DIAGNOSIS AND MANAGEMENT OF ANXIETY IN AFRICAN AMERICANS: FROM CHILDHOOD TO YOUNG ADULTHOOD

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9:00AM to 1:30PM

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Disclosures

- No conflicts of interest to report
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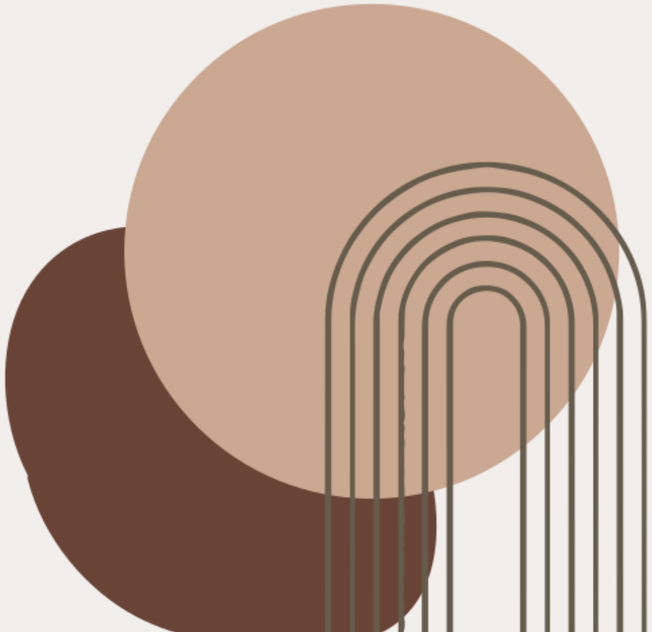

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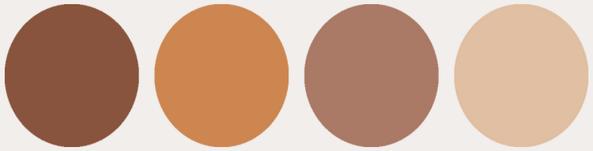
Overview

This course teaches assessment, counseling techniques, and intervention strategies

- We will review Anxiety Disorders according to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders,Fifth Edition (DSM-5)
- We will utilize an Ecological Framework of risk assessment
- We will evaluate the influence of of Social Determinants of Health (SDOH) and Adverse Childhood Experiences (ACEs) on the development of anxiety disorders
- We will discuss the stressors of Racism/Discrimination, Stigma, and Implicit Bias for BIPOC youth and young adults

Objectives

1. Name three anxiety disorders seen in children that are included in The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).
2. Evaluate how two social determinants of health (SDOH) influence the risk of anxiety disorders in African American youth and young adults.
3. List three antidepressant classes that are indicated for the treatment of anxiety in youth.
4. Identify two ways that stigma awareness may affect academic anxiety in African American youth.
5. Describe two practical tips and strategies parents and teachers can use to provide mental health education about anxiety in youth and young adults.



Agenda

A

RISK FACTORS FOR ANXIETY DISORDERS AMONG AFRICAN AMERICAN YOUTH

- OVERVIEW OF ANXIETY DISORDERS AMONG YOUTH AND YOUNG ADULTS
- SOCIAL DETERMINANTS OF HEALTH (SDOH) AND ADVERSE CHILDHOOD EXPERIENCES (ACES)
- ECOLOGICAL MODEL: TEMPERAMENT AND OTHER CHILD CHARACTERISTICS
- ECOLOGICAL MODEL: MATERNAL ANXIETY AND DEPRESSION
- ECOLOGICAL MODEL: FAMILY DYNAMICS AND GENETICS
- ECOLOGICAL MODEL: COMMUNITY FACTORS

B

ANXIETY DISORDERS AND TREATMENT AMONG AFRICAN AMERICAN YOUTH

- OVERVIEW OF TREATMENT FOR ANXIETY DISORDERS AMONG YOUTH AND YOUNG ADULTS
- IMPLICIT BIAS AND STIGMA: EXAMPLES OF ACADEMIC ANXIETY IN AFRICAN AMERICAN YOUTH
- MENTAL HEALTH LITERACY

Topic A:

RISK FACTORS FOR ANXIETY DISORDERS AMONG AFRICAN AMERICAN YOUTH

Overview of Anxiety Disorders Among Youth and Young Adults

Anxiety disorders are the most common mental health problem among youth.

- According to The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), seven (7) anxiety disorders can be seen in children:
    - Generalized Anxiety Disorder
    - Social Anxiety Disorder
    - Panic Disorder With or Without Agoraphobia
    - Agoraphobia Without a History of Panic Disorder
    - Specific Phobia
    - Separation Anxiety Disorder
    - Selective Mutism

ANXIETY:

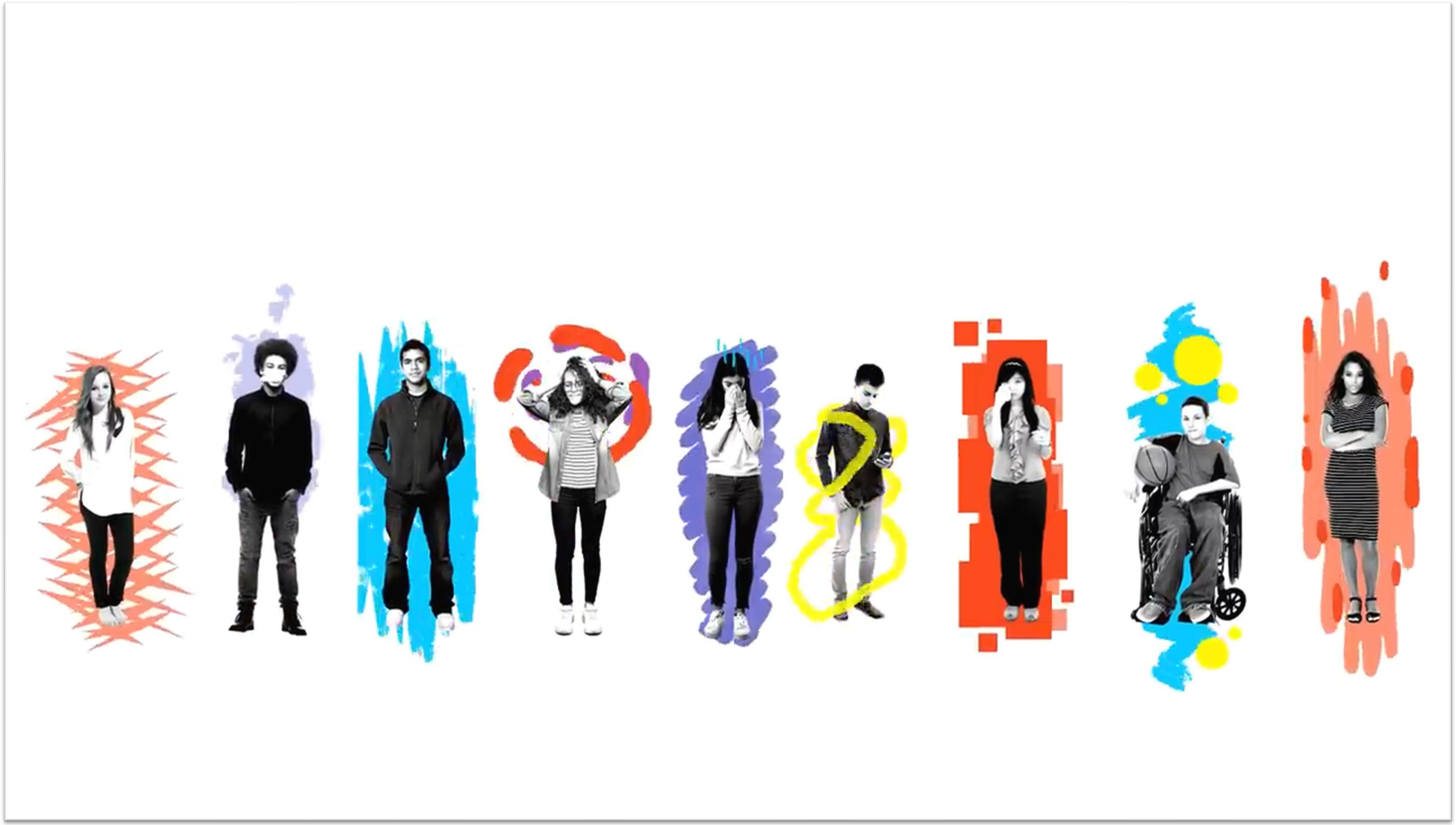
Fight or Flight Response

What is Anxiety?

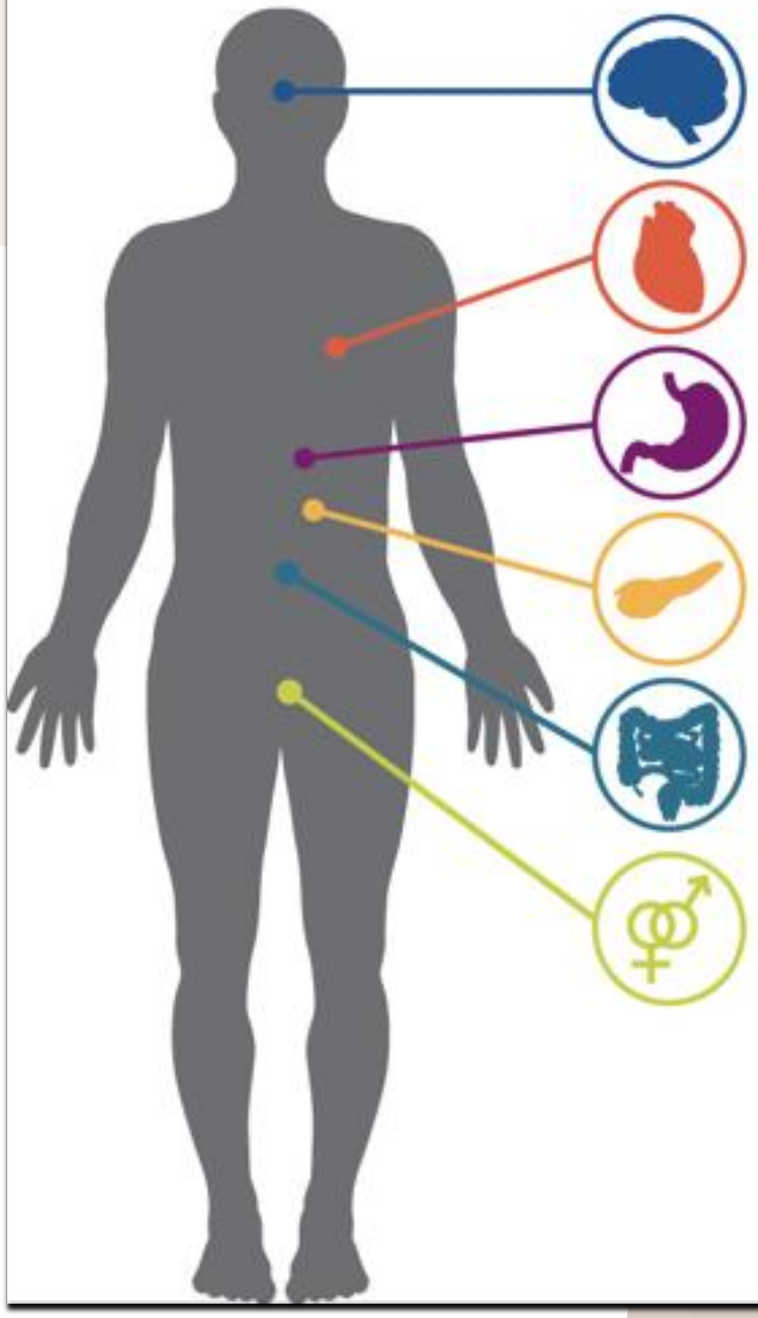
The body’s response to stress often in the form of fear or worry.

- Fight
- Flight
- Freeze

Fight Flight Freeze – Anxiety Explained for Teens



Effects of Stress on the Body



Brain and Nerves: Headaches, feelings of despair, lack of energy, sadness, nervousness, anger, irritability, trouble concentrating, memory problems, difficulty sleeping, mental health disorders (anxiety, panic attacks, depression, etc.)

Heart: Faster heartbeat or palpitations, rise in blood pressure, increased risk of high cholesterol and heart attack

Stomach: Nausea, stomach ache, heartburn, weight gain, increased or decreased appetite

Pancreas: Increased risk of diabetes

Intestines: Diarrhea, constipation and other digestive problems

Reproductive Organs: For women-irregular or painful periods, reduced sexual desire. For men-impotence, low sperm production, reduced sexual desire

Other: Acne and other skin problems, muscle aches and tension, increased risk for low bone density and weakened immune system (making it harder to fight off or recover from illnesses)

Anxiety disorders are the most common childhood-onset psychiatric disorders. Anxiety disorders in children (up to 12 years old) and adolescents (13 to 18 years old) are associated with educational underachievement and co-occurring psychiatric conditions, as well as functional impairments that can extend into adulthood.

Generalized Anxiety Disorder

A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least six months, about a number of events or activities (such as work or school performance).

B. The individual finds it difficult to control the worry.

C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past six months):

Note: Only one item is required in children:

- Restlessness or feeling keyed up or on edge
- Being easily fatigued
- Difficulty concentrating or mind going blank
- Irritability
- Muscle tension
- Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep)

D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

E. The disturbance is not attributable to the physiological effects of a substance (eg, a drug of abuse, a medication) or another medical condition (eg, hyperthyroidism).

F. The disturbance is not better explained by another mental disorder (eg, anxiety or worry about having panic attacks in panic disorder, negative evaluation in social anxiety disorder (social phobia), contamination or other obsessions in obsessive-compulsive disorder [OCD], separation from attachment figures in separation anxiety disorder, reminders of traumatic events in posttraumatic stress disorder [PTSD], gaining weight in anorexia nervosa, physical complaints in somatic symptom disorder, perceived appearance flaws in body dysmorphic disorder, having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder).

Social Anxiety Disorder

A. Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples include social interactions (eg, having a conversation, meeting unfamiliar people), being observed (eg, eating or drinking), and performing in front of others (eg, giving a speech).

Note: In children, the anxiety must occur in peer settings and not just during interaction with adults.

B. The individual fears that they will act in a way or show anxiety symptoms that will be negatively evaluated (ie, will be humiliating or embarrassing; will lead to rejection or offend others).

C. The social situations almost always provoke fear or anxiety.

Note: In children, the fear or anxiety may be expressed by crying, tantrums, freezing, clinging, shrinking, or failing to speak in social situations.

D. The social situations are avoided or endured with intense fear or anxiety.

E. The fear or anxiety is out of proportion to the actual threat posed by the social situation and to the sociocultural context.

F. The fear, anxiety, or avoidance is persistent, typically lasting for six months or more.

G. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

H. The fear, anxiety, or avoidance is not attributable to the physiological effects of a substance (eg, a drug of abuse, a medication) or another medical condition.

I. The fear, anxiety, or avoidance is not better explained by the symptoms of another mental disorder, such as panic disorder, body dysmorphic disorder, or autism spectrum disorder.

J. If another medical condition (eg, Parkinson disease, obesity, disfigurement from burns or injury) is present, the fear, anxiety, or avoidance is clearly unrelated or is excessive.

Specify if performance only – If the fear is restricted to speaking or performing in public.

The diagnosis of social anxiety disorder requires that a child has age-appropriate relationships with the people familiar to them, and anxiety around less familiar peers and adults.

Panic Disorder

A. Recurrent unexpected panic attacks. A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time four (or more) of the following symptoms occur:

Note: The abrupt surge can occur from a calm state or an anxious state.

- Palpitations, pounding heart, or accelerated heart
- Sweating
- Trembling or shaking
- Sensations of shortness of breath or smothering
- Feelings of choking
- Chest pain or discomfort
- Nausea or abdominal distress

8. Feeling dizzy, unsteady, light-headed, or faint

9. Chills or heat sensations

10. Paresthesias (numbness or tingling sensations)

11. Derealization (feelings of unreality) or depersonalization (being detached from oneself)

12. Fear of losing control or "going crazy"

13. Fear of dying

Note: Culture-specific symptoms (eg, tinnitus, neck soreness, headache, uncontrollable screaming or crying) may be seen. Such symptoms should not count as one of the four required symptoms.

B. At least one of the attacks has been followed by one month (or more) of one or both of the following:

- Persistent concern or worry about additional panic attacks or their consequences (eg, losing control, having a heart attack, "going crazy").

- A significant maladaptive change in behavior related to the attacks (eg, behaviors designed to avoid having panic attacks, such as avoidance of exercise or unfamiliar situations).

C. The disturbance is not attributable to the physiological effects of a substance (eg, a drug of abuse, a medication) or another medical condition (eg, hyperthyroidism, cardiopulmonary disorders).

D. The disturbance is not better explained by another mental disorder (eg, the panic attacks do not occur only in response to feared social situations, as in social anxiety disorder; in response to circumscribed phobic objects or situations, as in specific phobia; in response to obsessions, as in OCD; in response to reminders of traumatic events, as in PTSD; or in response to separation from attachment figures, as in separation anxiety disorder).

Agoraphobia

Agoraphobia is diagnosed irrespective of the presence of panic disorder. If an individual's presentation meets criteria for panic disorder and agoraphobia, both diagnoses should be assigned.

A. Marked fear or anxiety about two (or more) of the following five situations:

- Using public transportation (eg, automobiles, buses, trains, ships, planes)
- Being in open spaces (eg, parking lots, marketplaces, bridges)
- Being in enclosed places (eg, shops, theaters, cinemas)
- Standing in line or being in a crowd
- Being outside of the home alone

B. The individual fears or avoids these situations because of thoughts that escape might be difficult or help might not be available in the event of developing panic-like symptoms or other incapacitating or embarrassing symptoms (eg, fear of falling in the older population; fear of incontinence).

C. The agoraphobic situations almost always provoke fear or anxiety.

D. The agoraphobic situations are actively avoided, require the presence of a companion, or are endured with intense fear or anxiety.

E. The fear or anxiety is out of proportion to the actual danger posed by the agoraphobic situations and to the sociocultural context.

F. The fear, anxiety, or avoidance is persistent, typically lasting for six months or more.

G. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

H. If another medical condition (eg, inflammatory bowel disease, Parkinson disease) is present, the fear, anxiety, or avoidance is clearly excessive.

I. The fear, anxiety, or avoidance is not better explained by the symptoms of another mental disorder. For example, the symptoms are not confined to specific phobia, situational type; do not involve only social situations (as in social anxiety disorder); and are not related exclusively to obsessions (as in OCD), perceived defects or flaws in physical appearance (as in body dysmorphic disorder), reminders of traumatic events (as in PTSD), or fear of separation (as in separation anxiety disorder).

Specific Phobias

A. Marked fear or anxiety about a specific object or situation (eg, flying, heights, animals, receiving an injection, seeing blood).

Note: In children, the fear or anxiety may be expressed by crying, tantrums, freezing, or clinging.

B. The phobic object or situation almost always provokes immediate fear or anxiety.

C. The phobic object or situation is actively avoided or endured with intense fear or anxiety.

D. The fear or anxiety is out of proportion to the actual danger posed by the specific object or situation and to the sociocultural context.

E. The fear, anxiety, or avoidance is persistent, typically lasting for six months or more.

F. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

G. The disturbance is not better explained by the symptoms of another mental disorder, including fear, anxiety, and avoidance of situations associated with panic-like symptoms or other incapacitating symptoms (as in agoraphobia); objects or situations related to obsessions (as in OCD); reminders of traumatic events (as in PTSD); separation from home or attachment figures (as in separation anxiety disorder); or social situations (as in social anxiety disorder).

Specifiers Based on the Phobic Stimulus:

- Animal (eg, spiders, insects, dogs)
- Natural environment (eg, heights, storms, water)
- Blood-injection-injury (eg, needles, invasive medical procedures)
- Situational (eg, airplanes, elevators, enclosed places)
- Other (eg, situations that may lead to choking or vomiting; in children, eg, loud sounds or costumed characters)

Separation Anxiety Disorder

A. Recurrent excessive distress when anticipating or experiencing separation from home or from major attachment figures.

B. Persistent and excessive worry about losing major attachment figures or about possible harm to them, such as illness, injury, disasters, or death.

C. Persistent and excessive worry about experiencing an untoward event (e.g., getting lost, being kidnapped, having an accident, becoming ill) that causes separation from a major attachment figure.

D. Persistent reluctance or refusal to go out, away from home, to school, to work, or elsewhere because of fear of separation.

E. Persistent and excessive fear of or reluctance about being alone or without major attachment figures at home or in other settings.

F. Persistent reluctance or refusal to sleep away from home or to go to sleep without being near a major attachment figure.

G. Repeated nightmares involving the theme of separation

H. Repeated complaints of physical symptoms (such as headaches, stomachaches, nausea, or vomiting) when separation from major attachment figures occurs or is anticipated

I. The fear, anxiety, or avoidance is persistent, lasting at least 4 weeks in children and adolescents and typically 6 months or more in adults.

J. The disturbance causes clinically significant distress or impairment in social, academic (occupational), or other important areas of functioning.

K. The disturbance is not better explained by another mental disorder, such as refusing to leave home because of excessive resistance to change in autism spectrum disorder; delusions or hallucinations concerning separation in psychotic disorders; refusal to go outside without a trusted companion in agoraphobia; worries about ill health or other harm befalling significant others in generalized anxiety disorder; or concerns about having an illness in illness anxiety disorder.

Selective Mutism

A. Consistent failure to speak in specific social situations in which there is an expectation for speaking (e.g., at school) despite speaking in other situations

B. The disturbance interferes with educational or occupational achievement or with social communication

C. The duration of the disturbance is at least 1 month (not limited to the first month of school)

D. The failure to speak is not attributable to a lack of knowledge of, or comfort with, the spoken language required in the social situation

E. The disturbance is not better explained by a communication disorder (e.g., childhood-onset fluency disorder) and does not occur exclusively during the course of autism spectrum disorder, schizophrenia, or another psychotic disorder

Overview of Anxiety Disorders Among Youth and Young Adults

Acute Stress Disorder, Posttraumatic Stress Disorder, and Obsessive-Compulsive Disorder are now included in separate diagnostic categories

- Anxiety is the body's response to perceived stress, often in the form of fear or worry
- Trauma is the emotional response to a deeply disturbing event
    - individuals who have trauma may experience anxiety but not all individuals who experience anxiety have trauma
- Obsessions and compulsions refer to unwanted thoughts that lead to compulsive mental or physical reactions (to relieve the stress of the unwanted thoughts)
    - individuals with anxiety do not demonstrate compulsive behaviors


EXTRA

Overview of Anxiety Disorders Among Youth and Young Adults

- Anxiety disorders can lead to impairment
  - parent-child relationships
  - family function
  - peer relationships
- Anxiety disorders may lead to other disorders such as depression
- Prevention efforts usually focuses on risk factors at the level of the child

Social Determinants of Health (SDOH)

Social Determinants of Health (SDOH) refer to
A complex system of non-medical factors that influence health according to the place in which a person is born, grows, lives, works and ages.

The influence of SDOH has been shown to result in health inequities among African Americans, including mental health inequalities.

Adverse Childhood Experiences (ACEs) occur among children across all races, ethnicities, education, and income levels. However, some populations are at-risk for additional stressors across systems and ecological levels.

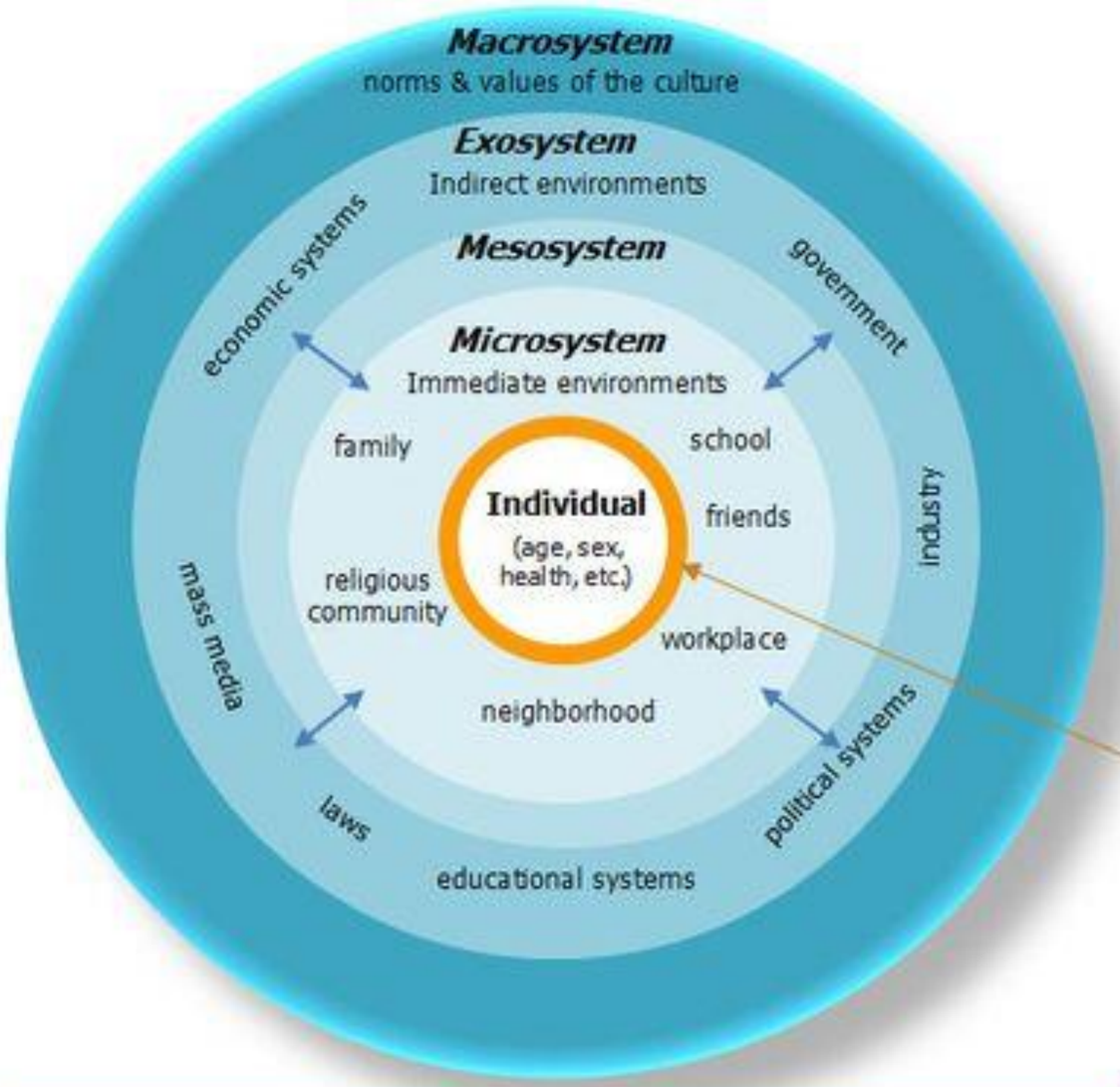
Ecological Framework

- Ecological frameworks situate the individual child within a complex system of contexts that shape and influence development.

- Understanding mental health through an ecological framework can enhance evaluation of the relationship between personal and environmental factors.

Mian ND, Wainwright L, Briggs-Gowan MJ, Carter AS. An ecological risk model for early childhood anxiety: the importance of early child symptoms and temperament. J Abnorm Child Psychol. 2011 May;39(4):501-12.

Bronfenbrenner's Bioecological Model of Human Development



Macrosystem
Social ideologies and values of cultures and subcultures

Exosystem
Systems that influence the individual indirectly through micro-system

Mesosystem
Connections between systems and microsystems

Microsystem
Direct interaction in activities, roles and relations with others and objects

Techno-subsystem
Media influences
Computers
Internet
Portable devices
Social media
TV, Phone

Chronosystem: time and historic influences

Ecological Model:
Child Level
Temperament & Early Symptoms

- Temperament refers to an innate pattern of behavior that tends to remain constant throughout life. It can refer to a predisposition to react in a particular way to stimuli.

- Behavioral inhibition and negative emotionality have been implicated in the early development of internalizing problems

Mian, et. al. (2011)

Ecological Model: Temperament

Behavioral Inhibition

- consistent tendency to display fear, withdrawal, or wariness in novel or unfamiliar situations

- risk factor for later anxiety: toddlers that display behavioral inhibition are more likely to develop an anxiety disorder later in childhood and adolescence

Mian, et. al. (2011)

Ecological Model: Temperament

Negative Emotionality

- construct characterized by irritability, negative mood, difficulty being soothed, and intense negative emotional reactions

- often linked to depression due to the negative affect —> but the evidence is inconsistent, rather evidence supports that this construct is associated with many childhood psychopathologies including anxiety

Mian, et. al. (2011)

Ecological Model:
Early Anxiety Symptoms

Temperament vs Early Anxiety Symptoms

- Theoretically distinct
  - measures for toddler age symptoms are available
  - evidence of problems in early preschool and middle childhood

- Feasibility of differentiating between temperament and early anxiety
  - controversial, many studies focus on one or the other

Mian, et. al. (2011)

Ecological Model:
Maternal Level
Anxiety and Depression

Children of anxious parents are up to 7 times more likely to develop an anxiety disorder (Turner et. al. 1987)

- Genetics (50%)
- Environmental: parent-child interactions
  - children model fearfulness and overprotective reactions
  - parents with anxiety tend to be more controlling, less warm
  - most studies are cross-sectional or retrospective with limits causal inferences

Mian, et. al. (2011)

Ecological Model:
Maternal Level:
Anxiety and Depression

Maternal Depression may also increase risk for child anxiety

- Genetics
  - twin and family studies suggest possible common vulnerabiity
- Environmental: parent-child interactions
  - Perceptions that the environment is uncontrollable and lacks warmth
  - Less engaged , More authoritarian
  - Variability in consistency and availability

Mian, et. al. (2011)

Ecological Model:
Maternal Anxiety and Depression

- Effects during pregnancy- preterm labor, preterm delivery, and low birthweight babies
- Effects during the postpartum period- difficulty with bonding, negative effects on infant affect
- Effects throughout childhood and adolescence- developmental delays, learning difficulties, behavioral problem

Mian, et. al. (2011)

Ecological Model: Family/Community Level

Sociodemographic Factors and Violence

- Distal Factors
- Sociodemographic Factors
  - living in poverty, teenage or single mother, limited household education, minority ethnicity may represent risk factors in a variety of social/emotional/behavioraly problems
- Violence
  - Environment may be perceived as unpredictable, dangerous

Mian, et. al. (2011)

Early Identification

- Identification of risks factors helps to identify youth that are at-risk for anxiety disorders
- Identification of risks factors may facilitate prevention efforts
- Among other SDOH and ACEs, racism/discrimination may have a compounding role in the development of anxiety among African American youth

Mian, et. al. (2011)

Test Questions

Which Of The Following is the Leading Mental Health Problem(s) in Children and Adolescents?

A	Attention Deficit Hyperactivity Disorder
B	Autism Spectrum Disorder
C	Anxiety Disorders
D	Major Depressive Disorde

C. Anxiety Disorders

TOPIC B:

ANXIETY DISORDERS AND TREATMENT AMONG AFRICAN AMERICAN YOUTH

Overview of Treatment for Anxiety Disorders Among Youth and Young Adults

- Pharmacological treatments
- Indications of psychotropic medications for anxiety disorders
  - selective serotonin reuptake inhibitors (SSRIs)
  - serotonin-norepinephrine reuptake inhibitors (SNRIs)
  - tricyclic antidepressants (TCAs)
  - monoamine oxidase inhibitors (MAOIs)
  - benzodiazepines (BZDs)

Overview of Treatment for Anxiety Disorders Among Youth and Young Adults

- Psychotherapeutic treatments
  - cognitive-behavioral therapy
  - behavioral modification
  - mindfulness meditation

Overview of Treatment for Anxiety Disorders Among Youth and Young Adults

Prevention

- parents
- schools
- other community interventions

Overview of Treatment for Anxiety Disorders Among Youth and Young Adults

Prevention

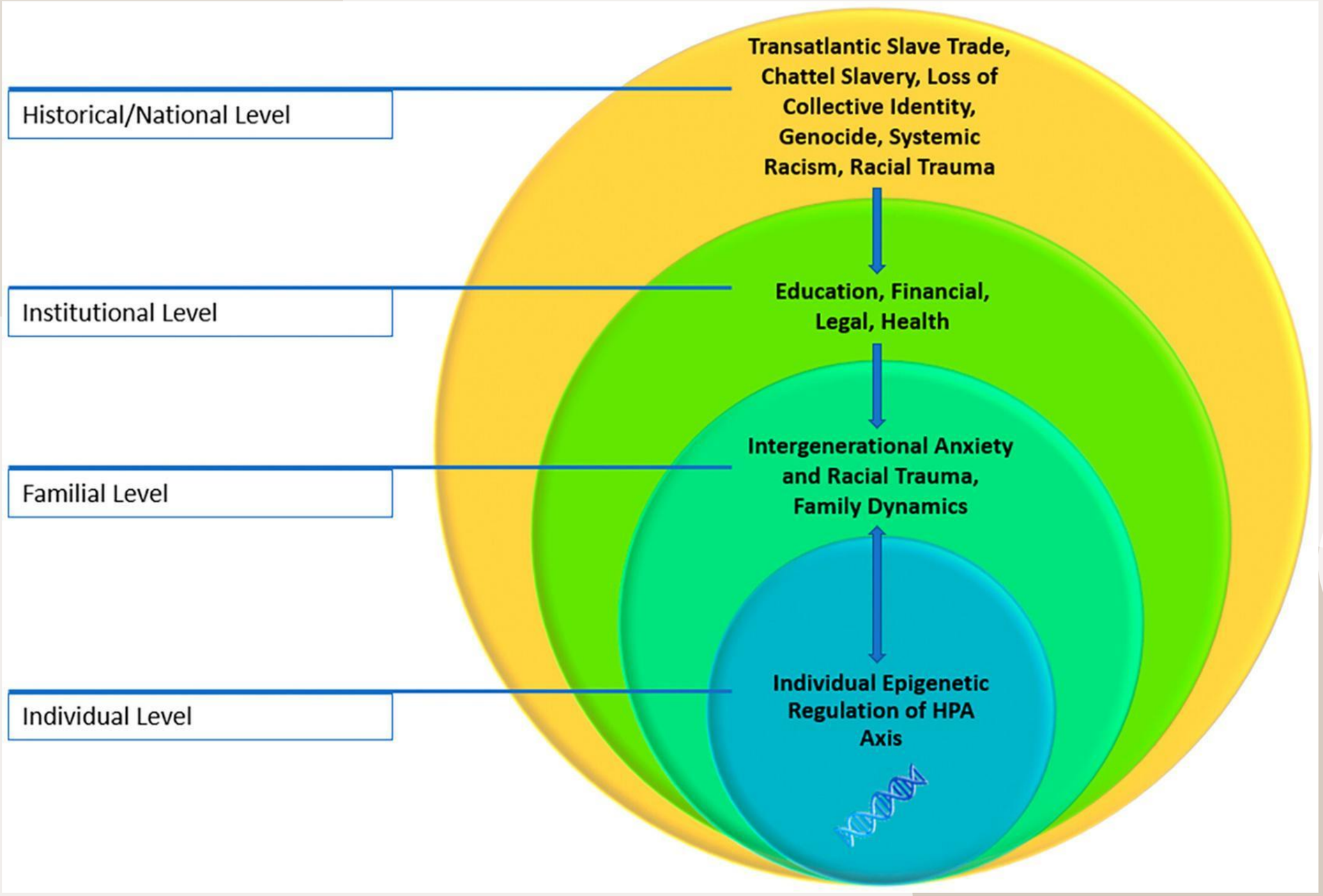
- Students of color in college may benefit from targeted collegiate and public health interventions

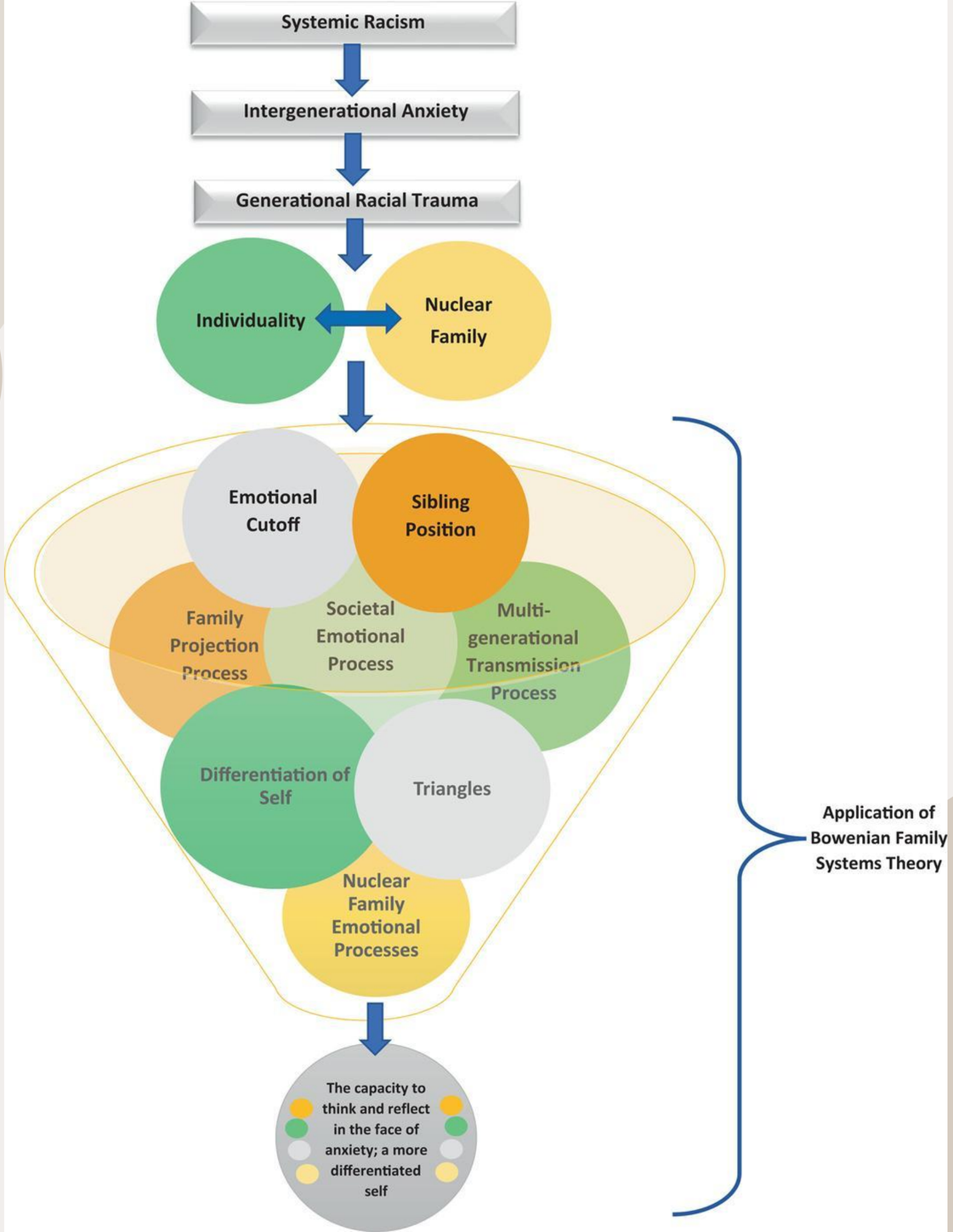
Impact of Racism

The 2001 U.S. Surgeon’s General Report Supplement Mental Health: Culture, Race, and Ethnicity is viewed as a seminal acknowledgement of the negative influences of systemic racism, discrimination, stigma, and implicit bias on the mental health of ethnically diverse populations.

Black, Indigenous, People of Color (BIPOC) continue to experience these systemic influences with negative effects of mental health.

The American Association of Pediatrics issued a 2022 Policy Statement entitled “Eliminating Race-Based Medicine” as a call to action to acknowledge and dismantle the influence of systemic and structure inequities based in racism and discrimination.


Historical/National Level
Institutional Level
Familial Level
Individual Level
Transatlantic Slave Trade, Chattel Slavery, Loss of Collective Identity, Genocide, Systemic Racism, Racial Trauma
Education, Financial, Legal, Health
Intergenerational Anxiety and Racial Trauma, Family Dynamics
Individual Epigenetic Regulation of HPA Axis


Systemic Racism
Intergenerational Anxiety
Generational Racial Trauma
Individuality
Nuclear Family
Emotional Cutoff
Sibling Position
Family Projection Process
Societal Emotional Process
Multi-generational Transmission Process
Differentiation of Self
Triangles
Nuclear Family Emotional Processes
The capacity to think and reflect in the face of anxiety; a more differentiated self
Application of Bowenian Family Systems Theory

Implicit Bias and Stigma: Examples of Academic Anxiety in African American Youth

- Stigma awareness in elementary school age children, adolescents, and transitional youth
- Stigma awareness among ethnically diverse children, adolescents, and transitional youth
- Effects of stigma awareness on academic anxiety and intrinsic motivation

Stigma and Academic Anxiety

Mian et al. study

- Evaluated stigma awareness, academic anxiety, and intrinsic motivation
- 451 ethnically diverse youth, ages 6-11
- Self identified as African-American, Chinese, Dominican, Russian, and European-American

Stigma and Academic Anxiety

Results

- For all children, stigma awareness was associated with higher academic anxiety & lower intrinsic motivation.
- Ethnic minority children experienced higher stigma awareness

Conclusions

The authors noted that these results suggest that supportive school environments may be a resource to promote intrinsic motivation among ethnically diverse student populations.

Mental Health Literacy

- Rise of social emotional learning in schools
- Community partnerships
- Role of pediatricians and other medical specialities
- Early identification may facilitate initiation, engagement, and retention in mental health treatments

Test Questions

AFTER CONTROLLING FOR OTHER ADVERSE CHILDHOOD EXPERIENCES (ACES), AFRICAN AMERICAN CHILDREN WHO EXPERIENCED RACIAL DISCRIMINATION WERE 39% MORE LIKELY TO ALSO EXPERIENCE ANXIETY.

TRUE
FALSE

TRUE

WHICH CLASS OF PSYCHOTROPIC MEDICATIONS IS CONSIDERED TO BE THE FIRST LINE PHARMACOLOGICAL TREATMENT FOR ANXIETY DISORDERS IN CHILDREN?

A	Serotonin-norepinephrine reuptake inhibitors (SNRIs)
B	Tricyclic antidepressants (TCAs)
C	Serotonin reuptake inhibitors (SSRIs)
D	Monoamine oxidase inhibitors (MAOIs)
E	Benzodiazepines (BZDs)

C. Serotonin Reuptake Inhibitors (SSRIS)

WHICH OF THE FOLLOWING HAVE BEEN CORRELATED WITH DECLINING MENTAL HEALTH AMONG COLLEGE STUDENTS DURING THE COVID-19 PANDEMIC?

A	Worry about COVID-19 infection
B	Stressful living conditions
C	Lower grades
D	Loneliness
E	All of the above

E. All of the above

WHICH OF THE FOLLOWING MAY BE ASSOCIATED WITH STIGMA AWARENESS AMONG AFRICAN AMERICAN YOUTH?

A	African Americans persons with mental illness are often stereotyped to be criminals or dangerous.
B	African Americans are more likely than Whites to get mental health treatment through primary care than specialists.
C	African Americans may express medical mistrust of health care providers and systems due to experienced discrimination and historical events.
D	All of the above

D. All of the above

Since anxiety disorders involve thoughts and feelings they are called internalizing disorders

Symptoms of Separation Anxiety

- Constant fears about caregiver safety
- School refusal
- Physical complaints (headaches, stomachaches, fatigue)
- Clinginess
- Tantrums when time to separate
- Nightmares and sleep problems

(AACAP Facts for Families 2017)

Symptoms of Specific Phobia

- Intense fear about specific object or situation (dogs, swallowing pills, heights, going to the doctor)
- Fears cause distress and interfere with usual activities

(AACAP Facts for Families 2017)

Symptoms of Social Anxiety

- Fears of meeting and talking to people
- Avoidance of social situations
- Few friends outside family

(AACAP Facts for Families 2017)

Other Symptoms of Anxiety Disorders

- Often worry about things before they happen (Generalized Anxiety Disorder)
- Constant worries about family, school, friends or activities
- Fear of embarrassment or making mistakes
- Low self-esteem and lack of confidence
- Irritable and Angry
- Symptoms can be missed if child keeps it to themselves

Children (AACAP Facts for Families 2017)

Anxiety in Youth can be Treated

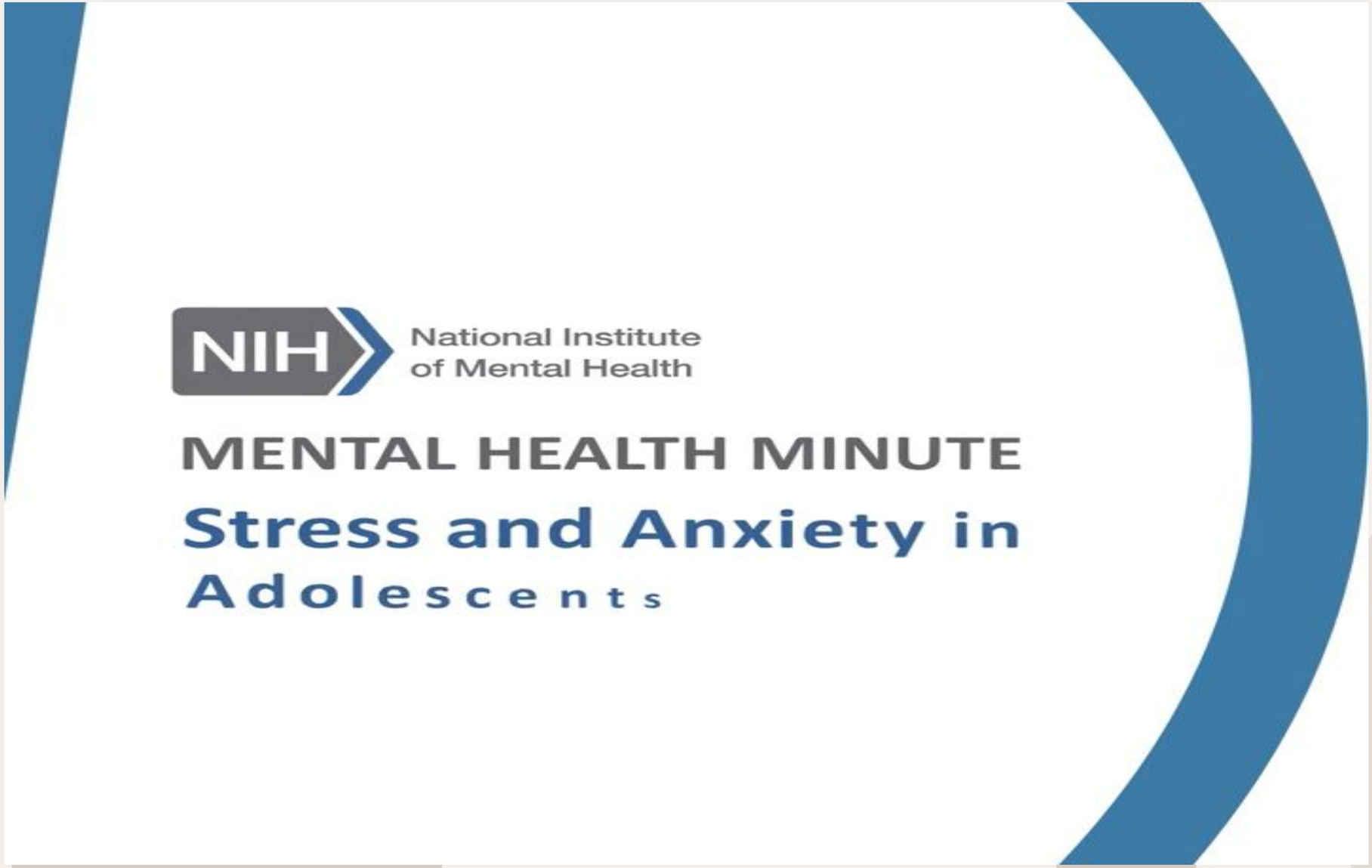
- Individual Therapy
- Family Therapy
- Medications
- Behavioral Therapy (CBT)
- School Consultation

Treatment of Children & Adolescents with Anxiety Disorders

- Anxiety disorders are among the most common psychiatric disorders in children & adolescents
- Cognitive-behavioral therapy (CBT) and selective serotonin reuptake inhibitors (SSRI) have strong evidence and are safe and effective in the short-term
- Serotonin norepinephrine reuptake inhibitors have some evidence as a treatment option
- More research needed to study long-term effects of SSRI’s and SNRI’s and degree of suicide risk associated with antidepressants

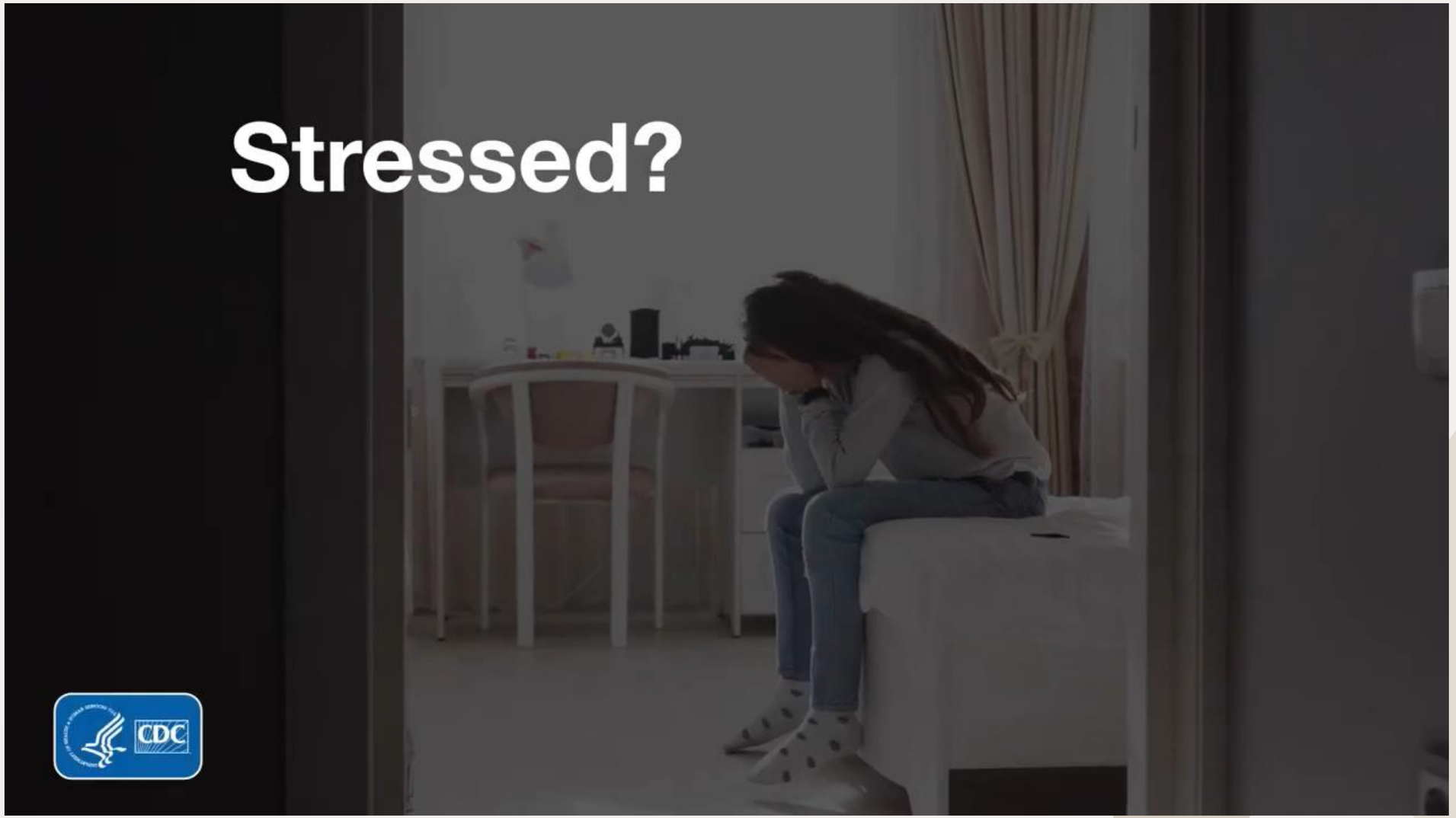
HJ Walter et al, Clinical practice guideline for the assessment and treatment of children and adolescents with anxiety disorders, J. Am. Acad. Child Adolesc. Psychiatry (2020)

Mental Health Minute: Stress and Anxiety in Adolescents



(NIMH 09/2021)

Tools for Emotional Well Being



(CDC.gov)

Symptoms of Panic Disorder

- Episodes of sudden unexpected intense fear
- Somatic symptoms include: heart pounding, trouble breathing or feeling like you’re being smothered, feeling dizzy, shaky or sweaty
- Panic attacks last mins. to hours
- Trembling
- Fear of dying, losing control or losing your mind
- Fear of going out, agoraphobia
- May use alcohol or drugs to reduce anxiety

(CDC.gov 2023 and AACAP Facts for Families 2017)

Social Media and Youth Mental Health

- Social media use by youth is nearly universal
- ~95% of 13-17yo use social media
- ~2/3 use social media daily
- ~1/3 use social media constantly
- Social media can be harmful while providing some benefits
- >3 hours daily on social media 2X risk of mental health issues like depression and anxiety
- Teens spend ~3.5 hours/day on social media
- Cannot conclude social media safe for children and adolescents
- Immediate action can be taken to make social media safe for youth

(hhs.gov 2023)

Tips on Healthy Social Media Use

- Take Breaks
- Turn off notifications
- Unfriend, unfollow, mute
- Track your screentime
- Maintain life balance, beyond social media
- Prioritize your time
- Find joy with online communities where you are seen and validated

(engage.youth.gov 2019)

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THANK YOU!