

Keyfacts - Anxiety and stress

Social and emotional wellbeing workers web resource

What is anxiety?

Anxiety is a person's natural response to a threat in their surroundings. It can make people feel edgy, nervous, restless, or worry about things too much. Anxiety can be good because it can help people to avoid putting themselves, or others, in dangerous situations. It is also normal to worry about our children or loved ones, but when the worry and anxiety gets out of control and affects a person's day-to-day functioning, then they may be suffering from an anxiety disorder. Anxiety can vary from a feeling of uneasiness to strong and frightening panic attacks. People can experience anxiety for a short period of time, or in more serious cases for a number of years.

If people keep experiencing high levels of anxiety over a long period of time, it can lead to depression. For some people, substance misuse (alcohol and other drugs) becomes a part of life as a way to help them manage their anxiety and relax, but this often leads to an increase in anxiety.

There are different types of anxiety disorders and people may show the signs of one or more at the same time; this is called comorbidity. The types of anxiety disorders include:

Acute stress disorder (ASD)

This is a reaction to a traumatic event. People with ASD may continue to experience the trauma through flashbacks or dreams, they might avoid people or places that remind them of the traumatic event, or they may experience emotional and muscular (muscle) tension which can affect sleeping and concentration. Examples of situations that can lead to ASD include seeing a serious accident or a death. Most people tend to get over the trauma of the event within a month.

Posttraumatic stress disorder (PTSD)

PTSD is the result of a traumatic event, but it is different to ASD because the anxiety relating to the event can last for a longer period of time. It is common for people with PTSD to relive the trauma in dreams, flashbacks, or memories and they often avoid situations that remind them of the traumatic event. An example of an event that may lead to PTSD among some Aboriginal and Torres Strait Islander people include the trauma experienced by members of the *Stolen generations*.

Generalised anxiety disorder (GAD)

GAD may occur when people worry too much, or are fearful about situations that could happen when there is no reason for concern. The anxiety people feel is out of control and the physical (e.g., headaches, stomach aches) and emotional (e.g., edgy) symptoms, that often occur on a daily basis, can last as long as six months. People suffering GAD find it hard to go to work and live normal lives.

Panic disorder (PD)

People suffering from PD experience panic attacks which are described as a feeling of fear or terror. They are afraid of further panic attacks and experience high levels of panic in situations that other people would not be afraid of. It is common for people experiencing a PD to believe that they are going to die or have a heart attack because many of the signs are similar to those for a heart attack (e.g., dizziness, shaking, rapid heartbeat, feeling sick).

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Phobic disorders (specific phobias, agoraphobia and social phobia)

Phobic disorders are when a person has a lasting and unreasonable fear of an object or situation that leads them to avoid these objects or situations. For example, agoraphobia is when people avoid certain situations because they fear they may have a panic attack, and it may be difficult or embarrassing for them to escape from the situation. Such situations might include public transport or crowds. This can result in people not leaving their homes because of the phobia. A social phobia means people avoid social situations because they are worried they will do something to embarrass themselves, or they will appear too anxious. Specific phobias are fears of things or situations, for example, spiders, heights, or small closed-in spaces.

Obsessive-compulsive disorder (OCD)

This anxiety disorder involves obsessive thoughts (a need to always think about the same thing) and compulsive behaviours (having the need to act in a particular way over and over again due to the obsessive thoughts). The obsessive thoughts usually take place because of an extreme fear of contamination (e.g., germs) or harm. These thoughts lead people to repeat behaviours (e.g., washing their hands often) to help reduce the anxiety relating to those thoughts.

What are the signs and symptoms of anxiety?

Anxiety has physical (the body), psychological (the mind) and behavioural (the way people act) signs and symptoms.

Physical signs may include:

- chest pains and/or fast heart beat
- hyperventilation (breathing too fast and too deep)
- dizziness and headaches
- feeling sick or vomiting
- dry mouth
- aches and pains to the neck, shoulders, or back
- feeling shaky.

Psychological signs may include:

- unreasonable fear about certain situations, events, or objects
- worry about everyday issues or events that have taken place or are going to take place in the future
- not being able to concentrate and forgetting things
- not being able to make decisions

- feeling tired, not sleeping well, or having bad dreams
- feeling restless or angry
- having repetitive thoughts.

Behavioural signs may include:

- avoiding situations and activities
- obsessive or compulsive behaviour
- finding social gatherings stressful
- phobic (fearful) behaviour
- misusing alcohol and drugs to help numb feelings of anxiety.

What are the risk factors for anxiety?

Some people are more at risk of anxiety because of:

- difficult childhood experiences
- the experience of physical, emotional, or sexual abuse
- a family history of the illness (e.g., parent or grandparent)
- personality type (some people naturally worry too much and see the world as very threatening)
- too much alcohol and/or other drugs.

There are also medical conditions that may put people at risk of anxiety. The use of prescription drugs for a medical condition, and non-prescription drugs (such as caffeine) or illicit (illegal) drugs, can also increase the levels of anxiety.

How common is anxiety among Aboriginal and Torres Strait Islander people?

Survey information from 2008 reports that nearly one-in-three Aboriginal and Torres Strait Islander adults have experienced high levels of psychological distress, more than twice the level for non-Indigenous Australians. The high levels of psychological distress, which included feelings of depression and anxiety, were reported by three out of ten Aboriginal and Torres Strait Islander adults. Levels were high among victims of violence (46%), and for those removed from their natural families (39%).

Anxiety was the third most reported condition among Aboriginal and Torres Strait Islander people who visited a medical doctor for mental health problems. Anxiety is often not recognised or reported in information gathered from hospitalisation records because these records tend to focus on more serious mental illnesses.

How do you treat anxiety?

To deal with anxiety people often need to make changes in their life; these can include behavioural or psychological changes. Support should be given to help people make these changes and it is important to remember that the time for recovery can be different for each person. These changes could include:

- seeking support from family, Elders, or traditional healers
- seeking help and information from Aboriginal mental health workers or counsellors
- visiting country, or participating in enjoyable activities
- getting advice and information from the appropriate medical professional about prescription drugs or therapies to help control anxiety
- avoiding alcohol and other drugs which can make the anxiety worse
- facing up to the fear
- practicing relaxation and breathing exercises
- trying to get more sleep
- doing physical activity
- joining a self-help support group.

Everyone can make changes when they are ready, even if it is in small steps, and in their own time.

Please note the term 'mental illness' has been used in place of 'mental disorder' and 'psychological disorder' because it is a more common term.

References and further reading

Adermann J, Campbell MA (2009) Anxiety and Aboriginal and Torres Strait Islander young people. In: Purdie N, Dudgeon P, Walker R, eds. *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*. Canberra: Department of Health and Ageing:105-116

Australian Bureau of Statistics (2009) *National Aboriginal and Torres Strait Islander social survey, 2008*. from <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4714.0?OpenDocument>

Australian Bureau of Statistics (2010) *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples, Oct 2010*. (ABS Catalogue no 4704.0) Canberra: Australian Bureau of Statistics

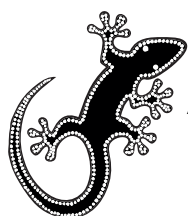
Central Australian Rural Practitioners Association (2010) *CARPA standard treatment manual [5th ed.]*. 5th ed. Alice Springs: Central Australian Rural Practitioners Association

Freeman D, Freeman B (2009) *Aboriginal social and emotional wellbeing fact sheet series*. Campbelltown, NSW: Campbelltown Community Mental Health Service (SSWAHS)

Haralambous B, Lin X, Dow B, Jones C, Tinney J, Bryant C (2009) *Depression in older age: a scoping study*. Melbourne: National Ageing Research Institute

Kanowski LG, Kitchener BA and Jorm AF (Eds) (2008) *Aboriginal and Torres Strait Islander Mental Health First Aid Manual*. ORYGEN Research Centre, Melbourne.

Nagel T, Aputimi A (2008) *Anxiety*. Darwin: Menzies School of Health



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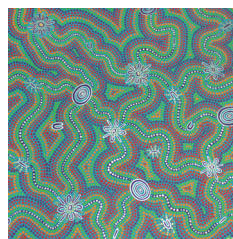
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Two concepts underpin the HealthInfoNet's work. The first is evidence-informed decision-making, whereby practitioners and policy-makers have access to the best available research and other information. This concept is linked with that of translational research (TR), which involves making research and other information available in a form that has immediate, practical utility. Implementation of these two concepts involves synthesis, exchange and ethical application of knowledge through ongoing interaction with key stakeholders.

The HealthInfoNet's work in TR at a population-health level, in which it is at the forefront internationally, addresses the knowledge needs of a wide range of potential users, including policy-makers, health service providers, program managers, clinicians, Indigenous health workers, and other health professionals. The HealthInfoNet also provides easy-to-read and summarised material for students and the general community.

The HealthInfoNet encourages and supports information-sharing among practitioners, policy-makers and others working to improve Indigenous health – its free on line yarning places enable people across the country to share information, knowledge and experience. The HealthInfoNet is funded mainly by the Australian Department of Health and Ageing. Its award-winning web resource (www.healthinfonet.ecu.edu.au) is free and available to everyone.

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