



CASE STUDY 13:

Anxiety in children and adolescents

Tayla is a 10-year-old girl whose family moved to the area six months ago and have attended the clinic looking to register with a new GP.

Her parents have no specific concerns today but have noted that she has been much quieter since the move. She has also stopped attending gymnastics, which previously she loved. They have put this down to starting a new school, noting that she has always been a “worrier”.

After gaining a general past medical history for Tayla and building some rapport, the GP conducts a [Screen for Child Anxiety Related Disorders \(SCARED\)](#) questionnaire in order to evaluate if she requires an in-depth mental health assessment.

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Assessment

1. Be aware of:
 - [the general practitioner's role.](#)
 - [anxiety presentations.](#)
 - [risk factors for anxiety.](#)
 - family history of mental health issues.
 - substance misuse.
 - [types of anxiety.](#)
2. Engage with the child or adolescent and carer, focusing initially on the child's positive attributes.
3. Use a screening tool to identify those who might need full assessment.
 - [Spence children's anxiety scales](#)
 - **SCARED** 

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Tayla scores highly on this, suggestive of an anxiety disorder. The GP checks the HealthPathways Melbourne page on [Anxiety in Children and Adolescents](#), concluding a need for a full assessment. Tayla and her parents are receptive to this. A full history and [HEEADSSS](#) assessment are performed.

5. Perform an examination:

- Take a baseline physical exam including blood pressure, heart rate, growth parameters, and cardiac exam.
- Arrange further targeted exam as indicated, to rule out organic causes that may mimic anxiety symptoms e.g., hyperthyroidism.
- Obtain impression of temperament, emotional and cognitive development. For further information, see The Royal Children's Hospital Melbourne – [Mental State Examination](#).

6. Interview the child or adolescent.

- For child interview, use [suggested script](#) if:
 - the child has appropriate communication skills (older, engaged).
 - the carer and child agree.
 - general practitioner feels comfortable engaging with the child.
- For adolescent or older child interview, use the [HEEADSSS](#) assessment.

7. Be aware that this assessment may occur over multiple sessions.

Arrange an extended appointment as soon as possible.

- Decide if the parent should be interviewed separately, with or without the child or adolescent present.
- Consider providing [resources to gather information on anxiety](#)

Resources to gather information on anxiety

- Emerging Minds resource for gathering anxiety-related information:
 - [Aged 4 to 8 years](#)
 - [Pre-teen](#)
- Request school and allied health reports if available.

Tayla displays signs of avoidance of her usual activities, difficulty sleeping and being frequently preoccupied with her thoughts. She has also had episodes of rapid heart rate and difficulty breathing when thoughts are particularly severe. These symptoms are occurring most days of the week.

She denies any depressive symptoms or thoughts of suicide or self-harm. There are no obvious triggers for her symptoms, and no comorbid syndromes are suspected.

Of note, her father struggled with anxiety during his teenage years.

The GP asks Tayla and her family to attend for a follow-up appointment later in the week to complete the assessment. The GP also provides resources on anxiety, and requests the family to gather information, [using this useful template](#), including school reports, on how anxiety may be affecting Tayla.

At the follow-up appointment and after ruling out organic causes of her symptoms, the GP diagnoses Tayla with generalised anxiety disorder. Psychoeducation is provided and the family is directed to Melbourne Medical School publication, [Childhood Anxiety: A Guide For Parents, Carers and Supporters](#).

Strategies for anxiety

1. Provide psychoeducation for children and carers – see [online information on anxiety](#)

Online information on anxiety

- Melbourne Children's Campus – [Childhood Anxiety: A Guide For Parents, Carers and Supporters](#)
- The Royal Children's Hospital Melbourne – [Anxiety: Primary School Aged Children](#)
- Emerging Minds:
 - [Supporting Your Child](#) [4 to 8 years]
 - [Supporting Your Child](#) [pre-teen]
- [Raising Children Network advice and education on anxiety types](#)

The GP explains the importance of psychological therapy as the first-line treatment of anxiety in children and adolescents. Tayla thinks that it may be helpful to talk to someone.

A GP mental health treatment plan is completed, after consulting the [appropriate HealthPathways Melbourne page](#), with Tayla and her family outlining the key issues raised during the assessment and specific action items to work towards, with fixed review periods.

After checking the HealthPathways Melbourne [Paediatric Psychology and Counselling Referral page](#), a referral is made to a local private child and adolescent psychologist.

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Referral

- Refer for psychological therapy:
 - **Paediatric psychology referral:**
 - First line treatment for anxiety in most situations.
 - Involves therapies such as cognitive behavioural therapy.
 - Requires GP Mental Health Plan.
 - PHN mental health programs (general practice referrals accepted):
 - [GP Psychiatry Support Line](#)
 - Head to Health Central intake, phone **1800-595-212**
 - [North Western Melbourne CareInMind Mental Health Services](#)
 - [Eastern Melbourne PHN SupportConnect Team](#)

Information regarding online psychoeducation is provided in the meantime. Fortnightly follow-up appointments are booked in while Tayla is waiting for her session with the psychologist. These provide opportunities for review and for Tayla and her family to ask questions.

At the first appointment after seeing the psychologist, Tayla's parents report she is now more upbeat, but is uncertain about whether she 'clicks' with that person. They ask what the next steps are if she does not progress with the psychological therapy offered.

The GP explains that a different psychologist might be beneficial, and, if that does not work, medications could be considered. To this end, the role of selective serotonin reuptake inhibitor (SSRI) medication in patients with severe cases of anxiety or those that do not respond to psychological therapy is explained.

When Tayla attends for her three-month review, she is much more engaged and tells the GP that she has started back at gymnastics and made some new friends. She has had no further panic symptoms, and her sleep has improved. She continues to work with the psychologist, who has recommended reducing her visits to one per month. The GP makes plans to see Tayla again in another three months.

Do you have a case study?

If you would like to be involved, submit a case study, or for more information email info@healthpathwaysmelbourne.org.au