

Anxiety Disorders Report

October 2014 - March 2015



Introduction

Research undertaken by RedbridgeCVS has shown that Black, Asian and Minority Ethnic (BAME) communities in Redbridge face additional barriers to accessing mental health services as a result of their understanding of “mental health” and “mental illness” which does not always match that of the NHS, as well as facing specific issues surrounding stigma relating to some mental health conditions in some BAME communities. These cultural factors – along with the language barriers facing some communities – mean that messages from the NHS regarding mental health and mental health services are often not reaching these communities.

Redbridge CCG commissions RedbridgeCVS to deliver outreach visits to community groups representing local BAME communities to give NHS health messages and to hear about barriers or other issues relating to the cultural appropriateness of care pathways and services. These visits are given in appropriate languages and in styles designed to suit the cultural needs of participants.

This report outlines the work undertaken in engaging these communities on discussions around Anxiety Disorders and the NHS care pathways and services available to help.

During the course of this intervention, RedbridgeCVS’s BAME Psychological Health Development Worker, Sabina Jaulim, visited 9 BAME voluntary groups and spoke to 337 individuals in five community languages (English, Urdu, Punjabi, Bengali, Gujarati and Hindi).

As a result of this work, BAME communities that we spoke to had a better understanding of:

- Anxiety disorders
- Types of anxiety disorders
- Recognized signs and symptoms of anxiety
- Pathways for anxiety treatment (care & support)

As a result of this work, it is anticipated that more BAME communities will access their local pathways for support and care in relation to Anxiety Disorders.





Context

Anxiety is a normal human emotion that everyone experiences at times. Many people feel anxious or nervous when faced with a problem at work, when taking a test, or making important decisions. However, anxiety disorders are different. They can cause such distress that it interferes with a person's ability to lead a normal life.

An anxiety disorder is a mental illness. For people with anxiety disorders, worry and fear are overwhelming and can have hugely negative impacts on their lives.

Anxiety disorders are probably the most common mental disorders in the general population. It is estimated that 1 in 4 people will suffer some sort of mental illness each year – whilst 1 in 6 will experience a neurotic disorder such as anxiety or depression.¹

Types of Anxiety Disorders

There are several types of anxiety disorders, including:

- **Panic disorder**
People with this condition have feelings of terror that strike suddenly and repeatedly with no warning. Other symptoms of a panic attack include sweating, chest pain, palpitations (unusually strong or irregular heartbeats) and a feeling of choking, which may make the person feel like he or she is having a heart attack or “going crazy.”
- **Social anxiety disorder**
Also called ‘social phobia’, social anxiety disorder involves overwhelming worry and self-consciousness about everyday social situations. The worry often centres on a fear of being judged by others, or behaving in a way that might cause embarrassment or lead to ridicule.
- **Specific phobias**
A specific phobia is an intense fear of a specific object or situation, such as snakes, heights or flying. The level of fear is usually inappropriate to the situation and may cause the person to avoid common, everyday situations.
- **Obsessive-compulsive disorder (OCD)**
OCD is characterised by unwanted thoughts or behaviours that seem impossible to stop or control. If you have OCD, you may be troubled by obsessions, such as a recurring worry that you forgot to turn off the oven or that you might hurt someone. You may also suffer from uncontrollable compulsions, such as washing your hands over and over.
- **Generalized anxiety disorder**
This disorder involves excessive, unrealistic worry and tension, even if there is little or nothing to provoke the anxiety.
- **Post-traumatic stress disorder (PTSD)**
If you develop strong feelings of anxiety after experiencing or witnessing something you found very traumatic, you might be given a diagnosis of PTSD. PTSD can cause flashbacks or nightmares which can feel like you're re-living all the fear and anxiety you experienced during the actual event.

Symptoms

Symptoms vary depending on the type of anxiety disorder but general symptoms include:

- Feelings of panic, fear and uneasiness
- Problems sleeping
- Cold or sweaty hands and/or feet
- Shortness of breath
- Heart palpitations
- An inability to be still and calm
- Dry mouth
- Numbness or tingling in the hands and/or feet
- Nausea
- Insomnia
- Muscle tension
- Dizziness

The Mental Health Foundation's report *Living with Anxiety* highlights increasing levels of anxiety in Britain. The report marked the launch of a major new campaign, which coincided with Mental Health Awareness Week 2014, to raise awareness and understanding of anxiety and its potentially debilitating effect on the nation's mental health and emotional wellbeing.

Although anxiety is a natural human emotion, the more anxiety that people feel, the more they are likely to be tipped over to diagnosable anxiety disorders, such as panic, phobias and obsessive behaviours and to experience poor emotional wellbeing and personal distress.





The Prevalence of the Most Common Forms of Anxiety

A YouGov survey of 2,300 adults in Britain carried out for Mental Health Awareness Week 2014 revealed that:

- Nearly 1 in 5 people (19%), feel anxious a lot or all the time and, for this group, anxiety is something that almost two-thirds (61%) experience on a daily basis
- Young people (1 in 5) and the unemployed (1 in 4), are more likely to feel anxious a lot or all the time
- The survey reveals the worrying levels of potentially harmful coping strategies adopted by many people. Only 7% of people say they visit their GP to cope with feelings of anxiety, while a quarter (24%) comfort eat and nearly 1 in 5 (18%) “hide away from the world”
- The prevalence of stigma continues to prevent people from seeking help. More than 1 in 4 (26%) agreed that feeling anxious is a sign of not being able to cope and 29% say they would be embarrassed to tell someone they have anxieties
- Over half (57%) of people surveyed wish they could be less anxious and almost a half (48%), say anxiety has sometimes stopped them from doing things

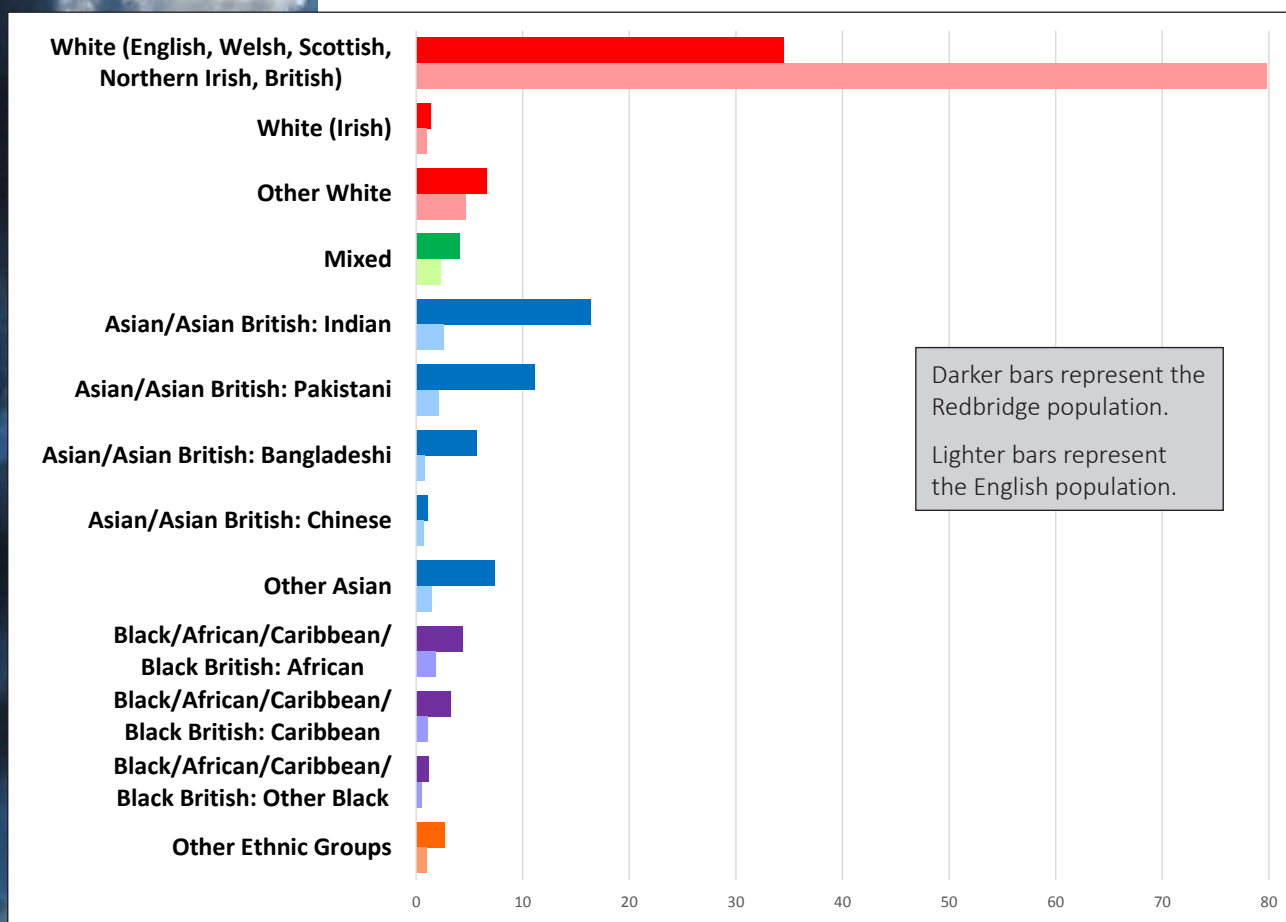
A Mental Health Foundation commissioned survey of almost 2,000 people found the following:

- While 2.6% of the population experience depression and 4.7% have anxiety problems, as many as 9.7% suffer mixed depression and anxiety, making it the most prevalent mental health problem in the population as a whole
- About 1.2% of the UK population experience panic disorders, rising to 1.7% for those experiencing it with or without agoraphobia (extreme or irrational fear of open or public places)
- Agoraphobia affects between 1.5% and 3.5% of the general population in its fully developed form; in a less severe form, up to one in eight people experience this
- Around 1.9% of British adults experience a phobia of some description, and women are twice as likely to be affected by this problem as men
- Post-Traumatic Stress Disorder (PTSD), affects 2.6% of men and 3.3% of women
- Obsessive Compulsive Disorders (OCD), affect around 2–3% of the population
- Generalised Anxiety Disorder affects between 2–5% of the population, yet accounts for as much as 30% of the mental health problems seen by GPs

Target Participants

Redbridge CCG commissions RedbridgeCVS to deliver outreach visits to community groups representing local BAME communities to give NHS health messages and to hear about barriers or other issues relating to the cultural appropriateness of Mental Health care pathways and services. These visits are given in appropriate languages and in styles designed to suit the cultural needs of participants.

According to the Census 2011 ² the population of Redbridge is approximately 279,000 of which 42% are white and 57.5% are non-white. The greatest number of non-white residents in Redbridge are Asian/Asian British at 42%. Given this demographic, the work has a specific focus on engaging with people of Asian heritage (but also other BAME communities).





Intervention

From November 2014 until March 2015, the RedbridgeCVS BAME Psychological Health Community Development Worker undertook a series of visits to community organisations and faith groups to engage BAME (Black, Asian and Minority Ethnic) residents in order to increase their members' awareness of anxiety disorders and the pathways to accessing services in Redbridge.

The programme was delivered 9 times in 9 different settings with each session tailored to meet the groups' specific needs, including communicating in their preferred languages. 337 participants attended the anxiety awareness sessions. They were aged between 25 and 70, with the majority aged over 55.

We showed video documentaries and/or other films in the groups' preferred languages, accompanied by imagery (via our tailored PowerPoint slides) showing various aspects of anxiety (and featuring predominantly South Asian participants) to enable the target audiences to relate to the subject, maximising the effective transmission of the key messages about signs, symptoms, services and care pathways. Leaflets in different community languages were also distributed at the end of each presentation.

We also undertook at least 15 minutes of reflective discussions, and 'question & answer' sessions for each group. This has led to our learning some lessons on both improving our presentations, and improving services and access through gathering feedback about current experiences of services from participants and sharing these with local commissioners and service providers.

Time and space is also always given to allow participants to ask questions and seek information from us in private.



Brief Outline of the Programme

A typical outreach session is delivered as follows:

1. Introduction to the presenter and the project
2. Brief explanation of anxiety, including key signs and symptoms (using PowerPoint slides)
3. Showing a brief (approx. 4 minute) DVD explaining General Anxiety Disorder³ in English (with simultaneous translation provided by a presenter or volunteer from the host organisation. This film was translated in this way into Punjabi, Urdu and Hindi.)
4. Short discussion to ensure everyone has understood and for questions to be raised
5. More PowerPoint slides were then used to give further information on anxiety, including regarding different forms of Anxiety, and where people can seek help
6. Showing a film on how brain structure is affected by and affects anxiety⁴ (with simultaneous translation provided by a presenter or volunteer from the host organisation. This film was translated in this way into Punjabi, Urdu and Hindi.)
7. Short discussion to ensure everyone has understood and for questions to be raised. (On two occasions this session led to questions and discussions about self-harm and suicidal thoughts.)
8. Further slides were presented and discussed which include information about prevention and healthy lifestyles (including diet and exercise)
9. Finally local pathways to support and care were explained and discussed, before an open question and answer session

At the end of the session the following pamphlets were circulated:

- Are you Anxiety Aware? (Mental Health Foundation)
- Anxiety, A Self-Help Guide (Northumberland, Tyne and Wear NHS Foundation Trust)
- IAPT (Improving Access to Psychological Therapies)
- The Silver Line (helpline for older people)

These were all in English, but a series of leaflets in Punjabi, Gujarati, Urdu and Hindi were also sourced and distributed, as required.





The Outcome of the Programme

Towards the end of the sessions the BAME communities had a better understanding of:

- Anxiety disorders
- Types of anxiety disorders
- Recognized signs and symptoms of anxiety
- Pathways for anxiety treatment (care & support).

As a result of this work, it is anticipated that more BAME communities will access their local pathways for support and care which will lead to:

- Better health outcomes
- Reduction in self-harming
- Maintaining an active lifestyle through exercise
- Choosing a healthy diet
- Being more socially engaged
- Acquiring a healthier mind and body

Main Issues of Concern Raised by Participants

- They felt that they do not get enough time with their GPs to raise complex and difficult issues relating to mental health and wellbeing
- Many participants felt that GPs prescribe anti-depressants too readily
- The participants did not feel well informed about treatments other than medication
- Waiting times for counselling and CBT (Cognitive Behavioural Therapy) are too long
- Most of the participants had never heard of CBT
- Some of the participants face language barriers to accessing appropriate services
- Many of the participants would not see their GP for fear of the negative impact of stigma and discrimination on their lives if a mental illness was disclosed or diagnosed
- Many participants said that they had learned for the first time that anxiety disorders are a medical condition

Feedback

Feedback was collected verbally after each session. It was stressed at all meetings that no individuals would be named in feedback or the final project report.

- Most of the attendees found the sessions informative and powerful
- Many said they now felt more confident in approaching their GPs about anxiety disorders, either for themselves or family members
- Many participants tended to conceptualize symptoms like depression and anxiety as emotional reactions to external circumstances, rather than as internal problems that require professional treatment
- Some participants recognised their own 'unusual habits' when we discussed the signs and symptoms of the particular anxiety disorder called obsessive compulsive disorder (OCD)
- Many of the participants would not see their GP for fear of the negative impact of stigma and discrimination on their lives if a mental illness was disclosed or diagnosed.
- Many participants said that they had learned for the first time that anxiety disorders are a medical condition.

At virtually all the sessions, participants spoke about their own anxiety experiences and how they affect their lives.

Many participants wanted to introduce small changes in their life style in order to manage their anxiety. (Groups were referred to RedbridgeCVS' 'Fit for Fun' exercise programme as one way in which they could engage in regular physical activities).

Almost all the groups asked for a refresher session on Anxiety and Depression.

Groups Hosting Workshops

The workshops were delivered to the following groups:

- As-siraat
- Awaaz
- Disabled Asian Women's Network (2 different groups)
- Imagine (2 different groups)
- New Commonwealth Mental Health Project
- Qur'ani Murkuz Trust, South Woodford
- Redbridge Disabled Women's Welfare Association (RDWWA)





References

1. Mental Health Foundation: Living with Anxiety 2014
2. NELCSU April 2013 Draft Population Demographical Figures from Census 2011
3. NHS Choices <http://www.nhs.uk/conditions/stress-anxiety-depression/pages/understanding-panic.aspx>
4. <https://www.youtube.com/watch?v=6GdALwuYtG8>

Acknowledgements

RedbridgeCVS would like to thank Redbridge CCG for funding this work. We would also like to thank the hosts of all the community groups we visited, and all the participants for their enthusiasm and willingness to take part in this challenging area of work.

Report prepared by

Sabina Jaulim

Community Development Worker (BAME Psychological Health)

RedbridgeCVS

sabina@redbridgecvs.net

020 8514 9620



RedbridgeCVS

Forest House
16-20 Clements Road
Ilford Essex
IG1 1BA

020 8553 1004

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