

Child and adolescent anxiety disorders

Priory offers a range of outpatient therapies to provide the best possible treatment for mental health conditions.

The information below provides you with the clinical specification of our child and adolescent anxiety disorders, along with information about outcome measures, ongoing care options and details of the therapy itself.

We strive to deliver innovative treatment plans which can be paid for on a session-by-session basis. The prices at our wellbeing centres are as follows:

- 1:1 therapy starts from £109 per session (£132 in London)
- Consultant psychiatrist assessments start from £300
- Consultant psychiatrist follow-ups start from £150
- Group therapy starts from £65 per session (£77 in London)

Priory also offers a number of outpatient packages for different types of child and adolescent anxiety disorders, which provides a fixed price, includes a discount and provides you with certainty of cost for your initial treatment programme.

A simple GP referral process with 24/7 support

We have a simple process for GPs who would like to refer a patient, and our GP enquiry team can support you with any queries that you may have.

To make an online referral, visit priorygroup.com/gp-referral

The treatment that is offered across our wellbeing centre network varies. To discuss which Priory facility offers this specialism, please contact us today:

Call our 24/7 GP support line on 0800 090 1354

Email priory.referral@nhs.net

Fax 0844 770 6206

For more information visit priorygroup.com/gp

Referrer guidance	<ul style="list-style-type: none"> + Anxiety disorders affect between 5-19% of children and adolescents, and about 2-5% of children under 12 years of age. Overall about half of people who develop an anxiety disorder have their first symptoms before the age of 11 + Common anxiety disorders that are treatable are phobias, generalised anxiety disorder, separation anxiety, social anxiety, panic disorder and obsessive compulsive disorder (OCD) + Early intervention is particularly important with these disorders as they can lead to high levels of co-morbidity
Goals of assessment and treatment	<ul style="list-style-type: none"> + To clarify diagnosis and rule out co-morbidity + Assist in early detection of anxiety disorders and reduce adverse effects + Improve functioning and ability to enjoy life and reach predicted attainment levels + To prevent relapse and teach useful skills for future life stressors
Referral criteria	<ul style="list-style-type: none"> + Any specific phobia + Panic attacks, avoidance of social activities and school + Separation anxiety + Anxiety in close family members and requesting preventative treatment of family therapy + Obsessional thoughts or compulsive rituals + Exam related stress or anxiety
Evidence base: NICE or other guidance / references	<ul style="list-style-type: none"> + NICE guidance: <ul style="list-style-type: none"> - Social anxiety disorder; recognition, assessment and treatment (2013) NICE CG159 - Generalised anxiety disorder and panic disorder: management in primary, secondary and community care (2011) NICE CG113 - Core interventions in the treatment of OCD (2005) NICE CG31 + Cochrane review: <ul style="list-style-type: none"> - Cognitive behavioural therapy (CBT) for anxiety disorders in children and adolescents (James AC et al, Cochrane database Syst Rev 2013)

Team	<ul style="list-style-type: none"> + Assessment: <ul style="list-style-type: none"> - A comprehensive psychiatric history is taken by a consultant psychiatrist + Treatment: <ul style="list-style-type: none"> - Will depend on the young person and carer's preferences for treatment - Psychoeducation of young parents and carers - CBT - Medication may be considered as an option - would be closely monitored by a consultant child and adolescent psychiatrist if prescribed by 30 minute regular reviews - Family therapy may be offered if family strengths could be focused upon + Relapse prevention: <ul style="list-style-type: none"> - Additional relapse prevention sessions available with a psychological therapist at times of stress in the future on an individual needs basis
Time	<ul style="list-style-type: none"> + Diagnosis: <ul style="list-style-type: none"> - Full psychiatric history: 90 minutes including initial psychoeducation - Optional additional psychology assessments: 1-2 hours + Treatment: <ul style="list-style-type: none"> - 60 minute session for psychological therapy on a bespoke basis - 30 minute psychiatric reviews of any medication prescribed on a bespoke basis - Number of sessions will vary depending on individual need but can be discussed at the first treatment appointment + Relapse prevention: <ul style="list-style-type: none"> - Individual top-up psychological therapy sessions on individual needs basis
Process of care	<ul style="list-style-type: none"> + Comprehensive diagnostic assessment + Forming of a therapeutic alliance, psychoeducation and involvement of young person and carers in choosing treatment options + Psychological therapy and or/medication management (bespoke packages of care are formed depending on individual and family need)
Outcome measure	<ul style="list-style-type: none"> + Individual patient satisfaction questionnaires + HoNOSCA and CGAS + Bespoke measures might be used by individual psychologists, such as the Becks Anxiety Inventory
Options for ongoing care	<ul style="list-style-type: none"> + Further outpatient care or multi-agency meetings e.g. with schools + Discharge to GP or to CAMHS + Signpost to voluntary sector organisations

Priory offers an extensive number of evidence-based therapy treatments for a range of conditions.

Because every individual is unique we have a bespoke approach to helping people through their most difficult times, offering mental health assessments, individual, group and family therapies. Not all of these interventions will be appropriate or necessary for all people and collaborative tailored treatment options will be explored with referrals at the first assessment.

First, we assess and understand the particular needs of a person and then recommend an appropriate course of treatment that is underpinned by clinical specifications based on the latest research and guidance.