

PeerZone Toolkit

Information resource list and samples

November 2018

The resource list

We have created a range of resources to suit different learning styles for 52 challenges in nine life domains. They are designed for an international English speaking audience.

For each challenge the information will include:

- What works in resolving the challenge or an overview of the challenge (versions with and without references to suit viewers' preferences)
- A brief activity for people with mental distress to explore and resolve the challenge
- A conversation guide for supporters
- A peer recovery story
- Links to further resources

Mental wellbeing (10)	Causes of distress; Responses to distress; Anxiety; Self-harm; Urge to die; Low mood; Obsessions and compulsions; Paranoia; Hearing voices; Dealing with crisis.
Physical wellbeing (6)	Exercise; Sleep; Diet; Drugs and alcohol; Smoking; Weight.
Self-management (6)	Self-stigma; Stress; Making personal change stick; Managing anger; Dealing with difficult thoughts; Understanding trauma.
Using services (6)	Finding services; Using peer support; Getting the most from appointments; Managing medication; Responding to diagnosis; Rights when using services.
Housing (5)	Finding a place to live; Dealing with landlords and neighbours; Household management; Safety at home; Relationships with flat mates.
Work (4)	Finding work; Disclosing mental distress to employers; Negotiating work conditions; Success in the workplace.
Income (4)	Getting out of debt; Optimising income; Saving for the future; Sticking to a budget.
Relationships (5)	Making friends; Family of origin; Healthy relationships; Intimate relationships; Conflict in relationships.
Purpose and belief (6)	Building self-esteem; Cultivating Acceptance; Enriching spirituality; Finding a contributing role; Finding hope.

Sample challenge

Dealing with anxiety: What works

Anxiety occurs on a spectrum, from 'normal' healthy anxiety to disabling and disruptive anxiety. It is an adaptive reaction that equips humans to assess risk, avoid threat and stay safe. Anxiety becomes a problem when it is severe or persistent enough to interfere with a person's day-to-day life and wellbeing.

Some people experience much more anxiety than others, as a result of stressful life events, trauma and adverse childhood experiences, physical health problems, substance use, personality traits and a family history of these types of experiences. Some psychiatric medications, including antidepressants and antipsychotics, may cause restlessness and generalised anxiety, a condition called akathisia.

What does anxiety feel like?

The physical and mental experiences of anxiety vary widely but they can all seriously impede a person's ability to engage in their usual lives.

Physical symptoms include:

- Breathlessness, increased heart rate, sweaty hands and feet, dry mouth, and restlessness or agitation in people with severe anxiety.
- Chest pain, choking and other symptoms that mimic a heart attack during acute anxiety or a panic attack.
- Elevated stress hormone (cortisol) levels, which contribute to sleep problems, fatigue, lowered immunity, gastrointestinal problems, weight gain and cardiovascular problems in people who experience ongoing anxiety.

Mental experiences include:

- Episodic or ongoing uneasiness, fear or terror.
- Feeling out of control.
- Excruciating sensitivity and hypervigilance.

Types of anxiety

Common types of anxiety include:

Generalised anxiety: Excessive worry and fear in general, causing tension, irritability, restlessness, fatigue, difficulty concentrating and poor sleep.

Social anxiety: Persistent fear or anxiety about interactions with others, being observed, or one's performance in social situations.

Panic attacks: Recurring unanticipated panic attacks, which are followed by an extreme fear that they might recur. This can result in persistent worry, avoidance and hypervigilance.

Phobias: Intense fear or revulsion about a specific object or situation, such as snakes, heights or flying, that leads to avoidance of some ordinary activities.

Anxiety is often associated with ongoing physical illness and with other forms of mental distress such as obsessions and compulsions, post-traumatic stress, depression, substance use and the urge to die.

What works?

A number of approaches can help with anxiety, including therapy, self-help, exercise and medications. There is a lack of evidence on the effectiveness of herbs, supplements and diet at the present time. It can be helpful to avoid caffeine and alcohol.

These approaches are often used together. The most important predictor of a good outcome from any therapy is the quality of the relationship with the therapist and the person's belief in the approach.

Cognitive behaviour therapy (CBT): CBT is a group of therapies in which the person develops understanding and new responses to problems from a behavioural or a cognitive framework. CBT has been shown to be effective for anxiety and is a common treatment for all types of anxiety.

Exposure therapy: Exposure therapy helps to reduce anxiety through management strategies and controlled exposure to the situation or object that triggers anxiety. Virtual or augmented reality exposure with a therapist, which creates exposure via computer-generated scenarios, is showing some promising results.

Mindfulness-based therapies: Mindfulness is an approach where people focus their awareness on the present moment and accept their feelings, thoughts and bodily sensations. It is particularly effective for reducing feelings of anxiety, worry and anger.

Self-help: In self-help people actively work on their own anxiety. This may be done with a paper workbook, a computer programme or an app. It may be done alone or involve some guidance. Self-help is effective although less so than face-to-face interventions. It is especially effective for social anxiety and panic, and when telephone or face-to-face support is provided by a professional.

Exercise: Exercise is effective in the management of anxiety, as an adjunct to other approaches or as the main strategy. Any type of exercise is beneficial although the largest body of evidence supports aerobic exercise. Yoga and Tai Chi are also beneficial. The general 'rules' of exercise for anxiety management are: the more exercise the better, duration is more important than intensity, activity can be accumulated in 10-minute sessions, and lifestyle activities are more likely to be sustained than structured exercise sessions.

Medication: Medication is usually a second-line treatment after CBT. A range of medication may be used based on the form of anxiety being experienced. Medication prescribed can include antidepressants, antipsychotics, benzodiazepines, beta blockers, mild tranquilisers or anticonvulsants. It pays to remember that all drugs can have unwanted effects, which may outweigh the benefits.

More information

Websites

Mental Health Foundation – Anxiety: www.mentalhealth.org.nz/get-help/a-z/resource/5/anxiety

Beyondblue: www.beyondblue.org.au

Anxiety Disorders Association of Canada: www.anxietycanada.ca

Anxiety Slayer: www.anxietslayer.com

Medication

Anxieties.com – Introduction – Common Medications for Anxiety Disorders:
<http://www.anxieties.com/152/introduction-common-medications-for-anxiety-disorders#.VnMfT0p94dW>

Therapies

Bemindful.co.uk – Understanding mindfulness: <http://bemindful.co.uk/understanding-mindfulness/mindfulness-based-cognitive-therapy/>

Helpguide.org – Therapy for Anxiety Disorders:
<http://www.helpguide.org/articles/anxiety/therapy-for-anxiety-disorders.htm>

USC Institute for Creative Technologies – Bravemind: Virtual Reality Exposure Therapy:
<http://ict.usc.edu/prototypes/pts/>

MBCT.com – Your Guide to Mindfulness-Based Cognitive Therapy: <http://mbct.com/>

The Anxiety Network – What is Cognitive-Behavioral Therapy?:
<http://anxietynetwork.com/content/cognitive-behavioral-therapy>

Scientific American – Virtual Revulsion Therapy: Pixelated Pests Help Treat Cockroach Phobia:
<http://www.scientificamerican.com/article/augmented-reality-therapy/>

Apps

Self Help for Anxiety Management (Android & iPhone)
<https://play.google.com/store/apps/details?id=com.uwe.myoxygen&hl=en>

<https://itunes.apple.com/nz/app/self-help-for-anxiety-management/id666767947?mt=8>

Breathe2relax (Android & iPhone)
<https://play.google.com/store/apps/details?id=org.t2health.breathe2relax&hl=en>

<https://itunes.apple.com/nz/app/breathe2relax/id425720246?mt=8>

Dealing with anxiety: Activity sheet

Anxiety can be a useful tool to recognize thoughts and feelings that might be hiding under the surface. Exploring what causes you distress and then learning skills to deal with anxiety can help you feel more in control.

1. Identifying my anxiety

I get anxious when	How much 1 (not much) to 5 (massively)	Bodily sensations	Thoughts
Example: <i>I go into stores.</i>	3	<i>Shaky, heart racing.</i>	<i>'People are looking at me.' 'I'm doing something stupid.'</i>
Example: <i>I have to talk in front of strangers.</i>	4	<i>Shaky, tightness in throat, sweating.</i>	<i>'People will judge me.' 'I'll stumble over my words.'</i>

2. Minimising the impact of my anxiety

Did you notice any patterns in your examples above? What thoughts and practices can you use to reduce your anxiety? See the 'What works' paper if you want some ideas.

The pattern I noticed in my bodily sensations or thoughts	What I can do to lessen my anxiety
Example: <i>I often worry others will think I'm stupid.</i>	<i>Tell myself: 'I know I'm not stupid, I won't worry about what people think.'</i>
Example: <i>My breathing gets faster when I'm anxious.</i>	<i>Practice controlled breathing.</i>

3. Imagining better outcomes

Anxiety can result from imagining the worst that could happen, even when it's highly unlikely to happen. It's possible to think instead about an outcome you want, and to make steps towards that outcome, to help steer yourself away from anxiety.

What I imagine could go wrong	What is an alternative outcome I can imagine
<i>Walking into a store, I might do something stupid or embarrassing.</i>	<i>Walking into a store, I smile and say something friendly to the staff, and they do the same back.</i>

Dealing with anxiety: Supporter's guide

Issues to look out for

Most people appreciate someone who will listen, without judgement, and who will collaborate with them to work out what they need. As a supporter let them know you are there for them – that you will listen if they need to talk, or just sit with them if they don't.

Avoid telling the person to 'calm down' or 'just relax'. Disabling anxiety is very different from the day-to-day experience of anxiety that most of us have. Anxiety creates thinking patterns and physical symptoms that sustain and increase anxiety and distress. People start to fear the anxiety itself.

Leading questions

Anxiety can be a useful tool to recognise thoughts and feelings that might be hiding under the surface. Exploring what causes distress and then learning skills to deal with anxiety can help a person to feel more in control. Here are some questions to help you get going, or you can suggest working through the activity sheet.

1. Do you get a lot of unhelpful advice about dealing with anxiety? What are unhelpful things?
2. You have been living with this for some time. What have you learned about dealing with anxiety?
3. What doesn't anxiety get in the way of?

Check list of approaches and therapies

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Exercise: Exercise is effective in the management of anxiety, as an adjunct to other approaches or as the main strategy. i.e. the more exercise the better, duration is more important than intensity.

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Dealing with anxiety: Kylie's recovery story

I've had anxiety practically my whole life. It began when I was 14 and woke up out of a coma with amnesia. While I was in hospital with my first psychosis, I became convinced that I was in prison being interrogated. When I was discharged I thought that I was breaking out of prison and that my mother and I would get into trouble.

When I was recovering at home, I did not speak for four months. I stared at the white wall, not sleeping because I was anxious in the dark. I didn't want to sleep for fear of falling back into the blackness of the coma. I had constant anxiety.

I've had many panic attacks from severe anxiety. When going through numerous psychotic episodes I would have anxiety. I would think to myself, 'What if I don't fulfil my mission and save the world?'

I've been a peer worker for six and a half years. Once I was on a work retreat and I attempted to walk out on a wire 14 metres off the ground. I had a panic attack. I had to slow my breathing and basically get through my panic attack on my own. I managed to do this and I see this moment as a very empowering experience. Panic attacks on the ground didn't have the same power over me after that.

I use medication, a psychologist and a psychiatrist. Writing down my thoughts greatly reduces my anxiety. One thought would lead to another thought and that's why I got anxious. Writing is very therapeutic for me. As long as I can do a reality check and know that everything is OK then I can get through my anxiety. When I can't get it out of my head, I do a reality check with my colleagues, friends or family. As soon as I feel relief that the event was not as bad as I thought, I begin to relax.

Recently I had a car accident and I started having a panic attack. People who had witnessed the incident helped to slow my breathing and kept reassuring me that I was OK and safe. As a result of the car accident I spent some time in respite. Over a two-week period, I got some support and my anxiety was reduced significantly. Knowing I had support helped my anxiety because the stress did not lead to more stress. If respite places had been available during past times of mental distress, it would most definitely have reduced my hospitalisations and anxiety experiences. I'm grateful that early intervention is now a reality.