
- Improving the Mental Health of Babies, Children and Young People (Department of Health and Social Care, 2024)
 - Guidance which highlights risks to mental health from 0-25 years and what can be done to help
- Well-being of Future Generations Act (Welsh Government, 2015)
 - 7 well-being goals for Wales

Thank you for watching!

If you or someone you know is experiencing anxiety,
here are some organisations who can help!



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Handout appendices

Slide 6 - Cognitive distortions sheet (NHS, 2020)

Cognitive distortions

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Cognitive distortions are irrational thoughts that can influence your emotions. Everyone experiences cognitive distortions to some degree, but in their more extreme forms they can be harmful.



Magnification and minimisation
Exaggerating or minimising the importance of events. A person might believe their own achievements are unimportant, or that their mistakes are excessively important.



Overgeneralisation
Making broad interpretations from a single or few events. E.g. - "I felt awkward during my job interview. I am always so awkward."



Catastrophizing
Seeing only the worst possible outcomes of a situation.



Mind reading
Interpreting the thoughts and beliefs of others without adequate evidence. E.g. - "She would not go on a date with me. She probably thinks I'm ugly."



Magical thinking
The belief that acts will influence unrelated situations. E.g.- "I'm a good person — bad things shouldn't happen to me."



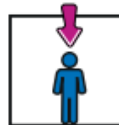
All-or-nothing thinking
Thinking in absolutes such as "always", "never", or "every". E.g.- "I never do a good enough job on anything."



Emotional reasoning
The assumption that emotions reflect the way things really are. E.g.- "I feel like a bad friend, therefore I must be a bad friend."



Fortune telling
The expectation that a situation will turn out badly without adequate evidence.



Personalisation
The belief that a person is responsible for events outside of their own control. E.g.- "My mum is always upset. She would be fine if I did more to help her."



"Should" statements
The belief that things should be a certain way. E.g.- "I should always be friendly."



Jumping to conclusions
Interpreting the meaning of a situation with little or no evidence.



Disqualifying the positive
Recognising only the negative aspects of a situation while ignoring the positive. A person might receive many compliments but focus on the single piece of negative feedback only.

With **all of us** in mind.

GAD-7 Anxiety

Slide 8 - General Anxiety Questionnaire – 7 items scale

Over the <u>last two weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals ____ + ____ + ____ + ____ =

Total score ____

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

Source: Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at rs8@columbia.edu. PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission

Scoring GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of "not at all," "several days," "more than half the days," and "nearly every day." GAD-7 total score for the seven items ranges from 0 to 21.

0–4: minimal anxiety

5–9: mild anxiety

10–14: moderate anxiety

15–21: severe anxiety

Slide 10 – Example thought diary used in CBT

Thought Record Sheet – 7 column						
Situation / Trigger	Feelings Emotions – (Rate 0 – 100%) Body sensations	Unhelpful Thoughts / Images	Facts that <u>support</u> the unhelpful thought	Facts that provide evidence <u>against</u> the unhelpful thought	Alternative, more realistic and balanced perspective	Outcome Re-rate emotion
What happened? Where? When? Who with? How?	What emotion did I feel at that time? What else? How intense was it? What did I notice in my body? Where did I feel it?	What went through my mind? What disturbed me? What did those thoughts/images/memories mean to me, or say about me or the situation? What am I responding to? What 'button' is this pressing for me? What would be the worst thing about that, or that could happen?	What are the facts? What facts do I have that the unhelpful thought/s are totally true?	What facts do I have that the unhelpful thought/s are NOT totally true? Is it possible that this is opinion, rather than fact? What have others said about this?	STOPPP! Take a breath.... What would someone else say about this situation? What's the bigger picture? Is there another way of seeing it? What advice would I give someone else? Is my reaction in proportion to the actual event? Is this really as important as it seems?	What am I feeling now? (0-100%) What could I do differently? What would be more effective? Do what works! Act wisely. What will be most helpful for me or the situation? What will the consequences be?

Slide 14 - Adverse Childhood Experiences Questionnaire (Aces Aware, 2022)

Adverse Childhood Experience Questionnaire for Adults

California Surgeon General's Clinical Advisory Committee



Our relationships and experiences—even those in childhood—can affect our health and well-being. Difficult childhood experiences are very common. Please tell us whether you have had any of the experiences listed below, as they may be affecting your health today or may affect your health in the future. This information will help you and your provider better understand how to work together to support your health and well-being.

Instructions: Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please place a checkmark next to each ACE category that you experienced prior to your 18 th birthday. Then, please add up the number of categories of ACEs you experienced and put the <i>total number</i> at the bottom.	
1. Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?	☐
2. Did you lose a parent through divorce, abandonment, death, or other reason?	☐
3. Did you live with anyone who was depressed, mentally ill, or attempted suicide?	☐
4. Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?	☐
5. Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?	☐
6. Did you live with anyone who went to jail or prison?	☐
7. Did a parent or adult in your home ever swear at you, insult you, or put you down?	☐
8. Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?	☐
9. Did you feel that no one in your family loved you or thought you were special?	☐
10. Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?	☐
Your ACE score is the total number of checked responses	

Do you believe that these experiences have affected your health?

☐ Not Much ☐ Some ☐ A Lot

Slide 14 - Patient Health Questionnaire – 9 items scale

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)				
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____
=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

Slide 16 – Generalised Anxiety Stigma Scale (GASS)

Personal Stigma items

- An anxiety disorder is not a real medical illness.
- An anxiety disorder is a sign of personal weakness.
- People with an anxiety disorder could snap out of it if they wanted to.
- People with an anxiety disorder should be ashamed of themselves.
- People with an anxiety disorder do not make suitable employees.
- People with an anxiety disorder are unstable.
- People with an anxiety disorder are to blame for their problem.
- People with an anxiety disorder are just lazy.
- People with an anxiety disorder are a danger to others.
- People with an anxiety disorder are self-centred.

Perceived Stigma items

- Most people think that an anxiety disorder is not a real medical illness.
- Most people think that an anxiety disorder is a sign of personal weakness.
- Most people think that people with an anxiety disorder could snap out of it if they wanted to.
- Most people think that people with an anxiety disorder should be ashamed of themselves.
- Most people think that people with an anxiety disorder do not make suitable employees.
- Most people think that people with an anxiety disorder are unstable.
- Most people think that people with an anxiety disorder are to blame for their problem.
- Most people think that people with an anxiety disorder are just lazy.
- Most people think that people with an anxiety disorder are a danger to others.
- Most people think that people with an anxiety disorder are self-centred.

Griffiths, K.M., Batterham, P.J., Barney, L., & Parsons, A. The generalised anxiety stigma scale (GASS): Psychometric properties in a community sample. BMC Psychiatry 2011;

Slide 17 – All Age Mental Health and Well-being Strategy 2024-2034 10 principles (Welsh Government, 2024)



Our vision

People in Wales live in communities that:

- promote and support mental health and wellbeing
- give them the power to improve their mental health and wellbeing
- are free from stigma and discrimination.

i **Stigma** – when people view you negatively and judge you because of your mental health.
Discrimination – when people treat you differently because of who you are.

This supports the UNCRC:

- **Article 4:** The Government should make sure that all children and young people get these rights.
- **Article 12:** Every child has the right to be listened to and taken seriously.
- **Article 24:** Every child has the right to good healthcare.

Principles

This strategy is built on **10 principles** to make sure Wales is a place where:

Support is based around your rights.
Everyone has rights. Children have extra rights set out in the UNCRC.

Support works together and has 'No wrong door'. It connects together and is open to everyone.
People get the right support, at the right time, in the right ways, without delays.

Support looks at everything that affects mental health.
Government, public bodies and services use their powers to create the right environment for mental health and wellbeing.

Support is for all ages.
Everyone gets the support they need — from babies to older people.

Support is delivered by a skilled workforce.
The workforce knows how to meet people's needs.

Support steps in quickly
Services step in quickly so issues don't get worse.

Support understands trauma.
Everyone working in Wales understands what trauma is and how it affects people's mental health and wellbeing, in line with the [Trauma-Informed Wales Framework](#).

i **Trauma** — is any experience that is unpleasant and can cause us distress or anxiety. Trauma can also refer to the effects of a traumatic event. Trauma can be a one-off event, a series of events, or an ongoing situation.

Support puts people and their needs first.
Services and staff are:

- kind and compassionate
- focussed on helping people recover
- safe and high quality.

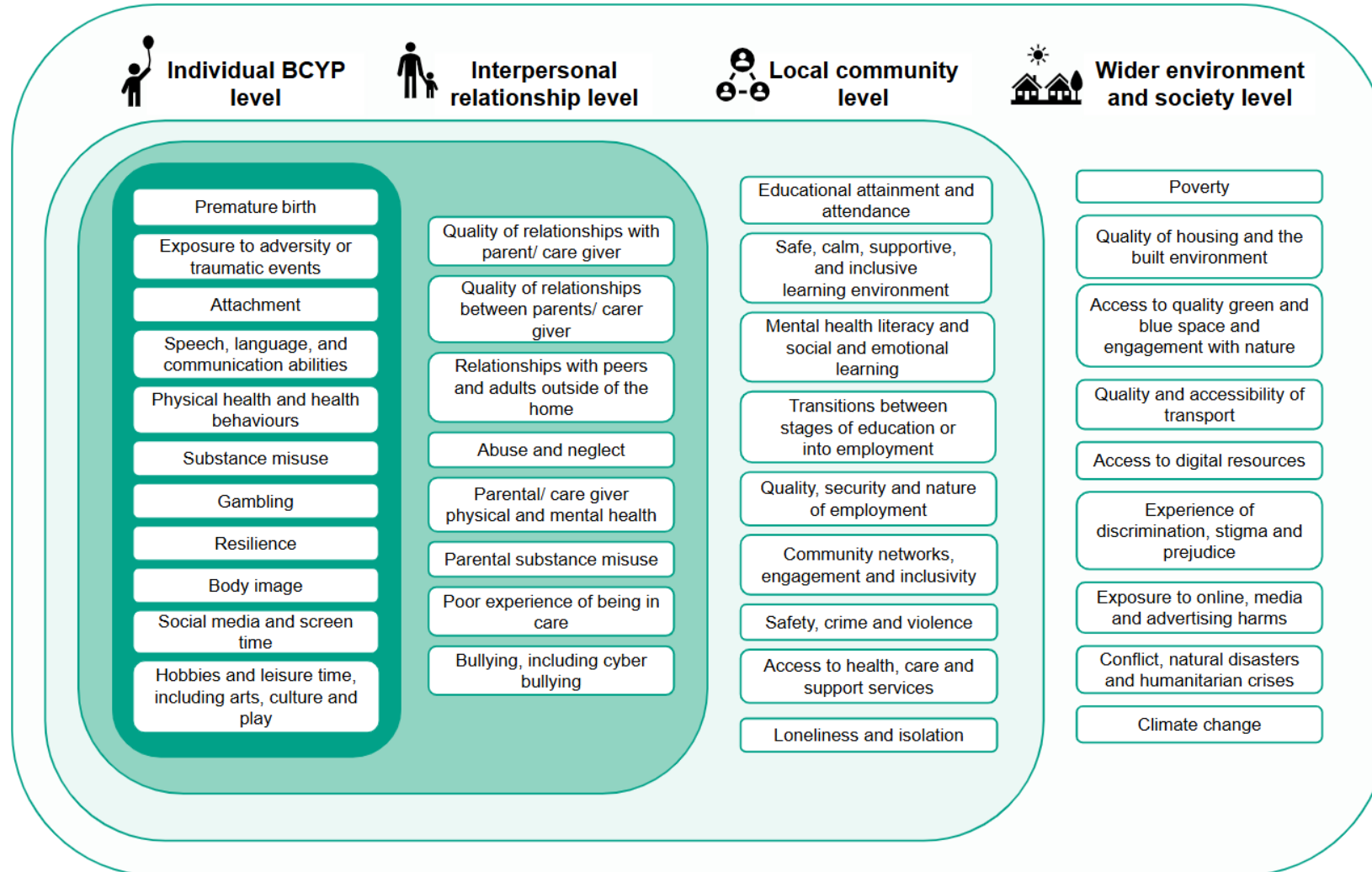
Support is based on evidence and focusses on outcomes.
People get the best support possible.

Support helps to promote equity of access, experiences and outcomes: it's open, fair and there's no discrimination.
Services understand the barriers people face. Staff make sure support is right for people's age and life experiences, so they can reach the best outcomes.

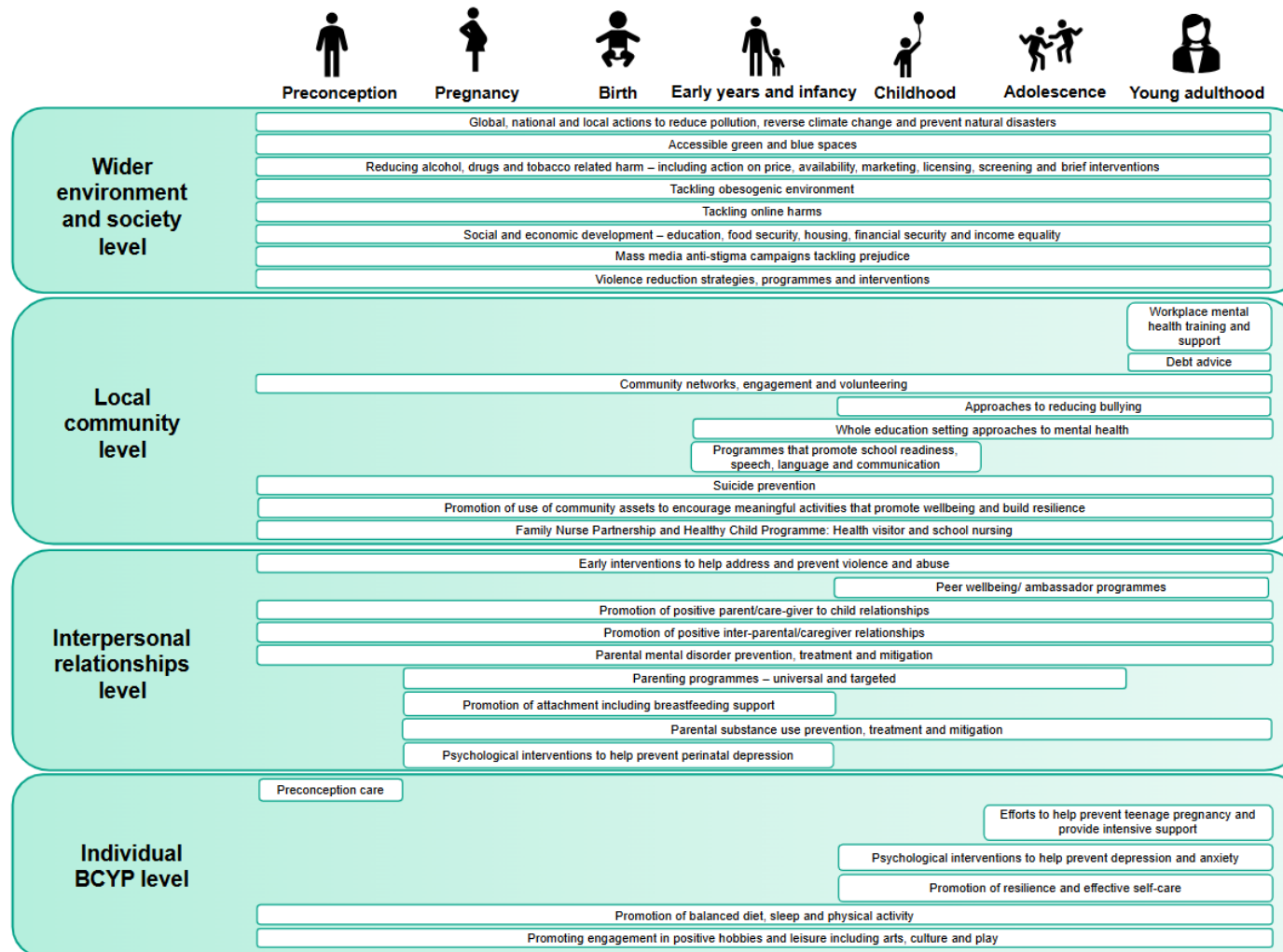


4

Slide 17 - Factors impacting babies, children and young people (BCYP) (Department of Health and Social Care, 2024)



Slide 17 - Approaches for mental health promotion and prevention in BCYP (Department of Health and Social Care, 2024)



Slide 18 - Signposting for Anxiety

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- Swansea Mind – Website: swanseamind.org.uk, Telephone: 01792 642999, Email: admin@swanseamind.org.uk
- Mental Health Foundation – Website: mentalhealth.org.uk
- Anxiety UK – Website: anxietyuk.org.uk, Telephone: 03444 775 774
- Samaritans – Website: Samaritans.org/Wales, Telephone: 116 123, Email: jo@samaritans.org
- Young Minds – Website: youngminds.org.uk

Notes

- The Mental Health Foundation conducted a study last year for Mental Health Awareness Week. This involved 6000 participants over age 18.
- University age experienced higher levels of anxiety than any other age group between April and June last year.
- Most of these people said that over the last 2 weeks in the study, their anxiety was negatively impacting different aspects of their life.
- Almost half of students are not coping well with their anxiety, highlights the need for mental health support in universities
- (ONS, 2024; MHF, 2023)
 - This study also found out that these are the groups in society that are most impacted by feelings of anxiety.
 - Can be as a result of stigma, discrimination, lack of support and isolation.
 - (MHF, 2023)
- Furthermore, the study found that education and work-related issues were the top factors contributing to anxiety in young adults, with the least being climate change which only impacted 9% of the study.
- (MHF, 2023)

Notes

- Symptoms of GAD can manifest in different ways.
- We are mostly aware of panic attacks, anxiety's impact on the heart and lungs, and how it impacts our thinking.
- You might be able to tell if someone you know is anxious if you see them avoiding certain people in the classroom or if they are absent from lectures and being quiet.
- (NHS 2024; Mind 2021)

Notes

- Here is a brief overview of all the different theoretical explanations.
- We know that some researchers have found that some genes can make some individuals more susceptible to feelings of anxiety.
- Chemicals like adrenaline can also increase feelings of anxiety in the brain.
- The behavioural inhibition system (Gray, 1983) is known for creating feelings of anxiety due to conflict between the hippocampus and amygdala.
- Classic studies on conditioning (De Houwer, 2020) and modelling (Bandura, 1977) shows that children may be rewarded or punished for being anxious, or they may learn to be anxious by observing others.
- Rogers (1957) believed that anxiety is a result of us not being accepting of ourselves or being in environments where others don't accept us for who we are.
- Inconsistent parenting (Bassi et al., 2022) and trauma during childhood (Watt et al., 2020) can also lead to the development of anxiety in young adulthood, with addition to inner conflict and unmet needs (Duffy et al., 2017).
- Negative experiences in early years can lead to maladaptive schemas where young adults may continue to perceive a stimulus as threatening (Tariq et al., 2020).
- This can also lead to negative automatic thoughts and cognitive distortions (Wilson et al., 2011).
- I have provided an example of some cognitive distortions on the handout.
- Worry (Wells, 1995) is known as the main feature of anxiety, which is constant and difficult to control.

Notes

- One of the issues of biological theories is that they reduce anxiety down to genetics and brain chemistry, which takes away the individual's role in maintaining feelings of anxiety (Lebowitz et al., 2014)
- Behavioural theorists focus on how individuals learn (Dymond & Roche, 2009) and not how emotions affect behaviour.
- Cognitive theory does not explain how someone appraises that something is a threat.
- Psychodynamic theory does not show how humans are able to adapt following trauma and poor parenting (Parichehr, 2024)
- Lack of clarity on how lack of self-acceptance causes anxiety, or whether anxiety leads to lack of self-acceptance (Ruan et al., 2023)
- The diagnostic manual for treating mental health disorders provides the following criteria for diagnosing GAD.
- The person has to be experiencing worry most of the time for at least 6 months and at least 3 symptoms.
- Worry must be difficult to control and impacting areas such as work or education.
- The GP may use the GAD-7 questionnaire to measure anxiety. A copy of this is in the handout for you to see.
- The GP will ask whether anything has happened to cause anxiety and whether any other conditions or substance use is bringing on the feelings of worry and physical symptoms.
- It is possible that they may ask you to complete a blood test to rule out having an underactive thyroid
- (APA, 2013; NHS, 2024).

Notes

- The National Institute for Health and Care Excellence provide guidelines for suitable treatment for any adults with GAD.
- They note that GPs should look out for any physical symptoms that may be a sign of GAD.
- People who have low to moderate, or early signs of GAD may be referred short term solutions such as online self-help materials or a short course of CBT.
- Individuals who still experience anxiety after this or have more severe anxiety may be prescribed longer sessions of CBT or applied relaxation.
- It is recommended that people who don't respond well to treatment are prescribed SSRIs or pregabalin to help with feelings of low mood and to ease activity in the brain.
- Medication can be taken alongside therapy.
- CBT is based on the theory that how we appraise situations will influence how we react, and sometimes our reactions can be unhelpful.
- CBT aims to work with these unhelpful reactions and analyses our thoughts, feelings and behaviours to see where they might be hindering us.
- You might be familiar with some of the tasks involved such as thought diaries. I have provided an example of what this might look like in your handout.
- The maximum number of sessions that are available are 20 sessions, and these sessions typically last for an hour.
- One of the main strengths of this therapy is that researchers know what components of CBT lead to positive outcomes.
- CBT would also be very useful to young adults who may be struggling financially as it can be provided for free with the NHS and there are also free CBT apps which can be utilised around busy work or university schedules.
- However, due to this primarily focusing on treating cognitive distortions, it may not be suitable for someone with more serious mental health conditions or trauma as this isn't addressed in the time allocated. (Fenn, 2013; NHS, 2022)

Notes

- Person Centred Therapy developed by Rogers (1957) is one of the most well-known forms of therapy which is built on elements such as being nondirective, using the core conditions and also various active listening skills (Miller & Rollnick, 2013).
- These elements aim to show the client that the therapist accepts them for who they are, and hopefully the client will internalise this and be able to develop into a more rounded and actualised person.
- This therapy is often provided by private counsellors which typically charge £50 an hour which may not be feasible for students.
- Student services within universities are able to offer free therapy online or in person.
- While young adults are able to work at their own pace and bring what they want to bring to the session, the lack of structure in sessions may hinder progress.
- Gestalt techniques can be brought into therapy if clients are struggling with uncomfortable body sensations or stuck emotions.
- Breathing techniques and grounding exercises can be taught which students can use while in university to help with assignment anxiety.
- The empty chair technique is the most well-known Gestalt technique and can be used to help clients confront aspects of themselves or if they have experienced a loss.
- (Cameron & Tolan, 2017; NHS, 2023; Sills & Joyce, 2018; PTSD UK, N.D.)

Notes

- NICE recommends selective serotonin reuptake inhibitors or selective noradrenaline reuptake inhibitors and pregabalin as a pharmacological treatment for GAD these medications have a calming effect on the nervous system.
- Benzodiazepines and Beta-blockers are not recommended unless no other medication works.
- (NHS, 2021; NHS, 2021; NHS, 2021; NHS Inform, 2025; Mind, 2021)
- Some studies have found that CBT is more effective than other psychotherapies.
- However, CBT needs to be delivered by more experienced practitioners as trainees aren't as effective at treating clients.
- Counselling in the voluntary sector has proven to be more effective than CAHMs and school counselling services.
- This is because 3rd sector organisations are more equipped to helping marginalised groups in the community and have more specialised training (e.g., trauma informed counselling).
- One of the issues of counselling with CAHMs is that therapy is not offered if the client scores less than 10 on assessment questionnaires.
- This is where voluntary organisations can help provide treatment for those who don't meet the criteria.
- Research into SSRIs have found that while they are more effective than placebo and CBT, many people drop out due to side-effects. Side-effects such as weight gain, decreased libido and lack of sleep can all contribute to feelings of anxiety in young people as they can impact feelings of self-esteem and relationships with others.
- (Dickson & Gullo, 2015; Duncan et al., 2020; Kopcalcik et al., 2025; Murphy et al., 2021; Papola et al., 2024)

Notes

- Wang et al. (2025) published their findings in January from a study which they conducted in 2023.
- They asked Chinese residents to complete the GAD-7 and ACEs scale and found that out of the various experiences, verbal abuse such as parents shouting and swearing at their children was the biggest predictor of GAD in adulthood.
- An implication of this study is that cultural differences were not considered.
- Chinese people may experience anxiety differently to other countries and may interpret ACEs differently.
- The study needs to be replicated with more western countries.
- Hart et al. (2025) looked at how effective mental health measures were in treating South African young adults.
- The women in the study stated feeling psychological symptoms somatically such as saying "my heart feels heavy" and that physical symptoms were more likely to be reported.
- There is a possibility that increasing emotional literacy would help the women to be better able to identify psychological symptoms.
- The DSM-V was used to diagnose mental health conditions in South Africa.
- Diagnostic criteria in the DSM-V is said to be universal and is the only guidance given to practitioners.
- The researchers mention that there is a need for diagnostic tools to help different cultures as most information on mental health disorders are generalised by white western populations.
- South African women who did not score 10 on the measures were not eligible for treatment, and so the researchers highlight a need for interventions for those who do not meet the diagnostic criteria.

Notes

- Wang et al. (2025) states that anxiety has many different implications on the body and mind.
- Events such as verbal abuse can affect how we perceive ourselves and can make us more susceptible to getting ill and permanently damages and stops the development of brain regions responsible for our emotions and stress response.
- In addition, Pascoe et al. (2025) recently found that anxiety can have profound effects on students, as even the best and most prepared students can underachieve if they are anxious.
-
- Bear et al. (2021) asked young adults about their perceptions of anxiety.
- They said that in their experience, the more they learn about their anxiety and how to manage symptoms and the more experience they gain, the easier it gets to manage over time.
- They also noted that having anxiety can help develop awareness and empathy towards others which can help improve relationships with others, despite their symptoms having a negative impact on relationships.
- Effectiveness of treatment was noted to be more beneficial if clients engage well with treatment.
- Young adults in the study stated that there is a need for coproduction between clinical psychologists and young, so that their experience and desired treatment outcomes forms part of their case formulation.
- There is a Generalised Anxiety Stigma Scale (Griffiths et al., 2011) which can be used to measure attitudes towards having anxiety.
- Most people in the study by Griffiths et al. (2011) found that most people believe that people with anxiety are unstable and aren't suffering from a real mental health issue, although in contrast, they don't think people with anxiety are lazy or that they should be ashamed of themselves.

Notes

- The Welsh Government (2024) have recently developed an all-age mental health and wellbeing strategy for the next 10 years which is based on 10 principles, which is included in the handout.
- In addition, the Department of Health and Social Care (2024) have put together guidance on how to support babies to young adults. The images in the handout show factors that impact babies, children and young people in different areas of proximity.
- The second image shows what interventions can be put in place across these age ranges to ensure that issues that can arise in younger years don't impact young adults further down the line.
- Some of you may also be familiar, or will become more familiar with the Well-being of Future Generations Act which was put forth by the Welsh Government in 2015 and involved in the paperwork for submitting research proposals for the University.