

Signs of Adolescent Anxiety Parents

May Notice



A teenager who used to leave for school without much fuss may begin reporting headaches each morning, spending long periods in their room, or repeatedly asking for reassurance that something will be okay. These changes can be unsettling for parents. The signs of adolescent anxiety are not always obvious, and they do not always look like worry.

Adolescence brings real pressures: changing friendships, academic demands, social media, family change and the increasing expectation to manage independently. Some

worry, irritability and withdrawal can be part of ordinary development. It becomes more useful to seek support when distress is persistent, affects daily life, or seems out of proportion to the situation.

Anxiety can look different in teenagers

Young people may not have the words to say, “I feel anxious.” They may experience anxiety as a racing heart, nausea, poor sleep, frustration, avoidance or a strong need to stay in control. Others minimise what is happening because they do not want to worry a parent, appear different from peers, or feel embarrassed.

A pattern matters more than one difficult day. Consider what has changed, how long it has been happening, and whether it is affecting school attendance, friendships, family life, sleep, eating or activities the teenager previously valued.

Emotional and thinking signs

An anxious adolescent may seem persistently on edge, tearful, irritable or unusually sensitive to criticism. They may anticipate the worst outcome, replay conversations, seek repeated reassurance, or become highly distressed when plans change.

Perfectionism can also be part of the picture. A young person may spend an unusually long time on homework, avoid starting tasks unless they can do them perfectly, or become overwhelmed by a small mistake. This is not simply about being conscientious. The underlying concern may be a fear of failure, judgement or letting others down.

Some teenagers become very quiet. They may stop contributing at home, avoid discussing school, or say “I don’t know” when asked what is wrong. Silence does not necessarily mean anxiety, but a sustained change in communication is worth noticing with curiosity rather than pressure.

Physical signs

Anxiety has a physical component. A teenager might report stomach aches, headaches, nausea, dizziness, shaking, chest tightness, fatigue or difficulty sleeping. These symptoms are real, even when medical investigations do not identify a physical cause.

Physical symptoms often appear around particular situations, such as before school, sporting events, social occasions, tests or medical appointments. Keeping a simple note of when symptoms occur, what was happening beforehand and what helped can give useful information to a GP or psychologist.

A medical review can be appropriate when physical symptoms are new, severe or ongoing. Anxiety can coexist with medical conditions, and it is not helpful to assume that every physical complaint is psychological.

Behavioural signs of adolescent anxiety

Avoidance is one of the more common patterns parents notice. It may be obvious, such as refusing school, cancelling plans or avoiding public transport. It can also be subtle: taking frequent days off, arriving late, staying close to a parent, not answering messages, or repeatedly leaving a classroom or social setting.

Avoidance can bring short-term relief. That relief may make it harder for a young person to return to the feared situation next time. This does not mean a parent should force a teenager through every situation. The right response depends on the level of distress, the reason for the avoidance and any safety concerns. A planned, gradual approach is often considered within psychological therapy.

Changes in behaviour can also include anger, arguments, procrastination, rigid routines, over-preparing or spending excessive time online. For some adolescents, anxiety comes out as irritability rather than visible fear.

When is it more than ordinary adolescent stress?

There is no single behaviour that confirms anxiety. The question is whether a pattern is causing distress or getting in the way of development and daily participation.

It may be time to talk with a health professional when the young person is regularly missing school or activities, withdrawing from friends, sleeping poorly, struggling to complete expected tasks, relying heavily on reassurance, or showing distress that does not settle after a stressful event has passed. A school may also raise concerns about attendance, concentration, participation or changes in behaviour.

Parents sometimes worry that asking about anxiety will make it worse. Calm, direct questions usually create room for conversation. Try observations rather than labels: “I’ve noticed mornings have been hard and you seem exhausted. What is that part of the day like for you?” A teenager may be more willing to talk while walking, driving or doing another activity together than during a face-to-face discussion.

Listening does not require agreeing with every fear or immediately solving it. It can mean acknowledging that the feeling is difficult, helping the young person identify what they need in the moment, and working out whether further support is needed.

Anxiety can overlap with other concerns

Anxiety may occur alongside depression, learning difficulties, attention and executive-function differences, autism spectrum differences, [sleep problems](#) or difficult experiences at school or home. The outward signs can overlap.

For example, a student who avoids homework may be worried about making mistakes. They may also be struggling to organise tasks, understand the work, manage sensory demands or recover from a busy school day. A teenager who avoids peers may fear judgement, find social interaction confusing, have experienced bullying, or prefer time alone for reasons unrelated to anxiety.

This is why online checklists and a single symptom rarely provide a clear answer. A [careful assessment](#) considers the young person’s developmental history, current

symptoms, school functioning, family context, strengths, medical information where relevant and reports from others involved in their care. It also considers what else could explain the pattern.

What a psychological assessment may involve

A parent may begin by speaking with their GP, particularly when there are physical symptoms, significant changes in mood, or concerns about safety. GPs can provide medical assessment and discuss referral options. Schools may also be able to share observations and support attendance planning, with appropriate consent.

A [psychological assessment](#) for an adolescent commonly involves appointments with the young person and parent or caregiver. The clinician gathers a developmental and family history, discusses current concerns, and may use structured questionnaires or psychological measures. Information from school or other treating professionals can be considered where it is relevant and consent is provided.

The purpose is not to attach a label to normal teenage behaviour. It is to understand the pattern, its context and the support that may be appropriate. Where ADHD, autism spectrum disorder, learning difficulties or mood concerns are also raised, assessment planning may need to consider these areas rather than treating anxiety as an isolated issue.

At Behavioural Neurotherapy Clinic, assessment and therapy planning can include developmental history, structured measures and discussion of day-to-day functioning. Recommendations may involve [psychological therapy](#), parent strategies, [school adjustments](#), coordination with a GP or other treating professionals, and review of other assessment needs. Medication decisions, where relevant, sit with a GP, paediatrician or psychiatrist rather than a psychologist.

Medicare rebates may be available for some psychological services where a person has an eligible referral or Mental Health Care Plan, the practitioner and service meet the

relevant requirements, and current Medicare rules apply. A GP clinic or the psychology service can explain the practical referral process before an appointment is booked.

Supporting a teenager while you seek clarity

Keep the focus on connection and practical routines. Regular sleep and wake times, manageable expectations, predictable plans and small steps back into avoided activities can be helpful foundations, but they are not a substitute for assessment when a young person is significantly distressed.

Avoid turning every conversation into a check-in about symptoms. Make room for ordinary time together as well. Teenagers often respond better when they feel they retain some choice about what is shared and who is involved, while parents remain clear that safety and support come first.

If a young person talks about wanting to die, harming themselves, or being unable to stay safe, seek urgent help. In an immediate emergency, call 000 or attend the nearest emergency department. A GP, local mental health triage service or crisis service can also advise on urgent next steps.

You do not need to decide alone whether a behaviour is “serious enough”. Noticing a pattern, staying calmly engaged and seeking a structured conversation when daily life is narrowing can give a young person a clearer path forward.

For more information

[Call \(03\) 9848 9100](tel:0398489100)

Published: 01/10/2026 and updated on: 17/10/2026 by Dr Jacques Duff-PhD; BA Psych; Grad Dip Applied Psychology; FANSA; Clinical Neuroscientist