



Panic stations

We all experience anxiety from time to time but what happens when it becomes a full-blown and debilitating disorder? Sarah Hollingworth investigates.

Selecting an outfit for your baby is a seemingly simple task but, for Nicky Johnston, the question 'long sleeves or short sleeves?' felt like a monumental dilemma with life-or-death consequences. Paralysed by the fear of making the wrong decision, the choice would regularly take hours to resolve, bringing with it much anguish and, on occasion, tears.

"My biggest fear was that I would make a mistake and, as a result, it would harm Bayley," she says of her experience as a first-time mother suffering post-natal depression and an anxiety disorder.

Likewise, Nicky says she was obsessed with safety and had an unnatural fear that something bad would happen to her son, now aged 10. Recalling events as if they were yesterday, Nicky says she would sit up at night – batten in hand – waiting for someone to break in and steal her newborn baby. "I would sit at the doorway for hours," she confesses.

At the time, Nicky, 37, from Langwarrin in Victoria, thought this was a normal response to being a new mother but four weeks after having her baby, she was formally diagnosed and admitted to a mother-baby unit for treatment. The in-hospital care – including sessions with

a psychiatrist and anti-depressants – lasted more than eight weeks but the disorders lingered for 12 months.

"A lot of first-time mums are anxious but there's a big difference between being anxious and having an anxiety disorder," says the now mother of three. "Anxiety disorders weren't very well acknowledged back then."

According to results released for World Mental Health Day, 2008, only 7% of Australians recognise anxiety as a major mental health issue. This is despite the latest National Survey of Mental Health and Wellbeing (released by the Australian Bureau of Statistics) revealing that anxiety disorders are the most common mental disorders, with one in four people suffering from them (as opposed to depression, which is one in five).

Dr Nicole Highet, deputy CEO of beyondblue – the national not-for-profit organisation working to address issues associated with anxiety and depression – believes the lack of recognition by the Australian public comes down to insufficient knowledge and understanding of the condition.

"The awareness of anxiety disorders is not dissimilar to where depression was a number of years ago, where people didn't understand the impact of depression as a major health problem," she says. "Because people suffer anxiety from time to time, they think 'how is it [an anxiety disorder] different to that?'"

Describing anxiety disorders as "catastrophic thinking or seeing things as more dangerous than they might really be", Dr Highet explains the fundamental difference

between normal anxiety – which serves an important role in protecting us from danger – and a disorder.

“It becomes a disorder when it’s excessive, irrational anxiety that can’t be brought under control and interferes with everyday life,” she says. “The symptoms don’t subside or they start taking over your life as you accommodate them or do things to avoid them.”

According to beyondblue, nearly one in 10 people will experience some type of anxiety disorder in any one year and one in four people will experience an anxiety disorder at some stage of their lives.

While the term ‘anxiety disorder’ is bandied around generically, there are different types and some people will have symptoms of more than one.

They include: generalised anxiety disorders (GAD), phobias (such as social phobias, agoraphobia and claustrophobia), panic disorders, obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD).

It’s difficult to define exactly what causes these disorders but Noel Giblett, Dads@Lifeline manager for Lifeline WA, says it is often the case that people are having a normal reaction to an abnormal situation, not the reverse.

“For example, sometimes people develop panic attacks in response to stressful situations,” he says. “It turns into a disorder because they haven’t been shown how to manage their anxiety in a more constructive way.”

Dr Highet, who says disorders arise for a variety of reasons, believes the manner in which anxiety disorders manifest is tied to how people deal with their skewed perceptions.

While the prevalence of panic disorders, obsessive-compulsive disorder and post-traumatic stress is high, she says a startling percentage of the population doesn’t realise they are mental illnesses.

Specifically, a panic attack is a discrete episode of intense fear or discomfort, which can include dread, breathing difficulties, light-headedness, trembling, shaking or chest pains, that starts abruptly and can’t be brought under control.

Obsessive-compulsive disorder is characterised by recurrent thoughts, ideas



Nicky Johnston and her son Bayley have both experienced the debilitating effects of an anxiety disorder and work together to keep their conditions under control.

or images that cause people to carry out certain rituals in order to feel less anxious. These are known as compulsions.

Post-traumatic stress disorder, as the name implies, is a delayed or protracted response to a psychologically distressing event. Such an event is usually associated with intense fear or terror. The symptoms involve re-experiencing the traumatic event (flashbacks), avoidance of associated situations or activities.

Nicky laughs about it now but she says the first time she suffered anxiety (at 21, after breaking up with a boyfriend), she thought there was something medically wrong. “I felt terrible. I thought I had a disease,” she says of her panic attacks. “I couldn’t sleep, I couldn’t make decisions – and every decision felt critical so it was vital that I got it right.”

In hindsight, Nicky realises that the unreasonable thoughts of fear and anxiety surrounding the birth of her first child should have been a telltale sign of the

return of her panic disorder but she was too consumed by ‘what-ifs’ to detect it.

“I was absolutely terrified of giving birth, to the point I was hoping Bayley would turn breach so I could have a Caesar,” she says. “I really thought I was going to die giving birth.”

For many people, comments Dr Highet,

it’s difficult to detect a problem because they don’t know enough about anxiety disorders to recognise it as an issue. “When they do experience signs and symptoms,” she says. “They’re likely to put it down to something else – minimise it – or think that it’s just normal.”

For others, say Giblett and Dr Highet, the stigma attached to having a mental disorder is enough to deter them from getting treatment. “It’s a combination of lack of knowledge and awareness about the condition, treatments, their availability and what works,” says Dr Highet. “It’s also the stigma. But that’s not just stigma in the

community, it’s self-stigma where people feel ashamed and embarrassed.”

Actor and beyondblue ambassador Gary McDonald says he suffered an anxiety disorder for about 20 years without knowing the exact problem. It wasn’t until it “tipped over” into major depression that he was diagnosed.

“I was diagnosed with having major depression with phobic anxiety but that didn’t mean anything to me,” he says. “So the depression was dealt with – I was put on to anti-depressants – but, of course, the anxiety came straight back.

“I still didn’t realise that I had this thing called an anxiety disorder until Bronwyn Fox sent me a copy of her book about anxiety.”

McDonald says reading Fox’s book – *Power Over Panic: Freedom From Panic/Anxiety Related Disorders* – was a revelation. “I realised what was wrong with me and that was part of the healing process,” he explains.

Sometimes described as the ‘fraternal twins of mood disorder’, Dr Highet says anxiety and depression commonly co-exist, with anxiety often preceding and eventually developing into depression – as in McDonald’s case.

“Given a lot of people have what we call ‘anxious depression’, they are very closely aligned,” says Dr Highet, “but the experience of them is quite different.”

Giblett agrees, explaining anxious symptoms are usually a more heightened arousal, whereas depression has the reverse effect. Sometimes, however, depression is expressed through symptoms like an anxiety disorder. Or, alternatively, depression and anxiety can be co-occurring, so the person has symptoms that are consistent with depression, while experiencing symptoms consistent with an anxiety disorder.

Nicky believes anxiety was a major factor in her post-natal depression. “It was the anxiety that caused the depression,” she says. “The inability to control the thoughts and concerns.”

Today, Nicky is aware of her ‘triggers’ and can manage the disorder so it’s not present all the time – but it’s been a long, and sometimes rocky, journey.

When pregnant with her second child,

Cooper, now aged six, Nicky says anxiety “kicked in” because she was concerned about suffering from the post-natal depression again.

With the birth of her third child, Asher, two, the anxiety disorder returned but, this time, it revolved around her eldest son, Bayley, who had been diagnosed with generalised anxiety disorder.

“I wasn’t suffering anxiety because of having a third child, I was reliving the post-natal depression I had with Bayley,” says Nicky.

“I had to go back through his life with his psychologist and paediatrician and talk about what his first year of life was like. I realised that I didn’t remember the first year, other than photos.”

Nicky was racked with guilt (was it her fault Bayley had an anxiety disorder?), which triggered her own panic and anxiety.

Dr Highet says anxiety disorders tend to run in families. “The risk of developing an anxiety disorder is greater if you have a family history,” she says, explaining it’s a combination of nature and nurture. “There’s likely to be both biological as well as learned behaviours because children often learn to interpret things in the same way as their parents.”

Last year, Nicky published *Go Away, Mr Worrythoughts!*, a book to help children who worry or suffer from anxiety.

Although she initially wrote the book as a tool to help Bayley control his anxiety – or ‘worrythoughts’ – Nicky says she now employs the same techniques. Isolating, labelling and challenging the thoughts that create panic and anxiety, she says, keeps the disorder under control.

Giblett says it’s extremely important to address the events that trigger anxiety. “Invariably, people have anxiety for good reason so the treatment needs to deal with ‘how did this begin’,” he says. “It also needs to address the person’s mechanism for dealing with anxiety-provoking situations – teaching them alternative ways to respond to situations.” **e**

MORE INFORMATION ■ Lifeline WA
Call 13 11 14 if you are suffering anxiety or depression. Lifeline WA provides 24-hour telephone counselling and support to help ensure the welfare and wellbeing of every caller.

DOWN AT HEART

Researchers have long known that problems of the mind can affect physical health but a long-term study published in 2008 in the *Journal of the American College of Cardiology* has linked nervous, withdrawn and chronically worried people with heart disease.

It makes sense that a person who has suffered a heart attack is at greater risk of depression but Dr Nicole Highet says the reverse is also true. “It’s the physiological impact of conditions like depression on all parts of your physical functioning, as well as your mental functioning, that puts people at greater risk of heart disease.”

Depression has been shown to increase cardiovascular risk through a number of mechanisms. These include direct physiological effects, such as altered platelet function (promoting thrombosis), and psychological problems like non-compliance with the treatment regime.

It has also been shown to predict future cardiac events in people with coronary artery disease. *Mental Health: A Report Focusing On Depression*, a 1998 study of Australians treated for depression, showed they were 2.3 times more likely to have a heart attack. Alarmingly, it found that depression was a greater risk factor for heart attack than smoking and high cholesterol.

Depression also has a negative impact on survival post-heart attack. A study from the same report, which examined patients for 18 months after a heart attack, found that people who are depressed have an almost fourfold greater risk of death.

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