

Treatment

YOUTH

The Anxiety Boom

Why are so many young people being diagnosed with anxiety disorders?

By Ralph Lewis, M.D.

SIXTEEN-YEAR-OLD Zoe listened expectantly as I delivered my diagnostic impressions to her and her parents after two hours of psychiatric interviewing. When I told them that I didn't think her anxiety or depression was of clinical proportions and that I didn't think she needed psychiatric treatment, she appeared crestfallen. I said that I hoped she would take this as good news. But she seemed angry, shut down, and disengaged from the rest of the session—a marked change from her prior eagerness and enthusiasm to participate in the interview process.

Twenty-five years ago, when I first started practicing as a psychiatrist, my feedback would typically have been met with relief. Moreover, my young patients would quite often have been reluctant and embarrassed participants in the first place, often dragged to my office by concerned parents. But Zoe's reaction is fairly common these days.



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In fact, consultations with patients like Zoe are frequently initiated and requested by the teenagers themselves.

Is Mental Health Worsening?

This change—young people seeking, rather than eschewing, mental health diagnoses—coincides with media reports of a mental health epidemic in youth and young adults and their skyrocketing self-reported mental health problems. The trend seems to have accelerated in the past few decades.

Is the actual rate of mental disor-

ders rising? Is life more stressful now for young people than in the past?

A confounding fact: There does not appear to be much of a rise in the rate of major mental illnesses, such as schizoaffective disorder. Data show that the rates of such conditions have remained fairly stable over the same period of time.

A Shift in Definitions?

Many mental health problems lie at the boundary of normal and abnormal—psychological distress that

may be a normal but intense reaction to stress. To be clear, such distress is far from trivial, but it is not wise or helpful to equate this distress with suffering from a mental disorder and with needing a medical diagnosis and treatment. The criterion for diagnosis, according to *DSM-5*, is “clinically significant distress or impairment in social, occupational (or academic), or other important areas of functioning.”

The publication of the *DSM-5* in 2013 met with considerable criticism, most notably from Allen Frances, chair of the APA task force overseeing the previous edition (*DSM-IV*, published in 1994). He expressed concern about “diagnostic inflation” resulting from a loosening of diagnostic criteria.

Frances criticized the psychiatric diagnostic system for having, over time, “opened the door to loose diagnosis by defining conditions that were no more than slightly more severe versions of such everyday problems as mild depression, generalized anxiety, social anxiety, simple phobias, sexual dysfunctions, and sleep disorders.” He pointed to greatly increased rates of diagnosis of ADHD, bipolar disorder, and autism spectrum disorder, as examples.

A Spectrum Shift?

Many psychiatric disorders might be better conceptualized as representing the tail ends of a bell curve for a given human trait, with most of the general population in the mentally healthy average range—the central bulge of the curve. Some people are prone to experience anxiety more intensely, more frequently, and for longer durations than others, causing those individuals greater distress and impairment in their functioning. These people are at the right-hand side

of the bell curve for anxiety and might be considered to have a moderate disorder. Those with severe, disabling anxiety are at the extreme end of the population spectrum for this trait—the right tail of the bell curve—and can be considered to have a severe disorder.

On the left-hand side of the anxiety bell curve are people who experience unusually little anxiety. This isn't necessarily a good thing at all. Think of these people as relatively fearless and emotionally under-reactive. They may take excessive risks and may be emotionally insensitive. At the extreme of this end of the spectrum, some might even be predisposed to be psychopaths.

Extreme traits are what have allowed our species to persist. Diversity of traits is essential for a species to survive and evolve as environments change; a trait that is a weakness in one environment at one time and place might well turn out to be a strength in another environment at another time and place.

Could it be that the bell curve has simply shifted right, for all the reasons above? Could it be that definitional creep has expanded what is seen as diagnosable? Or could it be that young people suffering from mental health disorders now feel enough confidence to talk about them?

Each of these may very well be the case, but it may also be true that the cultural changes in society are significant enough that young people, now able to talk fluently about mental health, are looking to medicine as a way to explain the normal, if painful, parts of life.

Something has changed. ■

Ralph Lewis, M.D., is a psychiatrist and an assistant professor in the Department of Psychiatry at the University of Toronto.