Psykiatri

Treatment of anxiety

This leaflet has been given to you because you have been diagnosed with anxiety, or because you are suspected of suffering from anxiety.
If you would rather read this information on your phone, you can go to www.psykiatri-regionh.dk/angst (in Danish) or scan the QR code with your phone.

Treatment options

The mental health services offer treatment for anxiety in the following ways:

- A time-limited outpatient treatment programme for people with generalised anxiety disorder. The programme is offered at several locations by the region's mental health services and is the same throughout Denmark, so everyone receives the same examination and treatment.
- An 18-month outpatient programme for people who have suffered from severe anxiety for several years, and may suffer from other mental disorders and have a low functional level. This offer is a regional function.

If necessary, you can always be admitted to an inpatient unit.

A time-limited outpatient treatment programme for people with generalised anxiety disorder

The treatment programme runs for about four months, and is carried out by doctors, psychologists, nurses, social workers and physiotherapists. The treatment targets your anxiety disorder. The therapy is therefore not aimed at personality development or tackling life crises.

Startup

The programme starts with one or more interviews to talk about your treatment and diagnosis. The doctor will then work with you to draw up a treatment plan. During these interviews, you will also discuss your previous experiences with medication and any medication you may currently be taking, and you will agree whether to continue on or gradually phase out your medication.

Group sessions

Your treatment plan might consist, for example, of:

- 12-14 weeks of group therapy, once a week during the daytime. Your programme targets the specific anxiety disorder that is troubling you. Groups normally consist of 8-10 patients and two therapists (doctor, psychologist or trained therapist).
- Group sessions are offered as standard treatment. In special cases, following a professional assessment, a programme of seven individual sessions can also be offered.

Some people are sceptical about group therapy. We try to address any concerns you may have by offering you an interview with a therapist before the group sessions start, and by having an ongoing dialogue about your concerns. At the end of the programme, most people report that the group therapy has been great and contributed to a good result.

Cognitive behavioural therapy

Various forms of therapy with documented effect are used, and you work with the strategies between therapy sessions. These include cognitive behavioural therapy, which helps you understand and change the thoughts that are behind your anxiety, so you can change your behaviour and respond to anxiety in a more appropriate way.

Metacognitive therapy

Metacognitive therapy focuses on stopping you from overthinking about worries and ruminating, and on overcoming any tendency you may have to focus on threats and dangers. You also find new ways to interact with your thoughts, and manage how much attention you give to the thoughts and feelings that plague you.

ACT (Acceptance and Commitment Therapy)

ACT focuses on your values and living a life in step with them. We work with your relationship to your thoughts and changing behaviour in the direction of living a life with value.

Learning about mental illness (psychoeducation)
Understanding your disorder makes you more aware of your symptoms and illness patterns. By gaining insight into the factors that have triggered your anxiety disorder, you will find it easier to recognise the symptoms and cope with them if they recur. Psychoeducation is offered for both you and your relatives.

Focus on recovery
The primary aim of the treatment offered by the mental health services is to give everyone a chance to get well again, develop and live a meaningful life – despite the challenges of having a mental illness. This is also called recovery. Recovery is a personal journey towards a fulfilling life, with or without symptoms of mental illness.

Key points of the recovery process can be:

- Self-determination
- Hope and optimism
- Holistic approach
- Support from professionals and networks
- Self-awareness.

Talk to a recovery mentor
All professionals in the mental health services contribute to the recovery process. Over 100 recovery mentors are currently employed in the mental health services. They have experience with mental illness and draw on this as real expertise that can help others make progress. If you would like to talk to a recovery mentor, ask your contact person about the possibilities.

The Recovery School in the Capital Region of Denmark also offers a wide range of courses for current or former patients and their relatives.

Therapy can be demanding
Therapy treatment can be demanding, because you largely have to 'do the work yourself' and practise doing the things you are afraid of. You might therefore also feel that your condition worsens at first, because you are confronted with everything that triggers your anxiety.

Medical treatment in parallel
Some will benefit from a programme consisting only of therapy. But for many, a combination of therapy and medical treatment will have the best effect on their anxiety disorder. For example, antidepressants can reduce anxiety, making it easier to work with.

Everyone doing the treatment programme is offered a consultation with a doctor to discuss possible medical treatment and any side effects.

Except in the case of agoraphobia, where medication has no effect.

Your relatives and family are important
When your relatives understand your illness, it is much easier for you all to work in the same direction. Your relatives can therefore play a valuable and supportive role during your treatment. Your relatives can take part in education about your illness, or in sessions with therapists as a couple, family or in relation to your children.

Crisis plan and network meeting
During your treatment, you will work with staff to draw up a crisis plan. A good crisis plan is based on your knowledge of when you need support from others and what helps you if you start to feel poorly. You draw up the crisis plan together with the staff. The aim of the plan is to help you worry less about small crises and prevent big ones.

Your treatment programme may also include one or more network meetings with staff, attended by all parties relevant to your treatment, to make plans and agree on the next steps. This can be in relation to education, work, substance abuse, your financial affairs etc.

Discharge
Some continue treatment after the programme has ended, with their own doctor, a psychologist or psychiatrist in private practice, or under the relevant municipal services. In special cases, the treatment programme can be extended or repeated.

Timing and attitude are key
To get the most out of the programme, it is important that you have a genuine desire for change. This means, for example, giving priority to attending your appointments and devoting time to working with your anxiety and building new response patterns between sessions.

It takes a major, concentrated effort to work with an anxiety disorder using psychotherapy, especially after living with it for many years. It is therefore not a good time to embark on such a treatment programme if you are going through an acute crisis or experiencing major changes in your life that consume much of your focus and energy.

Treatment effect
In the Capital Region of Denmark, 50-60% of patients treated by the mental health services experience an effect from the treatment. An effect that compares favourably to other countries. This is due to the treatment being well-organised, and the therapists being up-to-date with the latest research and genuinely interested in the issues each patient faces.

18-month programme for people who have suffered from severe anxiety for several years (regional function)

If you have suffered from severe anxiety for several years, or have other mental disorders or debilitating somatic illnesses, you may be offered a special 'regional function' programme.

This is an 18-month programme consisting of:

- intro sessions
- group therapy concurrently with individual sessions
- follow-up through individual sessions.

The programme also offers the same involvement of relatives and network meetings etc. as the programme for generalised anxiety disorder.

More knowledge and counselling

Psykiatriguiden – overview for patients and relatives
In Psykiatriguiden, we have gathered all relevant information about mental illnesses, types of treatment and treatment programmes offered by the mental health services of the Capital Region of Denmark. You can also read about being a relative of a person with a mental illness.
Find Psykiatriguiden (in Danish) at www.psykiatri-regionh.dk/psykiatriguiden or by scanning the QR code with your phone.

Living with mental illness
You can find specific tools designed to help you in your everyday life at www.psykiatri-regionh.dk/hverdagen (in Danish) or by scanning the QR code with your phone.

Counselling from PsykInfo
At PsykInfo in the Capital Region of Denmark, nurses with experience from the mental health services offer telephone or personal counselling to both patients and their relatives. You can read more at www.psykiatri-regionh.dk/Psykinfo (in Danish) or call 38 64 13 00. You can also scan the QR code with your phone.