



# The Caregivers' Guide to Anxiety

An Anxiety UK Self help guide

*Anxiety UK*

# Contents

- 3 Foreword**
- 4 What is anxiety?**
- 6 Physical aspects of anxiety**
- 10 Psychological aspects of anxiety**
- 14 Behavioural aspects of anxiety**
- 16 Other points to note about anxiety**
- 17 Summary**
- 18 Supporting someone with anxiety**
- 24 Young caregivers**
- 26 Supporting you**
- 28 Useful organisations**

# Foreword

Since Anxiety UK's inception in 1970, our helpline and other support services have been inundated with enquiries from family members and friends calling out of concern for a person that they care about that is living with anxiety. Often family and friends are at an absolute loss as to what to do for the best and can sometimes unintentionally make matters worse by responding in a way that only serves to exacerbate and worsen anxiety in the person directly living with anxiety.

Of course for those of us that have had personal experience of anxiety, or who have supported and/or lived with someone that has anxiety, it is far from the case that anxiety only affects the former. Indeed the impact that anxiety has is far reaching; affecting families, friends and supporters in a wide range of ways. It is not unusual to find that those giving care and support eventually develop difficulties such as anxiety and depression themselves, as a result of the strain and isolation they experience in providing support; often without any external acknowledgement of their 'carer status.'

Indeed, most people that support someone living with anxiety would never think of themselves as being a 'carer'. This was confirmed by research undertaken for this guide where respondents felt the term 'carer' wasn't something that they

could relate to and which they described therefore as feeling inappropriate. Whilst this is so, there appears to be an absence of a more appropriate descriptor and as such in this guide we have adopted the terms 'caregiver' and 'supporter' so as to acknowledge that caregivers are not always family members but may be friends, colleagues, line managers or others. Caregivers may also be children and young people. On this, I would like to thank Salford Young Carers and Young Adult Carers Services for providing helpful information for this on this important area.

This guide has been produced in direct response to requests from caregivers and supporters of those with anxiety for a publication of this type. I do hope that it will go some way towards explaining what anxiety is, how it manifests and what you can do (if you find yourself in the position of being a caregiver), along with giving some top tips provided by those with personal experience of anxiety.

With the right support in place, professionally and personally, an individual living with anxiety can get their life back and move forward on the road to recovery. Caregivers have a vital role to play in this.

Nicky Lidbetter  
Chief Executive

The aim of this guide is to provide support and general information only. The material contained herein is not intended to be used for the diagnosis or treatment of a condition, nor should it replace the advice of your Doctor or any other Health Care Professional. If you think you may be experiencing or have experienced an anxiety related condition you should consult your Doctor or relevant Health Care Professional.



# What is Anxiety?

**Educating yourself about anxiety and learning as much as you can will provide you with the information that you need to understand your role more effectively as a carer.**

Anxiety is an emotion in the same way that anger and sadness are. Anxiety (sometimes referred to as stress, nerves or fear), plays an important role in the normal functioning of the body; without it we would not be able to function.

Indeed anxiety can be a helpful emotion as it can prepare us for future events as well as improving our performance. However, when anxiety becomes so severe, intense, disproportionate or overwhelming that it starts to restrict daily routine and life as a whole, it is then anything but helpful and can be disabling and life changing.

When this point is reached, those affected can be said to be living with an 'anxiety disorder' of which there are many different types including panic disorder, social anxiety disorder, agoraphobia, Obsessive Compulsive Disorder (OCD), phobias and Post-Traumatic Stress disorder (PTSD). Anxiety UK has a range of fact-sheets on all anxiety disorders and related conditions as well as a guide to 'Understanding Anxiety' which may prove helpful to read should you require more in depth information. Educating yourself about anxiety and learning as much as you can will provide you with the information that you need to understand your role more effectively as a caregiver.

Despite the numerous forms of anxiety

disorder, all give rise to a range of physical, psychological and behavioural responses that share commonalities in those affected.

Knowledge of how anxiety manifests is incredibly helpful if you are a caregiver/supporter because it will help you understand what can appear to sometimes be rather disordered thoughts and odd behaviours. It is, however, important to point out that those with anxiety do not necessarily constantly operate in the ways described below and often there will be periods of time (usually when the anxiety stimulus is absent) when life appears to be 'normal'. For example, it is not uncommon to find that someone who has agoraphobia is able to live their life relatively unaffected by anxiety and its symptoms until they are required to travel outside of their comfort zone. Similarly, those with social anxiety may seek to avoid social contact and in doing so, will not have symptoms of anxiety until faced with a situation that triggers anxiety.

Finally, some people find they are more bothered by the physical symptoms of anxiety whilst others find the thoughts, or psychological symptoms more problematic. Others find that the avoidance behaviours they undertake in response to anxiety in an attempt to manage, can lead to longer-term problems; prolonging the lifespan of the disorder.



# Physical aspects of anxiety

When faced with an anxiety-provoking situation, an automatic chain of events begins known as the 'Fight, Flight, Freeze or Flop' response.

This happens without thinking because it is triggered by the part of the nervous system whose job it is to control automatic functions (e.g. breathing, heart rate etc.). Fright is the immediate instant reaction. The next three reactions, i.e. Fight, Flight and Freeze are mediated through the release of adrenaline via the sympathetic nervous system. Fight and Flight are actions, either confronting or avoiding/running away. Freeze comes from our old reptilian brain, when staying perfectly still would have been at the time, a life-saving measure. Flop is the faint reaction which is mediated by the parasympathetic nervous system via the Vagus nerve. The parasympathetic and sympathetic nervous systems work opposite to each other, and generally only one can dominate at a time. For example, when threatened, say by suddenly noticing a speeding car when crossing the road, there is an automatic increase in sympathetic arousal - the blood is shunted away from abdominal organs and moved into the major skeletal muscles, the heart rate increases whilst parasympathetic processes such as digestion reduce or stop altogether. When people are in any situation which causes them anxiety, their sympathetic system starts to dominate, and the fight, flight or freeze reaction begins (also known as the adrenaline cascade).

This system is designed to serve us when we are in real danger. However, problems arise when the system is turned on when it's not really needed. For example, panicking in a non-life threatening situation. It can often feel very frightening to experience such a raft of very real physical symptoms,

The following diagram illustrates what happens once the sympathetic system is switched on:



The hormone adrenaline is released into the bloodstream.



The heart beats faster in order to pump blood quickly around the body to supply the muscles with energy to enable them to become prepared for 'fight or flight'



Blood is diverted away from areas of the body where it is not needed - for example, away from the stomach. This is why we frequently experience a churning feeling in the stomach or a 'butterflies' feeling when anxious.



The heart now pumps more forcibly, which is associated with a rise in blood pressure. It is this rise in blood pressure that makes us feel light-headed and dizzy.



The state of arousal also leads to a rise in temperature. Your body reacts by trying to cool you down - this is why you perspire.

particularly when there is no obvious trigger or reason for the onset of anxiety.

**Jenny, a member of Anxiety UK tells her story:**

*"A month or so after developing panic attacks, suddenly I started having them for no reason. I would be watching television relaxing when one would hit me full on. I worried even more like many people, because now I was feeling fearful for no obvious reason. What I know now is that in worrying about the panic attacks coming out of the blue, this actually served to increase my general levels of tension and anxiety and therefore my threshold for panic decreased considerably so that even small things could set me off."*

It is probably useful for you to see a list of some of the physical symptoms of anxiety at this stage because these symptoms are not imagined; they are real and are caused by the release of adrenaline:

**Butterflies, shortness of breath, headaches, dizziness, hot flushes, increased heart rate, increased perspiration/sweat, dry mouth, headaches, wanting to use the toilet more often, disturbed sleep, feeling sick, shaking, choking, palpitations, snappiness and irritability. Please note: the above list is not exhaustive.**

There is often a difference in the way that men and women interpret the physical symptoms of anxiety. Whilst this is a generalisation we have found that men usually find any physical symptom relating to the heart distressing, typically putting their increased heart rate and any palpitations down to a 'heart attack' or a

problem with their heart. Indeed, over the years, we have heard many stories of those with anxiety rushing to A & E because they believed they were having a heart attack, asthma attack or other episode of acute ill-health only to be told, sometimes after many medical tests, that their problem was entirely psychologically based. Women on the other hand, tend to focus more on those symptoms which may lead to social embarrassment, for example, being sick, blushing etc. This is not to say however that men do not have these worries as they can and do. Other fears include worrying about urinating or defecating.

**Natalia tells of her experience of emetophobia (fear of being sick):**

*"I don't know why I ended up with this problem. All I know is that the fear of getting out of control to the point where I might be sick, eventually led me to become a recluse and to stop socialising, travelling and eventually I had to give up my job."*

Of course there are other physical symptoms that bother people such as profuse sweating, shaking, blushing etc. and we have found that these symptoms in particular cause distress to people with social anxiety disorder; a condition in which those affected worry that their anxiety is noticeable to others.

In most cases the physical symptoms described earlier are caused by anxiety. However, we strongly advise that those living with anxiety consult their GP to ensure that there is no underlying medical condition (such as a thyroid disorder) for the cause of the anxiety-like symptoms.



**"What I know now is that in worrying about the panic attacks coming out of the blue, this actually served to increase my general levels of tension and anxiety."**



**"I can only assume that somewhere in my mind I had this belief that being sick was very socially unacceptable, and certainly not something a woman should do in public."**



# Psychological aspects of anxiety

**As a caregiver/supporter, it is really important to remember that all of the fears, feelings and 'what ifs' are real to the person concerned.**

The release of adrenaline that is triggered by anxiety also causes psychological symptoms that affect thoughts and feelings. In addition to preparing the body for physical action, adrenaline also motivates people psychologically by prompting specific patterns of thinking. These psychological effects can be seen as what people think, feel and say to themselves when anxious.

**Below is a list of common thoughts and feelings experienced by people when anxious:**

- Feeling frightened and panicky
- Worrying about losing control/going mad
- Worrying that they might die
- Worrying that they might have a heart attack/be sick/faint/ have some other illness
- Feeling that people are looking at them and are observing their anxiety
- Feeling generally as if things are speeding up
- Feeling detached from their environment and the people in it
- Feeling like wanting to run away/escape from the situation and the people in it
- Generally feeling on edge
- Clock watching

Many of the above thoughts could be summarised as 'What If' thoughts. What if this happens? What if I do this?...

As a caregiver/supporter, it is really important to remember that all of the fears, feelings and 'what ifs' are real to the person concerned. It is not helpful to say, and indeed would be counterproductive to say, 'it's all in your head'. Those living with anxiety are acutely aware of what is going on inside them and also know that their reactions are not 'normal' and are disproportionate. Indeed this knowledge, coupled with the fear of embarrassing themselves in front of those who do not understand anxiety, can lead to shame, low self-esteem and guilt. The feeling of guilt can often be overwhelming. For example, if a person has high levels of anxiety that prevents them from working, this may lead to them feeling responsible for the associated potential financial consequences of this.

If the person that you support is affected by the psychological symptoms of anxiety, you might find that it helps them to write down what they feel and think when they next experience an anxiety attack. It is likely that they will experience the same thoughts and feelings, or a variation of them - as most people do. It is quite common for thoughts to be negative and for people to think that the worst is going to happen. Likewise, many find that they have a tendency to catastrophise (think the worst) and that when they look back on an anxiety attack, it may become apparent that they have got things out of proportion given the situation concerned.

**If the person that you support is affected by the psychological symptoms of anxiety, you might find that it helps them to write down what they feel when they experience an anxiety attack.**

You might find it helpful to ask the person who you support to look back to their last bout of anxiety, or their last panic attack, and see if they can accurately identify what it was that they were actually scared of. Sometimes this is difficult to do as the fear can be bound up with issues that occurred a long time ago, but this isn't always the case and it can be really helpful to see the fear in black and white for what it is.

As well as feeling fearful and panicky, it is not unusual for those with anxiety to worry about what is happening to them, and they may automatically start thinking the worst. These thoughts only serve to worsen the initial anxiety and feed the adrenaline response. It is quite possible to trigger off an anxiety attack simply by thinking about anxiety symptoms, and people may fall into a habit of anticipating or predicting what they might feel like in a situation before they even go. This 'anticipatory anxiety' only serves to prime the body to experience panic and anxiety and makes the actual event worse perhaps than it would have been. This explains, in part, why those with agoraphobia often find it difficult to go on a day out that was planned some time in advance, yet may be able to go out on the spur of the moment. Additionally those with anxiety often dislike appointments,



and hate being forced into a corner. It is believed this is due to a subconscious fear of being out of control. As the caregiver/supporter you may often find that plans have to be changed last minute, and that you are unable to do things that you wanted to do. This can be frustrating and can result in accommodations being made for the person's anxiety just in order to make life easier. In the long run however this

can actually exacerbate anxiety as firstly it prevents the person concerned from being given the opportunity to overcome their anxiety and secondly, it sends out the message that there is something to fear. Because of this, it's really important to set boundaries in an appropriate manner without being too harsh. One way to do this is to negotiate with the person you care for the circumstances (such as the severity

of their current symptoms) under which they will accept you gently persuading them to, for example, fulfil an engagement and the circumstances under which they will not accept being persuaded. These agreements should be written down and signed by both of you and used as and when appropriate. The agreements should also be revised as progress is made with the management of anxiety.



# Behavioural aspects of anxiety

These symptoms are what people 'do' when they are anxious - i.e. their response to their thoughts, feelings and physical symptoms. The most common behavioural symptom of anxiety is avoidance. Whilst avoidance can serve very well as a short-term solution to anxiety, in the long term it psychologically reinforces the message of danger.

You might have noticed that the person that you support has fled situations where

they felt anxious like Gill describes below:

## **Gill, an Anxiety UK member tells her experience:**

*"I found through my own experience that when I ran away from anywhere, it was always twice as hard to go back. Even though it's hard to stay somewhere when you feel absolutely terrible, my advice is to do your best to resist the urge to flee. This doesn't mean you have to sit through hell -*

**You can offer support by trying to help the person tackle the anxiety they are experiencing in small steps that are easily achieved.**

*you can always go for a walk, refresh yourself in the bathroom - but it does mean staying put until the anxiety subsides, and it will."*

## **Examples of avoidance behaviour are:**

- Getting taxis or walking instead of using public transport
- Making excuses to avoid going out with family or friends
- Sitting at the end of a row in theatres, cinemas etc.
- Avoiding going out alone - always being accompanied
- Rushing out of situations that trigger anxious feelings
- Only shopping when it's quiet
- Using minor roads to avoid busier ones and heavy traffic
- Crossing the street to avoid people
- Avoiding thinking the thought that scares you or avoiding a situation which is associated with triggering anxiety

If you notice that avoidance behaviours have set in for the person that you care for, you can offer support by trying to help the person tackle the anxiety they are experiencing in small steps that are easily achieved and which allow the anxiety to be gradually faced. This method is called 'systematic desensitisation.'

It is possible to practice systematic desensitisation alone, although some people feel they need to seek guidance from a professional, such as a therapist,

because as you would imagine, it can be quite challenging to gradually face one's fears, particularly if the person concerned has been 'avoiding' for a long time.

Anxiety UK has a team of therapists that are able to offer this treatment intervention through the Cognitive Behavioural Therapy approach (CBT) and other psychological therapies. Alternatively, either through your GP or via self-referral, you can access support and other psychological therapies through your local NHS psychological therapy service. If the person that you support feels that they want to start addressing their anxiety and has requested your help, it is useful to approach this by getting them to write down a hierarchy of tasks that they can set for themselves to do over a specific period of time. The first task on the list should be something that is easy to do and the last task something that would not be contemplated at present, but is something that the person living with anxiety would love to do if they didn't have anxiety.

## **A desensitisation list for someone affected by agoraphobia might look like this:**

- Go to the post box four doors away
- Go to the corner shop
- Stand in the post office queue when quiet
- Stand in the post office queue when busy
- Go to the supermarket
- Do all the above in sequence but alone

- Do all the above in sequence but walk, not take the car
- Go to a local shopping mall
- Go into the city centre
- Go beyond the city centre

It is really important for the person concerned to focus on the smaller but more achievable tasks first and not to progress to the tasks higher up the list until they have gained full mastery of the easier tasks, because tackling a task that is too anxiety provoking early on can lead to set backs. The whole point of this exercise is for the person with anxiety to gain confidence in their ability to manage anxiety.

#### Those with anxiety disorders are often said to:

- Exhibit people pleasing tendencies
- Often be over-thinkers
- Be compassionate
- Exhibit heightened sense of responsibility
- Exhibit perfectionist traits

When faced with living with anxiety (constant or otherwise) it is understandable that this may lead to depression, anger, feeling out of control (which may ironically lead to controlling behaviour), thinking catastrophically, worrying, sleeping difficulties, being demanding, difficulty making decisions and engagement in any behaviour believed to reduce the likelihood of anxiety occurring (this includes taking drugs and alcohol).

#### Depression and anxiety

Living with anxiety over a long period of time can negatively impact mood. It is not uncommon for someone living with anxiety to become snappy and irritable or to find that they are feeling low and depressed. Depression and anxiety often go hand in hand, however it is usually depression

that is diagnosed first as the detection of anxiety disorders in primary care is low. The increase in rates of diagnosis of Mixed Anxiety Depressive Disorder (MADD), confirms this. It isn't surprising really to learn this since anyone who has had anxiety for a period of time will tell you that it is frustrating, demoralising, challenging and difficult to live with. Over time, living with these feelings will wear even the strongest person down which in turn may lead to the onset of secondary depression. If you notice that your family member/friend is tearful, has lost hope and seems detached, it may be that they are feeling depressed and would benefit from having treatment and gaining support for this condition as well as for their anxiety.

Certainly our experience at Anxiety UK is that if depression has set in, then it is advisable to get support, as addressing this difficulty is important if any subsequent treatments for anxiety are to be effective. Of course the ideal here is that anyone with anxiety receives an accurate diagnosis at the point of presenting to their GP and is immediately put on the right treatment pathway. For some, however, the prospect of going to the GP is too much in itself, or it may be that support is sought through an organisation such as Anxiety UK. We do know that help seeking behaviour is low in those with anxiety disorders with most coping without any professional help. Many such people rely however on support from their caregiver/supporter, which highlights the important role that such individuals play.

#### Summary

- Anxiety disorders are fear based
- Those living with anxiety disorders are well aware that their anxiety is often irrational



- The anxiety response is triggered by adrenaline
  - It is unhelpful to say things like "it's all in your head" or "pull yourself together"
  - Listen to what the person with anxiety is saying rather than assuming you know what they want and need
  - Don't feel the need to constantly ask "are you OK?"
  - Don't always assume that anxiety is limiting; many people living with high levels of anxiety excel and are high functioning
  - Anxiety is often found with depression
  - Living with anxiety can be tiring and exhausting
  - Being in a hyper-tense state can feel overwhelming
- Importantly:
- Recognise that the person concerned is much more than their anxiety
  - It is possible to recover from an anxiety disorder



# Supporting someone with anxiety

As you will know probably only too well, anxiety affects not only the person directly experiencing the anxiety but those around them to the point that everyone's routine can become disrupted. The more long-lasting the problem is, the greater the effect it can have on the way family members and friends interact with one another and the world outside.

**Here are some real-life case studies which demonstrate the impact that anxiety can have on family and/or relationship dynamics:**

**Joanne describes how her father's death phobia (thanatophobia) and health anxiety has affected her relationship with him.**

*"At first it was just me and my brothers, but now if one of my kids has a cold, he won't let them in his house. He hasn't visited my house for 18 months since my husband had flu. I stopped going to see him 6 months ago because he was so miserable. I can't stand to be with him. I want my old, fun-loving dad back. It's to upsetting to see what he has become".*

Anxiety disorders can be as disruptive as physical ailments, sometimes more so. Some disorders can lead to the both the individual with anxiety and the caregiver being unable to work, which may lead to financial hardship.

Social life and leisure time may be impacted upon because the person living with anxiety may find it hard to participate in usual family activities/social activities such as going on holiday, eating out etc. This can understandably create an emotional toll on all members of the

family and friends; indeed their lives can be limited by anxiety too. Additionally it is not uncommon for those affected by agoraphobia to ask their caregiver or 'trusted person' to stay at home with them and not go to work, or paradoxically to leave them alone.

**Maria, an Anxiety UK member has been supporting her husband who has been living with agoraphobia for 10 years.**

*"At first life remained normal for me; I still went out with friends, went shopping etc. but slowly I began to feel guilty about leaving Eric. I found myself making excuses about why I couldn't go to bingo or on hen nights. Now I never go out."*

Many living with anxiety feel ashamed of their condition and try to keep it hidden from those around them but at the same time desperately need help. Equally, the person concerned may not want others outside of the family unit/friendship circle to know about their anxiety, which can really heighten difficulties for caregivers who can be forced to make excuses up to cover for behaviours resulting from anxiety. This is particularly so for those with Obsessive Compulsive Disorder, who often struggle to seek help and who may demand that those around them participate in behaviours such as washing hands and removing outdoor clothing before entering the house.

Family and friends have a critical role to play in a person's recovery from anxiety. They can help the person concerned get through anxiety provoking situations, offer encouragement, and create a healing environment.



**The following list has been put together to give you suggestions on how to support people affected by anxiety:**

**1** Try not to assume you know what the person concerned needs – it is always best to ask.

**2** Be predictable – don't surprise the person you are supporting. If you agree to be at a certain place at a specific time, ensure you are there.

**3** Let the person concerned set the pace for recovery – don't try and push them too far; too soon.

**4** Be aware of taking on board any fears that the person you are supporting may be projecting.

**5** Offer gentle encouragement and try not to automatically take-over completely the things that the person you are supporting is struggling to do, like the shopping.

**6** Find something positive in every step that the person you are supporting takes; irrespective of how small the step may be. Remember to convey the message during setbacks that it is often a case of 'two steps forward, one step back'- but this still results in one step forward and positive progress being made. Encourage focussing on successes, as opposed to things that haven't gone so well.

**7** You may find it helpful to get involved with their treatment if the therapist that they are seeing feels this is appropriate. Cognitive Behavioural Therapy (CBT) is an evidence-based approach to treating anxiety and involves the undertaking of

'homework' between sessions. Usually, this 'homework' will involve controlled exposure to anxiety provoking situations, which you, as a caregiver can assist in – either by accompanying the person concerned and/or by helping them to use anxiety reducing techniques that they have learnt in therapy.

**8** Try to help the person living with anxiety eat a diet that is low in sugar, caffeine and stimulants.

**9** Try to help the person living with anxiety avoid depressants like alcohol and avoid cigarettes as they can increase heart rate and contribute towards feelings of being 'stuck' in avoidance mode.

**10** Encourage the person living with anxiety to take up some moderate exercise; regular exercise can make a huge difference to how people feel.

**11** Encourage the person that you are supporting to join a support group and/or become a member of Anxiety UK. This can really help to break the isolation that is so often experienced.

**12** Try to structure time throughout the day by including small tasks or developing a routine which is undertaken on a daily basis which can help distract the person you are supporting, from over thinking. This will help keep them motivated and contribute to increasing their self-esteem.

**13** Get information about any psychiatric medication that the person you are supporting is taking – this could be through asking your local pharmacist or GP.

**The following are tips given by those directly experiencing anxiety:**

**1** Don't take any outbursts or strange behaviours that are directed towards you as personal – they are just part of the anxiety response

**2** Sometimes it is helpful to cry

**3** Don't blame yourself for the person concerned having developed anxiety

**4** Recognise that you are likely to be the 'rock' in the person with anxiety's life and the source of strength you can be to that person

**5** Encourage time out and sharing sessions; telling each other how your day has been

**6** When anxiety is high, encouraging the person concerned to go for a walk, or engaging them in other distractions can be helpful

**7** Challenge appropriately any distorted thinking

**8** Offer encouragement by saying things like "you'll get there", "you've been here before and you got through"

**9** Don't feel under pressure

to fix the situation – it can't always be readily fixed; this takes time

**10** Be dependable. Be prepared to say the same thing over again and to provide comfort

**11** Look out for the small/early signs of anxiety

**12** Try to talk openly about the anxiety

**13** Try not to lose your temper

**14** Know what helps the person concerned to relax (listening to music, meditating, exercising, writing a journal etc.)

**15** Encourage the person concerned to write down their anxious thoughts

**16** Don't behave differently or cancel plans all the time – keep living your life (this helps the person concerned feel closer to normality and avoids them feeling guilty about the impact of their anxiety)

**17** Be open to cancelling but equally, provide encouragement to carry on whenever possible (this might entail trying out a shorter version of the plan or taking some initial steps towards it)

**18** Hugs are important!

**19** Be patient – anxiety can be chronic

**20** Ask the person what they need – don't just fire off advice at them. The person concerned may wish to talk, but equally they may prefer to sit down and rest through the anxiety in peace

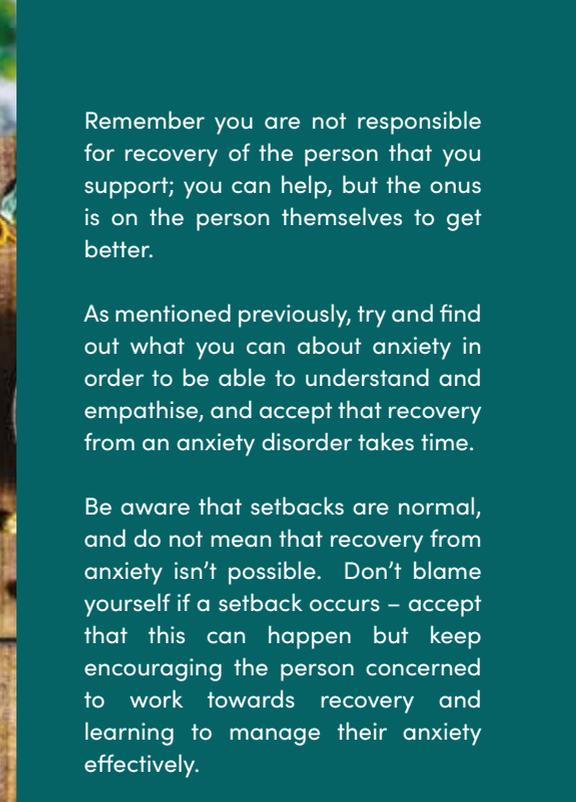
**21** Make sure your relationship doesn't become just about anxiety – ensure that you do fun things together

**22** Remind the person concerned of breathing techniques when in the midst of an anxiety attack and that the attack won't last forever

**23** Understand that change is difficult for someone living with anxiety

**24** Don't assume that you are being ignored if you do not get a response from the person concerned; often those with anxiety are engaged with inner monologues that can cause their attention to be deflected inwards

**25** Say, "it's OK to not be OK" Say. "So What" to 'What if' statements!



Remember you are not responsible for recovery of the person that you support; you can help, but the onus is on the person themselves to get better.

As mentioned previously, try and find out what you can about anxiety in order to be able to understand and empathise, and accept that recovery from an anxiety disorder takes time.

Be aware that setbacks are normal, and do not mean that recovery from anxiety isn't possible. Don't blame yourself if a setback occurs – accept that this can happen but keep encouraging the person concerned to work towards recovery and learning to manage their anxiety effectively.

# Young caregivers

It is important when looking at the issues surrounding caregivers that we do not forget that nearly 1 million young people under the age of 18 are caregivers as well. Many of whom either care on their own or as part of a family. Young people care for the same reasons adults give care and provide care for family members who are disabled, suffering long term and / or terminal illnesses, suffering from poor mental health including anxiety, or are addicted to either drugs or alcohol. They carry out the same caring tasks - from domestic duties to emotional support to intimate personal care - as adult carers. This often has an adverse effect on their own mental wellbeing and development, even though, as they state, they are not different to other young people, they just do different things. Young caregivers need help with dealing with their own mental wellbeing issues including stress and anxiety. Such stress and anxiety can arise from:

- Not knowing what is wrong with the person that they are providing care for
- Being excluded from “care package” discussions as professionals can often hide behind the issues of “confidentiality”
- Not being recognised as caregivers
- Not being supported in their role
- Not knowing what the future holds for them.





# Supporting you

## Get enough time for yourself; it is important to have time to yourself in order to unwind and maintain your self-esteem

As a caregiver it is all too easy to forget to look after yourself but if you become drained or exhausted, you could become ill, and if you become unwell, how can you support someone else? This is particularly true for those that provide support for people living with anxiety because this role is often not recognised as a 'carers' role, but just simply something that is done. As such it is typical to find caregivers of those with anxiety left coping alone and without access to usual sources of support available to more recognised caring roles.

If you are a caregiver, whatever your age, it is vitally important to look after yourself. You may find it useful to monitor your own well-being periodically against this seven-point checklist:

### Do you?

- Get enough sleep? Is this sleep unbroken - if your sleep is being affected you could try practicing relaxation techniques with the person experiencing anxiety.
- Exercise regularly? Even a 15 minute brisk walk could help.
- Eat sensibly and appropriately - try to eat balanced meals including fresh fruit and vegetables at regular times in

order to ensure you get enough vitamins and minerals, and the energy you need. Anxiety UK has a guide to 'Nutrition and Anxiety' which provides more information.

- Monitor your self-talk; we all have negative thoughts, but don't let them take over.
- Smoke and/or drink? If you must, do so in moderation. Don't rely on alcohol to help you unwind.
- Get enough time for yourself; it is important to have time to yourself in order to unwind and maintain your self-esteem and sense of identity. It is not selfish to make time to pursue your own interests and needs - it is vital to have 'time off' from being a caregiver in order to remain an effective caregiver. Indeed, for many it is essential to take a break from the caring role.
- Have support and/or friends outside the situation; it is essential to retain links with the 'outside world' in order to keep things in perspective. You may find it useful to access therapy yourself and indeed to join a local carers' support group.

Caring for someone with anxiety can seem like an endless struggle but stay positive; recovery is possible.

# Useful contacts

## **Carers UK**

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

## **National Institute for Health & Care Excellence (NICE)**

[www.nice.nhs.uk](http://www.nice.nhs.uk)

Information correct at the time of production.

**Tel: 03444 775 774**

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## **Anxiety UK**

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**Established 1970**

**Registered charity no: 1113403**

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**This guide has been written by Anxiety UK, with input from Clinical Advisor Prof Karina Lovell.**

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