Leicestershire Partnership NHS
NHS Trust



Moving Forward

Coping with persistent physical symptoms that have not been helped by treatment

A Guided Self-Help Approach

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Learning to cope

Many people in the UK are faced with problems linked to having to live and cope with physical symptoms that don't get better with medical treatment. You may experience these symptoms as being disabling, you may also suffer pain and discomfort.

Your doctor/ nurse may have been unable to explain why you are suffering with your symptoms. Sometimes it may have felt as if the realities of your symptoms are being doubted. This may have affected your relationship with the doctors and nurses trying to help you.

The aim of this work book is to help you to:

(1) Explore the multiple reasons that there may be to explain your physical symptoms.

(2) Learn a relaxation technique that will ease tension, lower blood pressure and create enough calm to think more clearly.

(3) Spot your own critical and/or fearful thoughts and images and explore how this affects your mood and behaviour. Use this section to learn to look at things in a more realistic and compassionate way.

(4) Activate new and different behaviours and finally.

(5) Plan for a less stressful future.



Section One

Are there multiple reasons for why people can experience physical symptoms?

Yes there are!

Have a look through the information below – These are all reasons why people experience physical symptoms.

1. There is an identifiable physical cause that can be diagnosed. It is important that you and your doctor are able to rule out any illnesses or conditions that may cause the symptoms. You can help with this.

    - Make sure that you see the same doctor whenever possible.
    - Keep your own records of the physical investigations that you have had.
    - Remember the medical expertise rests with your doctor – the internet is no substitute.
    - Work together as allies. You both want the same things.

If the case is that you have exhausted the obvious physical causes please consider these other possible reasons for your physical symptoms.

2. A large amount of research has found that psychological trauma has negative effects on physical health. Traumatic events are powerful and upsetting incidents that intrude into daily life. They are usually defined as experiences which are life threatening, or where there is a significant threat to one's physical or psychological wellbeing.

    - Current thinking is that when people experience trauma it can bring about chemical changes in the brain. These changes may have biological, as well as psychological effects on one's health.
    - You will have heard people talk about being 'paralysed with fear' and being 'frightened to death' there can be no doubt that the fear response can lead to physical symptoms.

Accounts of how fear can lead to people experiencing physical symptoms can be found from as far back as a battle that took place in 490 BC.

Have a read of the account given about the battle.

In this battle that was fought at Marathon there were slain of the barbarians six thousand and four hundred or thereabouts, and of the Athenians one hundred and ninety and two. In the battle also there happened this marvel. A man of Athens, Epizelus by name, the son of Couphagoras, fighting in the press, and bearing himself bravely, was of a sudden smitten with blindness, and this without being wounded any where in the body or stricken at all. And he was blind for the remainder of his days.

3. Researchers have found that when we have given ourselves a scare about our wellbeing and future wellness, many people become over aware of their bodily sensations. A good example of this is when a person pulls a muscle in their chest which worries them. As a result of this the person starts checking their heartbeat and breathing. The very action of checking triggers anxiety which in turn increases heartbeat or breathing and sets up a cycle. Heightened bodily sensitivity is found in many people with irritable bowel syndrome, Fibromyalgia and chronic fatigue syndrome.

Please read the true account below – It may help to illustrate how a scare can lead to our senses becoming more switched on.

<u>Bird Flu and the Common Thrush</u>

I was training a group of about 20 health professionals to understand the ways that our thinking can sometimes lead to us having problems. The people being trained didn't seem to be getting the message. It was a bright sunny day and so we stopped for a coffee break. You may remember that a few years ago people were feeling quite scared about 'Bird Flu'. I joined the group outside and decided to try and carry out a live experiment.

I told them that that I had heard on the radio that 'Bird Flu' was now known to be carried by the Common Thrush. (I made this up). When we met up again after coffee I asked the group how many of them had seen a thrush while they had been sitting outside, 15 people put their hands up. I then asked them how many people had seen a thrush the day before. The answer was – none of them. When I asked them to describe the bird they had seen the descriptions sounded like Crows, Jays, Robins and Sparrows but definitely not Thrushes.

Clearly what had happened was that the group's fear of 'Bird Flu' led to them seeing what they feared despite actually seeing very little.

Can you think of times when your senses have been oversensitive? Make a note of these times and what happened.

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4. Panic - An individual having a panic attack will experience bodily symptoms in a catastrophic manner. For instance the feeling of having a pounding heart can be mistaken for having a heart attack and breathlessness as suffocation. The initial trigger for panic can often be a thought, a memory, an image or a bodily sensation. In some instances the cue can be something like a crowded supermarket which is seen by the sufferer as being threatening. Quite often the original threat is overtaken by the fear of having more panic attacks in situations where the outcome will be shaming, embarrassing or endangering.

It is likely that people who feel symptoms of panic will be troubled by 3 main factors:

They will become over aware about the bodily symptoms that they are experiencing and start to look for them. This behaviour is known as **selective attention**.

They will start to avoid situations like lifts, gyms and cars that they think are associated with symptoms of panic. This gives power to the fear- "If I fear it to the point where I avoid it then it must be really scary". This is termed **avoidance**. Panic attacks can sometimes lead to agoraphobic avoidance of situations where escape may seem difficult and help unavailable.

Safety behaviours refer to those behaviours that people who experience panic use to stop feared situations from happening. These might include carrying a portable blood pressure machine or a brown paper bag to breathe into.

What are your thoughts about your own experiences of feeling panicked by your worries about your physical health?

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5. Feelings of anxiety can be experienced as physical symptoms and pain. Have a read through the list below. It may be that by improving our mood, feeling calmer and managing our anxiety will reduce or even banish some of our physical symptoms.

Palpitations - Heart Beating Hard and/or Fast or Pounding

People can often experience anxiety that leads to a conscious, unpleasant awareness of their own heartbeat, or can become aware of skipped or stopped beats. Palpitations can be felt in the chest, throat, or neck and often accompany emotions such as excitement or fright. Everyone experiences palpitations at some time in life. Pounding of the heart, brought on by strenuous exercise or strong emotions, is rarely associated with serious disease. The body is just preparing you to run or fight or escape.

Sweating - Perspiration

Anxiety will often lead to increased sweating. In most cases, sweating is perfectly natural, especially when exercising, or hot, or if something has happened to cause you to feel angry, embarrassed, nervous, afraid, or anxious. The body is just trying to cool you down.

Trembling or Shaking

Trembling or shaking can be associated with fatigue, stress, anxiety, anger, or rage and is associated with blood flowing to the extremities of the body.

Shortness of Breath - Breathlessness - Difficulty Breathing

Sometimes emotional distress, such as anxiety, can lead to difficulty breathing. A sensation of difficult or uncomfortable breathing, or a feeling of not getting enough air is common when feeling anxious.

Difficulty Swallowing

Sometimes emotional distress, such as anxiety, can lead to difficulty swallowing. Quite often people experience a sensation that food is stuck in the throat or upper abdomen. This may be felt high in the neck or lower down, behind the breastbone.

Sharp Pains in the Chest

Sometimes described as a heaviness, pressure, or discomfort in the chest. When faced with unexpected chest pain, it is normal for people to fear the worst because chest pain is a symptom to which many people think "heart attack." Nevertheless, chest pain can have many causes unrelated to the heart. Sometimes being caused by increased tension or by feelings of panic.

Abdominal Pain - Stomach Pain

This is a symptom that may be associated with anxiety or strong emotions. Some symptoms do not occur within the abdomen itself, but cause abdominal discomfort.

Nausea and Vomiting

Nausea and vomiting are controlled by the central nervous system. Nausea is controlled by a part of the nervous system that controls involuntary bodily functions. Vomiting is a reflex controlled by a vomiting center in the brain. Vomiting can be stimulated by various triggers, such as smell, taste and anxiety.

Dizziness - Lightheadedness - Faintness

Dizziness is a feeling of faintness or light-headedness, making it difficult to maintain balance while standing or sitting. A persistent light-headed feeling without other symptoms is often due to anxiety, rather than a brain tumor or other hidden disease. If it is severe, some anti-anxiety medications can help treat light-headedness and dizziness.

Hot or Cold Flashes

A short lasting feeling of "warm or cool" sensations in the upper body. Sometimes emotional distress, such as anxiety, can lead to hot or cold flashes.

So we now know that there are many reasons why people may experience physical symptoms. If you and your doctor have looked into possible illnesses or conditions that may be causing your symptoms and nothing has been found why not spend some time exploring whether by improving your psychological health can lead to fewer physical symptoms?

If you would like to learn more about the body and the links with stress please spend some time looking at Appendix One at the end of the manual.

Section Two

The importance of Relaxation

Negative emotion of any sort takes its toll on the body. Short, sharp emotions like anxiety and anger cause the body to tense up in preparation for action. Longer acting emotions like depression are associated with either tensions or fatigue. These muscular states are not mere products of the negative emotion, but rather are part and parcel of it. If you succeed in interrupting the muscular tension, you begin the process of impacting on the negative emotion itself. Relaxation techniques have been developed which enable people to actively create a state of muscular and mental relaxation, even when they are wound up and tense. These techniques work to create their relaxing effect by interrupting existing muscular tension states. By practicing relaxation strategies people can help break down tension and promote a relaxed state of mind. Regular practice of these relaxation exercises can do something better, which is to help keep tension from returning.

Progressive Muscle Relaxation or PMR is a technique for creating muscular relaxation. It is safe and easy to do; it costs nothing, and requires only around 20 minutes to make happen. PMR has been shown to help people's physical symptoms in a wide range of conditions including high blood pressure and Angina. The technique is based on two observations: 1) that muscles can be actively tensed, but not actively relaxed (relaxation depends on a "letting go" process, not a tension-producing one), and 2) that it is easier to relax and "let go" a muscle after it has just been tensed up, than it is to relax a muscle which has not been tensed up. A person practicing PMR first tenses and then let's goes different muscle groups in sequence until they have tensed and then relaxed every muscle group in the body. By the end of the tension-relaxation cycle the body has entered into a deeper state of relaxation than would otherwise have been possible.

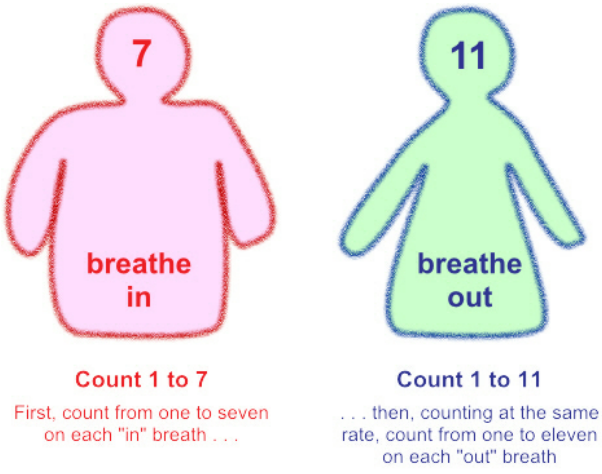
Rate just how relaxed you feel on a scale of 1-100 where 1= totally relaxed and 100 = very tense. Now listen to your relaxation CD or click onto the relaxation download www.Changingmindscentre.co.uk and have a go. Remember you will need to make sure that you are in a place where you feel warm and comfortable and that you won't be disturbed. Upon completion of the PMR re-rate your levels of relaxation.
Learning to relax in this way does take practice but the rewards can be realized in only a few weeks. Take time 2-3 times a week and be more relaxed.

Once you have begun to master this technique you may find that your thinking is calmer and more clear. Have a read through the next section of this guided self help manual and see if you can make your thinking more helpful and your symptoms less distressing.

7-11 Breathing

This exercise is designed to regulate your breathing if it becomes disturbed as a result of your stress levels rising quickly. It also helps relax you by stimulating your parasympathetic nervous system so long as you ensure your "out" breaths are longer than your "in" breaths.

- Assume a comfortable position if possible and close your eyes if you wish.
- Count to seven in your head (over a period of about 4-5 seconds) and then count to eleven in your head (over a period of about 7-8 seconds). You do not need to be precise, this will just give you some idea of the length of your "in" and "out" breaths.
- Take a slow breath in to the count of 7.
- Hold for a few seconds.
- Release your breath "out" in a controlled and slow manner to the count of 11.
- Hold for a few seconds.
- Repeat as necessary (usually it is necessary to do this at least 5-6 times in order to feel any real benefit. You may continue for as long as you feel comfortable).



Section Three

Why look at my thinking?

Research and experience shows us that how we view a situation (what we think about it) affects how we feel (our mood) and what we do about it (our behaviour).

eg

Situation	Thought (way it is viewed)	Feelings (mood)	Behaviour
Offered a cake by a friend	Great, I am so hungry	Hunger, excitement, happy	Say thank you and eat it quickly!
			

However, the same situation can be viewed (thought about) very differently by different people or by the same person depending on their mood and circumstance. Think about the thoughts, feelings and behaviour the above person would have if they were worried about their heart or were trying to loose weight! Have a go at filling in the words and/or pictures below.

Situation	Thought (way it is viewed)	Feelings (mood)	Behaviour
Offered a cake by a friend			

Research has found that for all of us, when we are depressed, stressed, tired, low, scared, feeling bad or cross our thinking automatically becomes distorted in overly harsh and unrealistic ways. It is almost like we are looking at any situation through a pair of dark coloured glasses that affect the way we see it (as opposed to rose tinted glasses!).



Do not blame yourself for this. Unhelpful thinking is not deliberate, we do not do it consciously and we are all capable of getting caught up in these vicious cycles. This is especially the case if we have been experiencing uncomfortable symptoms or pain.

We can, however, learn how to become more aware of our thoughts and images, the impact of them, and learn to look at things in a more realistic and often kinder way.

This is skill to learn, your concerns about your health and wellbeing may make it hard to learn, but it can be done. This booklet should help. It may also help to use the support and skill of your wellbeing worker and/or a friend.

Step 1

Become aware of your automatic thoughts and images, and their impact on your feelings

This is a skill to learn, and will take practice. Thoughts are hard to spot, they whizz through our heads so quickly, and because the thoughts we are interested in are worrying, people are often reluctant to consciously try and think about them. The aim is to become curious without being self critical of these automatic thoughts, what situations trigger them and how they affect your feelings and behaviour.

Use the record sheets (within this manual) on a regular basis throughout the day; keep them and a pen with you.

- Look to your physical and emotional **feelings or sensations**. If you notice any unpleasant feelings, try and label these feelings, make a note of them and how strong they are (0-100 max).

- Next make a note of the **situation** that you have just been in (when, where, who with, what were you doing).

- Then think back to the start of the situation, play it through your mind slowly asking your self what **thoughts** or **images** went through your mind which may account for the upset. Write the thoughts down, and how strongly you believe them (0-100 completely).

- Finally, make a note of what you did (your **behaviour**) as a result of the thoughts.

Example Thought Record

Feelings (strength 0-100)	Situation	Thoughts (belief 0-100)	Behaviour
Guilty about asking for reassurance (70) Scared and panicky (90) Sad and lonely (80)	On my own, but had just got a text message to invite me to meet up with some old friends. Worried that that may notice how drawn and tired I look.	I can't go, I won't be able to cope with going out and being chatty with people. The effort may also set me back.	Replied to say I couldn't make it. Went to bed and cried. Noticed symptoms even more

Step 2

Look at your records and examine how accurate and fair your thoughts are

When our mood is low, when we are tired, stressed, angry or feeling bad in some way, we find that our thoughts become distorted. Research has shown us that there are several 'unhelpful thinking errors'* that we automatically make. The important thing is to examine your thinking and check that you do not believe these thinking errors. Instead look at the situation and the evidence in a fair and realistic way. There are ways of learning to examine your thoughts systematically and fairly.



Use the following questions, answer as many of them as you can in the last column on the thought record. Try to summarise a more realistic and kinder view point and maybe make an action plan. Then re-rate the strength of your feelings and how strongly you now believe your original

thought - at the start, they may still be high, but maybe slightly less (which is an improvement). With practice the side of you that can stand back, observe and question your thinking and actions, becomes stronger.

We find the people who do keep the diaries regularly and refer to these questions regularly benefit the most.

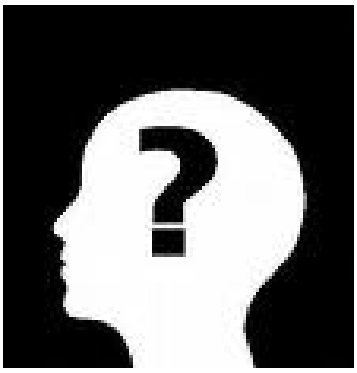
Testing the Reality of unhelpful thoughts – Reaching a fair and realistic response

1. What is the evidence? Do I have any evidence to support it (facts, not assumptions)? Is there any evidence that may suggest it is not true? Would other people say the evidence supports the thought? If not, what other conclusions may they or you draw instead?

2. Is there an alternative way of looking at this?

3. Is there an alternative explanation for my symptoms?

4. What is a less extreme way of looking at the situation? How would my more compassionate and rational side view this?



5. How would someone else think about the situation? How would they react? Can you ask other people?

6. When I am good and calm what would I say to someone else thinking and feeling like this? Imagine they were in front of you, what would you say, what would you suggest they do?

7. What thinking errors am I making?

See the Unhelpful thinking errors on the next page.

Unhelpful Thinking Errors

* UNHELPFUL THINKING ERRORS	
Mind reading	Assuming we know what someone else thinks (e.g. They think I'm making things up).
Fortune telling	When we assume we know what will happen (e.g. It will go wrong).
Jumping to conclusions	Making a conclusion with no evidence (e.g. It was my fault the doctor seemed in a bad mood).
Selective focussing	Overly focussing on and estimating the negative and ignoring or minimising the positives (e.g. The symptoms are unbearable, so my own health is dreadful).
Black and white thinking	Thinking in all or nothing terms (e.g. No one listens to me me: This always happens).
Shoulds and musts	Putting pressure on yourself by saying you should or must, totally blaming our self for situations that are not our sole responsibility (e.g. It was my fault my wife was late I should have told her to go without me.
Catastrophising	Imagining that the very worst will happen, taking one negative and making it into a disaster (e.g. My boss was annoyed with me, I will get the sack, and lose our house).
Judgements	Making judgements about events, ourselves, others or the world, rather than just describing what we see and have evidence for (e.g. No where is safe for me).
Self criticism	Putting yourself down, bullying yourself, calling yourself names, telling yourself off, and being blaming of yourself, rather than being as fair and compassionate to yourself as you are to others. We need to encourage ourselves rather than kick ourselves. Whilst we continue to allow self-criticism to go unchecked, it is hard to move forward.

8. Am I overestimating how much **control or responsibility** I have in this situation?

9. If there is some truth in my thought/If it does happen, what is so bad? **What is the very worse outcome**? What would be so bad? How would I deal with this? What is the best outcome? What is the most realistic outcome? How will I feel about this next month, or next year.

10. What do I need to do? Can **I do things differently** (eg testing out your thoughts, working against how they encourage you to behave, talking to someone else, enlisting support, recognising and build on your coping).

Feelings (strength 0-100)	Situation	Thoughts (belief 0-100)	Behaviour	Fair and realistic response
Guilty (70) Scared and panicky (90) Sad and lonely (80).	On my own, but had just got a text message to invite me to meet up with some old friends.	I can't go, I won't be able to cope at all with going out and being chatty with people. (80) They'll judge me badly and think I am boring. (75)	Replied to say I couldn't make it. Went to bed and cried.	I have some evidence of times when I have found it hard to go out socially, but only once have I had to go home. There are many times when I have been able to stay there and I have got some enjoyment form the evening. It doesn't matter if I am not that chatty, others will be. If I were someone else I'd suggest they went out, especially because they felt lonely. A less extreme way of viewing the situation would be that I may find it a bit hard, but it will take practice to start seeing people. These are my friends and care about me. They won't judge me as I predict and assume. I am making thinking errors (fortune telling,

				mind reading, over generalising). If I text one friend and invite her here first because I am feeling a bit wobbly, I will feel better about arriving. I may enjoy myself. Instead of going to bed I will text friend and ask her. <u>Result</u> Feel less guilty (10) still scared (76), but mixed with some excitement about change. Less sad and lonely (50). I don't believe my original thoughts as much, now rated at 50 and 65, which is better! I will see how it goes! And make a note of the outcome.

Step 3

Doing things differently

Finally, the best way of breaking the cycle and proving that your thinking may not be correct is to test it out. For example the person who cancelled going out because they thought that people would comment on how ill they were looking, could decide to go out and test out if they could cope or if people really thought they looked poorly . Talk to your doctor about carrying out some behavioural experiments designed to test out whether your unhelpful thoughts and fears are true. Doing things differently, experimenting and testing out unhelpful thoughts, alongside you developing a caring and fair attitude to yourself are some of the most significant ways we can work against low mood and anxiety. It may be that this work helps you to manage your physical symptoms better.

If any aspects of this section are unclear, ask your worker about it, if you have concerns about asking for help write them down, and ask yourself what you would suggest a friend with these thoughts does.

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Section Four

Working to increase activity

For many people living with physical symptoms the issue of taking part in activities that require them to take exercise can become troublesome. Read Jane's story below.

Jane

Jane is a 39 year old woman who worked as a librarian. She woke up one morning experiencing back pain and felt unable to get out of bed. Visiting her at home, her (GP) saw that she was upset as well as in pain. Nothing abnormal was found on neurological examination. The GP prescribed pain killers and advised Jane to begin to slowly mobilise herself. Two days later the GP was recalled because when she had tried to go for a gentle walk the pain had worsened. Jane was very panicked by this and stopped a whole range of activities that she used to enjoy. These included walking her dog, dancing, and Yoga.

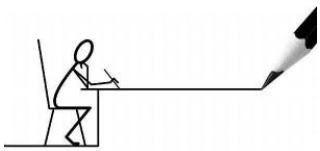
Three months later Jane's back pain was no better. She had put on weight, felt unhappy with how she looked and became out of breath quickly. Any attempts to return to any of her old activities were unsuccessful. She was embarrassed by how she looked in her tracksuit and worried that the breathlessness might be to do with her heart. An ECG failed to reassure her enough to get back to even walking the dog. Her family noticed that she was upset easily and that she was very slowed down. She went back to see her GP who said she was now depressed.

Jane relooked at her life and decided as a first step she would at least get back to walking the dog for a very short distance (so as not to cause her pain to flare up). This led to her reengaging with other parts of her life and she soon became much more active. At first she did feel tired and her unused muscles felt achy. Before long she managed to get back to work and learnt that by being more active she actually was able to manage the pain better.

Working to increase helpful activity and behavior can help to make lots of physical symptoms to improve and can also help a person to overcome depression.

You will be encouraged by your worker to increase your levels of activity. This is sometimes known as **Behavioural Activation**.

- Choose a planning day for the week. On this day think of some of the things that you would like to do. Write them in on the day and time you would like to do each activity. To begin, plan for 2 or 3 days in each week.
- Start slowly, plan 1-2 hours a day at first and then gradually increase your activities over a number of weeks.
- Keep your diaries in an easily reached place so that you have no trouble monitoring your progress.
- Use the 0-8 scale to score the sense of achievement you felt (A) and the amount of pleasure (P) you felt.
- Bring your diaries to your appointments with your worker to help discuss your progress.



Behaviour activation diary

On completing each activity score your feelings of achievement and pleasure using the following scales:

Achievement (the sense of achievement you felt)

0 _____ 2 _____ 4 _____ 6 _____ 8
None Moderate Complete

Pleasure (the amount of pleasure you gained)

0 _____ 2 _____ 4 _____ 6 _____ 8
None Moderate Complete



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Behaviour Activation Diary

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
EVENING							

P = Pleasure

A = Achievement

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Behaviour Activation Diary

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
EVENING							

P = Pleasure

A = Achievement

Exercise

We know that our wellbeing is linked to staying physically and psychologically well (DoH 2009). A car wouldn't run well without fuel, oil, regular tuning and servicing, yet we frequently expect ourselves to function without proper care and maintenance. We all need to pay attention to our lifestyle to make sure we are giving yourself every chance of staying well.

Evidence from the Mental Health Foundation document 'Moving on Up' published in 2009 lets us know that regular exercise can help you to stay well. Some of the benefits include changes in your body, such as releasing 'feel-good' chemicals into your brain. These chemicals are called endorphins and provide a distraction from depressing or worrying thoughts. Exercise can also relieve stress by making you feel good about mastering a new skill, as well as improving your fitness and energy levels.

Here are some useful tips to help you to exercise to stay well

- Try to exercise for about 20 – 30 minutes, three to five times a week, at a pace that leaves you slightly out of breath. It's good for you, and forms part of a healthy lifestyle.

- Make sure that you enjoy yourself. You will be more likely to keep it up if you do. Ask a friend to join you, or join an exercise class or group. Local libraries and notice boards in shops, supermarkets and surgeries often have information about what is available in your area.

- Aim to make exercise part of your weekly routine. Remember exercising in the evening can be very energising and can adversely affect your sleep. Exercise in the morning can be very good for people who struggle with sleep.

Exercise doesn't have to be expensive; it may be a cliché, but a brisk walk really won't cost you anything.

Section Five

Planning for the future

Having worked through the manual you will be aware that **you** can make a real difference to the way you experience physical symptoms, think about things and manage your life. In order to keep this going you may find it useful to develop your own wellbeing plan.

Well Being – Personal Health Plan

A well-being plan can help individuals to make positive choices about their health. Much of the information below is based on recent research that we know enables people to keep themselves well.

Positive Mental Wellbeing	Goal Setting
Things that will keep you well (NIMHE, Making it Possible 2005) • Physical activity. • Drinking alcohol in moderation. • Talking about your feelings. • Keeping in touch with friends and family. • Getting involved – making a contribution. • Being creative. • Eating well. • Valuing yourself and others. • Caring for others. • Learning new skills. • Taking a break. • Asking for help.	In order to achieve an ultimate goal, it is important to make small steps towards it. If these steps are small and simple, then the ultimate goal will seem much more achievable. 1. …… …… 2. …… …… 3. …… …… 4. …… …… 5. …… …… 6. …… ……

Now have a go at planning for wellbeing:

Preventative Factors
Things I can do to prevent symptoms from taking over my life:

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Early Warning Signs
I can now identify early signs (like selective awareness) that tell me I am letting my health worries overtake my wellbeing. These are:

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Relapse Plan
When I notice these signs, I will do the following:

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Fill in the Wellbeing Care Plan on the next page and take control over your health. Remember be compassionate with yourself. Plan to build up your healthier lifestyle. It will take time.

Psychological Well-Being		Individual Care Plan
• Structured problem solving. • Sharing worries with others. • Books that can help. • Listing and estimating. • Assigning worry time. • Activity planning. • Distraction techniques. • Self monitoring diaries.		
Social Well-Being		
• Adult education. • Meeting up with friends. • Visiting the library. • Catching up with relatives. • Walks in the park. • Go to the pub for a drink with friends.		
Physical Well-Being		
• **Consider Medication issues:** Time to take medication**.** Reminders to take medication. • **Consider Exercise** Prescribed. Walking. • **Other Lifestyle Issues** Caffeine reduction. Fizzy drink reduction. Breathing exercises. Relaxation.		
Spiritual Well-Being		
• Church. • Complementary therapy.		

Finally – have a think about how you and your GP or Nurse can work well together to give you your best chance for success. When you next see your GP or Nurse discuss some of these future options with them.

1. You may find it useful to book in a regular 6 weekly appointment with the same practitioner? This appointment may be in order to discuss your progress with your wellbeing plan or may be to discuss any symptoms that may be troubling you. This may be an

opportunity to discuss whether an antidepressant maybe useful in helping you to cope.

2. You may find that it would help if your doctor or nurse could assertively give you a ring on the telephone every 4 weeks just to check on your progress?

3. You may want to develop a strategy for coping with those times when fear overtakes sensible thinking because you start to notice increased physical pains or sensations. Instead of rushing to see your GP or Nurse consider the following steps.

A Create calm – 7-11 breathing and relaxation can help.

B Use the SSTA method.

- **Stop** what you are doing.
- **Slow** down – try yawning 6-7 times.
- **Think** – what options do you have?
- **Act** – Carry out whatever action that your **calm** mind thinks best.

C Remember the link between physical feelings, body systems and stress. (Read Appendix One).

D Use your thinking skills.

E Give the symptoms time – be busy and engage fully with your life. If the symptoms persist calmly write them down and list your worries. Then make an appointment with your doctor or nurse. Stay in control.

Finally please remember. "There is only one way that the mind can be separated from the body – with an Axe". (Manning C 2010)

AND

"The sorrow which has no vent in tears may make other organs weep". (Maudsley H 1873)

Appendix One - Physiology of Stress

The way the body responds when stressed!

The primitive survival mechanism known as the 'Fight/Flight' response is built into every human. It responds to fear/danger from everything from life threatening situations to the alarm going off in the morning. Every human has a response to stress that is either learned or genetically implanted. In a real life or death situation almost all of this response will be triggered by survival to help you to fight off or flee this danger.

Since awareness is half the battle in controlling stress, it can learn to be aware of how you respond to stress. Remember, you have a unique response. It may include:

1. Increased heart rate. This pumps blood around the body to get oxygen and sugars to the cells that you will need to use to survive. Symptoms that can be associated with this stress response might include: Rapid or irregular heartbeats.

2. Breathing usually becomes more rapid. To get more oxygen into the body. Symptoms that can be associated with this stress response might include: hyperventilation and some forms of asthma.

3. Stress hormones are released. Adrenaline, is released by the adrenal glands. This hormone helps to maintain increased heart rates and will tell the liver to release stored sugar for energy to the body. Other stress hormones do other things. Nor adrenaline is associated with anger and will raise blood pressure for most people. Symptoms that can be associated with this stress response might include: high blood pressure, panic or anxiety.

4. Blood pressure can go up. Triggered by released stress hormones. Symptoms that can be associated with this stress response might include: high blood pressure.

5. Muscles that you would use to fight or flee often become very tight until released by relaxation, massage, stretching or exercise. This is one of the most common responses to stress and has led to everyday expressions like 'uptight', 'pain in the neck' (and other places). Symptoms that can be associated with this stress response might include: tension headaches, tight jaw, neck/shoulder pain/tension, back pain, insomnia (including getting to sleep, staying asleep or not feeling rested after sleeping),

fatigue, loss of concentration (distracted by muscle pain or tension), learning disabilities, poor communication (listening and speaking).

6. Changes in blood flow/circulation. Blood is directed toward the brain and major muscles for survival. Blood is directed away from surface of skin in hands and feet (for survival a primitive response so you do not bleed to death if you get cut running away or fighting for your life). Blood is directed away from digestive organs and reproductive organs because for survival it becomes a low priority to digest food or keep the species alive if you are threatened. Symptoms that can be associated with this stress response might include: high blood pressure, cold hands and feet, upset stomach, migraine headaches, increased colitis, sometimes constipation and 70% of sexual dysfunction in both men and women can be linked to this stress response.

7. All of your senses are heightened when under stress. You are more sensitive to noise (ringing telephones or door bells), to light, to smells, even to increased sensitivity to touch. Your neo-cortex (the thinking part of your new brain) shuts down and the survival mechanisms in the middle and lower more primitive parts of the brain take over, so you react to things and do not think things through as well. Basic emotions: fear, anger, sadness and joy (nervous laughter) take over from complicated, sophisticated higher function emotions. Symptoms that can be associated with this stress response might include: emotional irritability, substance abuse to escape stress through self-medication, anxiety, depression, poor impulse control, poor problem solving and reduced communication abilities.

8. You perspire/sweat to cool the body's increased metabolism down. Symptoms that can be associated with this stress response might include: hyperhidrosis (which can lead to dehydration due to over sweating).

9. Imbalances in normal hormone levels. Longer term, unresolved stress can affect the immune system which is normally there to fight off infections and promote healing. Symptoms that can be associated with this stress response might include: frequent colds or flu's, infections, increased allergic responses, auto-immune diseases (rheumatoid arthritis and lupus).

Everyone holds their tension in one or more of these systems. You need to identify which systems respond when you get stressed and then learn to release this physical tension. It takes time and motivated practice to learn to let go but the results in enhanced quality of life and increased productivity are worth the effort.

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Arabic

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Somali

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