It is normal to feel nervous in situations in which we could possibly come under the scrutiny of others, whether they are strangers or people we know. For example, having to deliver a speech at a wedding, present a conference paper or host a seminar for work colleagues is likely to cause nervousness and anxiety before and during the performance.

However, for people with social phobia (sometimes known as social anxiety disorder), being the focus of other people's attention can lead to intense anxiety. They may fear being criticised, embarrassed or humiliated, even in everyday situations. For example, the prospect of eating in front of other people in a restaurant can be daunting for people with social phobia.

Social phobia can be generalised, where people fear a range of different social situations, including:

- performance situations [such as having to give a speech or being watched while doing something at work]
- situations involving social interaction [such as having a meal with friends, or making small talk].

Social phobia can also be specific — where people fear a specific situation or a few situations related to a specific fear [such as being assertive at work or with their friends].

**Signs and symptoms**

Common symptoms of anxiety that can be particularly distressing for people with social phobia include:

- excessive perspiration
- nausea
- diarrhoea
- trembling
- blushing and stammering when trying to speak.

These symptoms often cause further anxiety as the person fears others will notice. These are perceived as being very obvious by the person, but they are usually barely noticeable to those observing them.

People with social phobia try to avoid situations in which they fear they may act in a way that is humiliating or embarrassing. If avoidance is not possible, they endure these situations, but can become extremely anxious and distressed.

This can have a serious negative effect on their personal relationships, professional lives and ability to go about their daily routine.

Common thoughts that people with social phobia have are:

- “I just know I’ll get this wrong.”
- “I’ll look like an idiot.”
- “They’ll realise how stupid I really am.”
- “They can tell I’m so anxious.”

A diagnosis of social phobia may be made only if the problem is disabling or distressing and when avoidance behaviour isn’t attributed to a substance-use problem or a general medical condition. In people aged under 18, a diagnosis of social phobia may be made if they have displayed symptoms of the disorder for at least six months.

**How common is social phobia and who experiences it?**

Research suggests that 10 per cent of the Australian population experiences social phobia in a lifetime, with 4.7 per cent experiencing social phobia in a 12-month period. More women than men appear to develop the disorder (a ratio of about 3:2).

**What causes social phobia?**

Several factors are likely to increase a person’s risk of developing social phobia. These include:

- **Temperament:** Social phobia generally begins in the mid-teens and adolescents who are socially-inhibited or shy are particularly at risk. In children, clingy behaviour, shyness, crying easily and excessive timidity may indicate temperaments that could possibly put a person at risk of developing social phobia.

- **Learned/environment:** Some people with social phobia attribute the development of the condition to being poorly treated, publicly embarrassed or humiliated (e.g. being bullied at school).
• A family history of mental health problems: People with social phobia often have a history of mental health problems in their family. However, this doesn’t mean that a person will automatically develop anxiety if a parent or close relative has had a mental health condition.

Cognitive behaviour therapy (CBT)

CBT is the most commonly used therapy for people with social phobia. CBT is a structured psychological treatment, which recognises that a person’s way of thinking (cognition) and acting (behaviour) affects the way they feel. A professional using CBT to treat a person with social phobia will usually include cognitive therapy, graded exposure and social skills training.

The cognitive therapy component of CBT aims to assist people with social phobia to examine problematic ways of thinking and challenge these thought patterns. This includes working on the problematic thoughts and underlying beliefs about self and others.

As people with social phobia tend to avoid the situations that make them anxious, graded exposure is an important part of CBT. Therapists encourage people with social phobia to gradually put themselves in the situation (or situations) that cause anxiety in order to become increasingly more comfortable.

CBT can be conducted either in group sessions or individually. Group treatment is often recommended for the treatment of social phobia.

Psychoeducation

An important part of psychological treatment is psychoeducation. This relates to education regarding the symptoms of anxiety and why they occur. For example, people tend to be less fearful of symptoms if they are informed about the human physiological response to fear. People react to the threat of imminent danger with an acute stress response, commonly known as the fight-or-flight response, during which there are many physiological changes. Changes include: the brain releases hormones such as adrenaline, muscles tense and breathing becomes quicker.

Understanding the symptoms of anxiety and why they occur may assist the person to become less fearful of the symptoms themselves.

Understanding this process may also assist the person to understand the importance of breathing, relaxation and aerobic exercise. Often, breathing and relaxation strategies are also taught to minimise physical symptoms of anxiety and manage stress in general.

Medical treatments

Research shows that psychological treatments are the most effective in helping people with anxiety. However, if symptoms are severe, some medical treatments may be helpful.

Antidepressant medication

Some types of antidepressant medication can help people to manage anxiety. This is usually because anxiety and depression frequently occur together, and some types of anxiety are long lasting and these drugs are considered better to use over longer periods of time than benzodiazepines (see below).

The Therapeutic Goods Administration (Australia’s regulatory agency for medical drugs) and manufacturers of antidepressants do not recommend antidepressant use in young people under the age of 18.

The decision to start taking antidepressant medication should be made in consultation with a doctor after careful assessment and consideration. Stopping medication should only be done gradually, on a doctor’s recommendation and under supervision.

Benzodiazepines

Unlike antidepressants, benzodiazepines (sometimes called sedatives) are designed to be used only for a short time (two or three weeks) or if used intermittently as part of a broad treatment plan – not as the first or only treatment. They can help people cope with anxiety by reducing tension, without making people drowsy. Benzodiazepines are not recommended for long-term use as they can be addictive. If a person has become dependent, withdrawal symptoms may be quite severe.

A common withdrawal symptom is high anxiety, which can paradoxically worsen the problem and make it difficult to assess whether current anxiety is related to the social phobia or a result of long-term use of the benzodiazepines.

What treatments are available for social phobia?

Social phobia is treatable and seeking professional support is the first step to recovery. There are two main types of effective treatments for social phobia; psychological treatments will generally be the first line of treatment. In some severe cases, medication can also be effective.

Psychological treatments

Psychological treatments (talking therapies) have been found to be an effective way to treat anxiety. They may not only help a person to recover, but can also help to prevent a recurrence of anxiety.

• Increase normal breathing, relaxation and aerobic exercise. Often, breathing and relaxation strategies are also taught to minimise physical symptoms of anxiety and manage stress in general.
Helping yourself to recover from social phobia

Once a person with social phobia is receiving treatment, the process of recovery can be different for each individual. Recovery can involve both ups and downs, some days are easier than others.

The following tips may help:

• Talk to your doctor about a referral to a mental health professional who specialises in treating social phobia.

• Notice the thought patterns that contribute to your anxiety. Write these down and see if you can challenge them yourself. Then discuss them with a health professional you trust.

• Set yourself some realistic and small goals to help you manage stress better. For example, walk three times a week, join a yoga class and eat regular meals.

• Remember avoidance spreads; it seems that when a person begins to avoid one situation, it’s more likely they’ll avoid others. Try instead, to face situations step-by-step. Face your fears. Set realistic goals that are directed toward things you want to achieve.

• Learn and practise anxiety management techniques, such as breathing and relaxation techniques. If practised regularly, breathing and relaxation techniques can help reduce anxiety and stress in general. beyondblue’s website has information about reducing stress, including a guided progressive muscle relaxation exercise.

• Establish a routine. Allow time to work, but also make time to relax, do things you enjoy and spend time with family and friends.

• Maintain a healthy lifestyle. To reduce anxiety, get regular exercise, have adequate sleep, eat a balanced diet, and limit your intake of alcohol and other stimulants, such as caffeine.

For more information see the ‘Recovery and staying well’ section of the beyondblue website at www.beyondblue.org.au

How to help someone recover from social phobia

Family and friends can play an important role in helping a person with social phobia to recover. There are also ways in which you can help yourself to cope with caring for a person with social phobia.

• The more you know about the condition, the more help you will be.

• Acknowledge that the person has an anxiety disorder and is not just being difficult; the anxiety is a very real and distressing experience.

• Encourage the person to seek professional help by letting him/her know what services are available and offer to accompany the person when he/she visits the health professional.

• Don’t involve yourself in the person’s avoidance of objects or situations that make him/her anxious. Instead, encourage the person to face their fears step-by-step.

• If appropriate, offer practical support, such as being with the person when they face their fear – if that is what the person wants.

• Encourage the person to challenge unrealistic or anxious thoughts.

• Acknowledge any gains the person makes, no matter how small.

• Work with the person to re-establish a daily routine that includes enjoyable and/or relaxing activities.

• Encourage the person to maintain a healthy lifestyle and participate in social activities.

• Don’t expect too much too soon; recovery can take a while and there may be some ups and downs.

• Find emotional support for yourself – dealing with and caring for a person with social phobia can be difficult at times. You may need support too. This may involve attending a support group; individual, couple or family counselling; or educational sessions.

For more information see beyondblue’s free booklet ‘A guide for carers’, available at www.beyondblue.org.au or by calling 1300 22 4636.
Where to find help

A General Practitioner (GP) is a good person with whom to discuss your concerns in the first instance. A good GP can:

- make a diagnosis
- check for any physical health problem or medication that may be contributing to the anxiety
- discuss available treatments
- work with the person to draw up a Mental Health Treatment Plan so he or she can get a Medicare rebate for psychological treatment
- provide brief counselling or, in some cases, talking therapy
- prescribe medication
- refer a person to a mental health specialist such as a psychologist or psychiatrist.

It is recommended that people consult their regular GP or another GP in the same clinic, as medical information is shared within a practice.

Psychologists are health professionals who provide psychological therapies (talking therapies) such as cognitive behaviour therapy (CBT) and interpersonal therapy (IPT). Clinical psychologists specialise in the assessment, diagnosis and treatment of mental health problems. Psychologists and clinical psychologists are not doctors and cannot prescribe medication in Australia.

Psychiatrists are doctors who have undergone further training to specialise in mental health. They can make medical and psychiatric assessments, conduct medical tests, provide therapy and prescribe medication. Psychiatrists often use psychological treatments such as cognitive behaviour therapy (CBT), interpersonal therapy (IPT) and/or medication. If the anxiety is severe and hospital admission is required, a psychiatrist will be in charge of the person’s treatment.

The cost of getting treatment from a health professional varies. However, in the same way that people can get a Medicare rebate when they see a doctor, they can also get part or all of the consultation fee subsidised when they see a mental health professional for treatment of anxiety or depression. See beyondblue’s ‘Getting help – How much does it cost?’ fact sheet at www.beyondblue.org.au

For a list of General Practitioners, clinical psychologists, psychologists, mental health nurses, social workers and occupational therapists with expertise in treating mental health problems, visit www.beyondblue.org.au or call the beyondblue support service on 1300 22 4636.


Where to find more information

beyondblue
www.beyondblue.org.au
1300 22 4636

Information on depression and anxiety, available treatments and where to get help. You can visit www.beyondblue.org.au/anxietysupport for a list of services specifically for people experiencing anxiety, their friends and family. These services include national and state-based information and referral lines, face-to-face treatment and support services, and links to online information, support and treatment.

Lifeline
www.lifeline.org.au
13 11 14

Access to crisis support, suicide prevention and mental health support services.

mindhealthconnect
www.mindhealthconnect.org.au

Access to trusted, relevant mental health care services, online programs and resources.

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