

# Anxiety Disorders Kit

"There is no such thing as pure pleasure;  
some anxiety always goes with it."  
Ovid



**mental health  
association  
nsw inc**

**Mental Health Association NSW  
Level 5, 80 William Street  
East Sydney NSW 2011  
Tel 9339 6000  
Fax (02) 9339 6066**

[www.mentalhealth.asn.au](http://www.mentalhealth.asn.au)

[info@mentalhealth.asn.au](mailto:info@mentalhealth.asn.au)

# Anxiety Disorders Kit

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## 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' (see below) 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 (see below). 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, judgment 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.

## **7. Treatments**

There are a number of therapies that have proven effective in the treatment of anxiety disorders. A psychologist or other mental health professional is able to make an assessment regarding your anxiety and /or panic disorder, and either treat it, or inform you regarding the options available for treatment. Panic disorder is highly treatable and most people who seek treatment will resume normal activities within a couple of months although for some it may take longer. Medication is also available and this is best used in conjunction with therapy.

### **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 and replacing them with new behaviours.

### **Cognitive Behaviour Therapy (CBT)**

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. In the case of OCD, CBT can prepare the ground for the use of behaviour therapy and can also help to prevent any future return of the symptoms after the treatment has finished.

### **Psychotherapy**

This is a form of 'talking' therapy. It can help the individual to understand and contemplate their feelings and the difficulties they experience directly as a result of the disorder.

### **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 this illness. 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.

### **Exposure therapy**

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

## **Pharmacotherapy**

Antidepressant drugs, which specifically affect the serotonergic neurotransmitter system, are the most useful of pharmacological interventions. 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.

Medications are often prescribed, but have not been found to be effective without some additional therapy. Medication can play a useful role to overcome some of the distressing symptoms in order for a person to get to work or simply get out of the house. However, to prevent recurrence it is best used in conjunction with therapy.

## **8. Reluctance to seek treatment**

Almost all people with anxiety disorders can be assisted to some extent by treatment. However, often people are reluctant to ask for help. Reasons that a person may not want to seek help may include:

- fear that instead of helping them, therapy will only make them feel worse about themselves
- feelings that if they forget about things that the feelings will just go away
- beliefs that nothing will help, that nothing could possibly work
- beliefs that they ought to be able to handle it themselves, without any help

## **9. What can I do for myself?**

To help relieve mild anxiety and assist in the long term management of feelings of anxiety:

- talk to a friend, a relative or your partner or a counsellor about your feelings
- eat a balanced diet – especially more vegetables and less fast food
- exercise – regular (including light exercise like walking) can help reduce feelings of depression and anxiety. exercise can keep you grounded
- relaxation – this is different for everybody – you may watch tv or read a book, go for a walk, see a movie or have a bath. others find slow breathing or progressive muscle relaxation beneficial

## **10. How to be a good helper to someone with an anxiety disorder**

- listen when the person talks of his/her feelings: don't judge
- offer support, not pity
- accept your own limits, and communicate this. encourage him/her to find professional help
- take care of yourself; maintain a life of your own
- seek emotional support for yourself from other sources
- you cannot 'fix' a person. You can listen - that is good enough

## 11. Where to get help

- Mental Health Information Service (for services in your area), tel 1300 974 991
- Your local GP
- Community Health Centre (see the White Pages)
- Anxiety Disorders Alliance on 1300 974 992
- There are specialist anxiety clinics in most major hospitals and universities. Contact the Mental Health Information Service for details
- Sydney Rape Crisis Centre: (02) 9819 6565 - 24 hr crisis intervention counselling for women experiencing trauma related to sexual assault (including from childhood)
- STARTTS (Service for Treatment & Rehabilitation for Trauma & Torture Survivors): (02) 9726 1033 (Fairfield) or (02) 9794 1900 (Carramar) - counselling & various rehabilitation programs available.
- Clinic for Anxiety & Traumatic Stress: (02) 9722 8992 (Bankstown)
- Lifeline: 13 1114 - for 24 hour counselling/support
- Victims of Crime: 1800 633 063 - telephone counselling for emotional trauma resulting from any crime
- Vietnam Veterans Counselling Service: (02) 9635 9733 or 1800 043 503 (Sydney & country NSW)
- The Anxiety Disorders Unit, St Vincent's Hospital, Phone: (02) 9332 1188
- Anxiety Disorders Clinic, Westmead Hospital, Phone: (02) 9845 6686
- Australian Psychological Society (APS) 1800 333 497 for a referral to a psychologist in your area.

## 12. Reading List

### Panic Disorder and Agoraphobia

*Mastery of your anxiety and panic II* by Barlow, D.H., & Craske, M.G. (1994).. San Antonio TX: The Psychological Corporation. In Canada, 1-800-387-7278.

*Overcoming panic: A self-help guide using cognitive behavioral techniques* by .Silove, D., & Manicavasagar, V. (1997). London: Robinson Publishing.

*Don't panic: Taking control of anxiety attacks (revised edition)* Wilson, R.R. (1996.). New York: Harper Perennial.

*An end to panic: Breakthrough techniques for overcoming panic disorder* by Zuercher-White, E. (1997)., 2nd Edition. Oakland, CA: New Harbinger Publications.

### Social Phobia

*Hidden fears: Self help for anxiety and phobias*, H. Franks, (1996) London: Headline Book Publishing.

*Dying of embarrassment: Help for social anxiety and phobia*, B.G. Markway, C.N. Carmin, C.A. Pollard & T. Flynn, (1992).. Oakland, CA: New Harbinger Publications.

### **Obsessive-Compulsive Disorder**

*Getting control: Overcoming your obsessions and compulsions*, L. Baer, 1991, Boston, MA: Little, Brown and Company.

*Brainlock: Free yourself from obsessive-compulsive behaviour* by J.M. Schwartz, 1996, New York: ReganBooks.

### **Post-traumatic Stress Disorder**

*Post-Traumatic Stress Disorder Sourcebook: A Guide to Healing, Recovery and Growth*, by Glenn R. Schiraldi, McGraw-Hill Companies, 2000, ISBN: 0737302658

*Post Traumatic Stress Disorder: Causes, Characteristics, & Cures*, Richard W. Peterson, Ph.D., 1998, ISBN: 0963407910

*Post Traumatic Stress Disorder in Children and Adolescents*, by Kedar Nath Dwivedi, Taylor & Francis, Incorporated, 2000, ISBN: 1861561636

### **Generalised anxiety**

*Overcoming Anxiety: From Short-Time Fixes to Long-Term Recovery*, by Reneau Peuifoy, Holt, Henry & Company, 1997, ISBN: 0805047891

*Anxiety Cure for Kids: A Guide for Parents* by Robert L. DuPont, Elizabeth DuPont Spencer and Caroline M. DuPont, Wiley, John & Sons, 2003, ISBN: 0471263613

*Anxiety Cure: An Eight-Step Program for Getting Well*, by Robert L. DuPont, Elizabeth Spencer DuPont and Caroline M. DuPont, John Wiley & Sons, 2003, ISBN: 0471464872

### **Specific phobias**

*Anxiety and Phobia Workbook* by Edmund J. Bourne, New Harbinger Publications, 2005, ISBN: 1572244135

*Phobia Free*, by Steven Carter and Harold N. Levinson, Fine Communications, 1999, ISBN: 1567313183

*The Panic Attack, Anxiety & Phobia Solutions Handbook* by Muriel K. Macfarlane, United Research Publishers, 1996, ISBN: 188705300X

### **13. References**

[www.healthatoz.com/atoz/anxiety/anxres.html](http://www.healthatoz.com/atoz/anxiety/anxres.html)

<http://lexington-on-line.com/naf.html>

[www.psych.org/public\\_info/anxiety\\_day.cfm](http://www.psych.org/public_info/anxiety_day.cfm)

[www.adaa.org](http://www.adaa.org)

[www.mentalhealth.asn.au/ada](http://www.mentalhealth.asn.au/ada)



**mental health  
association  
nsw inc**

**MENTAL HEALTH  
INFORMATION  
SERVICE**

**Tel: 1300 794 991**

**Weekdays: 9.30pm - 4.30pm**  
(Wednesdays 12.30pm-4.30pm)

- **Largest information data base of government and non-government mental health services in NSW**
- **Extensive range of mental health publications & videos**
- **Mutual support & self help groups**
- **Referral for a wide range of mental health services**
- **Library & Resource Centre**  
(open to the public 9.30am - 4.30pm Monday-Friday, closed Wednesday 9.00am –12.00 am)

Mental Health Information Service  
Mental Health Association NSW  
Level 5, 80 William Street  
East Sydney NSW 2011

Tel 1300 794 991  
Fax (02) 9339 6066

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