

Social anxiety disorder

Information for the public

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About this information

NICE clinical guidelines advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive. The information applies to people using the NHS in England and Wales.

This information explains the advice about social anxiety disorder that is set out in NICE clinical guideline 159.

All of the treatment and care that NICE recommends is in line with the NHS Constitution (<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>). NICE has also produced advice on improving the experience of care for adults using NHS mental health services. For more information see 'About care in the NHS' on our website (www.nice.org.uk/nhscare).

Does this information apply to me?

Yes, if you are:

- a child (of school age), young person or adult who has or may have social anxiety disorder
- the parent or carer of a person with social anxiety disorder.

Social anxiety disorder

Social anxiety disorder (also known as 'social phobia') is an overwhelming fear of social situations. It's a common mental health problem that affects people of all ages. Although everyone worries from time to time about coping with a social situation, for people with social anxiety disorder the worry or fear can last a long time and severely affect their lives. They are afraid of doing or saying something that will result in embarrassment, humiliation or rejection by others. For example, they worry that they might blush, sweat, shake or look nervous or seem boring, stupid or strange. They may also worry about talking too much or too little when they are anxious. These fears and worries can happen before, during and after any social situation.

People with social anxiety disorder usually avoid social situations such as group activities, parties or dates, or get through them only with considerable anxiety. They often don't speak in groups or meetings, and find it very difficult to start a conversation with another person. Because of this, they may struggle to stay in school or their job even if they are doing well in their work. They may find it hard to make friends or have other close relationships. Children and young people may be completely silent in social situations or avoid going to school, and may be irritable, very shy or overly reliant on their parents.

Some people think their social anxiety is a personal flaw or failing, but it is a recognised condition and can be treated.

Your health and social care team

The various types of care and treatment described here may be provided by a range of health and social care professionals. These could include GPs, psychiatrists, psychologists and community psychiatric nurses. All of these professionals will be trained and experienced in providing different types of care and treatment.

A member of your health and social care team should discuss social anxiety disorder with you and explain the assessments and treatments for it in detail. You should have the

opportunity to ask any questions you have – there is a [list of questions](#) you might like to ask to help you with this.

You should usually be able to see a single professional or team of professionals throughout your care and treatment. If a change to your professional or team is necessary, this should be discussed with you beforehand, you should be given information about the changes and any disruption should be kept to a minimum.

Some treatments described may not be suitable for you, depending on your exact circumstances. If you think that your treatment or care does not match this advice, talk to your health and social care team.

Considering your needs

Your health and social care team should be aware that your social anxiety might make you feel embarrassed and that you might find it hard to ask for help or talk to them. You might find it difficult to ask or answer questions, concentrate when information is explained to you, give information about yourself, or, if necessary, make a complaint about your care.

The team should offer to communicate with you by text, email or phone and should suggest that you communicate with them (including making and changing appointments) in the way you find most comfortable.

If possible, you should be offered appointments during less busy times, before or after the service's normal opening hours, or at home at first. You may also be offered the opportunity to use a self-service check-in when you arrive for appointments and to complete any forms in privacy before or after an appointment. The team should support you if you have concerns that are related to your social anxiety (for example, if you are anxious about using public transport) and offer you a choice of professional if possible.

When you arrive at the service for the appointment, your healthcare professional should offer to let you know (for example, by text message) when your appointment is about to start.

If you need to stay in hospital for treatment, the hospital staff should ask you about your preferences for meals, activities and accommodation. There should be a choice of activities you can do on your own or with other people. If you find it too uncomfortable eating with other people you should be offered a place to eat on your own.

Assessment and diagnosis for adults

When you first see or talk to a health or social care professional

When you first see or talk to a health or social care professional about your anxiety, they should ask you a few questions, such as:

- how often you worry and how it affects your life
- whether you can control your worries
- whether you avoid social situations because you are afraid of being embarrassed or becoming the centre of attention
- what your worst fears are.

If your answers suggest that you may have social anxiety disorder, you should be offered a fuller assessment.

Having an assessment

Your assessment should be with a healthcare professional experienced in treating people with mental health problems – this may be the same person you first saw or talked to.

If you decide to have the assessment in person you should receive a letter that states clearly where you should go when you arrive at the service, where you can wait (you should be offered a private waiting area or the choice to wait elsewhere, for example outside the service's premises), where facilities (such as the car park and toilets) are, and what will happen and not happen during the assessment.

If you find it difficult or distressing to attend a first appointment in person, the team may contact you by phone, but should encourage you to attend further appointments in person.

The assessment will help your healthcare professional find out whether you have social anxiety disorder or another mental health disorder. They should ask you about:

- your thoughts, feelings and behaviour, including any fears or negative thoughts you have
- whether you avoid any situations in everyday life
- any anxiety symptoms you experience such as blushing, sweating or trembling
- whether you worry a lot about your problems and how much they affect your life
- how you view yourself
- whether you have another mental health problem
- your relationships and your living and working arrangements
- any medication you are taking and whether you have an alcohol or drug problem, including whether you use alcohol or drugs to cope in social situations.
- whether you have had a mental health problem before – and, if so whether any treatments were helpful
- whether you have a physical health problem
- whether anyone in your family has or has had a mental health problem.

You may be asked to answer a questionnaire.

If you are diagnosed with social anxiety disorder, your healthcare professional should give you information about it and the treatments for it, and discuss what you hope to get out of treatment. The information should cover the symptoms of the disorder, how long it might last, how it might affect your everyday life, common beliefs about what causes the disorder and what can be changed or treated, and the choice of effective treatments.

Treatments for adults

Cognitive behavioural therapy

The first treatment you should be offered is a psychological therapy called cognitive behavioural therapy ('CBT' for short). It should be a type of CBT that has been specifically designed to treat social anxiety disorder, either 'Clark and Wells CBT' or 'Heimberg CBT',

named after the people who designed them. You should usually be offered CBT on your own with a therapist rather than in a group. You should have up to 14–16 meetings with your therapist over 4 months, with each meeting lasting an hour to an hour and a half.

CBT-based supported self-help

If you decide not to have CBT and wish to try another psychological therapy you should be offered [CBT-based supported self-help](#). You should usually have up to 9 sessions over 3 to 4 months. A healthcare professional should provide support and check your progress either face to face or by telephone, for a total of 3 hours during the treatment.

If you decide not to have CBT or CBT-based supported self-help and wish to try medication instead, your healthcare professional should talk to you about why you do not want to try these psychological therapies and discuss any concerns you have.

Medication

If you wish to proceed with medication you should be offered a [selective serotonin reuptake inhibitor](#) ('SSRI' for short), either escitalopram or sertraline. SSRIs are [antidepressants](#), but they can also be helpful for anxiety – being offered an antidepressant does not necessarily mean that you have depression. Antidepressants are usually not as helpful as CBT for social anxiety disorder. See [About taking medication](#) for more information.

Short-term psychodynamic psychotherapy

If you decide not to have CBT, CBT-based supported self-help or medication, you may be offered a psychological therapy called [short-term psychodynamic psychotherapy](#) designed for social anxiety disorder. However this is usually not as helpful for social anxiety disorder as CBT, CBT-based supported self-help or antidepressants. If you decide to have short-term psychodynamic psychotherapy you should have 25–30 meetings with your therapist over 6 to 8 months, with each meeting lasting 50 minutes.

Treatments you should not be offered

You should not usually be offered any of the following:

- psychological therapies called [mindfulness-based interventions](#) or [supportive therapy](#)
- [anticonvulsants](#), antidepressants called 'tricyclics', [benzodiazepines](#) or [antipsychotic medication](#).
- [St John's wort](#) or other preparations for anxiety that can be bought from health-food shops, herbalists and pharmacies. Your healthcare professional should explain that there is no good evidence to show that these preparations can help people with social anxiety disorder and that they can cause problems when taken with medications.

You should not be offered either of the following:

- treatment with [botulinum toxin](#) for excessive sweating
- surgery (an operation called [endoscopic thoracic sympathectomy](#)) for excessive sweating or blushing.

If you don't feel better after your first treatment

If your first treatment was CBT and you don't feel better you may be offered medication with an SSRI (escitalopram or sertraline) together with another course of CBT.

If your first treatment was an SSRI and you don't feel better after 10 to 12 weeks, you should be offered CBT in addition to the SSRI. If you have had unpleasant side effects or have decided not to have CBT, you should be offered a different SSRI (either fluvoxamine or paroxetine) or [venlafaxine](#).

If you are offered either paroxetine or venlafaxine your healthcare professional should take into account that both are dangerous if you take too much of them, that they can sometimes increase thoughts about harming yourself and that you may have unpleasant side effects when stopping them.

If you don't feel better after a different SSRI or venlafaxine, you may be offered a [monoamine oxidase inhibitor](#) (either phenelzine or moclobemide). You should be warned that this type of medication can interact with other medicines and with certain foods, such as cheese, and that sometimes these interactions can cause serious health problems.

If you don't feel better after you have tried all the medication offered, your healthcare professional should discuss with you again the possibility of having CBT, even if you

refused CBT before.

About taking medication

Before you start medication

Your healthcare professional should discuss the different medication options and any concerns you have about taking medication. They should explain why medication has been offered and discuss and give you full written information, and should explain:

- the way the medication might help you
- that when you first start taking an SSRI or a medication called venlafaxine you may feel more anxious and agitated, and may have problems sleeping and eating, but that this usually passes after a short time
- that the medication takes some time to work, sometimes over 2 weeks or more
- the side effects you may experience, including when you stop taking the medication
- whether taking an antidepressant will affect other medication you may be taking
- the importance of carefully following the instructions about taking your medication so that it works properly, telling your healthcare professional about any side effects (however mild you consider them to be) and telling them if you are thinking of stopping taking it and any concerns you have about doing so
- that you may need to continue taking medication even when you feel better because this can help you to stay well.

'Off-label' drug treatment

Drugs are approved for use (licensed) for particular conditions or for particular groups of people. At the time of publication, 2 of the drugs mentioned in this guideline, fluvoxamine, which is an SSRI, and phenelzine, which is a monoamine oxidase inhibitor, are being recommended for use 'off label'. This means they may not be prescribed exactly as set out in the license – some drugs licensed for one condition can help treat a different condition. You can find more information about licensing drugs at NHS Choices (www.nhs.uk).

If a healthcare professional offers a drug treatment 'off-label', they should explain the treatment and discuss the possible benefits and harms with the person (or their carer) so that they have enough information to decide whether or not to have the treatment. This is called giving informed consent.

While you are taking medication

If you are aged 30 or older and are not thought to be at risk of harming yourself, your healthcare professional should see you within 1 to 2 weeks of first starting an SSRI or venlafaxine to discuss any side effects and check whether you feel more restless or agitated. They should then arrange to see you every 2 to 4 weeks during the first 3 months of treatment and then every month.

If you are aged under 30 and you are taking an SSRI or venlafaxine, your healthcare professional should tell you that there is a small chance that you will have thoughts of harming yourself. They should see you in the first week after you have started the medication and then every week for the first month.

If there is a risk you may harm yourself, your healthcare professional should see you every week until the risk has subsided. They should continue to see you every 2 to 4 weeks during the first 3 months of treatment and then every month.

If you have side effects soon after starting medication, your healthcare professional should give you information about these. They may monitor you carefully, lower the dose of the medication or stop it and offer you a different medication or CBT.

While you are taking medication your healthcare professional should advise you to start to get involved in social situations that you fear or avoid and support you to gradually do so.

If you feel better after the first 3 months of taking medication, you should be advised to continue it for at least another 6 months. When stopping medication, the dose should be lowered gradually. If you start to feel anxious again when the dose is lowered or the medication is stopped, your healthcare professional may increase the dose, start the medication again or offer you CBT.

Help with other problems for adults

If you also have symptoms of [depression](#), a health or social care professional should offer you an assessment for this too. They should find out whether your depression is linked to your social anxiety and should ask you which started first.

If your depression started first, you should be offered treatment for depression. See [Other NICE guidance](#) for details of our guidance on depression.

If your social anxiety started first, the professional should ask you: "if I gave you a treatment that ensured you were no longer anxious in social situations, would you still be depressed?"

- If your answer is "No", and your depression is not very severe, you should be offered treatment for your social anxiety disorder.
- If your answer is "No", but your depression is very severe, you should be offered treatment for depression.
- If your answer is "Yes", you may be offered treatment for both depression and social anxiety disorder. You should be asked which you would prefer to be treated first.

If you start treatment for your depression first, you should be offered treatment for social anxiety after your depression has improved.

Health or social care professionals should ask you about your use of alcohol or drugs, and whether you drink or take drugs to cope with social situations. If you have an alcohol or drug problem, you should be offered a brief treatment or an appointment with a specialist alcohol or drug misuse service. See [Other NICE guidance](#) for details of our guidance on alcohol-use disorders and drug misuse. Treatment for an alcohol or drug problem should not stop you from having treatment for social anxiety disorder.

Assessment and diagnosis for children and young people

When you first see or talk to a health or social care

professional

When you first see or talk to a health or social care professional about your problems, they may ask you a few questions. These include whether you get very scared about doing things with other people, like talking, eating, going to parties or other activities at school or with friends. They may also want to know if you find it difficult to do things when other people are watching, like playing sport, being in plays or concerts, asking or answering questions, reading aloud or giving talks in class. It can help professionals if you are able to tell them whether you ever feel that you cannot do these things or try to get out of doing them.

Your health and social care professionals should make sure you understand all of the information they give you. They should use pictures, symbols, large print, [braille](#) or sign language if these help you. If you feel unable to talk to them you should be asked if you would rather write or draw instead. If you like, your parents or carers can say your words for you.

Health and social care professionals should explain the reasons for any meetings about your care, which should take place in private with your parents or carers. They should also explain that sometimes they may need to discuss your care with other professionals. Professionals should think about your social anxiety disorder when they plan a meeting, for example they may make it shorter.

Involving your parents or carers

If you are a young person and are able to make decisions about your care, your health and social care team should discuss with you how you would like your parents or carers to be involved. They should talk to you about this again from time to time in case you change your mind. There is a [section for parents and carers](#) in this information.

Having an assessment

If the professional thinks you may have social anxiety disorder, you should be offered an assessment. The assessment should be with a healthcare professional experienced in treating people with mental health problems – this may be the same person you first saw about your problems and worries.

The assessment should include your parents or carers if possible, but you should also be offered the chance to talk to the healthcare professional alone at some point during it. There may be more than one professional at the assessment.

The professional should ask you more questions about feeling scared when doing things with other people or when people are watching. They should also ask you:

- about your life at home, at school and with your friends
- whether you have any problems communicating with people
- whether you are taking any medication
- whether you drink alcohol or take drugs.

The professional should ask you or your parents or carers about any other mental health problems you or they have. You may be asked to answer a questionnaire.

The professional should check whether you are at risk of any harm, such as self-harm, not looking after yourself properly, or are being hurt or treated badly by others. They should make a plan to help protect you from these.

Treatment for children and young people

You should be offered treatment where you feel most comfortable, for example, at home or in school or a community centre. If possible, you should be offered appointments that fit around your school or social activities.

You should be offered a psychological therapy called cognitive behavioural therapy ('CBT' for short). You should have this therapy either on your own with a professional called a therapist, or in a group with a therapist and other children and young people with social anxiety disorder who are of a similar age to you. Your parents may also be involved so that they can help you. The therapist should give you information about social anxiety disorder and discuss it with you. They should also help you get used to doing things with other people that you feel scared about. You should meet 8 to 12 times for an hour and a half each time if you meet in a group and for 45 minutes if you meet with a therapist on your own.

If you are aged 15 or older, your health or social care professional may offer you

psychological therapies that were developed for adults, if they are more suitable for you. These are described in [Treatments for adults](#).

Treatments you should not be offered

You should not usually be offered either of the following:

- medication
- [St John's wort](#) or other preparations that can be bought from health-food shops, herbalists and pharmacies without a prescription

You should not be offered either of the following:

- treatment with [botulinum toxin](#) for excessive sweating
- surgery (an operation called [endoscopic thoracic sympathectomy](#)) for excessive sweating or blushing.

Help with other problems for children and young people

If you have an alcohol or drug problem, you should be offered a brief treatment (see [Other NICE guidance](#) for details of our guidance on alcohol-use disorders and drug misuse) or an appointment with a specialist alcohol or drug misuse service. Treatment for an alcohol or drug problem should not stop you from having treatment for social anxiety disorder.

Information for parents and carers

If your child is mature enough to make their own decisions, the health and social care team should ask them how they would like you to be involved. They should ask your child this again from time to time in case they change their mind. You should be involved in your child's assessment if possible. For more information about assessment for children see [Assessment and diagnosis for children and young people](#).

Your child should be offered a psychological therapy called [cognitive behavioural therapy](#) ('CBT' for short) adapted for social anxiety disorder, and you may be asked to be involved

with the treatment, especially if your child is young. The therapist should give you information about social anxiety disorder and discuss it with you, and support you in helping your child to get the most out of treatment. For more information see [Treatment for children and young people](#).

If you are not able to attend all of the meetings to discuss your child's assessment and treatment, the healthcare team should give you written information.

As a parent or a carer, you may need help and support yourself. The health and social care team should offer you an assessment of your own needs, including personal, social and emotional support, emergency plans, and advice and help to get practical support. They may also provide childcare if you have any other children to allow you to be involved in your child's assessment and treatment.

Questions to ask about social anxiety disorder

These questions may help you discuss social anxiety disorder or the treatments you have been offered with your health and social care team.

Finding out what's wrong

- What happens during an assessment?
- Will information about me remain private?

About your condition

- Can you tell me more about social anxiety disorder?
- Are there any support organisations in my local area?
- Do you have any information for my parents/carers?

Treatments

- Can you tell me why you have decided to offer me this particular type of treatment?
- What are the pros and cons of this treatment?
- What will it involve and how long will the treatment take?
- How will it help me? What effect will it have on my symptoms and everyday life? What sort of improvements might I expect?
- How long will it take to have an effect?
- Where can I have treatment?
- What treatments are there other than the ones you have offered me?
- What will happen if I choose not to have the treatment you have offered?
- Where can I find other information (like a leaflet, DVD or a website I can go to) about the treatment that I can have?

Medication

- How long will I have to take the medication?
- Could you explain any problems I might have when I stop taking the medication?
- Could you explain any common and/or serious side effects associated with this medication?
- What should I do if I get any side effects? (For example, should I call my GP, or go to the emergency department at a hospital?)
- Could you explain any long-term effects of taking this medication?
- Which of my problems is this medication treating? (If you have more than one problem, for example, social anxiety disorder and depression).

If you are a parent or carer

- Can you give us some information about social anxiety disorder and its treatments?
- What can we do to help and support our child?
- Can you give us any information about how to get help and support if our child has a crisis?
- Is there any additional support we might benefit from or be entitled to?

Medical terms explained

Anticoagulants

Medication used to prevent blood clots.

Anticonvulsants

Medication used mainly to treat epilepsy.

Antidepressants

Medication used to treat depression and some anxiety problems. Antidepressants work by increasing the activity and levels of certain chemicals in the brain that help to lift a person's mood.

Antipsychotic medication

Medication used mainly to treat psychosis (the main symptoms of which are hallucinations and delusions).

Assessment

Meeting with a health or social care professional to discuss your mental and physical health, family background and everyday life, to find out what the problem is, how severe it

is and the most suitable treatments.

Benzodiazepines

Medication used to treat sleep problems, agitation, seizures and muscle spasms. Examples include chlordiazepoxide, diazepam and lorazepam

Botulinum toxin

A substance used mainly to treat conditions such as muscle spasms, and for some cosmetic procedures.

Braille

A system of reading used by blind and partially sighted people. The fingers are used to feel letters and numbers as groups of raised dots.

Cognitive behavioural therapy (CBT for short)

A psychological therapy that is based on the idea that the way we feel is affected by our thoughts and beliefs and by how we behave. Negative thoughts can lead to negative behaviour (such as avoiding doing things), which can affect how we feel. CBT encourages people to engage in activities and to write down their thoughts and problems. It helps them to identify and counteract negative thoughts.

CBT-based supported self-help

A treatment in which a person works through a book, often called a self-help manual.

Depression

A common mental health problem, the main symptoms of which are losing pleasure in things that were once enjoyable and losing interest in everyday activities and other people.

Endoscopic thoracic sympathectomy

A surgical procedure that involves cutting some of the nerves beneath the armpit.

Mindfulness-based interventions

Psychological therapies that help people to become aware of negative thoughts and reduce the tendency to react to them. The aim is to encourage people to feel differently about their negative thoughts rather than to change the content of their thoughts.

Monoamine oxidase inhibitor

A type of antidepressant. Examples include phenelzine and moclobemide. NICE has recommended phenelzine for off-label use in some circumstances. Please see the NICE guidance on social anxiety disorder (available from <http://guidance.nice.org.uk/CG159>) for details.

Psychological therapy

A treatment that involves meeting with a therapist to talk about feelings and thoughts and how these affect behaviour and wellbeing.

Selective serotonin reuptake inhibitor (SSRI)

A type of antidepressant sometimes used to treat anxiety. Examples include escitalopram, fluvoxamine, paroxetine and sertraline. NICE has recommended fluvoxamine for off-label use in some circumstances. Please see the NICE guidance on social anxiety disorder (available from <http://guidance.nice.org.uk/CG159>) for details.

Self-harm

An expression of personal distress involving people physically harming themselves. Common methods of self-harm include cutting oneself or taking too many tablets or recreational drugs.

Short-term psychodynamic psychotherapy

A psychological therapy that is called 'dynamic' because it focuses on the different forces (or dynamics) in a person's life that may be causing them difficulties. The aim is to examine, understand and work through the dynamics and difficulties, which may have begun in childhood. It should include information and discussion about social anxiety, a focus on any relationships that might be linked to the person's social anxiety and exploring any feelings of shame. The therapist should encourage the person to confront any social situations they are anxious about and help them improve their social skills.

Side effects

Unwanted symptoms caused by a medication or other treatment.

St John's wort

A plant extract that can be bought from health-food shops, herbalists and pharmacies.

Supportive therapy

A type of psychological therapy in which the therapist supports the person to feel comfortable in discussing their personal experiences and to understand problems in their relationships.

Venlafaxine

An antidepressant sometimes used instead of an SSRI.

Sources of advice and support

- Anxiety UK, 08444 775 774
www.anxietyuk.org.uk
- Mind, 0300 123 3393
www.mind.org.uk

- Young Minds, Parents' Helpline 0808 802 5544
www.youngminds.org.uk

You can also go to NHS Choices (www.nhs.uk) for more information.

NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

Other NICE guidance

- Alcohol-use disorders. NICE clinical guideline 115 (2011). See <http://guidance.nice.org.uk/CG115>
- Depression. NICE clinical guideline 90 (2009). See <http://guidance.nice.org.uk/CG90>
- Drug misuse. NICE clinical guideline 51 (2007). See <http://guidance.nice.org.uk/CG51>

Accreditation

