Client demonstrates strong anxiety or is having a panic attack

Assess the situation (according to your qualification):
Immediately try to determine whether the client is having a panic attack, or whether it is a physiological issue like a heart attack or asthma attack. Where necessary, use normal first aid for a conscious person. Decide whether to call the emergency services or stabilise the client and seek medical support from a GP. Ask the client what they would like you to do.

Isolate the client:
If it is a panic attack, either (a) move them to a quiet safe place or (b) if they won't move, isolate them and avoid any onlookers being present.

Calm the client by focussing on their breathing:
Hyperventilation (over-breathing) is common when a person is having a panic attack. Instead of quick shallow breaths from the upper chest, encourage the client to do slow deep breathing from their abdomen. Counting and breathing with them may help. Do not touch them unless extremely necessary. If the client is having trouble focussing, get them to sit down and keep their eyes lowered focussing towards the ground.

Listen non-judgmentally and reassure the client:
Explain to them that panic attacks are not life-threatening and that they are not going to die. Tell them you care and will support them through it.

Assess Risk and Potential for Suicide or Self Harm:
People with anxiety disorders have a higher risk of suicide, especially when combined with depression. They may also have overwhelming (and unrealistic) beliefs that some harm will come to them, and this may spiral into another panic attack. Assess their level of risk, and follow protocols if either suicide or self harm are likely. Engage the client in safety planning.

Documentation and Throughcare
Ensure that relevant Bridge Program staff are informed of the client's panic attack. Document everything in case notes. If necessary, complete a critical incident report form. Negotiate with the client strategies for managing symptoms of anxiety. Once information sharing protocols are in place, collaborate with the client's GP or mental health practitioner on how to best support the client.
Anxiety/Panic Emergency Contacts

& Potential Referral Options

Emergency Services: Phone 000
Ambulance, Police, or Fire Brigade

ASPIRE Tasmania (Mental Health)
Phone (03) 6224 5247

Mental Health Services Helpline
Phone 1800 332 388 (24 hrs statewide)
Triage, Referral, Information & Advice

Anglicare MH Recovery Program
Phone (03) 6213 3555 (Hobart)
Phone (03) 6334 6060 (Launceston)

Department of Emergency Medicine,
Royal Hobart Hospital
Phone (03) 6222 8423

The Richmond Fellowship
Phone (03) 6243 9466 (Hobart)
Phone (03) 6431 8852 (Burnie)

Department of Emergency Medicine,
Launceston General Hospital
Phone (03) 6348 7924

Phoenix Centre (Refugees, Trauma)
Phone (03) 6221 0999 (Hobart)

Department of Emergency Medicine,
North West Regional Hospital Burnie
Phone (03) 6430 6633

Colony 47 Community Central
Phone (03) 6214 1282 or 1800 265 669

Department of Psychological Medicine
Royal Hobart Hospital
Phone (03) 6222 8805

Colony 47 Eureka Clubhouse
Phone (03) 6278 9179 (Hobart)

Spencer Clinic Psychiatric Unit, Burnie
Phone (03) 6430 6575

University Psychology Clinic
Phone (03) 6226 2805 (Hobart)

Parkside Community Mental Health
Phone (03) 6434 6434 (Burnie)

The Link Youth Health Service
Phone (03) 6231 2927 (Hobart)

Clare House (Child & Adolescent MH)
Phone (03) 6233 8612 (Hobart)

GROW Tasmania (MH Self Help Groups)
Phone (03) 6223 6284

Lifeline Telephone Counselling
Phone 13 11 14 (24 hrs statewide)

Salvation Army Bridge Program (AOD)
Phone (03) 6278 8140 (South)
Phone (03) 6331 6760 (North)
Phone (03) 6431 9124 (North West)

Missiondale Recovery Centre (AOD)
Phone (03) 6391 8013 (North)

Community Connections
Phone (03) 6432 3610 (Burnie)

Youth & Family Focus
Phone (03) 6424 7375 (Devonport)

References: This document was designed around an adapted model from the following resource:
WA Network of Alcohol and Other Drug Agencies (WANADA) (2008) Crisis Referral Tool for AOD Services
Drug and Alcohol Office Workforce Development Branch: Western Australia.

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Disclaimer: This information is provided on the basis that readers will be responsible for making their own assessments of the mental health emergency in question. It is not a substitute for appropriate professional training or qualifications.