

# Anxiety and phobias

## Introduction

This leaflet is aimed at:

- the carers of people with anxiety and/or phobias who provide continuing help and support, without pay, to a relative, partner or friend;
- the psychiatrists and other members of the mental health team involved in the care and treatment of the person with these difficulties.

It suggests ways of improving communication and liaison that allow mutual respect and real working partnerships to develop from the point of diagnosis.

## For the carer

### About anxiety and phobias

Anxiety is a normal human feeling which we all experience when faced with situations we find threatening or difficult. In fact, fear and anxiety can be useful as they make us more alert, helping us to avoid dangerous situations, and give us the motivation to deal with problems. Sometimes, however, the anxiety or phobia can take over a person's life:

- Anxiety disorder: some people have feelings of fear and dread which are too strong, go on for too long, or are experienced in the absence of any apparent threat.
- Panic: sudden unexpected surges of anxiety which usually lead to the person having to quickly get out of whatever situation they are in.
- Phobia: some people have very strong anxiety when faced by a particular situation (e.g. meeting new people) or objects (e.g. spiders) which are not dangerous and which most people do not find troublesome.
- Obsessive-Compulsive Disorder: extreme anxiety which ends up dominating the person's life

through obsessions, unreasonable fears/thoughts and compulsions (rituals carried out in response to the obsession).

- Post-Traumatic Stress Disorder (PTSD): occurs to people who have been exposed to life-threatening situations such as car and train crashes, fires, or violent attacks. They can feel nervous and anxious for months and years after the event.

### Early changes in the person's behaviour

As a carer you will notice that the person is behaving out of character and is no longer able to live life normally. They may:

- appear unusually worried or fearful for much of the time
- be easily startled by normal sounds
- try to avoid certain situations, sometimes taking drastic actions to do so (eg. never leaving the house)
- be irritable and tired
- appear pale and tense
- lose confidence in themselves
- have trouble falling and staying asleep at night
- in the case of PTSD, have nightmares and flashbacks.

They may also have physical symptoms such as:

- sweating
- palpitations
- dizziness and faintness.

### Making a diagnosis

A diagnosis will be made by talking to the person or a close relative or friend to get an understanding of the person's history and recent life events which may have triggered the anxiety. It is important to consider all other possible causes for the symptoms, such as the use of excess alcohol and street drugs.

A number of treatments are available for anxiety and panic such as:

- talking therapies (psychotherapy and counselling)
- Cognitive Behavioural Therapy (CBT) which helps the person think about themselves and others in a different way
- medication, such as tranquillisers and antidepressants
- relaxation techniques.

### As the carer, you may feel:

- scared/ashamed about admitting there is a problem
- impatient with the person's behaviour
- worried that you are losing the person you knew
- exhausted by caring
- worried about the long-term outcome for the person
- worried about coping and getting help
- worried about the effect on the rest of the family
- worried about the long-term financial responsibilities of caring
- worried about other people's reaction to the person's illness and the stigma associated with it.

## Tips for carers

### In partnership with your doctor and members of the mental health team

Good communication between a doctor, members of the mental health team, a person with anxiety or phobias and their carer is important, but takes time and effort. Forming a positive, long-term relationship with all the staff and doctors involved in the care of the patient is especially important if the condition is long-term.



Most people with anxiety disorders are assessed and treated by their GP and will not need to go into hospital. However, some may need to see a psychiatrist and/or other members of the Community Mental Health Team (CMHT). The specialists you are likely to come across are:

- psychiatrists
- psychologists
- psychotherapists
- counsellors
- psychiatric nurses
- members of the CMHT.

**Questions to ask the doctor**

- What does the diagnosis mean?
- Can you explain it in a way that I will understand?
- Are there any treatments?
- Where can I get information about medication and possible side-effects?
- How long will it take for the medication to work?
- Are there other things we can do to help ourselves?
- What can we expect in the near future and over time?
- Will the person be able to continue in work or in education?
- Is it safe for the person to drive?
- Will the person I care for get better?
- How often should I come and see you?
- Do you have any written material on this disorder? If not, who does?
- Is there anything that we can change at home to make things easier, or safer?
- Are there any organisations or community services that can help?
- Which health service worker is my main contact for guidance and advice?

Remember to arrange your next appointment before you leave.

Regular well prepared visits to the doctor or other members of the

mental health team will help get the best care for both of you.

**Advice which will help you prepare for follow-up visits**

- Keep track of changes in behaviour and reactions to medication in a notebook, along with any concerns or questions since you last saw the doctor.
- Look at the information you have collected since your last visit and write down your top three concerns. This will make sure that you remember to talk about the things that matter. Your concerns may include questions about:
  - changes in symptoms and behaviour
  - side-effects of medication
  - general health of the patient
  - your own health
  - additional help needed.

**During your visit**

- If you do not understand something, ask questions. Do not be afraid to speak up.
- Take notes during the visit. At the end, look over your notes and tell your doctor what you understood. This gives your doctor a chance to correct any information or repeat something that has been missed.

**Further tips for carers when dealing with doctors and other members of the mental health team**

Doctors and healthcare professionals can be reluctant to discuss a person's diagnosis or treatment with the carer. There is a real duty of confidentiality between the doctor and the patient. If the person is too ill to understand what is going on, doctors will usually involve the carer in discussions and decisions. (See our leaflet Carers and confidentiality in mental health)

**If the doctor is unwilling to involve you as the carer, there are a number of things you can do:**

- ask the person you care for if you can be with them at some of appointments, or for a part of their appointment
- talk with other carers as they may have some helpful suggestions
- try to talk to other members of the mental health team
- contact the main national mental health charity helplines (list at end of leaflet).

**Don't forget to take care of yourself and make time for you**

It is important that you also take care of your own needs, talk about your worries and don't struggle alone. Try and keep in touch with friends. If you live in England, you may be entitled to a carer's assessment to identify your needs. This can be arranged through the doctor or a member of the mental health team. They should also be able to refer you to your local carers' support organisation.

**For the professional**

As a professional working with people with anxiety and their carers, we hope that the following is a helpful guide to good practice.

**When doing an assessment, do you?**

- Try to see the person with anxiety and the carer separately, as well as seeing them together
- Try to see them at home first

**Do you allow yourself enough time to?**

- Listen, and, listen
- Obtain a life history
- Leave time for questions and discussion
- Explain how you arrived at the diagnosis



- Talk about the prognosis

**In the management of the illness, do you?**

- Discuss possible treatments
- Talk about the possible side-effects of drugs
- Spend time asking about the carer's health – physical and emotional
- Discuss how to meet the care needs of both the person with the disorder and the carer

**Points to remember**

- Everyone needs some respite.
- Make it clear that you will be happy to talk to other members of the family.
- Refer everyone you see to a relevant mental health or carer organisation.
- Make it clear that someone will always be available.
- Give an out-of-hours telephone number.
- Make sure that there is a named professional person whom the family can contact at any time.
- When you write your letter to the GP, consider sending a copy to the patient and the carer.
- Try to talk to the GP on the telephone as well as writing.
- Make sure the patient and carer have adequate information about their care and treatment.

**Further help**

**National Phobics Society**

Zion Community Resource Centre,  
339 Stretford Road, Hulme,  
Manchester M15 4ZY.

Tel: 0870 7700 456. Provides support and help if someone has been diagnosed with, or suspect they may have, an anxiety condition; also helps with specific phobias.

[www.phobics-society.org.uk](http://www.phobics-society.org.uk)

**The Princess Royal Trust for Carers**

Further information for carers is available from

The Princess Royal Trust for Carers,  
142 Minorities, London EC3N 1LB.

Tel: 020 7480 7788; [www.carers.org](http://www.carers.org)