Promoting well-being through self-management of stress and anxiety: A group based programme in primary care

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Aims of Presentation

- Understanding of the background to the research
- Overview of the stress management programme
- Aims of the research
- Methodology
- Results
- Discussion and Implications of this research
- Conclusion
- Questions
Background of Research

- Perceived demands strain or exceed an individual’s coping resources (Tummey & Turner, 2008)
- Stress Influenced by:
  - adverse economic climate
  - low socio economic class (Anderson & Jane-Llopis, 2011)
  - Urban areas (Peen, Shoevers, Beekman & Dekker, 2010)

Stress can:

- Negatively affect:
  - daily functioning and participation in society (Lyon, 2010, AOTA 2007)
  - Cognition
  - Emotions (Hawksley, 2007)
- Lead to:
  - Development/ progression of other conditions (depression, CVD, eating disorders, musculoskeletal disorders) (AOTA, 2007; Brown & Rosellini, 2011; Ozier, et al., 2008)
Stress, Health Promotion and Primary Care

- Mental Health Promotion:
  - Research priority nationally and internationally (Cara & Mac Rae, 2012; Department of Health and Children, 2006)
  - Primary health care (Cole & Tufano, 2008; WHO, 2012)
  - Role of Occupational Therapists (Cara & MacRae, 2012, Health Research Board & Department of Health and Children, 2010)
  - Prevalence of psychological distress in Ireland – 12% (Mental Health Unit of the Health Research Board, 2008)
### Programme Snapshot

- **Community Inner-city**
- **OT and MSW**
- **12 participants Self-referred**
- **6 week self-management programme**
- **Worried well**

#### Table of Programme Content

<table>
<thead>
<tr>
<th>Session</th>
<th>Programme Content</th>
</tr>
</thead>
</table>
| **Session 1** | - What stress is and how it affects the body  
- Life-balance (Ocean Liner handout)  
- Diaphragmatic breathing |
| **Session 2** | - How relaxation works  
- The benefits of relaxation exercises  
- Mindfulness  
- Effects of negative and irrational thinking on stress  
- Importance of positive thinking |
| **Session 3** | - Putting things off  
- Improving motivation  
- Leisure and how it can reduce stress  
- Body scanning and diaphragmatic breathing |
| **Session 4** | - The physical and mental benefits of exercise (Physiotherapist talk)  
- The importance of taking time out for yourself and conserving energy  
- Assertiveness & communication styles  
- Problem-solving |
| **Session 5** | - The importance of good nutrition (Nutritionist talk)  
- Setting SMART goals  
- Dealing with panic attacks |
| **Session 6** | - Improving sleep  
- Improving self-esteem  
- Research Focus group |

Table 3.1.
Research Design and Aims

- Convergent Parallel Design employed to meet research aims:
  - Did the self-management programme impact participant’s level of anxiety and stress
  - Did the self-management programme impact upon participants activity participation
  - What were the participant’s perspectives of the self-management programme
  - What were participant’s recommendations for future programmes.

Methodology

Data Analysis

Trustworthiness

Quantitative Measures:
- HADS
- COPM
- Component’s of Stress Scale

Qualitative Measures:
- Focus Group
- Semi-structured individual interviews

Post-programme (T2): Quantitative and Focus Group

Pre-programme (T1): Quantitative Data Collection

Three Month Follow Up (T3): Quantitative and Individual Interviews
Results

- Demographics
- Impact of the self management programme on stress levels and activity participation
  - Quantitative and qualitative results
- Participant’s experience of the self management programme
  - Qualitative results

### Demographic Characteristics

<table>
<thead>
<tr>
<th>Number of Participants</th>
<th>12</th>
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<tbody>
<tr>
<td>Male</td>
<td>2</td>
</tr>
<tr>
<td>Female</td>
<td>10</td>
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<table>
<thead>
<tr>
<th>Age (during programme)</th>
<th>52.6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>9.85</td>
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</table>

<table>
<thead>
<tr>
<th>Relationship Status</th>
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<tbody>
<tr>
<td>Married</td>
<td>2</td>
</tr>
<tr>
<td>Single</td>
<td>6</td>
</tr>
<tr>
<td>Partner</td>
<td>2</td>
</tr>
<tr>
<td>Separated</td>
<td>1</td>
</tr>
<tr>
<td>Widowed</td>
<td>1</td>
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<table>
<thead>
<tr>
<th>Living Situation</th>
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</thead>
<tbody>
<tr>
<td>Alone</td>
<td>6</td>
</tr>
<tr>
<td>With a partner</td>
<td>1</td>
</tr>
<tr>
<td>With family</td>
<td>5</td>
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</table>

<table>
<thead>
<tr>
<th>Education Level</th>
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<tbody>
<tr>
<td>Primary Level</td>
<td>2</td>
</tr>
<tr>
<td>Second Level</td>
<td>4</td>
</tr>
<tr>
<td>Intermediate/ Junior Cert (age 16 years approx)</td>
<td>3</td>
</tr>
<tr>
<td>Leaving Certificate (age 18 years approx)</td>
<td>3</td>
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</table>

<table>
<thead>
<tr>
<th>Productivity Level</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Paid employment</td>
<td>3</td>
</tr>
<tr>
<td>Volunteering/ Seeking Volunteering</td>
<td>4</td>
</tr>
<tr>
<td>Not engaged with vocational activities</td>
<td>5</td>
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</table>
### Quantitative Measures: Mean Scores, Range of Scores and Wilcoxon Signed Rank Test

<table>
<thead>
<tr>
<th></th>
<th>Time 1 Mean</th>
<th>Range</th>
<th>Time 2 Mean</th>
<th>Range</th>
<th>Time 3 Mean</th>
<th>Range</th>
<th>Time 1/2 p-value</th>
<th>Time 2/3 p-value</th>
<th>Time 1/3 p-value</th>
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<tbody>
<tr>
<td><strong>HADS</strong></td>
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<td></td>
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<tr>
<td>Depression</td>
<td>13.33 (1-14)</td>
<td>8.50</td>
<td>8.58 (0-10)</td>
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<td></td>
<td></td>
<td>.011*</td>
<td>.005*</td>
<td>.837</td>
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<tr>
<td>Anxiety</td>
<td>7.58 (8-19)</td>
<td>5.18</td>
<td>5.67 (2-14)</td>
<td></td>
<td></td>
<td></td>
<td>.024*</td>
<td>.161</td>
<td>.918</td>
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<tr>
<td><strong>COPM</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Performance</td>
<td>3.15 (1-6.4)</td>
<td>5.75</td>
<td>6.17 (3.3-8.5)</td>
<td></td>
<td></td>
<td></td>
<td>.006*</td>
<td>.041*</td>
<td>.937</td>
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<tr>
<td>Satisfaction</td>
<td>3.73 (2.5-8.5)</td>
<td>5.50</td>
<td>5.71 (2-10)</td>
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<td></td>
<td></td>
<td>.061*</td>
<td>.045*</td>
<td>.638</td>
</tr>
<tr>
<td><strong>Components of Stress</strong></td>
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<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Concentration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep</td>
<td>5.50 (2-8)</td>
<td>6.92</td>
<td>6.21 (4-10)</td>
<td></td>
<td></td>
<td></td>
<td>.026*</td>
<td>.261</td>
<td>.120</td>
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<tr>
<td>Appetite</td>
<td>5.67 (2-10)</td>
<td>7.00</td>
<td>6.33 (4-9)</td>
<td></td>
<td></td>
<td></td>
<td>.028*</td>
<td>.324</td>
<td>.320</td>
</tr>
<tr>
<td>Stress</td>
<td>6.75 (4-10)</td>
<td>5.13</td>
<td>4.83 (1-8)</td>
<td></td>
<td></td>
<td></td>
<td>.025*</td>
<td>.048*</td>
<td>.591</td>
</tr>
</tbody>
</table>

Notes: HADS Test Time B, n=11 absent  
*Scoring: Stress visual analogue scale: 1 = No stress 10= Highest level of stress  
HADS: 0-7: Non case, 8-10: Borderline case, 11+: Case

### Impact of the self management programme on stress and activity participation

- **Statistically Significant Changes T1 – T2**
  - Decrease: Anxiety, Stress, Depression
  - Increased: Occupational Performance/Satisfaction, Concentration, Sleep

- **Statistically Significant Changes T1 – T3**
  - Decrease: Anxiety, Stress
  - Increased: Occupational Performance/Satisfaction

- **Insignificant Changes**
  - T1-T2: Appetite
  - T1-T3: Appetite, Depression, Concentration, Sleep
  - T2-T3: All scales
Activity participation as a cause of stress

"You don't have time to stop and think...to de-stress...till you end up like a volcano ready to erupt and you don't know what's happened" (P6)

Impact of stress on activity participation

"Stress disrupts my life...the more stressed you become, the harder a thing is to do. It sort of handicaps me...it affects my ability to think and analyse things." (P4 In)

Re-engagement in activities and awareness of the link between stress and activity participation

"I suddenly realised there's loads of things that I used to do that I just don't do now...one of them was walking..I went walking...that was directly from the group and it was lovely" (P7)

Participant’s experiences of the programme

- Focus Group post programme
- Individual interviews 3 months post programme
  - Peer support
  - Programme content and structure
  - Outcome – Self-management of stress
Peer Support

- Positive rapport among members
- Felt able to speak openly “without feeling foolish or stupid” (P10).
- Active listening, supportive, offering advice based on experience
- Valued identifying with others
- Support from family vs support from group

“Listening to everybody and their different situations...we worked together as a team” (P1).

“you think that you’re the only one that’s suffering. I never realised until I came here there is other people out there like you” (P5)

“It’s probably easier for people...to come into a room full of people they don’t know and talk”.

Programme Content and Structure

- Value place on the educational component; “knowledge is power” (P6, FG).

- Handouts were accessible to participants

- Ocean Liner’ tool to visualise activity imbalance and personal stressors

P7: “the handouts were good to refer to...I’ve kept every one so that when we leave here you’ve got that material...I want to make sure that...my file is somewhere that I can see it as a reminder on top of my things to do.” (FG)

P9: “The ocean liner handout was very good...It’s just a diagram showing you...the different areas of your life and how much of an effect each of those elements has on your well-being...I was shocked when I looked at that and discovered how unbalanced my life really was....” (FG)
Programme Content and Structure

- Positive experiences using breathing techniques and “the relaxation really helped”, it was “the best thing ever” (P10, Interview).
- Praise for the use of goal setting however no reference made to continued use of the technique
- Recommendation: Increase duration of programme and further self management programmes in the community

Discussion

Demographics: 12 participants including 10 females living in an urban area self-referred to the programme, the majority of whom were unemployed

- Lower socio-economic background and living in urban areas associated with mental health difficulties (Peen, Schoevers, Beekman, & Dekker, 2010)
- Adverse economic climate linked to negative mental health outcomes (Anderson & Jane-Llopis, 2011)
- Research indicates higher incidences of mental health difficulties reported by women (Roohafza, et al., 2012). Women demonstrate a preference for social programmes (Kudielka, Hellhammer, & Kirschbaum, 2007)
- Accepted need for support in managing stress. Ownership of own health (Schulman-Green, et al., 2012) .
Discussion - Reduced levels of stress and anxiety

- Statistically significant decrease in stress and anxiety on completion of programme and three months post self-management programme – HADS, Stress subscale
  - Increased awareness
  - Education
  - Relaxation techniques
- Learning about stress – triggers, and impact of stress
  - Literature suggests that increased awareness of a condition can encourage increased self management. (Schulman-Green, et al., 2012)
- Take home resources, trial in home environment, time to reflect upon
- Management of stress at a primary care level is considered an important factor in optimising positive outcomes (WHO, 2012).

Discussion - Performance and satisfaction with activities

- Participants acknowledged a link between stress and activity participation
- COPM goals reflected overall focus of re-engagement in previous activity: leisure, social and vocational pursuits.
- Ocean liner activity highlighted participants occupational imbalance
  - Occupational imbalance is a common experience for people reporting feelings of stress (Riksson, Karlstrom, Jonsson, & Tham, 2010).
- Occupational therapists emphasise the health promoting benefits of activity participation and satisfying daily routine (Cole & Tufano, 2008, Yerxa, 2000)
- Occupational therapists are therefore skilled in this area of self-management of symptoms such as stress in order to promote well-being
Implications for future practice

- Little existing evidence to support stress management programmes of similar structure and content
- Addresses research priorities – HRB, OT research priorities
- Primary care, health promotion and preventative healthcare is a current trend in health care and OT
- Demonstrates the influence occupation has on mental health and well-being and the role for OT in addressing this at the primary care level to promote better mental health for the “worried well”
- Promote well being through satisfying activity participation and self-management of stress

Strengths

- Known reliability and validity of outcomes measures in primary care setting.
- Sample reflects members of the population who experience stress and other mental health difficulties the most
- Received support and supervision from an experienced researcher
- Pilot interviews took place

Limitations

- Small sample involved in the research
- Non-randomised study – control group was not used
- Limited generalisability – Specific population involved in the research
- Inexperience of researchers – Qualitative data collection and analysis
Conclusion

- Programme was successful in achieving its aims – reducing participant's stress, promoting self-management and well being
- The success of this exploratory study supports the use of this type of programme in stress management in a primary care context, however a more rigorous study is required to confirm these findings.

References


