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. 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?

For more information see beyondblue’s ‘Social phobia’ fact sheet at www.beyondblue.org.au

**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)?

For more information see beyondblue’s ‘Generalised anxiety disorder’ fact sheet at www.beyondblue.org.au

**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 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)?

For more information see beyondblue’s ‘Obsessive compulsive disorder’ fact sheet at www.beyondblue.org.au

**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?

For more information see beyondblue’s ‘Specific phobias’ fact sheet at www.beyondblue.org.au

**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 life (e.g. difficulty working, studying or getting along with family and friends)?

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?

For more information see beyondblue’s ‘Post-traumatic stress disorder’ fact sheet at www.beyondblue.org.au

**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?

For more information see beyondblue’s ‘Panic disorder’ fact sheet at www.beyondblue.org.au

**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)
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 right).

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.

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.

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.
• 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.

For more tips and information see the ‘Recovery and staying well’ section of the beyondblue website at www.beyondblue.org.au

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 judgmental.
• 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.

For more information see beyondblue’s free booklet ‘A guide for carers’, available from www.beyondblue.org.au or by calling 1300 22 4636.

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 they 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 22 4636.

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**Where to find more information**

**beyondblue**
www.beyondblue.org.au
1300 22 4636
Learn more about anxiety, depression and suicide prevention, or talk through your concerns with our Support Service. Our trained mental health professionals will listen, provide information, advice and brief counselling, and point you in the right direction so you can seek further support.

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

**Head to Health**
headtohealth.gov.au
Head to Health can help you find free and low-cost, trusted online and phone mental health resources.

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