

**Submission
No 24**

PREVENTION OF YOUTH SUICIDE IN NEW SOUTH WALES

Organisation: Macquarie University
Name: Professor Jennifer Hudson
Position: Centre for Emotional Health, Faculty of Human Sciences
Date Received: 31 August 2017

Anxiety in children and young people

SUBMISSION TO THE NSW PARLIAMENTARY INQUIRY
'PREVENTION OF YOUTH SUICIDE IN NSW'



Anxiety in Young People

Centre for Emotional Health

August, 2017



Professor Jennifer L Hudson
Director
Centre for Emotional Health
Department of Psychology
Macquarie University

W: mq.edu.au/ceh

Centre for Emotional Health Submission to the NSW Parliamentary Inquiry 'Prevention of Youth Suicide in NSW'

EXECUTIVE SUMMARY

LINKS BETWEEN ANXIETY IN CHILDHOOD AND SUICIDE RISK

- Anxiety is the most common mental disorder in Australian young people
- Anxiety disorders almost always develop before depression
- Anxious children and youth are more often bullied
- Children and young people with anxiety have a six-fold increased risk of suicide

**Anxiety leads
to 6 times the
risk of suicide**

ANXIETY IS OVERLOOKED IN CHILDREN AND YOUNG PEOPLE

- Poor mental health literacy and stigma contribute to anxiety disorders being ignored
- Research shows that anxiety disorders are stable, chronic and disabling

REDUCING SUICIDE RISK

- Effective treatments and preventions for anxiety are available and demonstrate long lasting effects on depression and suicide risk
- Significant barriers to evidence-based care include stigma, poor mental health literacy, access to quality treatments and a substantial gap between scientific evidence and what is delivered in practice
- To reduce suicide risk in Australian young people, we need to take anxiety disorders in young people seriously

RECOMMENDATIONS

1. Provide education to students, parents, teachers and health professionals (e.g., GPs) about anxiety disorders in young people
2. Improve access to and affordability of evidence-based prevention and early intervention of anxiety disorders for preschool children, children and teenagers (and their parents)
3. Assist schools to develop evidence-based solutions to manage students with high anxiety
4. Provide training for school counsellors in evidence-based interventions for anxiety
5. Introduce screening of emotional health problems in schools
6. Track practitioner use of evidence-base care
7. Improve access to stigma reduction programs in schools for students and parents

Anxiety in Young People

RESEARCH FINDINGS

ANXIETY IN CHILDREN

Anxiety Disorders are the most prevalent mental disorder in Australian young people. Within a 12-month period, at least 7% of Australian young people will experience an anxiety disorder, making it more prevalent than depression, ADHD, and behaviour disorders¹. Anxiety disorders start early in life and have the earliest onset of any of the mental disorders². In fact, the majority of individuals who develop anxiety disorders will have done so before they reach adulthood.

James is a 15-year-old boy who, according to his parents, has been anxious since he was a pre-schooler. James' anxiety and fears are now taking over his life. He worries about his performance at school constantly and is consumed by thoughts of what is going to happen in the future. His grades have been dropping as a result and he is starting to withdraw from his mates because he feels cannot handle the overwhelming feelings of anxiety.

Why is anxiety relevant to youth suicide?

Anxiety is directly linked to suicide. In one recent study, 58% of young people diagnosed with an anxiety disorder reported suicidal thoughts³. This is a far greater prevalence than would be expected in the normal population. The relationship between anxiety and suicide cannot be entirely explained by

58% of young people with an anxiety disorder report suicidal thoughts

the link between anxiety and depression. Results from the Christchurch Health and Development Study (New Zealand) showed that anxiety disorders in adolescents were strongly associated with suicide, even after statistically controlling for other mental disorders. In this study, having an anxiety disorder increased the risk that a young person would attempt suicide by almost 6 times. Risk is further increased if the young

person has more than one anxiety disorder, earlier onset of anxiety and comorbid depression⁴⁻⁶. Anxiety is also linked with suicide indirectly through its connection with other mental disorders. Children and young people with anxiety disorders are much

more likely to develop depression⁷ and in these cases the anxiety disorder almost always develops before depression^{8,9}. Anxious young people are similarly at much greater risk to be bullied by their peers, and to later develop alcohol and drug problems, and poor academic and vocational achievement^{10,11}. Both of these difficulties directly increase the risk of suicide.

James has a few good mates at school but there are a number of kids in his grade that regularly make fun of him. This takes its toll on how he sees himself. He has regular thoughts about ending his life as he can't see a way through it all.

ANXIETY: OVERLOOKED

Anxiety disorders are the most common mental disorder in young people across the world¹². Anxiety Disorders in children continue to be ignored in Australia. In fact, in the first mental health survey of Australian young people, anxiety disorders were not assessed. In the second survey conducted in 2015, only 4 of the anxiety disorders were included in the survey¹. Although this survey identified anxiety as the most common mental disorders in young people, we continue to have a limited understanding of the true prevalence of anxiety disorders in Australian young people.

Why have anxiety disorders been ignored?

Despite their frequency and significant interference, anxiety disorders are frequently under-recognized and overlooked as serious mental health problems. There are a number of factors that influence the limited attention anxiety disorders receive both in terms of clinical practice and public health policy¹³. The reduced focus is likely in part due to poor mental health literacy. There is a common public misconception that anxiety disorders are reserved for the "worried well" and represent a personality flaw rather than a disorder. In addition, as anxiety itself is a normal emotion, this has perhaps led to misunderstanding surrounding the difference between normal and pathological fear and anxiety. The transient nature of some fears in early childhood may also lead parents and teachers to think that the problem will remit with time or maturation. In contrast to these myths, a vast body of research has demonstrated that, for the majority of individuals, anxiety disorders are stable, chronic and disabling and need to be taken seriously².

Anxiety in Young People

REDUCING SUICIDE RISK

Over the last 25 years, there have been significant developments in the treatment and prevention of anxiety disorders in children and young people. The Centre for Emotional Health at Macquarie University has developed a suite of programs (known as 'Cool Kids') that have undergone rigorous scientific evaluation and are effective in both reducing anxiety and depression. Despite existence of evidence-based care, significant barriers such as cost, stigma, poor mental health literacy, and lack of access reduce help-seeking, and prevent the majority of individuals with an anxiety disorder from receiving treatment. There is also a very long lag-time, the longest of all mental disorders, between when anxiety starts and when treatment is started¹⁴. One study showed that the delay from onset of the anxiety disorder to treatment was on average between 9 and 23 years depending on the type of anxiety disorder.¹⁵

The likelihood of access to effective treatments is further reduced by the significant gap between scientific evidence and what is delivered in practice. School counsellors are often ill-equipped and time-poor to deliver evidenced based care. There is no monitoring of services provided by mental health practitioners and as a result there is significant variation in the content and integrity of interventions young people receive. Practitioners provide a startling array of interventions that do not align with current best practice.

Effective treatments and prevention for anxiety have been shown to have long lasting effects on anxiety and depression. One study by Distinguished Professor Ron Rapee at the Centre for Emotional Health, Macquarie University, showed that depression can in fact be prevented. In this study four year old girls whose parents received a brief prevention program were significantly less anxious and depressed as 16 year olds, compared to girls who didn't receive the intervention¹⁶. In fact, none of the adolescent girls in the intervention group had high depressive symptoms, compared to 16% in the control group. This study shows that treating anxiety early in life can have a long-term impact on youth mental health.

James has never talked to the school counsellor about his anxiety. His teachers have noticed he becomes very stressed at exam time and before assessment tasks but he has never received any intervention at school. His parents have tried to talk to James but they don't know what to say and

how to help him. They took him to see a psychologist when he was in year 7. The psychologist talked with James a lot about his worries which he enjoyed for the first two sessions but after that it just didn't seem to be getting better so he gave up.

CONCLUSIONS

Particularly when it comes to early onset disorders like anxiety, policy makers need to consider the long-term benefits of providing both prevention AND intervention for children and young people with anxiety disorders or those at high risk of developing anxiety. A number of psychological prevention and intervention programs have demonstrated their efficacy in not only reducing anxiety but significantly reducing depression and suicide risk. To reduce suicidal ideation and risk in Australian young people, we need to start paying attention to children and adolescents with anxiety disorders and provide services that can be easily accessed to reduce the barriers to effective care.

RECOMMENDATIONS

1. Provide education to students, parents, teachers and health professionals (e.g., GPs) about anxiety disorders in young people
2. Improve access and affordability to evidence-based prevention and early intervention of anxiety disorders for preschool children, children and teenagers (and their parents). This includes improving access and affordability of therapist-supported online treatment programs for children in rural areas
3. Assist schools to develop evidence-based solutions to manage students with high anxiety
4. Provide training for school counsellors in evidence-based interventions for anxiety
5. Introduce screening of emotional health problems in schools
6. Track practitioner use of evidence-base care
7. Improve access to stigma reduction programs in schools for students and parents



Bibliography

1. Lawrence D, Johnson S, Hafekost J, et al. The mental health of children and adolescents: Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. 2015.
2. Merikangas KR, He J-p, Burstein M, et al. Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Survey Replication-Adolescent Supplement (NCS-A). *Journal of The American Academy of Child & Adolescent Psychiatry* 2010;49:980-9.
3. O'Neil Rodriguez KA, Kendall PC. Suicidal Ideation in Anxiety-Disordered Youth: Identifying Predictors of Risk. *Journal of clinical child and adolescent psychology : the official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53* 2014;43:51-62.
4. Pawlak C, Pascual-Sanchez T, Rae P, Fischer W, Ladame F. Anxiety disorders, comorbidity, and suicide attempts in adolescence: a preliminary investigation. *Eur Psychiatry* 1999;14:132-6.
5. Nock MK, Green J, Hwang I, et al. Prevalence, correlates, and treatment of lifetime suicidal behavior among adolescents: Results from the national comorbidity survey replication adolescent supplement. *JAMA Psychiatry* 2013;70:300-10.
6. Dalrymple KL, Zimmerman M. Age of onset of social anxiety disorder in depressed outpatients. *Journal of anxiety disorders* 2011;25:131-7.
7. Cummings CM, Caporino NE, Kendall PC. Comorbidity of anxiety and depression in children and adolescents: 20 years after. *Psychological bulletin* 2014;140:816.
8. Fichter M, Quadflieg N, Fischer UC, Kohlboeck G. Twenty-five-year course and outcome in anxiety and depression in the Upper Bavarian Longitudinal Community Study. *Acta Psychiatrica Scandinavica* 2010;122:75-85.
9. Avenevoli S, Stolar M, Li J, Dierker L, Merikangas KR. Comorbidity of depression in children and adolescents: Models and evidence from a prospective high-risk family study. *Biological Psychiatry* 2001;49:1071-81.
10. Reijntjes A, Kamphuis JH, Prinzie P, Telch MJ. Peer victimization and internalizing problems in children: A meta-analysis of longitudinal studies. *Child abuse & neglect* 2010;34:244-52.
11. Robinson J, Sareen J, Cox BJ, Bolton JM. Role of self-medication in the development of comorbid anxiety and substance use disorders: a longitudinal investigation. *Archives of General Psychiatry* 2011;68:800-7.
12. Polanczyk GV, Salum GA, Sugaya LS, Caye A, Rohde LA. Annual Research Review: A meta-analysis of the worldwide prevalence of mental disorders in children and adolescents. *Journal of Child Psychology and Psychiatry* 2015;56:345-65.
13. Hudson JL. Preventing anxiety disorders across the lifespan. *JAMA - Psychiatry* in press.
14. Thompson A, Issakidis C, Hunt C. Delay to seek treatment for anxiety and mood disorders in an Australian clinical sample. *Behaviour Change* 2008;25:71-84.
15. Wang PS, Berglund P, Olfson M, Pincus HA, Wells KB, Kessler RC. Failure and delay in initial treatment contact after first onset of mental disorders in the national comorbidity survey replication. *Archives of General Psychiatry* 2005;62:603-13.
16. Rapee RM. The preventative effects of a brief, early intervention for preschool-aged children at risk for internalising: follow-up into middle adolescence. *Journal of Child Psychology and Psychiatry* 2013;54:780-8.



Macquarie University is a vibrant hub of intellectual thinkers, all working towards a brighter future for our communities and our planet.

A PLACE OF INSPIRATION

Macquarie is uniquely located in the heart of Australia's largest high-tech precinct, a thriving locale which is predicted to double in size in the next 20 years to become the fourth largest CBD in Australia.

Our campus spans 126 hectares, with open green space that gives our community the freedom to think and grow. We are home to fantastic facilities with excellent transport links to the city and suburbs, supported by an on-campus train station.

RENOWNED FOR EXCELLENCE

We are ranked among the top two per cent of universities in the world, and with a 5-star QS rating, we are renowned for producing graduates that are among the most sought after professionals in the world.

A PROUD TRADITION OF DISCOVERY

Our enviable research efforts are brought to life by renowned researchers whose audacious solutions to issues of global significance are benefiting the world we live in.

BUILDING SUCCESSFUL GRADUATES

Our pioneering approach to teaching and learning is built around a connected learning community: our students are considered partners and co-creators in their learning experience.