Understanding Anxiety

Edited by Justin Healey

ISSUES IN SOCIETY
Understanding Anxiety

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Understanding Anxiety is Volume 367 in the ‘Issues in Society’ series of educational resource books. The aim of this series is to offer current, diverse information about important issues in our world, from an Australian perspective.

KEY ISSUES IN THIS TOPIC
Everyone experiences anxiety sometimes. Normal levels of anxiety can assist people to become more motivated and focused, however excessive levels of anxiety can reduce a person’s capacity to respond appropriately to stressful situations and engage in normal routine activities.

Anxiety disorders are the most common class of mental disorder. According to findings from the National Survey of Mental Health and Wellbeing (2007), one in seven Australians had an anxiety disorder in the previous 12 months. This book clearly explains the major anxiety disorders and presents advice on how to manage and overcome anxiety when it becomes a problem. What are the signs, symptoms and treatments for anxiety?

SOURCES OF INFORMATION
Titles in the ‘Issues in Society’ series are individual resource books which provide an overview on a specific subject comprised of facts and opinions.

The information in this resource book is not from any single author, publication or organisation. The unique value of the ‘Issues in Society’ series lies in its diversity of content and perspectives.

The content comes from a wide variety of sources and includes:
- Newspaper reports and opinion pieces
- Website fact sheets
- Magazine and journal articles
- Statistics and surveys
- Government reports
- Literature from special interest groups

CRITICAL EVALUATION
As the information reproduced in this book is from a number of different sources, readers should always be aware of the origin of the text and whether or not the source is likely to be expressing a particular bias or agenda.

It is hoped that, as you read about the many aspects of the issues explored in this book, you will critically evaluate the information presented. In some cases, it is important that you decide whether you are being presented with facts or opinions. Does the writer give a biased or an unbiased report? If an opinion is being expressed, do you agree with the writer?

EXPLORING ISSUES
The ‘Exploring issues’ section at the back of this book features a range of ready-to-use worksheets relating to the articles and issues raised in this book. The activities and exercises in these worksheets are suitable for use by students at middle secondary school level and beyond.

FURTHER RESEARCH
This title offers a useful starting point for those who need convenient access to information about the issues involved. However, it is only a starting point. The ‘Web links’ section at the back of this book contains a list of useful websites which you can access for more reading on the topic.
Most of us are intimately familiar with anxiety. We experience it as we walk towards the room to where our job interview is held, when we stand up to give a speech at our best friend’s wedding, or when we find ourselves in conversation with someone we want to impress.

Anxiety is experienced physically as butterflies in the stomach, facial flushing, or trembling hands. It may affect your behaviour – for instance, when you find yourself looking at everything in the room except the person you want to communicate with. You may also recognise the voice of anxiety in your thoughts, when you say things to yourself such as “this is impossible”, “I can’t do this”, or “she/he will think I’m stupid, I won’t be able to think of anything to say”.

Anxiety can be uncomfortable, but it’s also an important motivator. A level of anxiety is important for performance, and it assists us by focusing our attention on the things that we need to achieve. When preparing for an examination or to compete in a sport, anxiety motivates us to study or to practise.

In 1908, researchers described the relationship between arousal and performance as an inverted ‘U’ – where both too little arousal and too much arousal are detrimental to performance. But anxiety may not always have a detrimental effect on performance. Research suggests that people experiencing significant anxiety may do as well as those less anxious much of the time, although it takes a lot of effort to achieve the same outcome. This may help to explain why anxiety is so exhausting.

DIFFERENT TYPES OF ANXIETY DISORDERS

Generalised anxiety disorder (GAD) refers to chronic, persistent worry that is seen as excessive compared to the level of danger or threat involved. Many people worry when they know that their job is under threat because of organisational restructuring, but a person with GAD may worry about their job security, their own or their children’s safety, or their financial situation, without being able to identify any reason for their worry.

Panic disorder is characterised by fear of having an unexpected panic attack that may cause people to avoid places where panic attacks have occurred in the past. A panic attack is a sudden, intense feeling of fear and discomfort associated with physical sensations such as sweating, trembling, numbness, nausea and a racing heart that seems to come from nowhere. These symptoms are severe and frightening, and many people experiencing a panic attack think they’re having a heart attack or dying.

Social anxiety disorder occurs in social or performance situations where a person fears they will be...
evaluated. These fears, and associated difficulties with communication coupled with feelings of inferiority, create problems for people achieving their potential in educational and work settings, and in developing supportive social relationships.

Obsessive compulsive disorder (OCD) is a condition where people experience intrusive and distressing thoughts and images that they often respond to with ritualised behaviours aimed at reducing distress. A person with OCD may have recurrent thoughts about illness and contamination from contact with other people through minor occurrences, such as shaking hands or bumping into someone in a crowd. These events create intense anxiety relieved by compulsive washing of their hands, body, clothing, or cleaning their home. Apart from the severe distress that those with OCD experience, compulsive behaviours are very time consuming.

Post-traumatic stress disorder (PTSD) occurs after a traumatic experience such as experiencing or witnessing an assault or serious injury. For some people, the experience is vividly and repeatedly ‘relived’. People with PTSD generally avoid places, people, and topics that remind them of the trauma. They often experience a sense of emotional numbing and feel detached from their close friends and family.

While there are important differences between these conditions, what they have in common is the experience of excessive anxiety that causes serious distress and problems in important areas of life, including work, study, and relationships.

Many factors influence whether a particular person will experience an anxiety disorder. These include genetics, personality traits, exposure to trauma and current stressors, such as problems with work, family or relationships.

PREVALENCE AND TREATMENT

According to the 2007 National Survey of Mental Health and Wellbeing (NSMHW), about 20% of Australians will experience the symptoms of a diagnosable mental illness, most commonly an anxiety disorder (14.4%), in any 12-month period.

Anxiety disorders affect women more than men, and in the NSMHW almost 18% of women compared to 11% of men reported an anxiety disorder in the past 12 months. Over a lifetime, as many as 25% of people will experience an anxiety disorder.

Although anxiety disorders are both common and distressing, many people with anxiety disorders don’t seek professional help and may live with these distressing and impairing conditions for decades. But the good news is that anxiety disorders are treatable. Medication can provide some relief from the symptoms of anxiety. There is also a great deal of evidence to suggest that cognitive behaviour therapy (a psychological approach that targets the physical, behavioural and cognitive aspects of anxiety) is very effective in treating anxiety disorders.

If you are experiencing anxiety that’s holding you back, causing you distress and affecting your relationships then take the first step towards putting it behind you. Like all bullies, anxiety feeds on avoidance and melts away when you stand up and say ‘no more’.

Lynne Harris is Associate Professor of Psychological Sciences, School of Psychological Sciences, Australian College of Applied Psychology and Honorary Assoc Prof with the Faculty of Health Sciences at University of Sydney.

Lynne Harris has received funding from the Australian Research Council. She is currently employed by the Australian College of Applied Psychology and is an honorary associate of the University of Sydney. She also practises as a clinical psychologist.
You could have anxiety and not know it

Beyondblue says the number of people with anxiety conditions is on the rise. Celine Foenander from ABC News reports on a new anxiety awareness campaign

The group, more well known for its campaign to raise awareness about depression, has turned its attention to anxiety conditions which include post traumatic stress, panic attacks, certain phobias and obsessive compulsive disorder.

Research shows 2.44 million people over 18 saying they had an anxiety condition last year, a rise of four per cent since 2008. However it’s believed many more people don’t view anxiety as a serious mental health problem and dismiss their unusual behaviour.

“People simply didn’t know the symptoms and they regularly thought that the symptoms were just part of their personality.”

“People simply didn’t know the symptoms and they regularly thought that the symptoms were just part of their personality and not a separate condition that can be treated and that they could recover from,” beyondblue CEO Kate Carnell says.

Symptoms can include a racing heart, tight chest, breathing difficulties, hot and cold sweats, difficulty sleeping and muscle tension.

“Everyone gets those when there’s a particularly stressful incident in their lives and that’s fine. For most of us, it goes away the moment it’s over but for people who have anxiety disorders it doesn’t,” Ms Carnell says.

“You’ll have people who have panic attacks whenever they go near a crowded room or a supermarket or a shopping centre. Some people can’t leave their homes. For people who have panic attacks, they can really feel like they are dying.”

The beyondblue awareness campaign is being supported by a short film featuring Australian actor Ben Mendelsohn who becomes the personification of anxiety in an effort to encourage people to do something about it once they recognise the signs.

Ms Carnell says medication is one option to help recovery but there are many other treatments.

“You can absolutely recover from these things if you end up with the right treatments and the right methods of being able to deal with it,” she says.

“You can absolutely recover from these things if you end up with the right treatments and the right methods of being able to deal with it.”

The film and fact sheets are available from the beyondblue website: www.beyondblue.org.au

Good mental health is fundamental to the wellbeing of individuals, their families and the population as a whole. One indication of the mental health and wellbeing of a population is provided by measuring levels of psychological distress using the Kessler Psychological Distress Scale (K10). The K10 questionnaire was developed to yield a global measure of psychosocial distress, based on questions about people’s level of nervousness, agitation, psychological fatigue and depression in the past four weeks.\(^1\)

In 2011-12, 70.1% of Australians (or 11.9 million people) aged 18 years and over experienced a low level of psychological distress according to the K10. Around one in ten adults (10.8%, or 1.8 million people) experienced high or very high levels of psychological distress, down from 12.0% in 2007-08 and 12.6% in 2001.

Proportionally more females than males experienced high or very high psychological distress in 2011-12 (12.7% and 8.8% respectively), while in general, high and very high levels of psychological distress decreased slightly with age.

ENDNOTES
– Also see Tables 1 and 4 in Australian Health Survey: First Results, 2011-13.
– For information on how psychological distress data was collected, see the Australian Health Survey: Users’ Guide, 2011-13.
– For information on other general health indicators, see General Health.

PREVIOUS RESULTS FOR PSYCHOLOGICAL DISTRESS
– National Aboriginal and Torres Strait Islander Health Survey, 2004-05.

OTHER ARTICLES ON PSYCHOLOGICAL DISTRESS
– The Health and Welfare of Australia’s Aboriginal and Torres Strait Islander Peoples, 2010: Psychological distress.
The Australian Psychological Society commissioned a survey of the stress and wellbeing of Australians to provide insight into the psychological health of the Australian population. Research to date demonstrates a strong relationship between stress, wellbeing and psychological and physical health and functioning.

While stress is a part of everyday life, excessive amounts of stress have been linked to impaired functioning across a range of areas including home, work life and relationships and can impact on physical and psychological health. The assessment of the population’s level of stress and wellbeing is important in understanding and enhancing the psychological and physical health of all Australians.

KEY FINDINGS

- Twelve per cent of Australians reported experiencing levels of stress in the severe range.
- Young adults reported experiencing significantly higher levels of stress and significantly lower levels of wellbeing than the general population.
- One in three Australians reported experiencing depressive symptoms with 10 per cent of these being in the severe range.
- One in four Australians reported experiencing anxiety with 9 per cent of these in the severe range.
- Young adults (18 to 25 years of age) reported significantly higher levels of anxiety and depression than the general population.
- Although women reported significantly higher levels of perceived stress than did men, this did not lead to differences in reported levels of anxiety, depression and wellbeing.
- Those experiencing family or recent relationship breakdown and those separated reported significantly higher levels of stress and distress on all measures. If the relationship breakdown had occurred more than one year earlier, reported stress levels were the same as for the general population.
- Education and income were associated with higher levels of wellbeing and lower levels of stress.
- Women were significantly more likely to identify family issues and personal health issues as sources of stress while men were more likely to be concerned with the economy and the political climate.
- Thirty per cent of people identified the workplace as a source of stress with younger people more likely to report work stress than older adults.
- The most effective strategies for managing stress were reported to be spending time with friends (60%) followed by listening to music (55%) and watching television (55%).
Mental and behavioural conditions in the Australian Health Survey comprise a range of organic and psychological conditions such as dementia, depression, substance use and anxiety disorders, according to this health profile from the Australian Bureau of Statistics.

In 2011-12 there were 3.0 million Australians (13.6%) who reported having a mental and behavioural condition, an increase from 11.2% in 2007-08 and 9.6% in 2001.

Mood (affective) problems, which include depression, were most prevalent (2.1 million people or 9.7% of the population) followed by anxiety-related problems (850,100 people or 3.8%).

Mental and behavioural conditions continued to be more common amongst women than men (15.1% compared with 12.0% respectively).

Information on psychological distress was also collected from adult respondents in the Australian Health Survey using the Kessler Psychological Distress Scale (K10).

Also see Tables 1, 2 and 3 in Australian Health Survey: First Results 2011-13.

For information on how mental and behavioural conditions data was collected, see the Australian Health Survey: Users’ Guide, 2011-13.

For information on other long-term health conditions, see Long-term health conditions.

PREVIOUS RESULTS FOR MENTAL AND BEHAVIOURAL CONDITIONS

- National Aboriginal and Torres Strait Islander Health Survey, 2004-05.

OTHER ARTICLES ON MENTAL AND BEHAVIOURAL CONDITIONS

- Australian Social Trends, March 2009: Mental Health.
- The Health and Welfare of Australia’s Aboriginal and Torres Strait Islander Peoples, 2008: Health conditions and illness.

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In 2007, females aged 16-85 years had a higher rate of mental health disorders (22%) in the 12 months prior to survey interview than did males (18%). A higher rate of anxiety disorders among females (with women almost twice as likely as men to report post-traumatic stress disorder) was the main contributor to the higher overall rate of mental health disorders. Males were more likely to have had a mental disorder at some stage in their lifetime than were females (48% compared to 43%), which was largely due to the higher proportion who had a substance use disorder at some stage in their life.

Mental health is a state of wellbeing in which individuals can cope with the normal stresses of life, work productively and fruitfully, and are able to make a contribution to their community. Mental illness, on the other hand, describes a number of diagnosable disorders that can significantly interfere with a person’s cognitive, emotional or social abilities.

An individual’s ability to relate with their family, friends, workmates and the broader community can be affected by their mental health. It can cause significant distress and disability, and can lead to isolation of, and discrimination against, those affected.

People with a mental health disorder may also not be able to fully participate in the labour force. This has individual impacts in terms of the person’s income, social participation and self-esteem, and also has wider economic impacts. The annual cost of mental illness in Australia has been estimated at $20 billion, which includes the cost of loss of productivity and labour force participation. In 2007, almost half (45% or 7.3 million) of Australians aged 16-85 years reported that they would have met the criteria for a diagnosis of a mental disability at some point in their life. The criteria for a diagnosis of a mental disorder were met if someone had, at some point in their lifetime, experienced at least one of the selected mental disorders (anxiety, mood (affective) or substance use disorders). One-in-five (3.2 million) Australians had experienced symptoms in the 12 months prior to interview (12-month mental health disorder).

Mental disorders prevalence figures from the Australian Bureau of Statistics
Affective disorders (also known as mood disorders), such as depression, dysthymia and bipolar affective disorder, affected 6% of people aged 16-85 years in the 12 months prior to interview. A higher proportion of females reported affective disorders than males both in the 12 months prior to interview (7% compared to 5%) and in their lifetime (18% compared to 12%).

The harmful use of alcohol and other drugs is an issue that has many negative effects for individuals, their families and friends, and the wider community. Substance use disorders, involving the harmful use of, or dependency on, alcohol or other drugs, were less prevalent than other types of mental disorders, affecting 5% of people aged 16-85 years in the 12 months prior to interview. Males were more than twice as likely as females to have had a substance use disorder both in the 12 months prior to interview (7% of males and 3% of females) and over their lifetime (35% of males and 14% of females).

By age

The prevalence of 12-month mental health disorders in 2007 varied across the age groups, with both males and females experiencing higher rates of disorder in the younger age groups. Adolescence and young adulthood is a critical stage of transition in an individual’s physical and mental development. Mental disorders in young people can seriously disrupt their growth and development, eroding their quality of life by affecting their self-confidence, relationships, education and employment. Over three-quarters (76%) of people who experience a mental disorder during their lifetime will first develop a disorder before the age of 25 years.1

In the 12 months prior to interview in 2007, 30% of females aged 16-24 years and 27% of females aged 25-34 years had experienced symptoms of mental disorder. The proportions of males that experienced symptoms of mental disorder 12 months prior to interview were lower, at 23%, for both these age groups. Only 5% of males and 7% of females in the 75-85 years age group experienced a mental disorder in the 12 months prior to interview.

Among women, anxiety disorders had the highest prevalence of all disorders across all age groups, with rates above 20% for all age groups of women between 16 and 54 years. The proportions of males who experienced anxiety disorders were lower, with 9% of males aged 16-24 years and 12% of those aged 25-34 years experiencing anxiety disorders in the previous 12 months. Females aged 16-24 years had nearly twice the prevalence of 12-month affective disorders compared with males in the same age group (8% and 4% respectively).

Males aged 25-34 years had more than three times the prevalence of 12-month substance use disorders compared with females in the same age group (11% and 3% respectively). Both males and females in the younger age groups had higher prevalences of substance use disorders than those in older age groups.

ENDNOTES


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ANXIETY ACROSS GENDER AND AGE

YOUNG PEOPLE
- Around one in four young people aged 16 to 24 experiences a mental disorder, such as depression or anxiety, however most do not seek professional help.
- Young women/girls are more likely than young men/boys to experience depression, but young males often find it harder to talk about their feelings and get help.
- Common causes of depression and anxiety disorders in young people include abuse/bullying, parental separation/divorce, grief over someone close dying, job loss, relocation to a new town.
- Depression and anxiety may be associated with a combination of factors, e.g. stress, not coping, difficulties at home, school or work, low self-esteem, feeling isolated.

OLDER PEOPLE
- Depression and anxiety in older people is common and may occur for different reasons. The onset following a physical illness or personal loss can be common, but depression and anxiety are not a normal part of ageing.
- Older people may be more at risk of depression and/or anxiety due to increases in physical health conditions, chronic pain, medication side effects, grief and loss, isolation, restriction, or moving from independent living into a care facility or being admitted to hospital.
- Dementia and depression can occur together. It can be difficult to distinguish between them because the signs and symptoms are similar, however, they are different conditions requiring different responses and treatment.

WOMEN
- Women experience depression and anxiety at higher rates than men.
- During their lifetime, one in five Australian women experience depression; one in three experience an anxiety disorder.
- Negative life experiences can impact women’s mental health and wellbeing, e.g. financial stress, discrimination, violence or abuse, unemployment, isolation.
- Major life stressors for some women can include pregnancy, motherhood, menopause. In addition, caring for family members who are unwell or unable to look after themselves can affect physical and mental health.

MEN
- Men are less likely than women to talk about depression and are at greater risk of not having their anxiety or depression recognised and treated.
- Men tend to avoid or delay seeking help for health problems, believing they should not convey weakness or vulnerability. As a result of masculine stereotypes, men often fail to acknowledge they have any physical or mental health problems.
- Men commonly manage their symptoms through alcohol/drug use, which can exacerbate depression and anxiety.
- Other factors which contribute to men’s depression and anxiety include physical health problems, relationship issues, employment problems, social isolation, separation/divorce, and a partner’s pregnancy and birth of a baby.

Sources: Information compiled from: 4125.0 – Gender Indicators, Australia, January 2013, ABS; 4326.0 – National Survey of Mental Health and Wellbeing: Summary of Results, 2007, ABS; Depression and anxiety: an information booklet, Beyond Blue Ltd.
One in four young Australians have a mental disorder

One in four young Australians aged 16-24 years had a mental disorder in 2007, according to figures released by the Australian Bureau of Statistics

Anxiety disorders were the most common, affecting 15% of young people, with post-traumatic stress disorder the most commonly experienced anxiety disorder (8%). Substance use disorders affected 13% of young people with harmful use of alcohol the most common substance use disorder (9%).

Around 6% of young people had an affective disorder with bipolar affective disorder and depression (3% each) the most common affective disorders.

Almost one-third of young women had a mental health disorder compared with around one-quarter of young men. Young women were more likely to have anxiety or affective disorders while substance use disorders were more common among young men.

Young people with a mental disorder were more than 5 times as likely as those without mental disorders to use illicit drugs or misuse legal drugs; twice as likely to be current smokers and around 1.5 times more likely to drink alcohol at least weekly.

Around 17% of young people with a mental disorder had a severe level of impairment, with the remainder having a mild or moderate level of impairment.

While the prevalence of mental illness is relatively high in young people, they have a relatively low use of mental health services. Just under a quarter of young people with a mental disorder had used mental health services in the previous year. Young people with a severe level of impairment were more likely to use mental health services (51%) than those with milder levels of impairment (18%). General practitioners were the service most frequently accessed by young people with a mental disorder (15%) followed by psychologists (10%).

Of young people that did not access services, most (85%) did not feel that they had a need for any type of assistance. Young people with a substance use disorder were the least likely to use mental health services.

More details can be found in the Mental Health of Young People (cat. no. 4840.0.55.001).

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Normal anxiety, anxiety disorders and anxiety disorders in teenagers

Most normal anxiety is short-lived – the feelings might last a few hours or a day.

An anxiety problem or anxiety disorder is when anxious feelings:
- Are consistently very intense and severe
- Go on for weeks, months or even longer
- Are so distressing that they get in the way of a young person's ability to learn, socialise and do everyday things.

Anxiety disorders can be especially serious for young people, who are still developing. If left untreated, anxiety disorders in teenagers can have long-term consequences for mental health and development.

Normal anxiety is an emotion you can expect to see in your teenager. In fact, some anxiety can even be a good thing. You can read more about normal anxiety in teenagers at http://raisingchildren.net.au

Symptoms of anxiety problems and anxiety disorders in teenagers

Talk with your child and see a health professional if, over a period of more than two weeks, your child:
- Feels constantly agitated, tense, restless or on edge or can't stop or control worrying – your child might seem unable to relax
- Shows physical signs like tense or sore muscles, a racing heart or sweating, headache or stomach aches, or nausea – these physical signs of anxiety can occur in response to something that triggers your child's anxiety
- Seems very sensitive to criticism or extremely self-conscious or uncomfortable in social situations
- Always expects the worst to happen or seems to worry too much and out of proportion to problems or situations
- Avoids difficult or new situations, or has difficulty facing new challenges
- Is withdrawn, socially isolated or very shy
- Procrastinates – for example, has trouble starting or completing schoolwork
- Has sleeping problems, such as trouble falling or staying asleep
- Has trouble concentrating or often seems forgetful or distracted
- Feels that she must do a particular action, or something over and over (compulsive behaviour)
- Has obsessive thoughts or images that he says he can't get out of his head.

“There is a strong link between the quality of parent-teenager relationships and young people's mental health.”

Seek help if your child shows any of these signs, and you are concerned. Not all the signs have to be present for there to be a problem.

Start by talking to your child and others who might be able to help – a GP, school counsellor, family members or other parents.

A teenage anxiety problem might be hard to spot. Many children are good at hiding their feelings and thoughts. They might mask those feelings with aggressive behaviour or withdrawal. There are also several different types of anxiety disorders in teenagers, and not every child will have the same symptoms.

Types of anxiety problems and anxiety disorders in teenagers

There are several different types of anxiety problems that can be classified by a health professional as disorders:
- Social phobia or social anxiety disorder is an intense fear of social situations or of being judged or embarrassed in public.
- Generalised anxiety disorder is excessive worry about many everyday situations.
- Specific phobias are intense fears of situations or objects – for example, dogs or heights.
- Panic disorder is repeated, unexpected panic attacks. A panic attack is an overwhelming sensation of fear or panic in a situation where most people wouldn’t be afraid.
- Agoraphobia is a fear of being in situations where escape might be difficult, or where there might not be any help if things go wrong.
- Separation anxiety disorder is an excessive fear of being separated from home or a loved one.
- Selective mutism stops children speaking in certain social situations, such as in school lessons. This usually affects young children, rather than teenagers.

Young people might be diagnosed with more than one type of anxiety disorder. Anxiety might also be experienced along with other physical or mental health problems such as depression.

Risk factors for anxiety problems and anxiety disorders in teenagers

Risk factors – things that might
make a young person more vulnerable or sensitive to experiencing anxiety – might include:

- **Genetic factors** – that is, a family history of mental health problems
- **Personality factors**, such as being very sensitive
- **Environmental factors**, such as stress or a very stressful event in your child's life
- **Other factors**, such as ongoing physical illness.

Studies have also found that having an anxiety disorder in early or middle childhood can increase your child’s risk of developing a depressive disorder in later adolescence.

Not every child with these risk factors will go on to develop an anxiety disorder. There is a strong link between the quality of parent-teenager relationships and young people’s mental health. Strong family support and relationships might help to protect teenagers from mental health problems.

*Many of the risk factors for teenage anxiety disorders will be outside your control. But there are many everyday things you can do to foster your child’s mental health and wellbeing and reduce your child’s risk. Read about these strategies in our article on mental health and wellbeing at [http://raisingchildren.net.au](http://raisingchildren.net.au)*

### Getting professional help for anxiety disorders in teenagers

You might feel uncomfortable talking to your child about mental health problems. But an anxiety disorder is unlikely to go away on its own. Seeking professional help early for your child is the best thing you can do.

Seek professional help as soon as possible if your child shows any of the symptoms listed on the previous page, might also be subject to any of the risk factors listed above, or is experiencing anxious feelings that are very severe, have gone on for more than two weeks, and are interfering with your child's normal activities.

Options for professional help include:

- Your GP, who can guide you to the most appropriate services for your family if you don’t know where to go
- School counsellors
- Guidance counsellors
- Psychologists – you don’t need a referral, but your GP might be able to recommend someone
- Telephone parenting hotlines or Lifeline (13 11 14)
- Your local community health centre
- Local mental health services.

You can also find other information and resources at our mental health links and resources page at [http://raisingchildren.net.au](http://raisingchildren.net.au) and the Youth Beyond Blue get help page at [www.youthbeyondblue.com](http://www.youthbeyondblue.com)

The biggest hurdle to getting over anxiety disorders is that people suffering from them avoid anything that causes anxiety, which often includes treatment. But professional help for an anxiety disorder is vital to your child’s healthy development. Finding treatment options for your child shows your child that you care and sends the message that your child isn’t alone.

Most anxiety disorders respond well to treatment, particularly if the disorders are treated early. Psychological treatment usually focuses on strategies to help teenagers cope with anxiety. This means that teenagers learn to manage anxiety rather than avoiding it. Teenagers don’t usually need medication, but health professionals might prescribe it under certain circumstances.

*Your child might not want to talk to you about how she’s feeling. She might even say there’s nothing wrong. If so, you could suggest a confidential telephone counselling service for young people, such as Kids Helpline (1800 551 800). Your child could also visit the Kids Helpline website, www.kidshelp.com.au*

### Supporting your child at home

If your child shows signs of anxiety, there are some general strategies you can try at home. If your child is being treated for anxiety by a professional, you should discuss these strategies with that person first.

- Acknowledge your child’s fear – don’t dismiss or ignore it. Let your child know you’re there to support and care for him.
- Gently encourage your child to do the things that she’s anxious about. But don’t push her to face situations she doesn’t want to face.
- Wait until your child actually gets anxious before you step in to help.
- Praise your child for doing something he’s anxious about.
- Avoid labelling your child as ‘shy’ or ‘anxious’. Try to refer to her as ‘brave’ or a similarly positive term. After all, your child is trying to overcome her difficulties.
- Try to be a good role model for managing your own stress and anxiety.

### Teenagers recovering from anxiety problems or anxiety disorders

Your child’s recovery from an anxiety disorder will probably have some ups and downs. Many young people who experience an episode of anxiety will have another episode, or go through some symptoms again in the future.

No one is to blame for a setback. Go back to your health professional to help your child find new ways to manage anxious feelings and thoughts.

*You play an important role in helping your child to develop confidence in his ability to overcome anxieties. You can also be on the lookout for warning signs that might indicate your child is relapsing.*

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What is anxiety?

Everybody experiences anxiety sometimes, especially when faced with unfamiliar, dangerous or stressful situations. Anxiety is a normal response to a perceived threat, and includes physical, emotional and mental responses such as an increase in adrenalin, feelings of worry and confusion, and thoughts about danger and catastrophic outcomes. Normal levels of anxiety can assist people to be more focused and motivated, and to solve problems more efficiently.

However, chronic or high levels of anxiety can reduce a person’s capacity to respond appropriately or effectively to stressful situations or even normal routine activities. For example a highly anxious person may experience constant physical feelings of panic and may seek to avoid anything that might trigger their anxiety (such as being alone, going to school, talking in front of a group).

This hot topic aims to help parents and carers understand anxiety problems and provide some ideas for parents to support a child experiencing high levels of anxiety.

Anxiety triggers

Anxiety may be triggered in many different ways. Sources of anxiety may include (but are not be limited to):

- Fear of social situations
- Fears of negative evaluation and rejection
- Fear of performing in public
- Fear of a specific object or situation (e.g. storms or lightning/thunder, insects, blood)
- Fear of being separated from a parent/carer
- Fear about a parent/carer being harmed
- Fears of harm to self
- Fears about academic performance and exams
- Fears about starting school or work
- Generalised fears about the future (what will happen, how it might turn out).

How to tell if a young person is anxious

Anxiety may manifest as a number of physical symptoms including:

- Muscle tension
- Shaking/trembling and heart palpitations
- Sweating/flushing or feeling very hot or cold
- Feelings of choking
- Feeling faint or dizzy
- Rapid breathing, feelings of shortness of breath, or breath holding
- Difficulty concentrating
- Restlessness
- Being easily startled
- Severe blushing
- Numbness or ‘pins and needles’ in arms and legs
- Recurring headaches, stomach aches, backaches
- Fatigue

- Sleeping difficulties
- Going to the toilet more frequently.

In addition, children and young people experiencing anxiety may display a number of behavioural symptoms including:

- Clinging to parents (young children)
- Tantrums (young children)
- Refusing to go to school
- Withdrawing from friends and family
- Avoidance of particular object/situation
- Being a perfectionist
- Being excessively slow
- Shyness
- Substance misuse
- Seeking reassurance
- Negative thoughts or pessimism.

Impacts of anxiety

When a young person is quiet and compliant, anxiety symptoms may be overlooked. As a result, they may not receive the help and support they need, which may lead to increasing problems with anxiety in adolescence and adulthood. As symptoms of anxiety become more entrenched and chronic, an anxiety disorder may develop.

Research shows young people with untreated anxiety problems may:

- Perform poorly in school
- Miss out on important social experiences
- Experience depression and relationship problems
- Engage in substance abuse.
Anxiety also often co-occurs with other disorders such as depression, eating disorders, and attention deficit hyperactivity disorder (ADHD).

**Different types of anxiety disorders**

While most of the anxiety that children and young people feel is relatively mild, some children and young people may have chronic anxiety or disorders which may require specialist attention.

When the anxiety experienced by a young person starts to affect their general functioning, they may not just be feeling stressed – they may be suffering from an anxiety disorder.

Anxiety disorders are considered serious mental health problems and are one of the most common types of mental health concerns for children and young people. Anxiety disorders are so common that one-in-four people will experience one or more anxiety disorders during their lifetime.

The anxiety disorders include:
- **Generalised anxiety disorder (GAD)** – Excessive and persistent anxiety about events and activities related to work, study, health, finances, family issues or other general concerns. People who have GAD have difficulty controlling worry, and the associated physical and emotional symptoms such as restlessness, fatigue, difficulties in concentrating, muscle tension and sleep disturbance. GAD affects approximately 5% of people in Australia at some point in their lives.
- **Panic attacks and panic disorder** – Panic attacks include multiple physical and cognitive anxiety symptoms in the absence of an external threat. A panic attack can include shortness of breath, accelerated heart rate, trembling, sweating, dizziness, fear of going crazy or dying. Fear of panic attacks in public places may lead to agoraphobia. Panic disorder is recurrent and unexpected panic attacks and persistent fears of repeated attacks.
  - Approximately 30% of people in Australia will experience at least one panic attack at some point in their lives. Around 3% of the population suffer from panic disorder.
  - **Obsessive compulsive disorder (OCD)** – OCD is recurrent and persistent thoughts, impulses or images that are intrusive and unwanted (obsessions), and repetitive and ritualistic behaviours or mental acts that are time consuming and distressing (compulsions) e.g. fears of contamination or harm to self or others; excessive hand washing, showering, checking, or repeating routine actions. OCD affects about 3% of people in Australia at some point in their lives.
  - **Post-traumatic stress disorder (PTSD)** – PTSD may develop after exposure to a distressing and traumatic event or ongoing traumatic situation. Recurrent thoughts, images and nightmares of the trauma occur, as well as changes in mood. Other symptoms include emotional reactivity, memory and concentration difficulties. Around 8% of people in Australia are affected by PTSD at some point in their lives.
  - **Social phobia** – anticipatory worry and avoidance of social and performance situations, due to fears of scrutiny and judgement by others, and fear of behaving in a way that is embarrassing or humiliating. Physical anxiety symptoms commonly occur.
  - **Specific phobia(s)** – this is when a person feels excessively fearful of a particular thing or type of situation. Phobias can start at any age and a person may have more than one phobia.
    - Common phobias include:
      - **Claustrophobia** or fear of small spaces such as fitting rooms
      - **Zoophobia** or fear of animals
      - **Acrophobia** or fear of heights such as flying.

**Suggestions for parents/carers**

Learning to manage anxiety is an important life skill. The following are some ways in which parents/carers can assist children and young people to handle anxiety:

- **Support them to challenge underlying beliefs and thoughts** – negative and irrational beliefs and thoughts such as, ‘if I don’t look perfect, no one will like me’, or ‘I can’t cope with difficult or scary situations’, are significant factors in generating anxiety. Model and communicate effective ways to question and challenge anxiety provoking thoughts and beliefs.
- **Support them to accept uncertainty** – uncertainty is one thing that people worry about a lot because of the
potential for negative outcomes. As it is impossible to completely eliminate uncertainty, you can assist children and young people to be more accepting of uncertainty and ambiguity.

Be a role model – if you can manage your own anxiety, young people will see that it can be managed and incorporate your strategies into their own behaviours. Teaching parents to manage their own anxiety has been shown to be helpful in reducing their children’s anxiety.

Be patient – sometimes the behaviours of anxious children and teens may seem unreasonable to others. It is important to remember that an anxious young person who cries or avoids situations is, in fact, responding instinctively to a perceived threat. Changing avoidant behaviours takes time and persistence.

Balance reassurance with new ideas – when your child comes to you with something they are worried about, listen and understand what is happening. Explore with them what they could do to manage their fears.

Show children and young people some simple relaxation techniques – deep breathing, progressive muscle relaxation and meditation can be helpful as a way of learning how to better manage physical anxiety symptoms. Generally these techniques are only effective if practiced consistently over several weeks.

Encourage plenty of physical exercise and appropriate sleep – when people are well-rested and relaxed, they will be in a better mental state to handle fears or worries.

Moderate the consumption of caffeine and high sugar products – caffeine products including cola and energy drinks increase levels of anxiety as they cause energy levels to spike and then crash. This leaves a person feeling drained and less able to deal with negative thoughts.

Make time for things that your child enjoys and finds relaxing – these could be simple things like playing or listening to music, reading books or going for walks.

Help them to face the things or situations they fear – learning to face their fears and reduce avoidance of feared objects and situations, is one of the most challenging parts of overcoming anxiety. Facing fears usually works best if it is undertaken gradually, a step at a time.

Encourage help-seeking when needed – make sure that children and young people know there are people who can help if they find that they can’t handle a problem on their own. Knowing that they can call on others for support if needed will make them feel less anxious about what might happen in the future.

Ask for a referral from your GP – you may have to do this if you suspect your child is suffering from an anxiety disorder. By assisting children and young people to learn effective ways to handle anxiety, you can ensure that they are able to deal with it later in life.

Who can I contact for more information?

You may wish to contact your local parenting help service/s for further information.

Resources that may be of use

- Anxiety Centre – Anxiety information and resources
- Help Guide – Anxiety attack and disorder information
- KidsHealth – Helping kids handle worry
- Raising Children Network – an Australian parenting website
- Headspace – visit the website for help, support and information about young people and mental health
- Kids in Mind – phone 07 3163 1640 (part of the Mater Child and Youth Mental Health Service)
- Reach Out – a website designed to help improve the understanding of issues relating to mental health and wellbeing
- Youthbeyondblue – phone 1300 224 636 (24-hour information and referral about depression and anxiety).

REFERENCES


ANXIETY DISORDERS OVERVIEW

A summary from a kit which explains the key anxiety disorders. Reproduced with the permission of the Mental Health Association NSW

1. Introduction

When one is faced with danger, threat or stress, anxiety is a natural reaction that everyone experiences. Anxiety is part of our ‘fight or flight’ response, which helps us to be on the alert for potentially dangerous or scary situations such as crossing a busy road or approaching a big black spider in the bathtub. However for one out of ten people anxiety prevents them from living their life the way they want. Problem anxiety can take various forms – panic attacks that occur out of the blue, incredible fear about situations or objects that are not actually dangerous or usually scary (like going to the shops), uncontrollable concerns and worry about almost everything, or compulsive repetition of a ritual due to an idea that it will reduce anxiety, i.e. washing hands repeatedly to get rid of germs.

Anxiety has similar physical and emotional symptoms to fear. Fear, however, is always based on something. With anxiety disorders a person feels the fear, but cannot necessarily name the reason they feel anxious. During a panic attack, the fear you experience may be so intense that you feel like you are about to die, lose control, have a heart attack or stroke, or ‘go crazy’. Some of the physical symptoms of a panic attack include sweating, feelings of choking, trembling or pounding of the heart. Panic attacks occur as part of different anxiety disorders.

If you suffer from an anxiety disorder, you may suffer from a wide variety of symptoms:

**Emotional**
You are likely to feel irritable, uneasy and find you excessively worry about things. You may also often feel that something dreadful is about to happen. You may feel ‘highly strung’.

**Physical**
You may have heart palpitations or chest pain, muscle tension, sweating, breathing difficulties, faintness, headaches and nausea. You may find it hard to relax, hard to concentrate and difficult to sleep.

**Behavioural**
You may go to great lengths to develop elaborate plans to avoid certain places, situations or objects.

2. What is anxiety?

Anxiety is a normal response in a scary, dangerous or unknown situation. Anxiety involves the physical and psychological reaction that is necessary to prepare a body for either running away or fighting if necessary – known as the ‘fight or flight’ response. This was certainly how we were able to equip ourselves to deal with danger in our distant past.

The autonomic nervous system prepares the body to cope with danger by releasing adrenaline, which in turn increases blood pressure and puts the body and senses into a state of intense awareness, increased sensitivity and hyper alertness. When the body triggers off this response, the person essentially feels ‘nervous’. You would have felt this when you had an exam coming up, or had to give a talk, or found yourself having to cross a very busy road. The nervous system puts your body in an alert state, so that you can be at your best to deal with what it interprets as a dangerous or life threatening situation.

3. When does it become a problem?

These days, however, events that trigger the ‘fight or flight’ response are not usually life threatening or physically dangerous. Our stresses are more likely to involve meeting a deadline at work, being stuck in traffic, or finding our bills are piling up. The ‘fight or flight’ response doesn’t help us with these modern day stresses. Anxiety becomes a problem when it is so constant, so pervasive, that it interferes with our lives. If a person is always feeling nervous, then they are constantly getting the internal message that something is ‘wrong’. They have difficulty relaxing enough to get on with day-to-day responsibilities and commitments. If anxiety is constant it has a detrimental effect on a person’s physical health. It is physically stressful for a body to feel anxious all the time. The ‘fight or flight’ response decreases the effectiveness of the immune system – thus a person is more vulnerable to becoming sick.

4. Different types of anxiety disorders

**Panic disorder**
Panic disorder is an illness where a person experiences ‘panic attacks’ in situations where most people would not be afraid. Panic disorder is a dysfunction of the
normal panic/anxiety reaction that would occur if you were in actual danger.

Panic attacks occur when the body gives off the same distress signals, as when a person is faced with a life-threatening or dangerous event, yet no such trigger is present. This means that a person may be sleeping, relaxing or just going about their daily business, when they suddenly feel some or all of the symptoms of a panic attack.

Physical symptoms of a panic attack include:

- Breathing difficulties
- Heart palpitations
- Chest pains, that sometimes may feel like a heart attack
- Feelings of choking
- Dizziness
- Sweating
- Trembling, weakness
- Fear of dying or losing control
- Shortness of breath
- Nausea
- Hot and cold flushes
- Feelings of unreality
- Tingling.

Panic attacks are described as a terrifying experience. Feelings of apprehension, fear that something really terrible is happening may also be present. Individuals with panic disorder often display characteristic concerns about the implication or consequences of the panic attacks. For example, that a panic attack may signify a major illness or that the person is losing control.

Panic disorder typically begins between late adolescence and the mid-thirties. The frequency and duration of panic attacks vary widely. Some individuals have moderately frequent attacks (e.g. once a week) that occur regularly for months at a time. Others experience short bursts of more frequent attacks (e.g. daily for a week) separated by weeks or months without any attacks.

Panic disorder may also co-exist with depression, generalised anxiety disorder and personality disorders. Panic disorder can occur with or without agoraphobia. Some people with agoraphobia do not have panic attacks, and many people with panic disorder do not develop agoraphobia. But large numbers suffer from both. Certain illegal drugs, such as marijuana, and other substances, such as caffeine, can trigger panic attacks as can fear of a specific object or social situation.

Agoraphobia

Agoraphobia is an anxiety disorder characterised by an uneasiness, fear or dread about leaving familiar surroundings. This may include a reluctance to travel, particularly on public transport, or to be in crowded places. It is associated with severe physical symptoms of anxiety and panic attacks. It is a condition related to anxiety, depression, panic and other phobias.

The word agoraphobia is derived from the Greek ‘agora’ which means ‘market place’ and ‘phobia’ meaning ‘fear of’. It was first considered to be simply a fear of being in a public place (e.g. the market place). However, the fear and dread about leaving home (or other safe place) is considered not to be associated with fear of the public place in itself, nor of lots of people, but actually the learned fear from a previous experience of a panic attack in such a location.

A person may have a panic attack (for any number of reasons, including stress). Then a real fear develops that it may happen again and situations are avoided which remind a person of the previous panic attacks. Panic attacks are frightening and embarrassing, so it is a natural reaction to do things to avoid what is perceived to have caused the panic attack. A fear can be developed for almost anywhere. It can be open public places such as shopping centres, railway stations, airports or closed places like churches, theatres, buses, trains, aircraft or quiet places such as empty streets or a store at closing time. The situation can become very generalised from a fear of one place to the point where a person cannot leave home at all.

The onset of agoraphobia can be sudden and unexpected or it can take months or years for the condition to develop from a mild phobic anxiety to a feeling of dread of many public situations. The fear of leaving the house may literally extend even to collecting the milk, mail or newspaper from the front step or gate.

There may be many factors which play a part in the development of agoraphobia – such as loss, separation or the death of a family member or close friend; such sudden life changes may bring emotional stress. Long-term emotional stress, which builds up gradually, often without its seriousness being recognised, can trigger panic attacks, which can gradually develop into agoraphobia. Once a person develops agoraphobia, it is further reinforced by feelings of hopelessness, anger, frustration and guilt about the agoraphobia itself.

While the symptoms of agoraphobia may fluctuate, they may include:

- Feelings of depression
• Abuse of tranquillising drugs and alcohol for relief of symptoms
• Fear of loss of control
• Other phobias
• Loss of self-esteem and self-confidence
• Frustration and anger with oneself
• Anxiety and panic attacks
• Confusion.

The physical symptoms of anxiety and panic attacks may include:
• Feeling of light-headedness
• Feeling of being detached or distant from surroundings or even from one’s own body
• Buzzing in the ears, blurred vision, a dry mouth, tingling in the face and arms
• Difficulty in breathing – perhaps breathlessness without apparent cause
• Sudden feeling of extreme panic
• Heart palpitations
• Indigestion
• Dizziness
• Severe backache without apparent cause
• Headaches and other muscle aches and pains
• Weakness of the legs
• Sweating
• Nausea
• Shaking hands
• Fear of fainting
• Fear of heart attack.

Generalised anxiety disorder (GAD)
You may worry constantly about being harmed, about financial disaster, your health, work and/or personal relationships. GAD is marked by unrealistic and excessive worry, accompanied by constant and often unnecessary concern about anything or everything. People with GAD are excessively worried about two or more life situations most of the time. For example, this may be extreme concern about their health and their finances, despite both being in reasonable condition.

GAD is one of the anxiety disorders. A person with GAD is in a state of constant anxiety over many aspects of their life and the concerns are ongoing, extreme and unrealistic. The person feels worried and anxious most of the time.

Symptoms associated with GAD include:
• Mind becomes alert
• Heart rate increases, blood pressure rises
• Sweating increases
• Muscles tense
• Mouth gets dry, increased thirst
• Breathing rate increases
• Immune response decreases
• Feelings of fear and apprehension
• Restlessness
• Feeling sick or nauseous
• Trembling and shaking
• Butterflies in the stomach
• Startling easily
• Frequent urination
• Irritability
• Sleeping difficulties
• Feeling out of control
• Feeling as if you are going ‘crazy’.

It is difficult coping with constant anxiety – some people smoke, drink or use other recreational or non-prescription drugs – however these drugs only exacerbate the problem. Cigarettes, coffee and other stimulants decrease the anxiety for short periods, but the stimulant nature of these drugs actually puts more strain on the nervous system as it increases the alert mode. Alcohol and other depressants are other short-term fixes – anxiety often couples with depression – so alcohol only leads a person to increased anxiety when they are not drinking and depression when they are.

Obsessive compulsive disorder (OCD)
If you are experiencing OCD, you may have constant and unwanted thoughts which often result in the performance of elaborate rituals in an attempt to control or banish those persistent thoughts. You will feel you have no control over your actions. You may be so embarrassed about your obsessive behaviour that you have kept it a secret, even from your family. Some people may be obsessed with order and cleanliness. One ritual associated with this can be washing hands hundreds of times a day.

OCD is an anxiety disorder that is mainly characterised by intrusive thoughts (obsessions) and behaviours (compulsions). Individuals with OCD are besieged by patterns of unwanted, repetitive thoughts and repetitious behaviours that are distressing and difficult to ignore or overcome completely.

OCD is the fourth most commonly occurring psychiatric disorder after substance abuse, major depression and phobias. OCD can affect anyone regardless of class,
culture, sex, status or level of intelligence. On average OCD affects 2-3% of the Australian population (Robins et al, 1984). That means that about 450,000 Australians will suffer from OCD during some stage of their lives.

Obsessive compulsive disorder can affect people in many different ways. Not all people experience the same symptoms or the same degree of intensity of symptoms, although all people who suffer from OCD experience obsessions and/or compulsions.

**Obsessions** are intrusive, unwanted and often disturbing thoughts that the person cannot control. Persistent fears of contamination, that they are to blame for something or an overwhelming need to do things perfectly, are common. Time after time, the individual will experience a distressing and anxiety-provoking thought, such as, “have I left the iron on?”, “have I injured somebody else?” or “do I have something physically wrong with me?”

**Compulsions** are repetitive, distressing and purposeful physical behaviours which may relate to the obsessive thoughts. Examples of compulsive behaviours include the need of the individual to repeatedly wash their hands due to the fear of contamination, the constant need to check that things have been done, like whether doors or windows have been locked, or even avoidance of certain objects and situations (holes in the road, cracks or lines in pavement).

All of these compulsive behaviours are a way for the person to try to reduce their feelings of anxiety. This repetitive behaviour can interfere with a person’s life to the extent that the individual cannot leave home or function at school or at work, because of the many hours spent performing these rituals.

The exact causes of OCD are not fully understood. There are, however, a number of possible theories which suggest that it could be genetic, a result of the interaction between behaviour and environment, beliefs and attitudes, or even chemical changes in the brain, usually related to the brain chemical serotonin.

**Post-traumatic stress disorder (PTSD)**

If you have experienced a major trauma like war, torture, abuse in childhood, car accidents, fires or violence you may continue to feel terror long after the event is over. You may experience nightmares or flashbacks for many years after the event.

PTSD was introduced into the American Psychiatric Association’s official manual in 1980. PTSD is a label for the range of symptoms that may be experienced days, weeks, months or even years after being exposed to a traumatic event or series of events. Sometimes PTSD arises from witnessing a trauma occurring to another person, particularly a friend or relative. The events usually involve a threat to the person’s life or physical integrity. The immediate feelings are helplessness, horror and/or intense fear. PTSD is unique amongst mental disorders because the person has to have been exposed to a previous event that is considered traumatic in order to be diagnosed with PTSD.

The symptoms that commonly occur in people suffering from PTSD have been divided into three categories: intrusions, hyperalertness and avoidance.

**Intrusions:** Re-experiencing the events as flashbacks or nightmares that occur suddenly, without conscious control. These are very distressing, disrupting sleep and normal activities of life.

**Hyperalertness:** A state of hypervigilance or increased sensitivity to things such as a phone ringing or the sudden appearance of a person which leads to a physical reaction (e.g. jumping with fear, feeling nauseous) which is out of proportion to the stimulus. The person is edgy, agitated and appears to be on the lookout for a perceived danger.

**Avoidance:** The person tends to avoid anything (e.g. certain places, going out at night, being alone) that may result in a memory of, or a feeling from, the original traumatic experience. This symptom particularly impacts upon interpersonal relationships. The person may report feeling emotionally numb; unable to experience their usual feelings for people and things, and will often act very impersonally to people with whom they are closest.

Often the person finds it difficult to trust others or to feel safe and secure anywhere. As this continues the person becomes detached from friends, colleagues and family, thus adding to his/her isolation. The person may experience physical signs such as rapid breathing, sweating and becoming agitated. Poor sleep patterns (due to insomnia and nightmares) affect concentration...
and memory, and thus can lead to a deterioration of work and study performance.

PTSD is rarely diagnosed on its own. It is often accompanied by depression, anxiety, panic attacks, social phobia, agoraphobia or other psychiatric illnesses. Many people recovering from the after effects of trauma abuse alcohol, nicotine and other drugs, thus complicating the situation further. Substance abuse is addressed within PTSD treatment.

**Social phobia**

Social phobia is a fear that others will judge everything you do in a negative way. You may cope either by trying to do everything perfectly, limiting the amount you do (like writing, eating, speaking) in front of others or you may withdraw gradually from contact with others.

Social phobia, also known as social anxiety disorder, is the third most common psychiatric disorder after depression and substance abuse. Its central feature is a persistent fear of scrutiny from others. It includes a fear of social situations and interactions with other people that automatically bring on feelings of self-consciousness, judgement and negative evaluation. A specific social phobia may be a fear of public speaking, a generalised social phobia occurs when a person is anxious, nervous and uncomfortable in almost all social situations.

People with this disorder experience significant emotional distress in the following situations:
- Being introduced to other people
- Being teased or criticised
- Being the centre of attention
- Being watched while doing something
- Meeting people in authority
- Most social encounters
- Making small talk at parties
- Speaking in a group.

The physical symptoms that occur include:
- Intense fear
- Racing heart
- Blushing
- Dry mouth and throat
- Trembling
- Muscle twitches.

**Franz Kafka** once said, “But if I am in an unfamiliar place with a number of strange people ... then the whole room presses on my chest. My whole personality seems to get under their skins and everything gets hopeless.”

**Specific phobia**

Phobias usually involve fear about particular objects or situations. They cause major disruptions in your daily living. You may go to great lengths to avoid confronting the particular object or situation. Having a fear is not so unusual, but when it interferes with getting on with responsibilities in your life, then it can become a problem. For example, having a fear of flying is not a problem until you find yourself planning a holiday overseas or find you need to travel for your job.

**5. Causes of anxiety disorders**

An absolute cause for anxiety disorders is not known. Some ideas that researchers have include:

- An imbalance of certain brain chemicals/hormones. Neurotransmitters could be at the source of anxiety disorders. Certain chemicals control the ‘fight or flight’ response in times of a real emergency. A change in the balance of these chemicals could lead to someone always being in a state of readiness for an emergency even when none exists. Some researchers think people can inherit a predisposition to chemical imbalances.
- Certain personality traits, such as being sensitive and emotional can make people more vulnerable to anxiety. Being a sensitive person often leads the caring, empathic person to over-concern and worry about lots of things beyond their control and/or responsibility.
- Anxiety may onset particularly during periods of high-level stress. In some cases the body may not be able to stop the physiological response after the stress has gone. Having to deal with a lot of stress all at once, or in seemingly endless succession, can stretch the mind and body's ability to cope, and make a person vulnerable to developing an anxiety disorder.

**6. Long-term problems with continuing anxiety disorders**

If anxiety levels remain high over an extended period of time then it can have a detrimental effect on the body. Physical problems can arise because there is a decrease in immune response to illness and infection, increased chance of heart trouble due to increased blood pressure and intestinal problems such as irritable bowel syndrome.

Without treatment, anxiety can become quite severe and the following symptoms may become more troublesome:
- Fatigue
- Jumping at sudden noises
- Muscle aches and pains from persistent tension
- Trouble concentrating
- Urinating frequently
- Excessive thirst
- Insomnia
- Depression
- Losing interest in activities usually enjoyed – socialising for instance
- Digestion and stomach problems
- Feeling overwhelmed
- Feeling demoralised
- Ongoing difficulties with relationships.

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WHAT IS WORRY?
Most people worry. When we see a potential problem in the future we might spend a lot of time thinking about it ... what will happen? ... what could we do about it? ... how might we cope?

Much of our worry is focused on everyday events – paying the bills, dealing with difficult people at work, or trying to decide what to buy or where to send the kids to school.

Another type of worry concerns the sorts of things that might happen in the future, such as illness, accidents, or any other event that might affect our safety or wellbeing, or that of our families or others we care about. In scientific terms worry is described as “a predominantly verbal thought activity concerned with negative views of future events”.

WHEN WORRY BECOMES A PROBLEM
As most of us worry, it is useful to recognise when that worry becomes a problem. It is generally true that all people tend to worry about the same sorts of things, so it is not the content of the worry that is the problem. Instead, worry becomes a problem when it is excessive and/or difficult to control.

Your worry is difficult to control if you are unable to dismiss it easily from your mind or often find it difficult to sleep because of worry.

Worry is excessive when it is too intense, happens too often, or takes up too much time than is warranted by the realistic importance of the event or the actual likelihood of the event occurring. For example, worrying about being fired from a job which most people think you do well, worrying about the devastating consequences of contracting an illness for which you have few risk factors, or worrying about people you don’t know disliking you is probably excessive. This excessiveness becomes all the more so if the worry happens most days, and occupies much of your waking hours!

Your worry is difficult to control if you are unable to dismiss it easily from your mind or often find it difficult to sleep because of worry.

STRATEGIES FOR CONTROLLING PROBLEM WORRY
When you find yourself worrying, ask yourself the following questions:

Is your worry reasonable?
Is the thing you fear really likely to happen? How can you be sure? Is there another possible explanation or outcome? Are you trying to predict things in the distant future that you can’t possibly know anything about? If it does happen, how much will it really matter? How would someone else see this worry?

Is there a true problem to be solved?
If there is a realistic problem, then you may need to focus on finding solutions for it. Good problem solving can be thought of as helpful or adaptive worry.

Try the six-step structured problem solving technique
• Write down exactly what you believe the main problem to be
• Write down all possible solutions, even bad ones
• Think about each solution in practical terms
• Choose the most practical solution
• Plan how you will carry that solution out
• Do it.

Now did you solve the problem? If no ... Have you learnt a better way of defining it? If so, write down the new problem and do the six steps again. It is as good as pills for many people.

What is the effect of thinking the way you do?
If your worry has some basis, but there is nothing you can do about it right now, then see if you can accept the worry and let it go. This can seem difficult for expert worriers, but try to say “There’s nothing I can do to change this right now, thinking...
about it will only make me more upset. I’ll accept the worry and get busy with something else for now”. And then really do try to get busy with something else.

**Worry and Generalised Anxiety Disorder (GAD)**

Worry is the central feature of a common anxiety disorder called generalised anxiety disorder (GAD). People are said to have GAD when they have had excessive worry that is difficult to control that has lasted for more days than not over six months or more. In addition people with GAD experience a number of other problems that tend to be associated with the worry.

**Problems associated with worry in generalised anxiety disorder**

- Feeling restless, keyed up, or on edge
- Being easily tired
- Having difficulty concentrating, or having your mind go blank
- Being irritable
- Having tense or sore muscles
- Having difficulty falling asleep, staying asleep, or having restless unsatisfying sleep.

Many people with GAD will find the strategies outlined above for controlling worry helpful, but some may need to seek professional treatment.

**What Treatments Work for GAD?**

Getting better means gaining control over worry and ceasing to experience the problems that are normally associated with excessive worry. A number of psychological treatments have shown to help people with GAD, but cognitive behavioural therapy (CBT) produces the most consistent and long-lasting improvements.

It appears that the following components of treatment are most important:

- An approach where people are taught skills to manage their anxiety and to take responsibility for change and control over their thoughts, feelings, and behaviour
- Actively identifying and challenging worrying thoughts
- Relaxation training (usually a form of progressive muscle relaxation) to control physical tension.

**Medication**

Some medications, such as antidepressants, have been shown to reduce worry and associated physical symptoms in people with GAD, but it appears that the improvements only last as long as the medications are taken. Benzodiazepines such as Valium provide temporary relief from symptoms, but are addictive and people end up needing larger doses to get the same effect.

These drugs are not recommended for long-term use. Your doctor will be able to provide more information on medication, but used alone this treatment option will not be as good as when combined with CBT.

**Where Can I Get Help?**

Start by talking to your local doctor. Another option is to contact your local community health centre and speak to a specialist mental health professional. Your local phone book should help you to find your closest centre.

Many universities offer treatment for anxiety disorders through their psychology or psychiatry departments. Professional bodies for clinical psychologists and psychiatrists may be able to help you find the care you need.

**THIS WAY UP** is part of the Clinical Research Unit for Anxiety and Depression (CRUfAD), CRUfAD is a joint facility of St Vincent's Hospital and the University of New South Wales established to reduce the impact of anxiety and depressive disorders on individuals.

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SOCIAL PHOBIA

WHAT IS SOCIAL PHOBIA?
Social phobia is a fear of social situations that involve interactions with other people. If you have social phobia you tend to worry about being judged badly by other people – being criticised, ‘put down’ or embarrassed.

HOW COMMON IS IT?
Social phobia is equally common in men and women and is found across different cultures. Approximately 3 per cent of the population suffer from social phobia.

A much larger percentage of the population describe themselves as shy. In addition, many people in the general population report fear associated with public speaking, and anxiety associated with other social situations such as meeting new people and dealing with criticism. Most of these people would not be identified as having social phobia, however, unless the fear and avoidance significantly interfered with their life.

Some people with social phobia fear only a few situations where they might be the centre of attention. Others, suffering from generalised social phobia, fear many situations.

WHAT IS AVOIDANT PERSONALITY DISORDER?
If you have had generalised social phobia for most of your life you may think that others see you as too quiet or boring. You may avoid meeting other people and not want to risk telling others much about yourself in case they reject you. If you have these sorts of fears, you may have a more severe social phobia, called avoidant personality disorder.

About one-third of people seen at specialist anxiety clinics for treatment of social phobia have avoidant personality disorder. If you have this more severe social phobia, it is very likely that you will have experienced episodes of depression (see Complications on page 24).

Coping with severe social anxiety for most of your life may have badly affected your self-esteem. You may also have become quite socially isolated. If you have spent many years avoiding social situations or speaking to certain people because of fears about what others think, you need to be aware that it will probably take longer to improve with treatment (see Cognitive behaviour therapy on page 24).

WHAT CAUSES SOCIAL PHOBIA?
Regarding possible causes of social phobia, research suggests that both genetic and environmental factors are relevant. The origins of social phobia are multiple. In order to treat your social phobia, rather than focusing on why you have the problem, it is more useful to look at what is maintaining the problem.

Feared situations
Some typical social situations feared by people with social phobia include:
• Speaking in a group
Giving a presentation or speech  
Meeting new people  
Being introduced  
Talking to someone in authority  
Being observed doing an activity  
Eating or drinking in public  
Using the telephone  
Going to a party  
Expressing your opinion  
Returning faulty goods  
Using public toilets  
Being the centre of attention  
Speaking to someone you’re attracted to.

Main fears
If you have social phobia you usually worry that others will notice your anxiety because of your blushing, sweating, shaking, or difficulty getting your words out, (for example).

Other fears triggered by social situations include:
- I'll look uncomfortable or awkward  
- I'll seem weird or strange  
- I'll appear stupid or incompetent  
- I'll look embarrassed  
- I'll be boring.

These fears tend to be triggered when just anticipating the social situation. You may also have noticed that, after the event, you often feel bad or worse when thinking about how you ‘performed’. How you actually felt in the situation can play a big role in this ‘post-mortem’.

Physical symptoms
There are a number of typical physical symptoms experienced by people with social phobia.

These include:
- Blushing  
- Shaking or trembling  
- Heart going fast  
- Sweating  
- Mind going blank  
- Shaky or soft voice  
- Problems concentrating  
- Urge to use the toilet  
- Breathe faster  
- Dizziness  
- Nausea or vomiting  
- Urge to escape.

Behavioural symptoms
As a result of your fears, you may do a number of things to try to prevent something bad from happening.

These may include:
- Avoiding the situation altogether  
- Avoiding similar sorts of situations  
- Leaving prematurely  
- Focusing on yourself  
- Trying not to draw attention to yourself  
- Keeping quiet  
- Not looking at other people.

COMPLICATIONS
Depression
A large number of people with social phobia also suffer depression, a disorder characterised by persistent low mood, loss of pleasure, hopelessness about the future, feelings of worthlessness and a number of physical symptoms, including sleep and appetite disturbance. Sometimes people also experience thoughts of suicide. If you have been having suicidal thoughts or if you have been experiencing a number of these other symptoms you may be clinically depressed and you must see a doctor.

Alcohol problems
People with social phobia often rely on alcohol to cope in social situations. Unfortunately, alcohol use can become a problem in itself. Alcohol abuse is one of the main additional problems for people with social phobia. You may need to talk to a health professional about your alcohol use.

Benzodiazepine dependence
Benzodiazepines such as diazepam have been prescribed for social phobia and other anxiety disorders, however they are not the treatment of choice as they are highly addictive, so withdrawal symptoms are experienced when the drug is stopped. In addition, people rapidly develop tolerance to the drug, so that greater doses are required to achieve the same effect.

COGNITIVE BEHAVIOUR THERAPY
Cognitive behaviour therapy (CBT) is the treatment of choice for social phobia. It involves changing the way you think, feel and behave in social situations.
What drives social phobia?

We all have the fight or flight response which is designed to protect us from harm. When the fight or flight response is activated, adrenaline is released which produces a number of physical sensations, including rapid heart rate and breathing, sweating, shaking, tense muscles and ‘butterflies’ in the stomach. An urge to flee the situation is often experienced.

This fight or flight response occurs whenever we judge a situation to be threatening. In social phobia this threat is a psychological one, as the fear is about not being respected, approved of, or liked. Whilst we all desire to be liked by other people, in social phobia this need for approval is exaggerated and the detection of threat too sensitive.

Imagine the following situation: you are at a dinner where you don’t know many people in the group. If you have social phobia, you may already have been feeling anxious in anticipation of the evening. So your fight or flight response is already activated. Then, while in conversation with someone, you notice them glance away. You immediately think to yourself: “They think I’m boring” or “They can see how anxious I am”. By now you can’t concentrate on the conversation because you are so focused on how anxious you are feeling and what you think the other person is thinking about you. You see yourself through the other person’s eyes. Your anxious thoughts then increase the anxious feelings even further and so the cycle continues.

Thinking negatively about the situation after the event (the ‘post-mortem’) triggers further anxious feelings and tends to reinforce how badly you thought you ‘performed’. Negative thinking plays a major role in maintaining your anxiety response in these situations.

Slow breathing

Your breathing rate increases automatically as part of the fight or flight response. Learning to slow down your breathing rate when you are anxious can settle some of the other anxious sensations as well as help you to focus your mind.

1. First, time your breaths for one minute (one breath in and out equals one).
2. Then sit down comfortably in front of a clock or a watch with a second hand and start to focus your mind on your breathing.
3. Breathe only through your nose.
4. Try to breathe using your lower stomach/diaphragm, rather than your chest muscles. Relax your stomach as much as possible.
5. Take a regular breath in for 3 seconds and then breathe out for 3 seconds. Each time you breathe out, think to yourself the word ‘relax’ and let a little more tension go from your muscles – let your shoulders drop, relax your face.
6. Continue breathing in this 6-second cycle for 5 minutes.
7. At the end of this, count your breaths again for one minute. Write this down.

The average person takes 10 to 12 breaths per minute at rest. Your breathing rate may be higher than it should be. Some people with social phobia overbreathe constantly, while other people find that their breathing rate only goes up when they are anxious. In both cases slow breathing can help.

To begin, you will need to practise when already relaxed. Then you can gradually practise in anxious situations. Like learning any new skill, slow breathing takes time and regular practice. You should practise this at least 4 times a day.

Changing the way you think

Step one: Identifying the way you think

If you have social phobia it is likely that you have developed ways of thinking about social situations that are unhelpful and often inaccurate. Social situations are difficult in the sense that they tend to be quite ambiguous – it’s not as though we get an actual score out of 10 for our conversational skills!

People with social phobia tend to misinterpret comments or facial expressions, believing that the other person is thinking negatively about them.

Mindreading is a common habit, where you assume that you know what others are thinking about you (e.g. “she can see I don’t know enough about politics”).

Personalising is also typical, where you assume that someone’s behaviour or reaction is directly related to you (e.g. “he looks bored – I should never have organised the dinner”).

By now your thinking has probably become automatic, so that you may not be as aware of exactly what thoughts are going through your mind when you are anxious. Think about a recent anxiety-provoking situation. What sorts of concerns do you have when you think about (e.g.) giving a presentation at university, or expressing your opinion in a group discussion? What sorts of things go through your mind? Write down all these negative thoughts.

Step two: Challenging your negative thoughts

Having listed some of your main concerns, you can start to critically evaluate them by asking yourself questions such as:

- Is there another way of thinking about this situation?
- Is it possible I have misinterpreted things?
- What objective evidence is there that other people have noticed my anxiety?
- What real evidence is there that other people think I am stupid or boring? Am I mind reading?
- How likely is it that no one at all will talk to me at the party?
- How likely is it that my signature will be rejected because of my shaking (How many times has this actually happened)?
- How much would it really matter if someone did know how I was feeling?
- Would it be the ‘end of the world’?
• Am I taking things too personally?
• Did things really go that badly or did I just feel bad (anxious)?

**Step three: Putting it all together**

<table>
<thead>
<tr>
<th>SITUATION</th>
<th>NEGATIVE THOUGHTS</th>
<th>ALTERNATIVE THOUGHTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinking coffee in front of workmates at a work function.</td>
<td>I can’t cope with this – I feel so anxious.</td>
<td>I’ve felt anxious in other situations and still got through – I will cope. I’ll try to concentrate on what people are saying, rather than just on how I’m feeling.</td>
</tr>
<tr>
<td>My hands will shake and I’ll spill the drink.</td>
<td>Even when I’ve felt anxious in the past in these sorts of situations, I usually don’t spill my drink.</td>
<td>What real evidence do I have that they’ve noticed my anxiety?</td>
</tr>
<tr>
<td>They can see how anxious I am.</td>
<td>They’ll think I’m weird for being anxious.</td>
<td>No actual evidence for this. Actually, I have evidence that I have been able to do my job in spite of my anxiety. Assessment of work performance is usually based on many areas.</td>
</tr>
</tbody>
</table>

FACING YOUR FEARS

You are probably aware that avoiding situations where you feel anxious seems like a reasonable solution to your anxiety in the short-term, but in the long-term it means greater limitations in your life. Also, the number of situations you find anxiety-provoking has probably grown as you fear has generalised. In order to overcome your fear of these situations, you will need to gradually face them again.

**Step one: Identify goals to work towards**

What are you avoiding because of your social phobia? Make a list of up to 10 situations you avoid or find difficult because of your social anxiety. What do you fear will happen? Design your program so that it enables you to actually test out some of these things you fear. For example, if you avoid catching the bus because you feel too self-conscious and believe that everyone is looking at you, a task could involve sitting on a seat facing people in the bus and looking up at other people. This may provide you with some evidence against the idea that you are so conspicuous (i.e. everyone is noticing you).

**Step two: Break these goals into steps**

Where possible, try to come up with some steps that are easier than the ultimate goal. These may include different sorts of situations that still present the same concerns.

For example, an ultimate goal might be: To manage my anxiety when I’m the centre of attention.

A series of steps could include:

1. Tell a brief story about something funny or unusual that happened to you recently in front of a couple of people you know
2. Express your true opinion about an issue being discussed with people you know
3. Relate an experience in front of a group of people which includes those you don’t know so well
4. Make a brief toast at dinner with a group of people you know
5. Make a toast in front of a group which includes people you don’t know.

**Step three: Putting it into action**

You may need to practise a particular step a few times before you feel comfortable enough to move on to the next step. Set yourself the task and go through it even if you feel anxious. Afterwards, think about what you learned from your experience. Did anything bad really happen? If you are still feeling very anxious in the situations, you need to check your negative thinking. You can also use the slow breathing technique to settle some of your anxious symptoms. Remember, not all social situations can be planned – you may need to take advantage of spontaneous encounters – use these opportunities to practise your anxiety management skills, e.g. slow breathing, challenging your negative thoughts.

**MEDICATION**

1. Benzodiazepines  
* e.g. oxazepam, diazepam, alprazolam  
Benzodiazepines are not a useful treatment for anxiety disorders in the long-term, because of rapid physical tolerance and dependence. They provide only symptomatic relief. They do not deal with the negative thoughts driving social phobia.

2. Selective Serotonin Re-uptake Inhibitors (SSRIs)  
* e.g. fluoxetine, sertraline, citalopram  
These drugs are commonly prescribed for social phobia, and can be particularly useful if the person with social phobia is also depressed. They are as powerful as CBT and can be used in combination with CBT.


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Understanding Anxiety

SPECIFIC PHOBIAS
THE FACTS ON PHOBIAS, FROM BEYONDBLUE

WHAT IS A SPECIFIC PHOBIA?
Concern or fear about certain situations, activities, animals or objects is not uncommon. Many people feel anxious when faced with a snake or spider, or travelling by plane. Fear is a rational response to situations that can pose a threat to our safety.

However, some people react to objects, activities or situations (the phobic stimulus) by imagining or irrationally exaggerating the danger. Their feelings of panic, fear or terror are completely out of proportion to the actual threat. Sometimes the mere thought of the phobic stimulus, or the sight of it on TV, is enough to cause a reaction. These types of excessive reactions may be indicative of a specific phobia.

People with specific phobias are often well aware that their fears are exaggerated or irrational, but feel that their anxious reaction is automatic or uncontrollable. Specific phobias are often associated with panic attacks, during which the person experiences overwhelming physical sensations that may include a pounding heart, choking, nausea, faintness, dizziness, chest pain, hot or cold flushes and perspiration.

WHAT ARE THE SIGNS AND SYMPTOMS OF SPECIFIC PHOBIAS?
A person may have a specific phobia if he/she:

- Has a persistent, excessive and unreasonable fear of a specific object, activity or situation, e.g. heights, the sight of blood or encountering a dog.
- Avoids situations in which he/she may have to face the phobic stimulus, e.g. not walking down a street where there may be a dog. If the situation is unavoidable, it is endured with distress.
- Finds that the anxiety or avoidance associated with such situations makes it difficult to go about daily life (e.g. interferes with working, studying or seeing friends and family).

Specific phobias are generally divided into the following categories:

- **Animal type:** fear that relates to animals or insects (e.g. fear of dogs or spiders).
- **Natural environment type:** fear associated with the natural environment (e.g. fear of thunder or heights).
- **Blood/injection/injury type:** fear associated with invasive medical procedures (e.g. injections), or with seeing blood or injury.
- **Situational type:** fear of specific situations (e.g. elevators, bridges or driving).
- **Other:** any other specific phobias (e.g. fear of choking, fear of vomiting).

People can have more than one type of specific phobia. Other specific phobias, such as the fear of public speaking, are more related to social phobia. Social phobia is a condition where the person is overly concerned about how he/she appears to others.

HOW COMMON ARE SPECIFIC PHOBIAS AND WHO EXPERIENCES THEM?
Specific phobias are thought to affect around 11 per cent of the Australian population. The first symptoms of specific phobias usually arise in childhood or early adolescence.

Children experience a number of common fears as they grow up. These include things like loud noises and strangers (infancy), imaginary creatures and the dark (preschool), natural disasters and animals (early primary school) and illness and death (upper primary school).

Learning to manage these fears is a normal part of growing up. Nevertheless, children, even young children, can develop specific phobias and can even experience panic attacks. Children are more likely to develop specific phobias than other anxiety disorders and are often not aware that their fears are irrational or exaggerated.

WHAT CAUSES SPECIFIC PHOBIAS?
Several factors are likely to increase a person's risk of developing a specific phobia. These include:

- **A family history of mental health problems** – A predisposition to anxiety may be passed down from a parent with a mental illness. Research has shown that children of moderately to severely depressed parents are up to three times more likely to have an anxiety disorder, and specifically a phobia, than children of non-depressed parents.
- **Traumatic experiences** – Someone who has, for example, witnessed or experienced a traumatic event (e.g. being bitten by an animal or trapped in an enclosed space) may feel extremely fearful of situations or objects associated with the event afterwards. By avoiding these, even when they are in a non-threatening situation, they may develop a specific phobia.


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What is obsessive compulsive disorder?

ANXIETY TREATMENT AUSTRALIA EXPLAINS SOME COMMON OCD OBSESSIONS

OCD is characterised by recurrent obsessions or compulsions that are time consuming or cause significant distress or impairment.

Obsessions are persistent ideas, thoughts, images or impulses which are experienced by the sufferer as anxiety provoking or distressing. The sufferer has difficulty switching his train of thought onto another topic. It's like when one plays a scratched CD on a stereo, the same phrase repeats over and over.

Common obsessions include:
- Thoughts of contamination (e.g. ‘Will I catch AIDS from shaking hands?’)
- Repeated doubts (e.g. ‘Did I leave the door unlocked’, ‘Did I turn off the light’)
- Need for orderliness (e.g. get distressed when pictures are crooked, objects are untidy)
- Aggressive impulses (e.g. thoughts of killing one’s child or hurting oneself)
- Sexual imagery.

OCD sufferers usually try to ignore or suppress their worrying thoughts and impulses or to neutralise them with a compulsion.

Compulsions are observable, or covert, repetitive behaviours or mental acts which are performed to prevent or reduce the anxiety and distress of obsessions.

Compulsive behaviours include:
- Checking
- Washing
- Ordering
- Requesting or demanding reassurance from other people (e.g. ‘Did I lock the door?’).

Compulsive mental acts include:
- Praying
- Counting
- Repeating words silently.

Medication and obsessive compulsive disorder

SSRIs are commonly prescribed for OCD as there is much evidence demonstrating their effectiveness and they are generally well tolerated by patients.

SSRIs used to treat OCD:
- Fluoxetine
- Paroxetine
- Escitalopram
- Fluvoxamine
- Sertraline.


Catherine Madigan is a clinical psychologist in Richmond, Melbourne, Victoria who specialises in the treatment of anxiety disorders.

POSTTRAUMATIC STRESS DISORDER

Between 5 and 10 per cent of Australians will suffer from PTSD at some point in their lives. This fact sheet information from the Australian Centre for Posttraumatic Mental Health explains what PTSD is, and the treatments on offer.

ABOUT POSTTRAUMATIC STRESS DISORDER

Posttraumatic stress disorder (PTSD) is a set of reactions that can develop after someone has been through a traumatic event.

Any event that involves a threat to life or a serious injury has the potential to be traumatic. This includes natural disaster, war, a serious accident, physical or sexual assault. Most people will experience at least one of these types of events during their lives.

In the first days and weeks after a traumatic event, people often experience strong feelings of fear, sadness, guilt, anger, or grief. Generally, these feelings will resolve on their own, and with the support of family and friends, the person recovers. However, if the distress continues, it may mean that the person has developed PTSD or another mental health condition.

What is PTSD?

A person with PTSD has four main types of difficulties:

• Re-living the traumatic event – through unwanted memories, vivid nightmares, flashbacks, or intense reactions such as heart palpitations or panic when reminded of the event.
• Feeling wound up – having trouble sleeping or concentrating, feeling angry or irritable, taking risks, becoming easily startled, or constantly being on the lookout for danger.
• Avoiding reminders of the event – activities, places, people, thoughts or feelings that bring back memories of the trauma.
• Negative thoughts and feelings – feeling afraid, angry, guilty, flat, or numb a lot of the time, losing interest in day-to-day activities, feeling cut off from friends and family.

Between 5 and 10 per cent of Australians will suffer from PTSD at some point in their lives. It is not unusual for people with PTSD to experience other mental health problems like depression or anxiety. Some people may develop a habit of using alcohol or drugs as a way of coping.

About one third of children who experience a traumatic event will develop PTSD. Other problems that can develop alongside PTSD include anxiety or depression, defiant behaviour, attention deficit hyperactivity disorder, and in adolescents, suicidal thoughts and alcohol or drug use.

PTSD in children

Older children and adolescents experience similar problems to adults when they develop PTSD. Younger children can express distress in a different way. For example, they may re-live the traumatic event through repetitive play rather than having unwanted memories of the event during the day. Many children have frightening dreams without recognisable content rather than nightmares that replay the traumatic event. Children may also lose interest in play, become socially withdrawn, or have extreme temper tantrums.

For more information

• Download a copy of Recovery after Trauma – A Guide for People with Posttraumatic Stress Disorder from www.acpmh.unimelb.edu.au
• Download a copy of Joel and the storm – A story for children who have experienced trauma from www.acpmh.unimelb.edu.au
• Download a copy of What the? Trauma, Stress & Teenagers – Understanding Posttraumatic Stress Disorder from www.acpmh.unimelb.edu.au
• Talk to your GP.
• For immediate assistance call Lifeline on 13 11 14.

It is not unusual for people with PTSD to experience other mental health problems like depression or anxiety. Some people may develop a habit of using alcohol or drugs as a way of coping.
Almost everyone who goes through a traumatic event will be emotionally affected in some way. For some, the effects can be long lasting.

**TREATMENT FOR POSTTRAUMATIC STRESS DISORDER**

Almost everyone who goes through a traumatic event will be emotionally affected in some way. For some, the effects can be long lasting. If you are still experiencing problems two weeks after a traumatic event, it is worth talking to your GP or a mental health professional to assess how you are going and to see if treatment would be helpful.

Effective treatments for post-traumatic stress disorder (PTSD) are available, and include counselling, medication, or a combination of both. These treatments can work even if your traumatic experience was a long time ago.

**Counselling**

It is generally best to start with counselling rather than use medication as the first and only solution to the problem. Recommended counselling approaches for PTSD include trauma-focused cognitive behavioural therapy (CBT) and eye movement desensitisation and reprocessing (EMDR).

Both these approaches will help you learn:

- Ways to confront and come to terms with painful memories, thoughts and images so you don’t feel as distressed by them
- Strategies to help you get back into activities or visit places that you have avoided since the trauma because they have been too distressing
- Tools to help you relax when you start getting too anxious or wound up
- To explore thoughts that may make your memories of the event more painful.

Counselling can involve around 8-12 sessions, though in some cases it might take longer.

**Medication**

The medications usually used to treat PTSD are antidepressants. Even if you don’t have depression, antidepressants can help make feelings associated with trauma more manageable. There are different kinds of antidepressants, but research has shown that selective serotonin reuptake inhibitors (SSRIs) are more likely to help.

**Treatment for children and adolescents with PTSD**

For children and adolescents who are struggling to recover after a traumatic event, the recommended treatment is trauma-focused cognitive behavioural therapy (CBT).

This treatment will be adjusted to suit the child’s developmental stage, and involves the following:

- Learning about the type of traumatic event experienced (e.g. how common it is), and common reactions to trauma
- Teaching children to relax and manage anxiety
- Helping children to create a coherent story of the traumatic event, and correct any unhelpful beliefs about the event (e.g. self-blame)
- Gradual exposure to trauma-related objects or situations that are feared or avoided
- Helping children to get back into everyday activities
- Supporting families.

**For more information**

- Talk to your GP.
- For immediate assistance call Lifeline on 13 11 14.

PANIC ATTACKS
FACTS AND ADVICE FROM LIFELINE

A panic attack is sudden and intense feeling of terror without the presence of danger. Panic attacks are usually brief and frightening while they last. Sometimes there is a specific trigger, while at other times they seem to come ‘out of the blue’. While panic sensations are a natural response to danger, panic attacks are usually out of proportion to any actual danger you might be facing.

What is a panic attack?
A panic attack is a sudden rush of intense anxiety or fear together with a surge of frightening physical sensations and thoughts and may include:

Physical sensations:
• Pounding heart
• Dizziness/faintness
• Breathlessness
• Chest pains
• Numbness/tingling
• Sweating
• Shaking
• Nausea
• Having a heart attack/stroke
• Passing out
• Hot/cold flushes.

Feelings of:
• Out of physical and/or emotional control
• Dying
• Going crazy
• Unreality/detachment from yourself or your surroundings.

What causes a panic attack?
Many people will experience one or more panic attacks at some point in their life. Evidence indicates that more than 25% of the population will have a panic attack. Others may experience continued panic attacks and will start to worry about how or when the next one will happen. When this happens the person is considered to have a panic disorder. Some may then stop doing certain things or going to certain places because they might have a panic attack there. When this occurs the person may have agoraphobia. Agoraphobia is not a fear of open places, as many believe it is. It happens when someone restricts their life because they fear having another panic attack.

The causes of panic attacks are not clear but are generally attributed to a combination of biological vulnerabilities, ways of thinking, and social stressors.

Some causes may include:
• Genetic predisposition
• Stress
• Reaction to a traumatic event
• Physical illness
• Anxiety sensitivity – tendency for a person to fear anxiety-related bodily sensations e.g. chest pain.

If you’re having a panic attack
1. Don’t fight your feelings – the intense anxiety you are feeling is likely to be out of proportion to any danger you are actually facing. The attack will pass in a few minutes.
2. Relax – use breathing control (counting slowly/slow breathing) and relaxation techniques (meditation) at the first sign of an attack.

3. Challenge your fear – be aware of what you’re thinking and question yourself about your symptoms, what you know from past attacks and what you would tell someone experiencing the same symptoms.

4. Give yourself time – Don’t distract yourself or ignore your feelings. Acknowledge what you’re feeling as ‘just symptoms’ that will pass.

5. Don’t avoid activities/situations – don’t let your panic prevent you from activities you enjoy. Ease yourself into these activities if you start fearing/avoiding them.

6. Avoid self-medicating – some medication can be addictive. Get appropriate medical advice before taking any medication.

7. Get help – talk to a friend, family member or a helpline like Lifeline (13 11 14). Visit your GP who can help identify the best treatment for you. If the panic attacks recur, and cause you distress, professional help is warranted. Seek a referral to a psychologist or other mental health professional. Panic attacks are very treatable.

WHERE TO GET HELP

- Visit your GP to rule our physical symptoms and for treatment options.
- Call Lifeline (13 11 14) or chat to us online.
- Visit specialist panic disorder clinics through local hospitals and universities.
- Check out information and resources online like www.anxietyonline.org.au

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The ‘flight or fight’ response

When the body is faced with immediate danger, the brain orders the autonomic nervous system to activate the ‘flight or fight’ response. The body is flooded with a range of chemicals, including adrenaline, that trigger physiological changes. For example, heart rate and breathing are accelerated and blood is shifted to the muscles to prepare for physical combat or running away.

A panic attack is said to occur when the ‘flight or fight’ response is triggered but there is no imminent danger. A person may experience the symptoms of a panic attack in harmless and apparently stress-free situations, such as watching television or while asleep.

Some of the factors that can prime the body to inappropriately activate the ‘flight or fight’ response include:

- Chronic (ongoing) stress – this causes the body to produce higher than usual levels of stress chemicals such as adrenaline.
- Acute stress (such as experiencing a traumatic event) – can suddenly flood the body with large amounts of stress chemicals.
- Habitual hyperventilation – disturbs the balance of blood gases because there is not enough carbon dioxide in the blood.
- Intense physical exercise – for some people, this may cause extreme reactions.
- Excessive caffeine intake – the caffeine in coffee, tea and other beverages is a strong stimulant.
- Illness – may cause physical changes.
- A sudden change of environment – such as walking into an overcrowded, hot or stuffy environment.

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ANXIETY – TREATMENT OPTIONS

A range of management options are available, reports Better Health Channel

ANXIETY – TREATMENT OPTIONS

A range of management options are available, reports Better Health Channel

SUMMARY
Treatment for anxiety disorders may include cognitive therapy, exposure therapy, attention training, counselling, diet and exercise and the use of techniques including relaxation and assertiveness training. Medication can help to alleviate anxiety symptoms, but is not a long-term solution.

Anxiety disorders can affect a person’s ability to work, study and participate in other activities. Recovery is possible with appropriate treatment.

There are different types of anxiety disorders. The six recognised groups of anxiety disorders include:

- Obsessive compulsive disorder
- Panic disorder (and panic disorder with agoraphobia)
- Social anxiety disorder
- Specific phobias
- Post-traumatic stress disorder
- Generalised anxiety disorder.

Anxiety disorders can be distressing and debilitating. They may contribute to loss of educational and employment opportunities and difficulties in family and social relationships. Recovery is possible with appropriate treatment such as exposure therapy, attention training, and a range of anxiety management techniques that can help you manage your symptoms. You can learn the following strategies yourself (using books or taking courses, for example) or you can consult with a trained professional.

A range of management options

Some of the management options for anxiety disorders include:

- Learning about anxiety
- Relaxation techniques
- Correct breathing techniques
- Cognitive therapy
- Behaviour therapy
- Counselling
- Dietary adjustments
- Exercise
- Learning to be assertive
- Building self-esteem

- Structured problem solving
- Medication.

Learning about anxiety

The old adage ‘knowledge is power’ applies here – learning all about anxiety is central to recovery. For example, education includes examining the physiology of the ‘flight-fight’ response, which is the body’s way to deal with impending danger. For people with anxiety disorders, this response is inappropriately triggered by situations that are generally harmless. Education is an important way to promote control over symptoms.

Relaxation techniques

A person who feels anxious most of the time has trouble relaxing, but knowing how to release muscle tension is an important anxiety treatment.

Relaxation techniques include:

- Progressive muscle relaxation
- Meditation
- Abdominal breathing
- Isometric relaxation exercises.
Correct breathing techniques
The physical symptoms of anxiety may be triggered by hyperventilation, which raises oxygen levels and reduces the amount of carbon dioxide in the blood. Carbon dioxide assists in the regulation of the body’s reaction to anxiety and panic. A person who suffers from anxiety should learn how to breathe from their diaphragm, rather than their chest, to safeguard against hyperventilation. The key is allowing your belly to expand as you breathe in.

You can make sure you are breathing correctly by placing one hand on your lower abdomen and the other on your chest. Correct breathing means your abdomen moves, rather than your chest. It also helps to slow your breathing while feeling anxious. You can also try to hold your breath for a few seconds. This helps to boost carbon dioxide levels in the blood.

Cognitive therapy
Cognitive therapy focuses on changing patterns of thinking and beliefs that are associated with, and trigger, anxiety. For example, a person with a social phobia may make their anxiety worse by negative thoughts such as, “Everyone thinks I’m boring”.

The basis of cognitive therapy is that beliefs trigger thoughts, which then trigger feelings and produce behaviours. For example, let’s say you believe (perhaps unconsciously) that you must be liked by everyone in order to feel worthwhile. If someone turns away from you in mid-conversation, you may think, “This person hates me”, which makes you feel anxious.

Cognitive therapy strategies include rational ‘self-talk’, reality testing, attention training, cognitive challenging and cognitive restructuring. This includes monitoring your self-talk, challenging unhelpful fears and beliefs, and testing out the reality of negative thoughts.

Behaviour therapy
A major component of behaviour therapy is exposure. Exposure therapy involves deliberately confronting your fears in order to desensitise yourself. Exposure allows you to train yourself to redefine the danger or fear aspect of the situation or trigger.

The steps of exposure therapy may include:

- Rank your fears in order, from most to least threatening.
- Choose to work first on one of your least threatening fears.
- Think about the feared situation. Imagine yourself experiencing the situation. Analyse your fears – what are you afraid of?
- Work out a plan that includes a number of small steps – for example, gradually decrease the distance between yourself and the fearful situation or object, or gradually increase the amount of time spent in the fearful situation.
- Resist the urge to leave. Use relaxation, breathing techniques and coping statements to help manage your anxiety.
- Afterwards, appreciate that nothing bad happened.
- Repeat the exposure as often as you can to build confidence that you can cope.
- When you are ready, tackle another feared situation in the same step-by-step manner.

Dietary adjustments
The mineral magnesium helps muscle tissue to relax and a magnesium deficiency can contribute to anxiety, depression and insomnia. Inadequate intake of vitamin B and calcium can also exacerbate anxiety symptoms. Make sure your daily diet includes foods such as wholegrain cereals, leafy green vegetables and low fat dairy products. Nicotine, caffeine and stimulant drugs (such as those that contain caffeine) trigger your adrenal glands to release adrenaline, which is one of the main stress chemicals. Other foods to avoid include salt and artificial additives, such as preservatives. Choose fresh, unprocessed foods whenever possible.

Exercise
The physical symptoms of anxiety are caused by the ‘flight-fight’ response, which floods the body with adrenaline and other stress chemicals. Exercise burns up stress chemicals and promotes relaxation.
activity is another helpful way to manage anxiety. Aim to do some physical activity at least three to four times every week, and vary your activities to avoid boredom.

**Learning to be assertive**

Being assertive means communicating your needs, wants, feelings, beliefs and opinions to others in a direct and honest manner without intentionally hurting anyone’s feelings. A person with an anxiety disorder may have trouble being assertive because they are afraid of conflict or believe they have no right to speak up. However, relating passively to others lowers self-confidence and reinforces anxiety. Learning to behave assertively is central to developing a stronger self-esteem.

**Building self-esteem**

People with anxiety disorders often have low self-esteem. Feeling worthless can make the anxiety worse in many ways. It can trigger a passive style of interacting with others and foster a fear of being judged harshly. Low self-esteem may also be related to the impact of the anxiety disorder on your life.

These problems may include:

- Isolation
- Feelings of shame and guilt
- Depressed mood
- Difficulties in functioning at school, work or in social situations.

Community support organisations and counselling may help you to cope with these problems.

**Structured problem solving**

Some people with anxiety disorders are ‘worriers’, who fret about a problem rather than actively solve it. Learning how to break down a problem into its various components – and then decide on a course of action – is a valuable skill that can help manage generalised anxiety and depression.

**Medication**

It is important that medications are seen as a short-term measure, rather than the solution to anxiety disorders. Research studies have shown that psychological therapies, such as cognitive behaviour therapy, are much more effective than drugs in managing anxiety disorders in the long term. Your doctor may prescribe a brief course of tranquillisers or antidepressants to help you deal with your symptoms while other treatment options are given a chance to take effect.

**Where to get help**

- Your doctor
- Psychologist
- Counsellor
- Your local community health centre
- Anxiety Recovery Centre Victoria – HelpLine Tel. (03) 9830 0533 or 1300 ANXIETY (269 438)
- Australian Psychological Referral Service Tel. (03) 8662 3300 or 1800 333 497.

**Things to remember**

- Anxiety disorders can affect a person’s ability to work, study and participate in other activities.
- Recovery is possible with the appropriate treatment.
- Some ways to manage anxiety disorders include learning about anxiety, relaxation techniques, correct breathing techniques, dietary adjustments, exercise, learning to be assertive, building self-esteem, cognitive therapy, exposure therapy, structured problem solving and medication.
UNDERSTANDING ANXIETY

ANXIETY CAN BE TREATED, ACCORDING TO THIS FACT SHEET FROM BEYONDBLUE

Anxiety is more than just feeling stressed or worried. Anxious feelings are a normal reaction to a situation where a person feels under pressure – for example, meeting work deadlines, sitting exams or speaking in front of a group of people. However, for some people these anxious feelings happen for no apparent reason or continue after the stressful event has passed. For a person experiencing anxiety, anxious feelings cannot be brought under control easily. Anxiety can be a serious condition that makes it hard for a person to cope with daily life.

Anxiety is the most common mental health condition in Australia. On average, one in four people – one in three women and one in five men – will experience anxiety at some stage in their life. In a 12-month period, over two million Australians experience anxiety.1 Anxiety is common, but the sooner people with anxiety get help, the more likely they are to recover.

HOW DO YOU KNOW IF SOMEONE HAS ANXIETY?
The symptoms of anxiety can often develop gradually over time. Given that we all experience some anxiety, it can sometimes be hard to know how much is too much. To be diagnosed with an anxiety disorder, the anxiety must have a disabling impact on the person’s life.

There are many types of anxiety. While the symptoms for each type are different, some general signs and symptoms include:

- Feeling very worried or anxious most of the time
- Finding it difficult to calm down
- Feeling overwhelmed or frightened by sudden feelings of intense panic/anxiety
- Experiencing recurring thoughts that cause anxiety, but may seem silly to others
- Avoiding situations or things which cause anxiety (e.g. social events or crowded places)
- Experiencing ongoing difficulties (e.g. nightmares/flashbacks) after a traumatic event.

WHAT CAUSES ANXIETY?
It’s often a combination of factors that can lead to a person developing anxiety.

- Family history of mental health problems: People who experience anxiety often have a history of mental health problems in their family. However, this doesn’t mean that a person will automatically develop anxiety if a parent or close relative has had a mental health condition.
- Stressful life events: Stressful events can also trigger symptoms of anxiety. Common triggers include:
  - Job stress or changing jobs
  - Change in living arrangements
  - Pregnancy and giving birth
  - Family and relationship problems
  - Experiencing a major emotional shock following a stressful or traumatic event
  - Experiencing verbal, sexual, physical or emotional abuse or trauma
  - Death or loss of a loved one.
- Physical health problems:
  Continuing physical illness can also trigger anxiety or complicate the treatment of the anxiety or the physical illness itself. Common conditions that can do this include:
  - Hormonal problems (e.g. overactive thyroid)
  - Diabetes
  - Asthma
  - Heart disease.

If there is concern about any of these conditions, ask a doctor for medical tests to rule out a medical cause for the feelings of anxiety.

- Substance use: Heavy or long-term use of substances such as alcohol, cannabis, amphetamines or sedatives (such as benzodiazepines) can actually cause people to develop anxiety, particularly as the effects of the substance wear off. People with anxiety may find themselves using more of the substance to cope with withdrawal-related anxiety, which can lead to them feeling worse.
- Personality factors: Some research suggests that people with certain personality traits are more likely to have anxiety. For example, children who are perfectionists, easily flustered, lack self-esteem or want to control everything, sometimes develop anxiety during childhood or as adults.

TYPES OF ANXIETY, THEIR SIGNS AND SYMPTOMS
There are many types of anxiety, with a range of signs and symptoms. It’s important to note that the following are only guides to recognising different types of anxiety. They will not provide a diagnosis – for that you need to see a health professional.

Social phobia
A person with social phobia has an intense fear of criticism, being embarrassed or humiliated, even just in everyday situations, for example, public speaking, eating in public, being assertive at work or making small talk.

Have you:
- Felt fear of one or more social or performance situations where you may be criticised
- The situation is avoided or endured with anxiety and distress
- The anxiety interferes with normal routine, working life, social functioning, or you are
distressed about the problem
• The fear is identified as unreasonable?

**Generalised anxiety disorder (GAD)**
A person feels anxious on most days, worrying about lots of different things, over a period of six months or more.

For six months or more, on more days than not, have you:
• Felt very worried
• Found it hard to stop worrying
• Found that your anxiety made it difficult to carry out everyday activities (e.g. work, study, seeing friends and family)?

If you answered ‘yes’ to all of these questions have you also experienced three or more of the following:
• Felt restless or on edge
• Felt tired easily
• Had difficulty concentrating
• Felt irritable
• Had muscle pain (e.g. sore jaw or back)
• Had trouble sleeping (e.g. difficulty falling or staying asleep or restless sleep)?

**Specific phobias**
A person feels very fearful about a particular object or situation and may go to great lengths to avoid the object or situation, for example, having an injection or travelling on a plane. There are many different types of phobias.

Have you:
• Felt very nervous when faced with a specific object or situation e.g.
  - Flying on an aeroplane
  - Going near an animal
  - Receiving an injection.
• Avoided a situation that might cause you to face the specific phobia e.g.
  - Needed to change work patterns
  - Not getting health check-ups.
• Found it hard to go about daily life (e.g. working, studying or seeing friends and family) because you are trying to avoid such situations?

**Obsessive compulsive disorder (OCD)**
A person has ongoing unwanted/intrusive thoughts and fears that cause anxiety. Although the person may acknowledge these thoughts as silly, the person often finds him or herself trying to relieve their anxiety by carrying out certain behaviours or rituals. For example, a fear of germs and contamination can lead to constant washing of hands and clothes.

Have you:
• Had repetitive thoughts or concerns that are not about real life problems (e.g. thoughts that you or people close to you will be harmed)
• Performed the same activity repeatedly and in a very ordered, precise and similar way each time e.g.
  - Constantly washing hands or clothes, showering or brushing teeth
  - Constantly cleaning, tidying or rearranging in a particular way things at home, at work or in the car
  - Constantly checking that doors and windows are locked and/or appliances are turned off.
• Felt relieved in the short term by doing these things, but soon felt the need to repeat them
• Recognised that these feelings, thoughts and behaviour patterns are unreasonable
• Found that these thoughts or behaviour patterns take up more than one hour a day and/or interfered with your normal routine (e.g. working, studying or seeing friends and family)?

**Post-traumatic stress disorder (PTSD)**
This can happen after a person experiences a traumatic event (e.g. war, assault, accident, disaster). Symptoms can include difficulty relaxing, upsetting dreams or flashbacks of the event, and avoidance of anything related to the event. PTSD is diagnosed when a person has symptoms for at least a month.

Have you:
• Experienced or seen something that involved death, injury, torture or abuse and felt very frightened or helpless
• Had upsetting memories or dreams of the event for at least one month
• Found it hard to go about daily
If you answered ‘yes’ to all of these questions have you also experienced at least three of the following:

- Avoided activities that are a reminder of the event
- Had trouble remembering parts of the event
- Felt less interested in doing things you used to enjoy
- Had trouble feeling intensely positive emotions (e.g. love or excitement)
- Thought less about the future (e.g. about career or family goals)

And have you experienced at least two of the following:

- Had difficulty sleeping (e.g. had bad dreams or found it hard to fall or stay asleep)
- Become angry or irritated easily
- Had trouble concentrating
- Felt on guard
- Been easily startled?

**Panic disorder**

A person has panic attacks, which are intense, overwhelming and often uncontrollable feelings of anxiety combined with a range of physical symptoms.

Within a 10-minute period have you felt four or more of the following:

- Sweaty
- Shaky
- Increased heart rate
- Short of breath
- Choked
- Nauseous or pain in the stomach
- Dizzy, lightheaded or faint
- Numb or tingly
- Derealisation (feelings of unreality) or depersonalisation (feeling detached from yourself or your surroundings)
- Hot or cold flushes
- Scared of going crazy
- Scared of dying?

If you answered ‘yes’ to all of these questions, have you also:

- Felt scared, for one month or more, of experiencing these feelings again?

It is important to note that many people with anxiety experience symptoms of more than one type of anxiety disorder. It’s also important to note that these are only guides to recognising different types of anxiety. They will not provide a diagnosis – for that you need to see a health professional.

**TREATMENTS FOR ANXIETY**

There are many health professionals and services available to help with information, treatment and support, and there are many things that people with anxiety can do to help themselves. Effective treatment helps people with anxiety to learn how to control the condition – so it doesn’t control them.

The type of treatment will depend on the anxiety being experienced. Mild symptoms may be relieved with lifestyle changes (such as regular physical exercise) and self-help (e.g. online e-therapies). Where symptoms of anxiety are moderate to severe, psychological and/or medical treatments are likely to be required.

**Psychological treatments**

Psychological treatment may not only help a person to recover, but can also help to prevent a recurrence of anxiety. It has been found to be the most effective way of treating anxiety.

There are several different types of psychological treatments, including cognitive behaviour therapy (CBT). Psychological therapies can be undertaken with a professional, and increasingly, via structured sessions delivered via the internet (with or without support from a professional).

**Cognitive behaviour therapy**

CBT is a structured psychological treatment, which recognises that a person’s way of thinking (cognition) and acting (behaviour) affects the way they feel. In CBT, a person works with a professional to look at the patterns of thinking and acting that are either predisposing them to anxiety, or keeping them from improving once they become anxious. Once these patterns are recognised, the person can consciously and deliberately make changes to replace these patterns with new ones that reduce anxiety and enhance their coping skills.

For example, thinking that focuses on catastrophising (thinking the worst, believing something is far worse than it actually is, anticipating things will go wrong) is often linked with anxiety. In CBT, the person works to change these patterns to use a way of thinking that is more realistic and focused on problem-solving. Anxiety is also often heightened when a person actively avoids the things of which he/she is afraid. Learning how to face up to situations that are anxiety-inducing is also often helpful.

**Medical treatments**

Research shows that psychological treatments are the most effective in helping people with
anxiety. However, if symptoms are severe, some medical treatments may be helpful.

Antidepressant medication

Some types of antidepressant medication can help people to manage anxiety. This is usually because anxiety and depression frequently occur together, and some types of anxiety are long lasting and antidepressant medications are considered better to use over longer periods of time than benzodiazepines (see below).

Research indicates that when people have anxiety, there are specific changes that occur in the brain's chemicals – serotonin, noradrenaline and dopamine. Antidepressant medication is designed to correct the imbalance of chemical messages between nerve cells (neurones) in the brain.

The Therapeutic Goods Administration (Australia’s regulatory agency for medical drugs) and manufacturers of antidepressants do not recommend antidepressant use in young people under the age of 18.

The decision to start taking antidepressant medication should be made in consultation with a doctor after careful assessment and consideration. Stopping medication should only be done gradually, on a doctor’s recommendation and under supervision.

Benzodiazepines

Unlike antidepressants, benzodiazepines (sometimes called sedatives) are designed to be used only for a short time (two or three weeks) or if used intermittently as part of a broad treatment plan – not as the first or only treatment. They can help people cope with anxiety by reducing tension, without making people drowsy.

Benzodiazepines are not recommended for long-term use as they can be addictive. If a person has become dependent, withdrawal symptoms may be quite severe. A common withdrawal symptom is high anxiety, which paradoxically can worsen the problem and make it difficult to assess whether current anxiety is related to the anxiety disorder or a result of long-term use of the benzodiazepines.

Understanding Anxiety

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HOW TO HELP YOURSELF IF YOU HAVE ANXIETY

- Postpone major life changes
  Making major changes in your life can be stressful at any time. If you’re feeling stressed or anxious, it’s probably a good idea to try to avoid moving house or changing jobs. Leave them to a time when you’re feeling better.

- Resolve personal conflicts as they arise
  Ongoing stress in personal relationships can contribute to anxiety. Learn how to let people know about your feelings so that you can resolve personal conflicts as they come up. Talking to a counsellor or psychologist can help you find ways to address your problems.

- Take part in enjoyable activities and learn to relax
  To do this, you need to allocate time to do the things you enjoy, such as exercising, meditating, reading, gardening or listening to music. beyondblue’s website also has information about reducing stress, including a guided progressive muscle relaxation exercise.

- Maintain a healthy lifestyle
  Eating healthily, exercising regularly and getting enough sleep can help a person to manage the symptoms of anxiety.

- Exercise regularly
  Physical exercise such as walking, swimming, dancing, playing golf or going to the gym can help relieve the tension in your muscles, relax your mind and distract you from negative thoughts and worries. Try to do some physical exercise every day, even if it’s just going for a walk. Keep it simple and enjoyable.

- Reduce alcohol and other drugs
  They can cause long-term problems and make it much harder to recover. It’s also a good idea to avoid stimulants, in particular excessive amounts of caffeine, sugar and any kind of amphetamine (speed, ecstasy, ice), as these can worsen symptoms of anxiety.

See your doctor or mental health professional for regular check-ups

For some people, it can take a while before they feel well again. It’s important to stick with treatment plans and check in with treating health practitioners on a regular basis.

HOW TO HELP SOMEONE WITH ANXIETY

Family members and friends can play an important role in helping people recover from anxiety.

- Let the person know if you’ve noticed a change in their behaviour.

- Spend time talking about the person’s experiences and let them know that you’re there to listen without being judgemental.

- Encourage the person to seek help. Assist the person to find out about available services and offer to accompany the person to appointments.

- Acknowledge that the person has a disorder and is not just being difficult; the anxiety is a very real and distressing experience.

- Encourage the person to try to get enough sleep, exercise, eat well and use self-help strategies.

- Work with the person to re-establish a daily routine that includes enjoyable and/or relaxing activities.

- Invite the person out and keep in touch. Also encourage friends and family members to do the same, but don’t pressure the person to participate.

- Encourage the person to face their fears with support from their doctor/psychologist.

- Acknowledge any gains the person makes, no matter how small.
WHERE TO GET HELP
A General Practitioner (GP) is a good person with whom to discuss your concerns in the first instance.

A good GP can:
• Make a diagnosis
• Check for any physical health problem or medication that may be contributing to the anxiety
• Discuss available treatments
• Work with the person to draw up a Mental Health Treatment Plan so he or she can get a Medicare rebate for psychological treatment
• Provide brief counselling or, in some cases, talking therapy
• Prescribe medication
• Refer a person to a mental health specialist such as a psychologist or psychiatrist.

It is recommended that people consult their regular GP or another GP in the same clinic, as medical information is shared within a practice.

Psychologists are health professionals who provide psychological therapies (talking therapies) such as cognitive behaviour therapy (CBT) and interpersonal therapy (IPT). Clinical psychologists specialise in the assessment, diagnosis and treatment of mental health problems. Psychologists and clinical psychologists are not doctors and cannot prescribe medication in Australia.

Psychiatrists are doctors who have undergone further training to specialise in mental health. They can make medical and psychiatric assessments, conduct medical tests, provide therapy and prescribe medication. Psychiatrists often use psychological treatments such as cognitive behaviour therapy (CBT), interpersonal therapy (IPT) and/or medication. If the anxiety is severe and hospital admission is required, a psychiatrist will be in charge of the person’s treatment.

Mental health nurses are specially trained to care for people with mental health conditions. They work with psychiatrists and General Practitioners to review a person’s mental health, monitor medication and provide information about mental health conditions and treatment. Some have training in psychological therapies. If you would like a referral to a mental health nurse who works in a general practice, ask your GP.

Social workers in mental health are specially trained to work with people who are experiencing difficulties in life. Social workers can support people with anxiety by helping them find ways to manage more effectively some of the situations that trigger these disorders such as family issues, financial problems, work stress and living arrangements. Mental health social workers can also provide focused psychological self-help strategies.

Occupational therapists in mental health help people who have difficulties functioning because of a mental health condition to participate in normal, everyday activities. Mental health occupational therapists can also provide focused psychological self-help strategies.

Aboriginal and Torres Strait Islander mental health workers are health workers who understand the mental health issues of indigenous people and what is needed to provide culturally-safe and accessible services. Some workers may have undertaken training in mental health and psychological therapies. Support provided by Aboriginal and Torres Strait Islander mental health workers might include, but not be limited to, case management, screening, assessment, referrals, transport to and attendance at specialist appointments, education, improving access to mainstream services, advocacy, counselling, support for family and acute distress response.

The cost of getting treatment from a health professional varies. However, in the same way that people can get a Medicare rebate when they see a doctor, they can also get part or all of the consultation fee subsidised when they see a mental health professional for treatment of anxiety or depression. See beyondblue’s Getting help – How much does it cost? fact sheet at www.beyondblue.org.au

For a list of General Practitioners, clinical psychologists, psychologists, mental health nurses, social workers and occupational therapists with expertise in treating mental health problems, visit www.beyondblue.org.au or call the beyondblue support service on 1300 224 636.

WHERE TO FIND MORE INFORMATION
beyondblue
www.beyondblue.org.au
1300 224 636
Information on depression and anxiety, available treatments and where to get help. You can visit www.beyondblue.org.au/anxietysupport for a list of services specifically for people experiencing anxiety, their friends and family. These services include national and state-based information and referral lines, face-to-face treatment and support services, and links to online information, support and treatment.

Lifeline
www.lifeline.org.au
13 11 14
Access to crisis support, suicide prevention and mental health support services.

mindhealthconnect
www.mindhealthconnect.org.au
Access to trusted, relevant mental health care services, online programs and resources.

NOTES

### GENERALISED ANXIETY DISORDER (GAD)

**Medical interventions**
- Anti-anxiety drugs (short-term use – up to 4 weeks) 📖
- Anti-convulsant drugs 📖
- Antidepressant drugs 📖
- Antipsychotic drugs 📖
- Azapirone drugs 📖

**Psychological and counselling interventions**
- Cognitive behaviour therapy (CBT) 📖
- Psychodynamic psychotherapy 📖

**Complementary and lifestyle interventions**
- Acupuncture 📖
- Relaxation training 📖
- Yoga 📖

### POST-TRAUMATIC STRESS DISORDER (PTSD)

**Medical interventions**
- Antidepressant drugs 📖
- Transcranial magnetic stimulation (TMS) 📖

**Psychological and counselling interventions**
- Behaviour therapy (aka ‘exposure therapy’) 📖
- Cognitive behaviour therapy (CBT) 📖
- Eye movement desensitisation and reprocessing (EMDR) 📖

**Complementary and lifestyle interventions**
- Computer-aided psychological therapy 📖
- Relaxation training 📖

### SOCIAL PHOBIA

**Medical interventions**
- Anti-anxiety drugs (short-term use – up to 4 weeks) 📖
- Anti-convulsant drugs 📖
- Antidepressant drugs 📖

**Psychological and counselling interventions**
- Behaviour therapy (aka ‘exposure therapy’) 📖
- Cognitive behaviour therapy (CBT) 📖

**Complementary and lifestyle interventions**
- Bibliotherapy 📖
- Computer-aided psychological therapy 📖
- Relaxation training 📖

### PANIC DISORDER AND AGORAPHOBIA

**Medical interventions**
- Anti-anxiety drugs (short-term use – up to 4 weeks) 📖
- Antidepressant drugs 📖

**Psychological and counselling interventions**
- Behaviour therapy (aka ‘exposure therapy’) 📖
- Cognitive behaviour therapy (CBT) 📖
- Psychodynamic psychotherapy 📖

**Complementary and lifestyle interventions**
- Bibliotherapy 📖
- Computer-aided psychological therapy 📖
- Relaxation training 📖

### SPECIFIC PHOBIAS

**Complementary and lifestyle interventions**
- Applied muscle tension (for blood and injury phobia) 📖
- Behaviour therapy (aka ‘exposure therapy’) 📖
- Cognitive behaviour therapy (CBT) 📖

**Complementary and lifestyle interventions**
- Bibliotherapy 📖
- Computer-aided psychological therapy 📖
- Relaxation training 📖

### OBSESSIVE COMPULSIVE DISORDER (OCD)

**Medical interventions**
- Antidepressant drugs 📖

**Psychological and counselling interventions**
- Behaviour therapy (aka ‘exposure therapy’) 📖
- Cognitive behaviour therapy (CBT) 📖

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Medication for the treatment of anxiety

ADVICE FROM THE ANXIETY DISORDERS ASSOCIATION OF VICTORIA

What you should know, and what to ask your doctor!

Have you ever found yourself feeling restless, excessively tired and irritable, or suffered from difficulties in concentration? Maybe you have been concerned about a trip to the dentist, or nervous for a job interview. These occurrences, unbeknown to most, are symptoms of anxiety and are not uncommon. Many individuals are likely to experience one or more of these symptoms several times a year and abundantly throughout their life span. Incidents of worry and tension are a conventional aspect of human behaviour, however, frequent episodes of cumulative symptoms can be extremely debilitating to sufferers. This in turn can cause problems with occupational and social functioning, resulting in the development of an anxiety disorder. If this is the case, and like many others, you or a loved one find themselves overwhelmed by feelings of panic and despair, what do you do?

The answer is quite positive; there are a great number of things you can do! Treatment options for anxiety are vast and several have had great success. As time passes, we are learning more and more about anxiety conditions and with knowledge comes great power. However, when you are considering treatments for anxiety, or an anxiety spectrum illness, it is important to note that some treatments to be called upon more so than others. While these treatments can be effective, they can also be detrimental if not employed correctly. For many sufferers, the first treatment they are likely to come across is medication. Pharmacological treatments tend to be the most commonly used for anxiety disorders, particularly a collection of psychiatric drugs known as benzodiazepines. Most individuals are prescribed benzodiazepines by their general practitioner (GP) under more common names such as Xanax or Karma. While these drugs are helpful to some, and GPs can favour them at times, it is important to be well informed. Before taking medication, it pays to understand the medication in its entirety, and to become aware of its benefits and pitfalls.

To help navigate through the treatment process and decide if this medication is the right choice for you or your loved one, I have provided a brief explanation of how benzodiazepines work to reduce anxiety, as well as possible side effects. Also I have listed five key points that are important to discuss with your doctor prior to taking the medication. Remember, knowledge is power!

How benzodiazepines affect your body

Benzodiazepines, although many are not aware, target a very delicate chemical system in our brain. The human body naturally produces different brain chemicals, which either have a quietening or excitatory effect. These natural brain chemicals are known as neurotransmitters and aid in the sending of messages from one brain cell to another. GABA is the brain’s naturally occurring quietening or tranquilising neurotransmitter. Benzodiazepines and related drugs work to enhance the effect of GABA, however, this is not always helpful.

Something that many people don’t realise is just how clever and well-adapted the mind and body is. Our body’s natural make-up equips us with the ability to cope with almost any situation without the need for outside assistance. For example, when one suffers from anxiety or a panic attack, the brain becomes over-active and needs the transmitters associated with quietening chemicals to come into action. At this point, messages are sent to the brain cells to slow down or to stop. Until now, this process would have occurred naturally. All the systems in the body would have quietened down, allowing for a feeling of relaxation without the need for medication. When you add benzodiazepines to the mix, this process is amplified. There are a greater number of transmitters sending out messages to brain cells, resulting in an excessive slowing down or shutting down of these cells. As a consequence of this increase in the numbers of cells being slowed, the brain’s output of excitatory transmitters is reduced. These excitatory transmitters are vital for normal alertness, memory, co-ordination, emotional responses, heart rate, and blood pressure. Failure to produce enough excitatory transmitters therefore affects the functioning of these systems and the body’s normal process. It seems that by interfering with a process that occurs naturally, we could possibly be causing a greater number of problems than we were originally set out to treat.

Possible side effects to consider

Having given you a rundown of what the medication does, it is also important for you to be aware of how the process can affect the body, in both the short and long terms. Current investigations into the use of this
medication show that the manner in which it interferes with a naturally occurring chemical balance has the potential to be quite destructive. At the onset, this medication may seem like it’s a miracle worker, given that it is a fast-acting drug that will take effect within half an hour of being consumed. It has the capacity to mellow a person’s emotional and physical state and perhaps even make them feel serene. This feeling is often a welcome relief, but sadly it will not last for long and can cause a series of complications. The side effects of this medication often mirror the condition that it is prescribed to treat. It can help with symptoms for a short while; however, after a period of time, it does more to urge symptoms than to hinder them.

Some of the most well-documented short-term side effects of this medication are:

- Impaired motor coordination
- Drowsiness, lethargy, fatigue
- Impaired thinking and memory
- Confusion
- Altered vision
- Slurred speech, stuttering
- Vertigo – a subtype of dizziness, where there is a feeling of motion when one is stationary, can cause difficulty standing or walking
- Tremors
- Respiratory depression
- Slowed reflexes
- Mood swings
- Hostile and erratic behaviour
- Euphoria
- Nausea, constipation, dry mouth, abdominal discomfort, loss of appetite, vomiting, diarrhea.

Note: The above side effects occur mostly when under the influence of the drug or shortly after its use.

In addition to these possible outcomes, there may also be long-term side effect that could be experienced if you take the medication for longer than the recommended period. Generally, it is felt by professionals that the medication should not be taking for longer than around three to four weeks, however, in some situations this may vary and it is advisable to always consult your GP. The long-term side effects of this medication are quite confronting and many of them occur even when the medication is absent or the implementation of the drug has ceased. Persistent cognitive and memory impairments are often observed in the long-term user, as well as a number of other effects that appear to be an exacerbation of the original symptoms. All users should be well aware that extended use of this medication is not always advisable, and with prolonged use individuals may encounter illnesses more troublesome and enduring than the original diagnosis.

In long-term users, the following effects may be present even when the drug is no longer present within the body’s system, possibly extending for several months after use is terminated:

- Memory impairment
- Personality changes
- Aggression
- Depression
- Agoraphobia
- Anxiety, and panic attacks
- Emotional numbing
- Cognitive impairment (inability to follow a line of reasoning or think logically)
- Social deterioration
- Tolerance
- Dependence
- Self-harm
- Suicidal ideation – suicide

You may have noticed that tolerance and dependence appear in bold. This is very deliberate. These issues are among the most serious of the side effects that occur from long-term use. Below is an explanation of these two side effects.

Tolerance: prolonged use of benzodiazepines forces the brain to make physical changes to overcome the effects of the drug. This process is known as tolerance. Tolerance can develop within weeks and causes GABA, the natural calming chemical produced by the brain, to become less effective. As a result of this, when one tries to discontinue the drug after long-term use, the brain’s natural chemical balance is no longer a sufficient calming tool. Anxiety, memory problems, panic attacks, paranoia, and other such symptoms often result. Tolerance also means that the dosage of medication taken will eventually become ineffective, and higher dosages will be needed to achieve the same result.

Dependence: dependence occurs when a person becomes tolerant to a drug and, as a result of both physiological tolerance and withdrawal symptoms, they develop a psychological and physiological need for the medication. This need or dependence can manifest itself upon dosage reduction or cessation in what is known as benzodiazepine withdrawal syndrome. This syndrome can be extremely problematic, with violent symptoms that may result in the need for hospitalisation.

Five crucial points to discuss with your doctor

After discussing the side effects, it’s good to know that many of them can be avoided if the medication is used appropriately. Taking the recommended dose and not being on the medication for any longer than the advised period can drastically reduce the amount of side effects you experience, while also reducing the likelihood of tolerance, dependence and withdrawal syndrome occurring. It’s important to note that benzodiazepines have their place, and if you are faced with severe symptoms, they can be very useful in providing fast-acting relief. It is okay to take this medication; just be well educated and don’t be afraid to ask questions. In fact there are certain questions that you should definitely ask your GP if this medication is on the cards for you. Listed below are five key points for you to
discuss with your GP. Remember it is your right to know. Even if you need to book a slightly longer consultation, it’s worth it. After all, it’s your health!!!

1. Information request: what does this medication actually do?
Before taking the medication, get your GP to explain what it does. It’s important that both you and your doctor understand what systems in your body are affected. Having this knowledge will give you both a greater appreciation and respect for the medication; perhaps encouraging adherence to the prescription recommendations. Obtain a print out of information from your doctor and consider one thing, if your doctor can’t properly explain what the medication does, should they be prescribing it? And perhaps more importantly, should you be accepting it from them?

2. Dosage and duration: how much is safe to take and how long do I take it for?
It is extremely important with this medication to have the right dose and not be on it for longer than necessary, as to avoid side effects, particularly tolerance and dependence. Query your doctor about the dose they wish to give you, be sure it is appropriate for your weight and age. Elderly people take longer to metabolise these medications, so a lower dosage is normally preferable. Furthermore, after reading this article you are somewhat aware of the amount of time you can take it for. Let your doctor know what you know. Have your GP outline to you how long they believe you will be on the medication for. Furthermore, have them explain why they have chosen this duration and if it is safe. If you have any doubts, get a second opinion.

3. Side effects: what side effects should I look out for? Please explain the minor side effects as well as the most severe?
It’s important with this medication to understand the effects of what it can do to your body. As explained above, there are short-term and long-term side effects. Have your doctor discuss them with you, in particular those that are more complex, such as tolerance and cognitive/psychomotor impairments. As a consumer you should be aware of symptoms to look out for and your doctor should be concerned about this. Often, GPs do not explain the severity of the side effects of this medication due to time constraints. In some cases, doctors do not provide information about the avid risk of tolerance and dependence because it can take extra time to work through. For this reason, it may pay to book a longer consultation. You and your doctor shouldn’t feel rushed when having this conversation. It is important to keep in mind that the side effects have the potential to be detrimental, and everything possible should be done to avoid them.

4. History and possible interactions: is the medication safe to take with my current medications? Does it matter if I am a smoker or have/had issues with addiction?
Find out from your doctor if there are any harmful interactions that may occur between your current medications and the use of benzodiazepines. Have your doctor explain how alcohol consumption can affect this medication and discuss if any previous or continuing addictions make you ill fitted to this medication due to its highly addictive properties.

5. Alternatives and the Mental Health Care Plan: are there any other treatments or therapies I can use? What is the Mental Health Care Plan and a Mental Health Assessment?
As a consumer, it is important to be aware of your options, and there are many for the treatment of anxiety and anxiety spectrum illnesses. Seeing a psychologist has had great success in many cases, particularly psychologists that work with an approach known as cognitive behavioural therapy (CBT). CBT is a therapy that is quite widely used and renowned for its effectiveness in treating many mental illnesses, particularly anxiety. Ask your GP about seeing a psychologist, and if they can help you find one close to you. Furthermore, Medicare offers a service known as the Mental Health Care Plan, which can assist with the cost for those who are eligible. In order to find out if you are eligible, your GP can carry out a mental health assessment. This is a short questionnaire that asks how you have been feeling in the past two weeks. It’s very simple and can provide you with a Medicare rebate of $83.25 if you see a general psychologist or $122.16 if you see a clinical psychologist. This rebate is valid for up to ten of your visits. Alternative methods of treatment should always be explored and it is a good idea to have a mental health assessment, regardless of which treatment path you choose to take.

REFERENCES

What does cognitive behavioural therapy for anxiety involve?
Anxiety Treatment Australia explains

Cognitive behavioural therapy posits that how you think affects how you feel, and that your emotions influence your behaviour. Therefore if you think realistic, helpful thoughts your anxiety will be less and you will function better.

The example below – for someone who fears having a panic attack on a train – highlights the interaction between thoughts, physical symptoms and behaviour.

**UNHELPFUL THOUGHT**
“I’m going to have a panic attack”
“I always panic on trains”
“I’ll sweat and shake, everyone will see I’m anxious and think I’m weird”

**PHYSICAL SYMPTOMS**
You start to sweat and shake

**UNHELPFUL THOUGHT**
“I feel so sick, I must look terribly anxious, I’ll pass out if this keeps up”

**PHYSICAL SYMPTOMS**
You sweat even more profusely and feel even more dizzy

**UNHELPFUL THOUGHT**
“I can’t stay on the train. I’ve got to get off at the next stop”

**BEHAVIOUR**
You get off the train and as you exit the carriage your anxiety decreases

**UNHELPFUL THOUGHT**
“I’m weird and stupid. Other people have no trouble travelling on trains”

A cognitive behavioural psychologist will ask what situations are anxiety-provoking for you. The therapist will also elicit what you think and do in these situations.

The psychologist will help you to:
- Identify your unhelpful thoughts and beliefs
- Evaluate the evidence for and against your thoughts and beliefs
- Create more realistic statements you can say to yourself when anticipating or confronting feared situations as these will decrease the degree of anxiety you experience
- Devise a plan for gradually exposing yourself to your situations.

The CBT psychologist will also help you to identify your problematic behaviours and give you strategies to help you cope with your physical symptoms of anxiety. Your CBT psychologist may recommend books and handouts be read and completed as part of treatment.

Cognitive behavioural therapy encompasses:
- Education about anxiety
- Cognitive therapy
- Exposure therapy (both imaginal and ‘real life’ situations)
- Relaxation training
- Slow breathing.

Catherine Madigan is a clinical psychologist in Richmond, Melbourne, Victoria who specialises in the treatment of anxiety disorders.

What are anxiety disorders?

All children and adolescents experience worries and fears as a natural part of development. Ongoing worries and fears become problematic when they begin to impact on a young person’s ability to participate in day-to-day activities.

- 50% of children who met diagnostic criteria for anxiety disorder still exhibited the disorder two years later.
- Childhood anxiety disorder is a risk factor for the development of other childhood psychopathologies and the development of adult psychiatric disorders.

There are a number of childhood and anxiety disorders and children will exhibit a range of similar behaviours.

<table>
<thead>
<tr>
<th>COGNITIVE SYMPTOMS</th>
<th>BEHAVIOURAL SYMPTOMS</th>
<th>PHYSIOLOGICAL SYMPTOMS</th>
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<tbody>
<tr>
<td>Unrealistic or excessive worries about the future, one’s life, relationships, and/or performance (out of proportion to the issues).</td>
<td>Avoidance of, and withdrawal from feared situations/objects.</td>
<td>Hyperventilation, sweaty palms, ‘butterflies’ in the stomach, fatigue, chest pain, nausea.</td>
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<td>Difficulties with concentration.</td>
<td>Self-medication with alcohol, or prescription or illicit drugs.</td>
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<td>School refusal.</td>
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To recognise the type of anxiety it is important to establish the source of anxiety and also to be aware that types of anxiety may be interrelated. (e.g. separation anxiety occurring at school and school phobia).

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<tr>
<th>ANXIETY DISORDER</th>
<th>BEHAVIOURS AND SETTINGS</th>
<th>TREATMENT</th>
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<tbody>
<tr>
<td>Separation anxiety</td>
<td>Fear of being away from primary caregivers e.g. separation.</td>
<td>Anxiety problems may be indicators for child abuse or for parental anxiety, depression, illness or marital conflict.</td>
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<td>➢ Childcare centres</td>
<td><strong>Psycho-social</strong></td>
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<td>➢ Schools</td>
<td>➢ Cognitive behaviour therapy</td>
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<td>➢ Babysitters.</td>
<td>➢ Relaxation techniques</td>
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<td>➢ Family therapy</td>
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<td>➢ Treatment of parental anxiety.</td>
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<td><strong>Pharmacological</strong></td>
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<td></td>
<td>Can be considered if limited response to other interventions for older adolescents.</td>
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<tr>
<td>Anxiety Disorder</td>
<td>Behaviours and Settings</td>
<td>Treatment</td>
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<tr>
<td>Specific phobia</td>
<td>Fear and avoidance of particular situations and events.</td>
<td>As above.</td>
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<td>- Needles</td>
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<td>- Spiders</td>
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<td></td>
<td>- Swimming/water.</td>
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<tr>
<td>Panic disorder</td>
<td>Sudden onset of intense fear and sense of doom – usually accompanied by physical symptoms.</td>
<td>As above.</td>
</tr>
<tr>
<td>Generalised anxiety disorder</td>
<td>Frequent prolonged worrying</td>
<td>As above.</td>
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<td></td>
<td>- Worrying thoughts that are hard to control.</td>
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<tr>
<td>Social phobia</td>
<td>Extreme shyness</td>
<td>As above.</td>
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<td></td>
<td>- Reluctance and avoidance to interact or attend social settings.</td>
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<tr>
<td>Obsessive compulsive disorder</td>
<td>Uncontrollable need to repeat certain actions</td>
<td>Anxiety problems may be indicators for child abuse or for parental anxiety, depression, illness or marital conflict.</td>
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<tr>
<td></td>
<td>- Intrusive unpleasant thoughts.</td>
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<tr>
<td>Tourettes and tic disorder</td>
<td>Tics such as blinking, shrugging and coughing can accompany other signs of anxiety.</td>
<td>Anxiety problems may be indicators for child abuse or for parental anxiety, depression, illness or marital conflict.</td>
</tr>
<tr>
<td>Trichotillomania</td>
<td>Repetitive pulling of hair</td>
<td>Anxiety problems may be indicators for child abuse or for parental anxiety, depression, illness or marital conflict.</td>
</tr>
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</table>

**REFERENCES**


**LINKS**

- [http://auseinet.flinders.edu.au](http://auseinet.flinders.edu.au)

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RECOVERY AND STAYING WELL

Recovery can take time. As well as getting treatment underway, the person has to find new ways to manage, and live with, the changes and challenges of having depression and/or anxiety. While medical and/or psychological treatment can help with a person’s recovery, there are many other ways people can help themselves to get better and stay well. Below are some practical tips on how to help yourself to manage depression and/or anxiety, from beyondblue

LEARN NEW WAYS TO REDUCE AND MANAGE STRESS

Stress is common in daily life. Exposure to prolonged stress can start to affect your mental and physical health. Whatever the cause, there are some simple steps that can help you to reduce and manage stress.

- Making major changes in your life can be stressful at any time. If you’re feeling stressed or anxious, it’s probably a good idea to try to avoid moving house or changing jobs. Leave them to a time when you’re feeling better.
- Ongoing stress in personal relationships often contributes to depression and anxiety. Learn how to let people know about your feelings so that you can resolve personal conflicts as they come up. Talking to a counsellor or psychologist can help you find ways to address your problems.
- Learn to relax. To do this, you need to allocate time to do the things you enjoy, such as exercising, meditating, reading, gardening or listening to music.
- Take control of your work by avoiding long hours and additional responsibilities. This can be difficult, but small changes can make a difference.
- Learn to say ‘No’ more often. Create a balance between work and the things you enjoy doing. Don’t allow yourself to be overwhelmed by new commitments.
- Include short-term coping strategies in your day, such as doing breathing and relaxation exercises regularly. To undertake a Guided Progressive Muscle Relaxation exercise, go to www.beyondblue.org.au/takingcarebook

“[I recognise when to slow down. I discuss how I feel with my family. I recognise I need time out.”

Monica, 42

MAINTAIN A HEALTHY LIFESTYLE

Eating healthily, exercising regularly, getting enough sleep and avoiding harmful levels of alcohol and other drugs can help a person to manage the symptoms of depression and/or anxiety.

- Having a mental illness can make it difficult to eat well – keeping things simple can help:
  - Keep a daily timetable and include food-related activities such as shopping, cooking and eating.
  - Learn to prepare very simple meals that don’t take too much time or energy to prepare. If you live on your own and aren’t eating proper meals, consider using frozen or home-delivered meals.
  - Make use of the times when you feel good to prepare meals ahead of time (e.g. if you feel good in the morning, make dinner then) or cook large quantities of food and freeze it.

“I no longer eat when I am emotional. I have cut junk food from my diet and I have cut down my caffeine and sugar intake. I make sure I stay on top of my thyroid issues in particular and try to walk more than I used to. I found that by getting outside and walking, it really does reduce stress levels ... I have started taking an interest in myself again.”

Dorothy, 63

“I try to eat healthy and I feel healthier when I do. I try to de-stress more by having time to myself and I’ve found healthier relationships with people that make me feel good about myself.”

Melissa, 37

- Physical exercise such as walking, swimming, dancing, playing golf or going to the gym can help relieve the tension in your muscles and relax your mind, as well as distract you from negative thoughts and worries. Try to do some physical exercise every day, even if it’s just going for a walk. Keep it simple and enjoyable.
  - Increase activity levels gradually. Start by planning simple daily activities such as shopping, driving, gardening, writing emails or completing simple household tasks. Completing these activities can increase a person’s self-confidence and build the motivation needed to take on more energetic activities.
  - Plan activities that are enjoyable, interesting, relaxing or satisfying. These activities are important in overcoming depression and anxiety. At first, they may not feel as enjoyable as before, but with persistence, the pleasure should eventually return.
  - Participate in activities with family members and close friends, and accept social invitations, even though it’s the last thing you may want to do. Keeping connected with people helps increase levels of well-being, confidence and opportunities to participate in activities.
  - Planning a routine can help you to become more active. Make sure some form of exercise is scheduled...
each day. Try to stick to the plan as closely as possible, but be flexible.

“I exercise daily, eat a healthy and balanced diet and I go to sleep at a more appropriate time than I did when I suffered with depression. I think once you begin to take care of your body, it starts to take care of you.”

Bradley, 18

“I have a regular routine with three or more days a week of exercise (running or going to the gym). Having my own activity time is something to look forward to.”

Greg, 42

- Depression and anxiety disrupts sleep patterns and it’s essential to try to restore a regular sleep pattern to make a full recovery:
  - Try to get up at about the same time each morning.
  - If you’re worrying about things during the night, set aside some time for problem-solving during the day.
  - Avoid drinking caffeine after 4pm and try not to drink more than two cups of caffeine-type drinks each day e.g. coffee, strong tea, cola or energy drinks.
  - Avoid using alcohol to help you sleep. As the alcohol is broken down in your body, it causes you to sleep less deeply and to wake more frequently.
  - Allow yourself time to wind down before going to bed. If you are working or studying, stop at least 30 minutes before bedtime and do something relaxing.

“Getting a good night’s sleep is an essential part of managing stress. Being tired only compounds stress and adds new stressors and situations to a mind already struggling to cope with the present situation.”

Bec, 21

- Reduce alcohol and other drugs, as they can cause long-term problems and make it much harder to recover. It’s also a good idea to avoid stimulants, in particular excessive amounts of caffeine and any kind of amphetamine (speed, ecstasy, ice), as these can worsen symptoms of depression and anxiety.

“Activities such as exercise, music, reading, having a lively sense of humour, seeing friends ... these all help.”

Jeff, 47

DEVELOP A PLAN

Developing a weekly plan can help people make sure they get everything done that’s important, while avoiding doing too much and becoming stressed. Completing the table below can help develop a balanced routine. When filling it out, it’s a good idea to make sure there’s enough time for exercise, sleep, regular meals, participating in enjoyable activities and appointments with a doctor or other health professional.

“Sunday night is time for me to honour myself by completing my ‘Weekly Plan’. I then feel that I am in control of my week ahead. I give myself permission to enter activities for me, for my nurturing.”

Margaret, 55

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<tr>
<th>TIME</th>
<th>SUNDAY</th>
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HOW TO STAY WELL

The recovery process does not necessarily have a clear beginning, middle and end. Some people will only experience one episode of depression, anxiety or a related disorder in their lives. However, many people who experience one episode may go on to have another episode, or experience recurring symptoms of depression and/or anxiety.

Recognising triggers

There are situations or events that can increase a person's chances of having another episode of depression and/or anxiety, or 'relapsing' as it is often called. These situations or events are called 'triggers'. Common triggers include family and relationship problems, financial difficulties, change in living arrangements, changing jobs or losing a job, having other health problems and using alcohol and other drugs.

Trying to avoid or manage these triggers can be an important part of recovering. For example, if you can’t avoid a certain trigger, you may be able to manage its impact through stress management techniques or learning how to resolve conflicts early.

“Don’t blame yourself. Talk to someone you trust. Recognise the trigger. Seek support.”

Melissa, 37

Warning signs

Warning signs are signals that the person may be feeling depressed or anxious. Family members and friends may notice changes in the way the person thinks, acts or feels.

Some common warning signs include:
- Getting up later
- Finding it hard to concentrate
- Skipping meals and eating unhealthily
- Having disturbed sleep
- Feeling irritable, stressed and teary
- Withdrawing socially or wanting to spend a lot of time alone.

People can learn to identify their own warning signs by reflecting on what symptoms they’ve experienced in the past.

“By constantly punishing yourself for ‘causing’ a setback or a relapse, the symptoms become worse and harder to deal with in a rational and safe way. It is important to remember what the cause of the setback was, in order to avoid a similar situation in the future.”

Bec, 21

“Even before I had depression, life was a series of ups and downs. It’s still the same now ... just keep going. Keep adding to your therapy toolbox. There is a lot more information available these days.”

Kylie, 47

Getting over setbacks

Overcoming setbacks can be difficult. When people relapse, it can be easy for them to fall into the trap of thinking that they will never feel well again. However, it’s important to understand there are ways of moving through this stage.

- People shouldn’t blame themselves. Remember that setbacks are bound to happen and feeling disappointed can make moving on difficult.
- Try again. Learning how to manage anything new can be about trial and error. Persistence is the key.
- Focus on achievements. Feeling depressed and anxious can make it hard to see the good side of things. People should focus on what they have gained and this can help them move on from setbacks.
- Learn from setbacks. A relapse can help people evaluate their situation and with the help of a health professional, find new ways to manage their condition. This can make people more able to cope with feeling unwell and may help prevent further setbacks.

“I have remained focused on my journey and chosen to see setbacks as setbacks, rather than dead ends. I have stayed on my medication and tried to practise my CBT exercises. I increased the frequency of my visits to my psychologist and my GP to ‘check-in’ more often.”

Damien, 39

“Hang in there and revisit the strategies you have previously been given. Accept that there will be times when you do have a relapse, but they will become fewer over time, and the duration will be less intense.”

Dorothy, 63

WORKSHEETS AND ACTIVITIES

The Exploring Issues section comprises a range of ready-to-use worksheets featuring activities which relate to facts and views raised in this book.

The exercises presented in these worksheets are suitable for use by students at middle secondary school level and beyond. Some of the activities may be explored either individually or as a group.

As the information in this book is compiled from a number of different sources, readers are prompted to consider the origin of the text and to critically evaluate the questions presented.

Is the information cited from a primary or secondary source? Are you being presented with facts or opinions?

Is there any evidence of a particular bias or agenda? What are your own views after having explored the issues?

CONTENTS

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WRITTEN ACTIVITIES 53
DISCUSSION ACTIVITIES 54
MULTIPLE CHOICE 55-56
Brainstorm, individually or as a group, to find out what you know about anxiety. Complete your answers on a separate sheet of paper if more space is required.

1. What is anxiety, and who does it affect?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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2. What is cognitive behaviour therapy, and how is it used to treat anxiety disorders?

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3. What is the ‘fight or flight’ response, and how does it relate to anxiety?

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4. What are the things or situations associated with the following specific phobias: claustrophobia; acrophobia; and zoophobia?

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Complete the following activity on a separate sheet of paper if more space is required.

If you suffer from an anxiety disorder you may experience a wide range of symptoms which could be emotional, physical, or behavioural in nature. Consider the following anxiety disorders and make a list of at least five symptoms associated with each, noting whether the symptom is emotional, physical or behavioural.

**Panic disorder**

**Obsessive compulsive disorder**

**Generalised anxiety disorder**

**Post-traumatic stress disorder**
Complete the following activity on a separate sheet of paper if more space is required.

Form three groups, and assign each group to focus on one of the following themes in order to understand social phobia. Compile a list of points as the basis for group discussion about social phobia, featuring its causes and symptoms; complications and impacts; and treatments and management.

**CAUSES AND SYMPTOMS**

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<thead>
<tr>
<th>Topic</th>
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**COMPLICATIONS AND IMPACTS**

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**TREATMENTS AND MANAGEMENT**

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Complete the following multiple choice questionnaire by circling or matching your preferred responses. The answers are at the end of the next page.

1. Which of the following is a medically recognised form of anxiety? (select all that apply)
   a. Generalised anxiety disorder
   b. Specific phobia
   c. Panic disorder
   d. Obsessive compulsive disorder
   e. Post-traumatic stress disorder
   f. Social anxiety disorder
   g. All of the above

2. What is the behaviour associated with trichotillomania
   a. Extreme shyness
   b. Fear of needles
   c. Tics such as blinking, shrugging or coughing
   d. Repetitive pulling of hair
   e. Uncontrollable need to repeat actions

3. Which of the following factors can ‘trick’ the body into activating the fight or flight response? (select all that apply)
   a. Chronic ongoing stress
   b. Habitual hyperventilation
   c. Excessive caffeine intake
   d. A sudden change of environment
   e. A traumatic event
   f. All of the above

4. Which TWO of the following side effects experienced by long-term users of anxiety medications are considered the most serious?
   a. Memory impairment
   b. Dependence
   c. Personality changes
   d. Aggression
   e. Emotional numbing
   f. Social deterioration
   g. Tolerance

5. Match the following anxiety disorder to its associated characteristics and/or symptoms:
   1. Post-traumatic stress disorder
      a. Constant and unwanted thoughts which often result in the performance of elaborate rituals.
   2. Social anxiety disorder
      b. Fear of being away from primary caregivers.
   3. Separation anxiety
      c. Uneasiness, fear or dread about leaving familiar surroundings.
   4. Agoraphobia
      d. Persistent fear of scrutiny from others.
   5. OCD
      e. Experience nightmares or flashbacks years after an event.
6. Respond to the following statements by circling either 'True' or 'False':

a. Anxiety disorders affect women more than men.  
   True / False

b. Young people with a mental disorder are less likely than those without a mental disorder to use illicit drugs.  
   True / False

c. An anxiety disorder can be so distressing that it can affect a young person’s ability to learn, socialise and do everyday things.  
   True / False

d. Smoking, drinking and other recreational or non-prescription drugs exacerbate anxiety.  
   True / False

e. Medication is not used for any anxiety disorder.  
   True / False

f. Cognitive behaviour therapy is widely used for anxiety disorders.  
   True / False

g. The ‘fight or flight’ response occurs whenever we judge a situation to be threatening.  
   True / False

MULTIPLE CHOICE ANSWERS

1 = g ; 2 = d ; 3 = f ; 4 = b, g ; 5 = 1 = e, 2 = d, 3 = b, 4 = c, 5 = a ; 
6 = a = true, b = false, c = true, d = true, e = false, f = true, g = true.
In 1908, researchers described the relationship between arousal and performance as an inverted ‘U’ – where both too little arousal and too much arousal are detrimental to performance. (p.1)

About 20% of Australians will experience the symptoms of a diagnosable mental illness, most commonly an anxiety disorder (14.4%), in any 12-month period (ABS, National Survey of Mental Health & Wellbeing, 2007). (p.2)

As many as 25% of people will experience an anxiety disorder (ABS, NSMHW, 2007). (pp. 2, 14, 36)

Mental and behavioural conditions continue to be more common amongst women than men. (pp. 2, 6, 7, 9)

Research shows 2.44 million people over 18 say they had an anxiety condition in 2012, a rise of 4% since 2008 (Royal Morgan, 2012). (p.3)

One indication of the mental health and wellbeing of a population is provided by measuring levels of psychological distress using the Kessler Psychological Distress Scale (K10). (p.4)

In 2011-12, 70.1% of Australians (or 11.9 million people) aged 18 years and over experienced a low level of psychological distress according to the K10 (ABS, Australian Health Survey, 2012). (p.4)

In general, high and very high levels of psychological distress decrease slightly with age (ABS, AHS, 2012). (p.4)

12% of Australians reported experiencing levels of stress in the severe range (APS, Stress & Wellbeing in Australia in 2011). (p.5)

Young adults (18-25 years of age) reported significantly higher levels of anxiety and depression than the general population (APS, 2011). (p.5)

The most effective strategies for managing stress are reported to be spending time with friends (60%) followed by listening to music (55%) and watching television (55%) (APS, 2011). (p.5)

In 2011-12 there were 3.0 million Australians (13.6%) who reported having a mental and behavioural condition, an increase from 11.2% in 2007-08 and 9.6% in 2001. Mood (affective) problems, which include depression, were most prevalent (3.1 million people or 9.7% of the population) followed by anxiety-related problems (850,100 people or 3.8%) (ABS, AHS, 2012). (p.6)

In 2007, almost half (45% or 7.3 million) of Australians aged 16-85 years reported that they would have met the criteria for a diagnosis of a mental disorder at some point in their life (ABS, NSMHW, 2007). (p.7)

Males are more than twice as likely as females to have had a substance use disorder (ABS, NSMHW, 2007). (p.8)

Over three-quarters (76%) of people who experience mental disorder during their lifetime will first develop a disorder before the age of 25 years (ABS, Measures of Australia’s Progress 2010). (p.8)

Around 1 in 4 young people aged 16 to 24 experiences a mental disorder, such as depression or anxiety, however most do not seek professional help. (p.9)

Men commonly manage their symptoms through alcohol/drug use, which can exacerbate depression and anxiety. (p.9)

Young people with a mental disorder are more than 5 times as likely as those without mental disorders to use illicit drugs or misuse legal drugs; twice as likely to be current smokers and around 1.5 times more likely to drink alcohol at least weekly (ABS, Mental Health of Young People). (p.10)

Having an anxiety disorder in early or middle childhood can increase your child’s risk of developing a depressive disorder in later adolescence. (p.12)

Normal levels of anxiety can assist people to be more focused and motivated, and to solve problems more efficiently. (p.13)

Evidence indicates that more than 25% of the population will have a panic attack. (pp. 14, 31)

Obsessive compulsive disorder affects about 3% of people in Australia at some point in their lives. (pp. 14, 19)

Around 8% of people in Australia are affected by post-traumatic stress disorder (PTSD) at some point in their lives. (p.14)

During a panic attack, the fear you experience may be so intense that you feel like you are about to die, lose control, have a heart attack or stroke, or ‘go crazy’. (p.15)

Certain illegal drugs, such as marijuana, and other substances, such as caffeine, can trigger panic attacks as can fear of a specific object or social situation. (p.16)

If anxiety levels remain high over an extended period of time then it can have a detrimental effect on the body. (p.20)

Social phobia is equally common in men and women and is found across different cultures. Approximately 3% of the population suffer from social phobia. (p.23)

About one third of children who experience a traumatic event will develop PTSD. (p.29)

The mineral magnesium helps muscle tissue to relax and a magnesium deficiency can contribute to anxiety, depression and insomnia. (p.34)

Research indicates that when people have anxiety, there are specific changes that occur in the brain’s chemicals – serotonin, noradrenaline and dopamine. Antidepressant medication is designed to correct the imbalance of chemical messages between nerve cells (neurons) in the brain. (p.39)

Pharmacological treatments tend to be the most commonly used for anxiety disorders, particularly benzodiazepines. (p.42)

All children and adolescents experience worries and fears as a natural part of development. Ongoing worries and fears become problematic when they begin to impact on a young person’s ability to participate in day-to-day activities. (p.46)

Childhood anxiety disorder is a risk factor for the development of other childhood psychopathologies and the development of adult psychiatric disorders. (p.46)
Agoraphobia
Agoraphobia is the most common phobia and is fear and anxiety about being in places or situations from which escape may be difficult or embarrassing, or in which help may not be available if having a panic attack. Also a fear of the outdoors or going out, especially alone.

Anxiety
A normal feeling people experience when faced with threat or danger or when stressed. Someone with an anxiety disorder experiences severe levels of stress.

Anxiety disorders
A group of mental disorders marked by excessive feelings of apprehension, worry, nervousness and stress.

Behaviour therapy
This type of therapy is a step-by-step structured technique tailored by therapists to suit individual clients. Essentially behaviour therapy is about ‘unlearning’ disruptive patterns.

Cognitive behaviour therapy
CBT challenges the person’s thought patterns and behaviour. Cognitive therapists focus their treatment on assisting the person to modify thoughts causing their unwanted behaviour.

Pharmacotherapy
Antidepressant drugs, which specifically affect the serotonergic neurotransmitter system, are the most useful of pharmacological interventions for anxiety disorders. These drugs are not addictive substances and work on correcting chemical imbalances within the brain. This is thought to reduce patterns of compulsive behaviour. Unfortunately, medications are not equally effective for all sufferers.

Depression
A mood disorder with prolonged feelings of being sad, hopeless, low and inadequate, with a loss of interest or pleasure in activities and often with suicidal thoughts or self-blame.

Exposure therapy
A person is immersed in their feared situation with the idea that they have faced their worst fear and survived.

Generalised anxiety disorder
GAD is a mental disorder where a person is overly and unrealistically anxious and worried about many things over a long period.

Mental disorders
Disturbances of mood or thought that can affect behaviour and distress the person or those around them, so the person cannot function normally. They include anxiety disorders, depression and schizophrenia.

Mental illness
A diagnosable psychiatric disorder resulting in significant impairment, disability or disadvantage.

Mood disorders
Everyone has changes in their mood and there are good reasons for these mood changes. People who have mood disorders tend to have big changes in their moods for no obvious reason. They may be excited or happy for no reason or upset and sad when good things are happening in their lives. When severe mood swings keep happening without good reason it is likely that the person has a mood disorder.

Neurosis/neurotic disorders
A broad category of mental disorders with anxiety as their main feature and whose symptoms are mostly exaggerations of normal emotions or behaviour.

Obsessive compulsive disorder
OCD is a form of anxiety disorder where repeated and unwanted thoughts and impulses disturb and dominate a person. OCD often involves rituals such as excessive hand washing, checking and counting, which in turn cause anxiety if they are prevented or out of control.

Panic disorder
Marked by panic attacks (episodes of intense fear or discomfort) that occur suddenly and unpredictably.

Phobia
A form of anxiety disorder in which there is persistent, unrealistic fear of an object or situation and which interferes with the person’s life as they seek to avoid the object of their fear. Different phobias include fear of heights, flying, open spaces, social gatherings, animals e.g. spiders and snakes.

Post-traumatic stress disorder
PTSD is a form of anxiety disorder in which a person has a delayed and prolonged reaction after being in an extremely threatening or catastrophic situation such as a war, natural disaster, terrorist attack, serious accident or witnessing violent deaths.

Social phobia
A persistent, irrational fear of being the focus of attention, or fear of behaving in a way that will be embarrassing or humiliating.

Stress
Poorly defined term referring to when a person is under significant psychological or physical pressure – real or perceived, acute or chronic. Examples include illness/injury, bereavement, family problems, work demands/job loss.

Support groups
Self-help and support groups can play a helpful role in the recovery process enabling you to meet other people who know what it is like to live with an anxiety disorder. Support groups provide support, friendship, education, understanding and information for the individual with this disorder and to their friends and family.

Systematic desensitisation
In this therapy a person is taught relaxation techniques, and through combining a relaxed body state with thought of the feared situation, a person gradually overcomes their fears.
Websites with further information on the topic

Anxiety Disorders Association of Victoria Inc  www.adavic.org.au
Anxiety Recovery Centre  Victoria  www.arvic.com.au
Anxiety Treatment Australia  www.anxietyaustralia.com.au
Better Health Channel  www.betterhealth.vic.gov.au
beyondblue – the national depression initiative  www.beyondblue.org.au
Black Dog Institute  www.blackdoginstitute.org.au
e-hub Self-help Programs for Mental Health and Wellbeing  www.ehub.anu.edu.au
headspace  www.headspace.org.au
itsallright.org  www.itsallright.org
Mental Health Association NSW  www.mentalhealth.asn.au
Mental Health Online  www.mentalhealthonline.org.au
Mindhealthconnect  www.mindhealthconnect.org.au
myDr  www.mydr.com.au/mental-health/anxiety
Orygen Youth Health  http://oyh.org.au
reachout.com  http://au.reachout.com
SANE Australia  www.sane.org
THIS WAY UP  http://thiswayup.org.au
Youthbeyondblue  www.youthbeyondblue.com

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▷ Anxiety Treatment Australia
▷ Australian Bureau of Statistics.

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