



Empowering Children. Supporting Families. Building Brighter Futures.

Resource 076 | Emotional and mental health

Anxiety disorders in young children

What it means

Anxiety disorders involve fear or worry that is persistent, disproportionate to the situation, and disruptive to a child's daily life. Young children commonly have temporary fears, so context matters. A disorder may affect play, sleep, separation, communication, and participation. Assessment should be appropriate to developmental age. [1]

Causes and risk factors

Anxiety can reflect a combination of temperament, genetic vulnerability, stress, learning experiences, and environmental circumstances. Neurodevelopmental, communication, sensory, sleep, or health needs can contribute to distress. No single parenting style explains every case. Assessment explores both anxiety and practical barriers to feeling safe and understood. [1,2]

General family education. A concern deserves assessment, but this guide does not diagnose a child or prescribe treatment.



Signs and everyday impact

Signs may include repeated reassurance seeking, avoidance, distress before ordinary activities, stomachaches, sleep problems, or difficulty joining play. Young children may express worry through crying, clinging, freezing, or irritability. The pattern becomes concerning when it persists and substantially interferes with functioning. [1,2]

Assessment and diagnosis

A qualified clinician reviews developmental and medical history, caregiver reports, observation, and information from childcare or school. Assessment considers language access, trauma, sleep, and other conditions. Questionnaires can support evaluation but do not establish a diagnosis alone. Physical symptoms may also need medical assessment. [1,2]

Treatment and therapy

Developmentally adapted psychological treatment often involves caregivers and gradual practice with feared situations. Cognitive behavioral approaches are adjusted to the child's abilities. Changes to routines and environments can support participation. Medicines are considered only when clinically appropriate, with particular caution and specialist oversight in very young children. Treatment goals should be specific and reviewed. [1,2,3]

Support at home

Acknowledge the child's feelings and use calm, predictable routines. Agree with the therapist on manageable practice steps rather than forcing abrupt exposure. Praise effort and participation, not the absence of fear. Coordinate with childcare, and ensure the child can communicate discomfort and request support.

When to seek help

Seek assessment when anxiety persistently limits sleep, eating, separation, or participation. Immediate danger, self-harm behavior, or inability to maintain hydration requires urgent help.

Questions for your care team

- What distinguishes this pattern from age-typical fear?
- Which caregiver-involved treatment fits this age?
- How will we measure progress in everyday participation?



Podcast preparation

Use this outline to develop a later podcast script.

Suggested opening

Welcome to Mariel Early Intervention. Today we discuss anxiety disorders in young children. Anxiety disorders involve fear or worry that is persistent, disproportionate to the situation, and disruptive to a child's daily life. This is general education; each child needs individualized care.

Opening: Define the topic and its developmental context.

Understanding: Explain causes and signs without inviting self-diagnosis.

Assessment: Describe evaluation and distinguish screening from diagnosis.

Support: Discuss treatment, therapy, and practical family supports.

Closing: Explain urgent signs and one clear next step.

Misconception to address: Myth: anxiety is always obvious worry spoken aloud. Young children often show it through behavior or physical complaints.

Before recording: update clinical references and local service details, arrange clinical review, and use fully consented or fictional examples.

Terms in plain language

- Avoidance: staying away from a feared situation.
- CBT: therapy addressing patterns of thinking, feelings, and behavior.
- Graded exposure: planned, gradual practice with feared situations.

Sources and further reading

Sources accessed 3 October 2026. Numbered references support the clinical overview. Treatment availability and referral routes vary by country.

[1] Anxiety disorders in children

<https://www.nhs.uk/mental-health/children-and-young-adults/advice-for-parents/anxiety-disorders-in-children/>

[2] Children and Mental Health: Is This Just a Stage? - National Institute of Mental Health (NIMH)

<https://www.nimh.nih.gov/health/publications/children-and-mental-health>

[3] Psychotherapies - National Institute of Mental Health (NIMH)

<https://www.nimh.nih.gov/health/topics/psychotherapies>