



The Disabling Nature Of Common Mental Health Problems

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Aims

The aim of this study was to look at two clinical populations who use the IAPT Low Intensity Service. One group of people who access the Low Intensity services of Salford, and one group of people who access the service via a bespoke service available to people with Chronic Obstructive Pulmonary Disorder (COPD) and to compare them on levels of anxiety, general well-being, resilience and trust.

Design and Method

A comparative sample of approximately 50 patients were recruited from each of the sample populations. There was no exclusion criteria applied and the study was a quantitative study involving a number of reliable and valid self-report questionnaires. These were: the Connor Davidson Resilience Scale CD-RISC, The short Warwick Edinburgh Mental Wellbeing Scale; the Office of National Statistics well-being questions; social trust was measured using the single item Rosenberg Question; lastly participants' anxiety levels were assessed using the GAD-7.

Results

The COPD group scored significantly higher on the Short Warwick Edinburgh measure of Wellbeing ($p = .000$). The anxiety levels measured via the GAD-7, showed five items with significantly different below $p = .006$, others were not significant. The CD-RISC scores showed the COPD group scored higher on every resilience item. Of the 25 items on the scale only 7 out of 25 were significantly different at the criterion level we set ($p = .001$ or below), though this was a very stringent criterion level. Both groups scored lower than the National Average on the ONS well-being questions.

Conclusion

Patients with substantial physical health problems resulting from COPD were found to have significantly higher levels of mental wellbeing, resilience and lower levels of anxiety than a population of mental health patients. This study demonstrates and adds to the growing body of literature suggesting that mental health problems can be more disabling than even chronic physical health problems.

