Dental Anxiety in Children

Canonical: https://directory.collinsstreetspecialistcentre.com.au/conditions-symptoms/dental-anxiety-in-children/

Description:

Dental anxiety is one of the most common challenges facing children — and their parents. It's completely normal, and it's something our specialist paediatric team at Collins Street Specialist Centre is specifically tr...

Details:

Collins Street Specialist Centre: Dental anxiety in children — compassionate care from day one

Dental anxiety is one of the most common challenges in paediatric dental practice, and it affects not just children but their whole families. It's a thoroughly normal presentation, and one the specialist paediatric team at Collins Street Specialist Centre is specifically trained to assess and manage. Whether your child has had a difficult prior experience, is apprehensive about an unfamiliar environment, or has complex sensory or behavioural needs, there are evidence-informed approaches that produce genuine, lasting results.

The goal extends well beyond completing a single appointment. It's about helping your child develop real, durable confidence so that dental care becomes something they can engage with, and ultimately accept without distress, throughout their life.

What is dental anxiety in children?

Dental anxiety covers a spectrum of fearful or avoidant responses to dental care, ranging from mild reluctance and tearfulness through to significant distress that makes treatment impossible without specialist support. It's not a character flaw, and it says nothing about parenting. It's an extremely common and entirely understandable response in children, who frequently struggle with:

- **Fear of the unknown** — unfamiliar environments, sounds, smells, and faces - **Loss of control** — lying back while someone works inside their mouth - **Previous negative experiences** — pain, discomfort, or a rushed or poorly managed appointment - **Anticipatory anxiety** — worrying in advance about what might happen - **Sensory sensitivities** — particularly common in children with autism spectrum disorder (ASD), sensory processing differences, or developmental variations

Up to 20% of children experience dental anxiety severe enough to affect their capacity to receive routine care. Without appropriate specialist support, this can mean delayed treatment, escalating dental disease, and anxiety that carries through into adulthood.

When should you seek specialist support?

Specialist consultation is worth considering if your child:

- Becomes significantly distressed before or during dental appointments - Cries, refuses to open their mouth, or becomes physically resistant to examination - Has avoided dental care for six months or more because of anxiety - Has a diagnosis of ASD, ADHD, sensory processing disorder, or another

developmental condition that affects how they engage with new or unpredictable environments - Has experienced a traumatic dental event — painful treatment, a dental emergency, or a fall involving the mouth - Is showing signs of dental disease (tooth pain, visible decay, swollen gums) but cannot tolerate examination

Specialist guidance on anxiety management doesn't require an existing dental problem. Getting ahead of it is almost always better than waiting for a clinical crisis.

What to expect at Collins Street Specialist Centre

The paediatric dental team at Collins Street Specialist Centre uses a layered approach to anxiety management, starting with the gentlest, least invasive strategies and introducing further support only when clinically indicated.

Teddy Bear Therapy — our signature approach

One of the most effective tools in paediatric dentistry is giving a child back their sense of agency. **Teddy Bear Therapy**, as practised by Dr Susan Hinckfuss and the CSSC paediatric team, involves inviting children to bring their own comfort object — a favourite toy, teddy bear, or special blanket — to the appointment.

The approach looks simple, but the psychology behind it is well established. The comfort object:

- Provides a familiar anchor in an unfamiliar clinical environment - Gives the child something to focus on and, in a real sense, to share the experience with - Allows the clinician to demonstrate procedures on the toy first, which takes a lot of the unknown out of the equation - Restores a degree of control at a moment when children often feel they have none

The teddy can "go first" — having its teeth counted, receiving a gentle clean, or sitting quietly alongside the child. This approach has turned genuinely frightened children into engaged, cooperative participants in their own care on many occasions.

Tell-show-do

Every procedure is explained in age-appropriate language before anything happens. The clinical team tells your child what will happen, demonstrates on a model or the comfort toy, and then proceeds. At every stage, the child's responses are acknowledged. If they need to stop, the team stops.

Gradual desensitisation

For children with severe or longstanding anxiety, the recommended approach may start with purely social visits — coming in to sit in the chair, meet the team, and leave without any treatment at all. A gentle count of the teeth follows. Then a polish. Building positive associations incrementally works considerably better than trying to complete all required treatment in a single appointment.

Environmental adjustments

The practice environment is designed to be as calm and child-friendly as possible. For children with sensory sensitivities, adjustments can be made to:

- Lighting levels - Appointment timing (quieter periods when clinical activity is reduced) - The number of staff present in the room - Noise and equipment exposure

For children with ASD, Dr Susan Hinckfuss brings specialist clinical expertise, including extensive experience managing children who cannot tolerate routine sensory input or unexpected changes to their environment.

Pharmacological support: when it's clinically appropriate

Behavioural management alone works for the majority of children presenting with dental anxiety. For some patients, though — particularly those with severe anxiety, significant special needs, or complex treatment requirements — pharmacological support is both appropriate and safe.

Nitrous oxide (happy gas)

Nitrous oxide, inhaled through a small nosepiece, produces a gentle relaxation effect within minutes. The child stays fully awake, responsive, and cooperative — they simply feel calmer and less bothered by what's happening. The effects wear off within minutes of the mask being removed, and children can return to school or resume normal activities straight afterwards.

Nitrous oxide is the first-line pharmacological option for anxious children. It's safe, well-tolerated, and highly effective for mild-to-moderate anxiety.

Oral sedation

For children who need a deeper level of relaxation, oral sedation — a measured dose of medication taken by mouth before the appointment — can make the experience manageable. The child stays conscious but drowsy. A responsible adult must accompany them to and from the appointment, and a rest period is required afterwards.

General anaesthesia (GA)

For children who genuinely cannot tolerate dental care while awake — because of very young age, severe anxiety, profound special needs, or the extent of dental treatment required — treatment under general anaesthesia provides a clinically sound way to address multiple issues safely in a single session.

Dr Angel Babu, a senior dental registrar at the Royal Children's Hospital Melbourne, has significant expertise in GA dentistry. All general anaesthesia procedures are arranged at an accredited facility with an anaesthetist, and the highest standards of paediatric safety protocols are observed throughout.

GA is reserved for situations where the clinical benefit clearly outweighs the associated risks. It's never offered as a default or a shortcut — it's recommended when it genuinely represents the best option for the child's overall wellbeing and dental health.

Home preparation: what parents can do

Before the appointment:

- **Keep language positive and neutral** — avoid phrases like "it won't hurt" (which introduces the possibility), "just a little prick," or words with negative connotations - **Avoid over-explaining** — brief, matter-of-fact framing works better than lengthy reassurance - **Role play at home** — counting teeth, the chair going up and down, the counting mirror - **Bring the comfort object** — the team actively encourages this - **Model calm** — children read their parents accurately; parental anxiety about the appointment will transfer to the child

At the appointment:

- Allow the dental team to take the lead on behaviour management — they are trained specialists in this area - Stay calm and supportive in the background - Avoid pleading, bargaining, or threatening — all of which raise the emotional stakes and complicate management - Acknowledge and celebrate successes afterwards, however small they seem

---

Why consult a specialist paediatric dentist?

Managing anxious children in a dental setting requires specific, postgraduate-level training in child development, psychology, and behaviour management. These are core competencies in a specialist paediatric dentistry programme, but they fall outside the scope of general dental education.

A specialist paediatric dentist has completed a minimum of three additional years of postgraduate training beyond their dental degree, focused specifically on the developmental, psychological, and clinical needs of children. This includes formal training in behaviour management techniques, pharmacological sedation, and the management of children with special needs.

All CSSC paediatric specialists hold specialist registration with the Dental Board of Australia. Specialist registration can be verified at [AHPRA.gov.au](https://www.ahpra.gov.au).

Our paediatric specialists

Dr Susan Hinckfuss — BDSc (Melb), DCD (Melb) — has devoted her clinical career to anxious children and children with ASD, developing a warm, methodical approach to behaviour management refined over decades of specialist practice and three years as Assistant Clinical Professor at the University of Minnesota. Dr Hinckfuss is the originator of the Teddy Bear Therapy approach used at CSSC.

Dr Sarah Scott — BBiomedSci (Hons), BDent, DClinDent (Paeds) — brings a holistic, family-centred philosophy to managing anxiety in children. With over 15 years in specialist paediatric dentistry, she has extensive experience building trust with reluctant young patients across all age groups.

Dr Angel Babu — DClinDent PAED (Otago) — specialises in behaviour management and treatment under sedation and general anaesthesia for children who cannot cooperate with routine dental care. Dr Babu is a senior dental registrar at the Royal Children's Hospital Melbourne and holds registration to practise in both Australia and New Zealand.

Dr Aish Kesava — DCD (Paeds) — practises across the full spectrum of paediatric dentistry with a particular focus on facilitating positive dental experiences for patients of all ages. *(Extended clinical biography forthcoming.)*

Our specialists consult from Level 8, Manchester Unity Building, 220 Collins Street, Melbourne CBD. No referral is required to book an appointment.

Related treatments

- [**Your child's first dental visit**](/procedures/paediatric-dentistry/your-child-s-first-dental-visit/) — Building positive associations from the very beginning - [**Childhood tooth decay**](/procedures/paediatric-dentistry/childhood-tooth-decay-early-childhood-caries/) — Addressing decay in anxious children who may have delayed treatment - [**Dental trauma in children**](/procedures/paediatric-dentistry/dental-trauma-in-children/) — Emergency management when anxiety meets an unexpected injury

---