

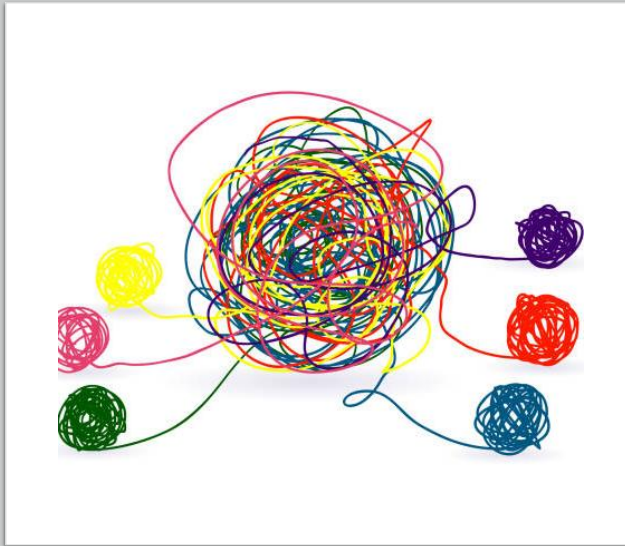
ECPR7002

**Critically
exploring
a mental
health
issue.**

Kristen Hyett - 1700850



(Shutterstock, 2019)



(Shutterstock, 2019b)

Understanding Generalized Anxiety

Understanding Generalized Anxiety

"Generalized anxiety disorder is a mental health disorder that produces fear, worry, and a constant feeling of being overwhelmed." (NCBI, 2023).



(Chung, 2024; Mind, 2021; NCBI, 2023; WHO, 2023)

Types of Anxiety

- Generalised anxiety disorder (GAD)
- Social anxiety disorder
- Panic disorder
- Phobias
- Post-traumatic stress disorder (PTSD)
- Obsessive-compulsive disorder (OCD)
- Health anxiety
- Body dysmorphic disorder (BDD)

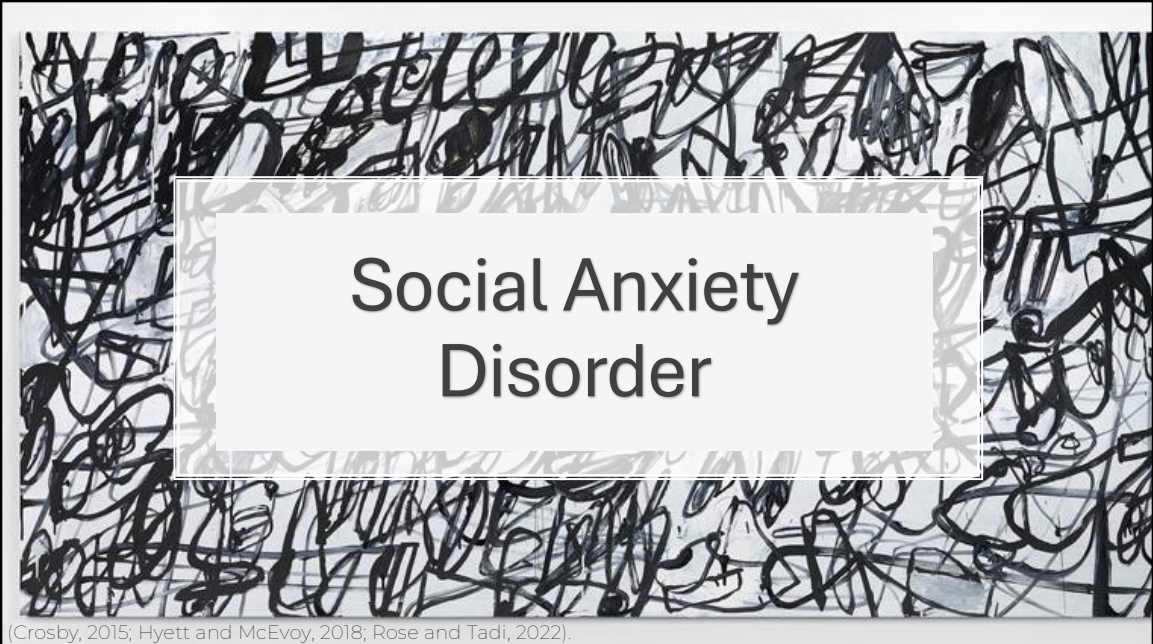
1- DEFINITION OFF SLIDE

2 – **WHO 2023:** Explains that a person would have noted symptoms of anxiety to be present for several months. Generalized anxiety disorders are characterized mainly by either general apprehension or excessive worry.

3- Symptoms

4 – **MIND 2021:** There are many possible symptoms so this can a broad diagnosis, therefore the issues experienced with GAD could be very different from someone else's experience.

5- Different types of disorders



Social Anxiety Disorder

(Crosby, 2015; Hyett and McEvoy, 2018; Rose and Tadi, 2022).

1- What is it?

2 - **Rose and Tadi (2022)/ Pickering 2020:** SAD is characterized by an excessive fear of embarrassment, humiliation, or rejection, especially when there's a chance of being negatively assessed by others during social interactions or public performances.

3- **HYETT 2018 :** Social phobia was differentiated from specific phobias in 1966 and is now recognized worldwide and not a rare condition.

How it affects Children & Young people

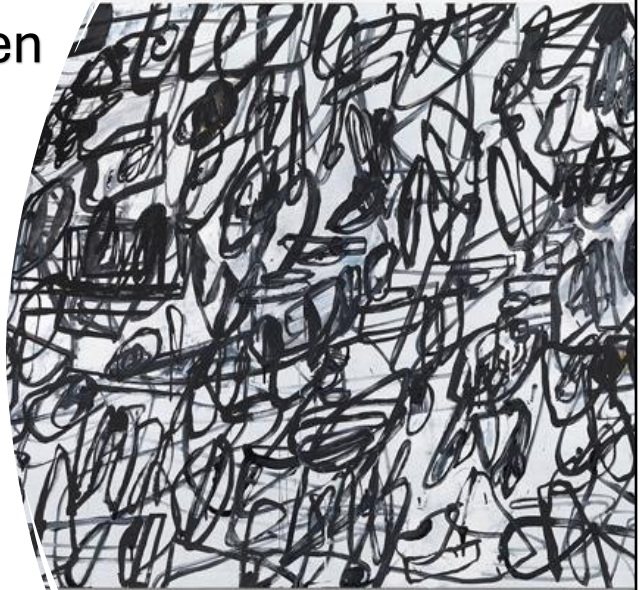
Biological

- Gender
- Parents Mental Health
- Temperament

Environmental/Social

- Relational victimization
- Friendship quality
- Peer acceptance

(Crosby, 2015; Narmandakh et al., 2021; Pickering, Hadwin and Kovshoff, 2020).



1 – Explore how effects children & young people

2 – BIOLOGICAL: **Narmandakh 2021 & Pickering 2020**

GENDER: Pickering (2021): found that being female significantly increases the possibility of developing anxiety disorders during adolescence.

(Later touch on a model that questions whether stigma might influence lower reporting in adolescent males.)

PARENTAL MENTAL HEALTH: Adolescents with parents who have a history of depression or anxiety are at a higher risk of developing anxiety disorders themselves.

TEMPERAMENT: Traits like high frustration levels and low effortful control—which means difficulty regulating emotional responses—were strongly linked to higher risks of anxiety.

3 – ENVIRONMENT & SOCIAL

RELATIONAL VICTIMISATION: Things like spreading rumours and friendship manipulation.

QUALITY OF FRIENDSHIPS: Plays a protective role. Close friendships provide essential emotional support and validation.

4 - While some risk factors for SAD are shared by both genders, research consistently shows that the points mentioned are particularly significant for adolescent girls

Symptoms

- Worry about behaving in a certain way or show anxiety symptoms
- Avoid social situations OR tolerate social situations with a strong fear or anxiety
- Damage adolescents' well-being, social relationships, and academic performance.

Assessment

- Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)
- Interview schedules
- Questionnaire measures
- Observational approaches.

(Alomari et al., 2022; APA, 2013; Behrens et al., 2019; Nunes et al., 2018; Rabie et al., 2012; Ranta et al., 2012; Ranta et al., 2015; Rose and Tadi, 2022; Schiltz et al., 2019; Spence, 1988; Storch et al., 2004).

1.READ FIRST POINT: (e.g., blushing/trembling voice) that will bring negative evaluation from others.

2.READ

3.READ

2 - According to the **DSM-5**, SAD is diagnosed when there's a:

- Persistent fear of social situations due to concerns about negative evaluation by others.
- Immediate anxiety response when faced with these situations.
- Recognition that the fear is excessive or unreasonable, but still difficult to control.
- Anxiety disrupts daily life or causes significant distress (**Rose, G.M.**).

3 – QUESTIONNAIRES

Social Anxiety Scale for Adolescents (SAS-A) - **Nunes et al., 2018.**

SCARED questionnaire - **Spence et al., 2015.**

4 – RELIABILITY

Depends on cognitive development, comprehension, and emotional insight.

SAS-A,

+ is designed for adolescents, and uses simple language and a Likert scale, making it easy to complete.

- younger adolescents or those with learning difficulties may misinterpret questions, and social desirability bias can lead to underreporting.

SCARED

+ includes child and parent versions, enhancing reliability through comparison.

- distinguishes anxiety types but younger children may struggle with abstract concepts, leading to over- or under-reporting.

To improve accuracy, clinician-guided administration can support younger children in understanding the questions better.

5 – OBS

Stigma and Barriers



Children & Young people



(Brookman et al., 2022; Caelear et al., 2020; Dolezal, 2022; Hasan, Foster and Cho, 2023; Shutterstock, 2021).

1 – RHETORICAL Q

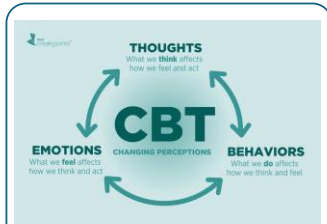
2- ANXIETY LITERACY: **Caelear et al. (2021)**

3 – ANXIETY STIGMA - Up to 20% believed statements like anxiety being a sign of weakness or not a real illness.

4 – HELP SEEKING ATTITUDES: 26% said they wouldn't seek help from anyone, showing a critical need for targeted interventions.

5 – PEER ATTITUDES: **Brookman et al. (2023)**

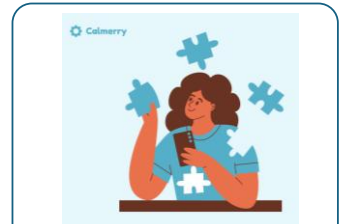
Theoretical Perspectives



Cognitive
Behavioural
Therapy



Peer
Influence
Model

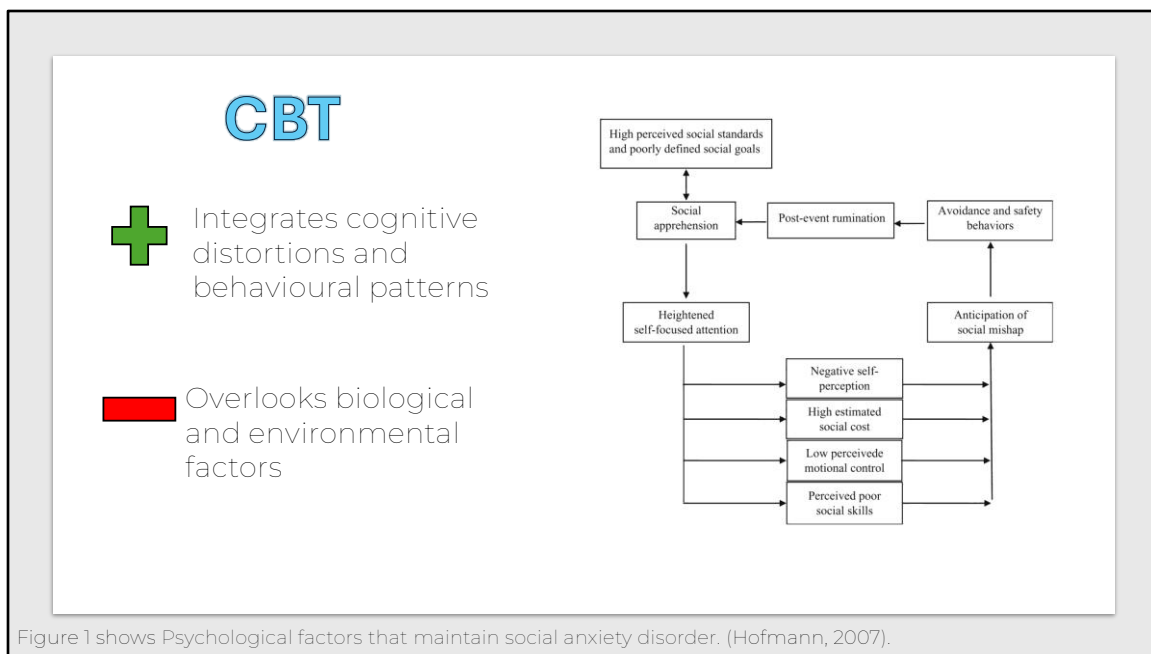


Humanistic/
Person
Centered



(Calmerry, 2024; CreakyJoints, 2020; Ntl, 2021).

1 – DEVELOPMENT AND MAINTENENCE

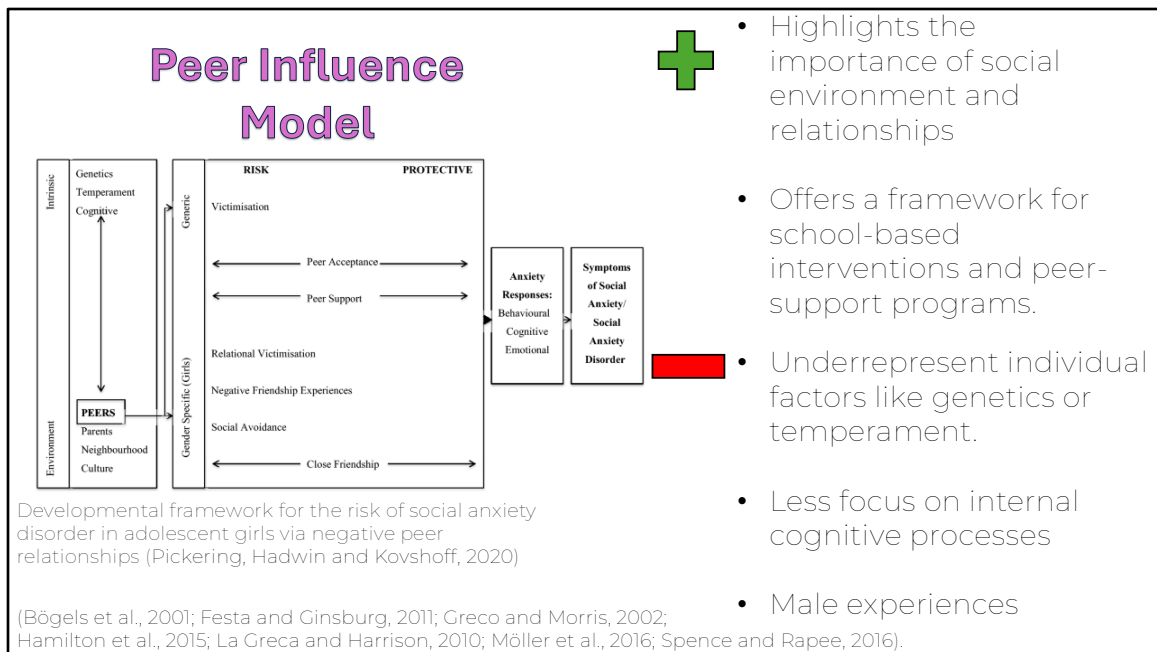


1 – Hofmann, 2007: Different models of CBT such as conventional and disorder specific models to come up with a combination (seen in the figure). Emphasizes how children with SAD set high perceived social standards and have poorly defined social goals. This could lead to fear of failure and fosters heightened self-awareness, negative self-perception, and a tendency to anticipate social rejection.

2- Maladaptive thought patterns, such as overestimating potential dangers or catastrophizing outcomes. These cognitive distortions lead to heightened anxiety and persistent worry. Avoidance behaviours and safety strategies (like avoiding eye contact) reduce anxiety temporarily but reinforce fear long-term. After social situations, children engage in negative rumination, further entrenching anxiety.

+ The model effectively integrates cognitive distortions and behavioural patterns, offering actionable treatment strategies, particularly through CBT.

-It overlooks biological and environmental factors, such as genetics or family dynamics, that may influence SAD development.



1 – Model highlights extrinsic factors

2 - Pickering, Hadwin, and Kovshoff built on Spence and Rapee's (2016) framework:

intrinsic factors, interact with environmental risks to increase the likelihood of developing SAD.

EG: children predisposed to anxiety are more vulnerable if they face negative experiences like bullying, peer rejection, or overprotective parenting. These experiences impact social skills, problem-solving abilities, and coping strategies.

BUT:

Spence and Rapee: more research is needed to define whether they cause the disorder or just maintain it.

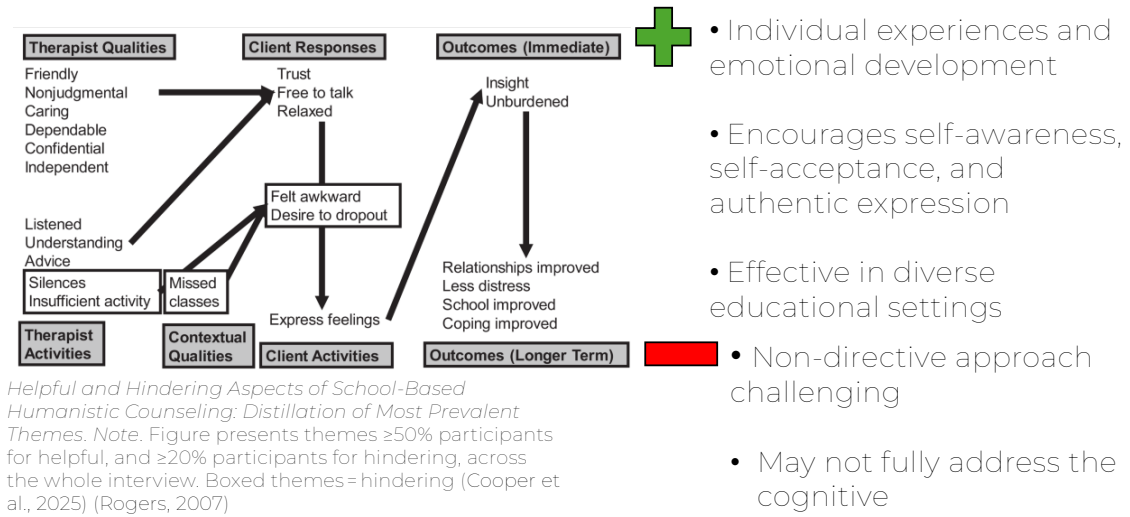
3 - Hamilton et al. (2016): Gender differences:

- + Detailed exploration of how peer relationships influence SAD, especially for girls.
- + The research suggests that school-based interventions focusing on positive -

friendships and problem-solving skills could help prevent social anxiety.

- Framework centers on relationships and external interactions. CBT models that emphasize thought processes and READ POINT 1 & 2
- lack of focus on male experiences—raising questions about whether stigma around disclosing anxiety affects these findings.

Humanistic/Person Centered



1 – **DEVELOP AND PERSIST:** particularly in relation to self-concept and conditions of worth.

2 - **Self-concept based:** When there's a gap between how they see themselves and how they experience the world (INCONGRUENCE – ROGERS) anxiety can emerge.

EG: a child who believes they are socially inadequate may avoid interactions, reinforcing their anxiety over time.

3 – **Conditions of worth:** internalize expectations from parents or teachers. If they feel valued only when they meet certain standards (being outgoing or achieving high grades) could become anxious in social situations where they fear falling short.

4 - **Cooper, Smith, and Sumner (2025):** this approach emphasizes the therapeutic relationship, focusing on empathy, non-judgment, and acceptance which Rogers emphasises in his core conditions.

Theory suggests that social anxiety may develop when young people lack supportive relationships, self-acceptance, and opportunities for authentic self-

expression.

- + individual experience
- + self-esteem development & self awareness - Facilitates improved relationships and coping strategies.
- + Study showed that using the core conditions were READ POINT 3
- lack structured interventions - maladaptive thoughts and behaviours, something (CBT) is particularly effective at addressing.

Treatment Approaches:

Person Centered

CBT

Psychopharmacological



How?



Strengths



Limitations



Impact

(Amray et al., 2019; Asbrand et al., 2023; Cooper et al., (2025), Hu and Lan, 2022; Jackson, 2023; Mohatt, Bennett and Walkup, 2014; Pegg et al., 2022; Ralph and Cooper, 2022; Rogers, 2007; Strawn, Vaughn and Ramsey, 2022; Tanzilli et al., 2021; Tze et al., 2023).

1 – Looking at treatment approaches follow along from the theory side with person centered

2 – HOW: emphasizes creating a safe, empathetic, non-judgmental space where the client can explore their feelings and self-concept.

BUT - effective for many issues, its application specifically for SAD has been less documented

ALTHOUGH - the core conditions of PCT (congruence, (UPR) and empathy) allow for self-exploration, fostering self-awareness and growth in young people.

+ Empowerment: PCT fosters a sense of autonomy and self-efficacy, enabling young clients to trust their inner resources and decision-making abilities.

+ Non-Diagnostic Approach: By focusing on the individual's experiences rather than diagnostic labels, PCT reduces stigma and promotes a holistic understanding of the person.

+ Flexibility: The non-directive nature of PCT allows it to be adapted to various settings, including schools and community centres, making it accessible to a broader population.

- **Lack of Structure:** Some children and adolescents with SAD may benefit from more structured interventions that provide specific coping strategies and skills training.
- **Limited Empirical Evidence:** There is a scarcity of recent peer-reviewed studies specifically examining the efficacy of PCT for treating SAD in youth populations.
- **Therapist Variability:** PCT really relies on the therapist's ability to embody the core conditions, which can vary and impact treatment outcomes.

3 - CBT

HOW - regarded as the most effective treatment for SAD. CBT focuses on changing thought patterns to reduce anxiety, and research supports its efficacy in both children and adolescents.

4 - **Pegg et al. (2022)** - CBT reduces anxiety symptoms and has low relapse rates. Programs like FRIENDS and Super Skills for Life have been implemented successfully in schools, demonstrating CBT's practical application in educational settings.

+ Structured approach, providing clear guidelines, which is ideal for school-based interventions.

+ The ability to equip children with practical coping skills, promoting long-term resilience.

- **Asbrand et al. (2023)** - Some children don't respond well, and remission rates can vary, with some still experiencing symptoms post-treatment, as highlighted by
- Engagement issues - especially with younger children or those with severe anxiety.
- Implementation challenges, such as insufficient funding or low parental involvement, can hinder the effectiveness of CBT in schools.

5 – PSYCHOPHARMACOLOGICAL

HOW: **Selective Serotonin Reuptake Inhibitors (SSRIs)**, like sertraline and fluvoxamine, help regulate serotonin levels and are considered first-line treatments for paediatric anxiety disorders. SSRIs have revealed a reduce in anxiety symptoms and increase social functioning.

+**efficacy** in reducing symptoms and combination potential with CBT. Studies show that combining SSRIs with CBT provides better outcomes than either treatment alone.

- **Side effects**, such as gastrointestinal disturbances and sleep issues, can impact children. More importantly, the long-term safety of SSRIs in young populations is still under investigation.

6 – THERAPEUTIC RELATIONSHIP

Enhance the therapeutic relationship: Reducing symptoms of anxiety can improve engagement in therapy.

Negative: affect how adolescents perceive their therapy, some may feel relief, while others may view the need for medication as a sign of severe illness, potentially damaging their self-esteem.

7 – SUMMARIZE: Therefore - effectiveness of these treatments depends on addressing the individual's needs and considering the context in which treatment is provided.

Holistic approach - incorporating therapeutic techniques, medications, and support networks is essential for improving outcomes for children and adolescents with Social Anxiety Disorder

Policy and Service Provision:

NICE National Institute for Health and Care Excellence



Llywodraeth Cymru
Welsh Government

(National Institute for Health and Care Excellence, 2025; Welsh Government, 2025).

1 - Government policies play a crucial role in shaping mental health service provision and client well-being. Look at Nice and Welsh Government

2 – NICE:

- + emphasizes early identification and intervention for (SAD) in young people, encouraging professionals in schools and primary care to be vigilant for symptoms like excessive shyness or school avoidance. - early approach is vital, as half of adult mental health conditions begin by age 14.

- + NHS Long Term Plan - supports this by promising expanded community-based services, aiming to reach an additional 345,000 young people by 2023/24

- BUT - despite these policies, the Care Quality Commission reports that many still do not receive the care they need, showing a gap between recommendations and practice.

Psychological services

CBT - primary intervention for SAD in young people, delivered either individually or in groups and tailored to developmental levels. CBT addresses both cognitive and behavioral aspects of anxiety, promoting long-term coping strategies.

HOWEVER - reliance on CBT alone may not suit all clients, especially those with coexisting conditions like ADHD or autism, pointing to the need for more personalized care options.

Inter-professional and multi-agency collaboration:

For young people with SAD, partnerships between healthcare providers, educators, and families ensure consistent support across different settings. This integrated approach enhances accessibility but also reduces stigma by normalizing discussions about mental health in everyday environments.

Overall, while policies like NICE provide a strong framework, addressing gaps in service delivery and ensuring cohesive collaboration remain key challenges

3 – WELSH GOV:

Together for Mental Health strategy – outlines a comprehensive, all-age approach to mental health service provision. Unlike NICE, which provides condition-specific guidance like that for Social Anxiety Disorder (SAD), this strategy takes a broader view, focusing on improving mental health and well-being across the lifespan.

Vision has four core principles: improving population mental health, ensuring timely access to services, reducing inequalities and stigma, and promoting person-centred care.

A fifth key focus is on enhancing access, knowledge, and appropriate levels of support, ensuring individuals receive the right care at the right time.

+Person-centred approach - treating individuals as equal partners in their care, respecting their needs, preferences, and language.

+It also adopts an all-age focus, integrating services to support everyone—from children and young people to older adults.

+ Inter-professional and multi-agency collaboration: Schools are highlighted as key settings for early intervention, offering life skills education and access to school-based counsellors who can support young people with issues like bullying, which often underpin SAD.

- lacks explicit guidance on managing SAD in young people compared to NICE. The recent review of *'Together for Mental Health'* revealed ongoing challenges: although well-being scores improved pre-COVID, the pandemic reversed these gains. The updated draft strategy now prioritizes holistic prevention approaches, improved access to community-based services, and integrated support systems.

Renewed focus on cultural sensitivity and community engagement:

Reducing stigma and discrimination remains central. Persistent stigma leads to

unequal service access, especially for severe conditions. So successful delivery depends on robust inter-professional and multi-agency collaboration - ensuring schools, healthcare providers, and community services work together to provide comprehensive, accessible care tailored to individual needs.

Summary:

- SAD prevalent in young children and adolescents
- Stigma is a huge factor
- Understanding
- Differences in treatments
- Policy and service provision

Any Questions?

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