

# Anxiety Management

## Course Overview and Application Form



### Course overview

Anxiety is a word we use to describe feelings of unease, worry and fear. It incorporates both the emotions and physical sensations we might experience when we are worried or nervous. It is something we all experience in our own way, but it can be overwhelming. Anxiety affects the way we feel, the way we think, the way our body and mind works and the way we behave.

### Course aims

In this course, we'll look at anxiety and how it affects us. The aims are to better understand individual's experience of anxiety and what they can do to reduce the impact it has on their life and improve their wellbeing.

### Outcomes

Improved resilience and skills for self-management  
Improved mental health and emotional well-being  
For individuals to feel there is hope, control and opportunity within their life

Course session duration: 2 hours  
Length of course: 6 weeks  
Location: Kettering Mind

Please complete all parts of the application form including the questionnaires, and submit to:

**Kettering Mind 49-51 Russell Street, Kettering, Northants, NN16 0EN**

**Or by email to: [info@ketteringmind.org.uk](mailto:info@ketteringmind.org.uk)**

A course facilitator will be in contact with you, to let you know when the next course you have applied for will be starting.

This overview sheet and the useful information/contact numbers on the reverse are for you to keep.

## Useful Information / Contact Numbers

**Kettering Mind Telephone: 01536 523216** (Office hours 9am – 4.30pm Mon – Fri)

**Crisis cafes** - available for anyone 18 years old or over who are finding themselves in a crisis or need support with their mental health. Ran by an NHFT mental health professional and a Mind peer support worker, they provide support and safety to anyone in need by offering coping mechanisms and management techniques to help reduce the risk of crisis.

As well as offering support, professionals can also refer and direct you to further services if required. They run across the county at various locations, please phone for further information

**Corby 01536 267280**

**Daventry 01327 879416**

**Kettering 01536 523216**

**Northampton 01604 634310 / 624951**

**Rushden 01933 312800**

**Wellingborough 01933 223591**

**NHS Choices (non-emergency) Telephone: 111**

**Mind info line – Telephone: 0300 123 3393** for information on topics including:

- types of mental health problems
- where to get help
- medication and alternative treatments
- advocacy.

**Mind Legal line – Telephone: 0300 455 6463** for information and general advice on mental health related law covering:

- mental health
- mental capacity
- community care
- human rights and discrimination/equality related to mental health issues.

**Mind Blue Light Infoline – Telephone: 0300 303 5999** This line is just for emergency service staff, volunteers and their families and provides information on a range of topics including:

- staying mentally healthy for work
- types of mental health problem
- how and where to get help
- medication and alternative treatments
- advocacy, mental health and the law
- Post-Traumatic Stress Disorder (PTSD)
- existing emergency service support

**Samaritans – Telephone: 116 123** They offer a safe place for you to talk any time you like, in your own way – about whatever's getting to you. You don't have to be suicidal.

**CATSS – (Crisis and Telephone Support Service) Telephone: 0800 917 0464** a 24-hour a day telephone support service for people receiving support in Northamptonshire for mental health problems, their carers, families and friends. Our service helps when you feel unsafe, at risk, or unable to cope without support.

We're Kettering Mind, the mental health charity. We believe no one should have to face a mental health problem alone. We're here for you. Today. Now. Whether you're stressed, depressed or in crisis. We'll listen, give advice, and fight your corner.

# Anxiety Management Course Application Form



## Part 1

| Personal Details   |      |   |                |
|--|------|---|----------------|
| Name   |      |   | Date of Birth: |
| Gender   | Male | Female  | Ethnicity:     |
| Daytime Tel No:  |      | Mobile number:  |                |
| Address  |      |   |                |
| Do you give consent for us to leave messages relating to this course?  |      |   | Yes / No       |
| Do you have any access requirements?   |      |   | Yes / No       |
| Please confirm you have read the course overview and this is the course you are applying to attend   |      |   | Yes / No       |
| Do you give consent for us to send emails relating to this course?   |      |   | Yes / No       |
| If yes, please print your email address:   |      |   |                |
| How did you hear about this course?  |      |   |                |
| Please sign below to acknowledge and give consent to notes being recorded on Kettering Mind systems;   |      |   |                |
| Signature;   |      |   | Date           |
| About you  |      |   |                |
| A) What is your main difficulty around anxiety, and how long have you experienced this?  |      |   |                |
| What areas of your life are most affected?<br><input type="checkbox"/> Work <input type="checkbox"/> Finances<br><input type="checkbox"/> Home <input type="checkbox"/> Physical Health<br><input type="checkbox"/> Relationships <input type="checkbox"/> Parenting<br><input type="checkbox"/> Other (please describe) |      | What feelings are you most troubled by?<br><input type="checkbox"/> Sadness <input type="checkbox"/> Anxiety / Panic<br><input type="checkbox"/> Stress <input type="checkbox"/> Shame or Guilt<br><input type="checkbox"/> Grief<br><input type="checkbox"/> Other (please describe) |                |

A) Have you had difficulties in the past and did you seek any help and support? If so what, or who helped?

B) What is important to you? (What aspirations do you have? what do you hope for? What benefits would you like to see in your life?)

C) Do you have any ethnic, gender, culture & diversity needs we can support you with whilst attending the course?

## Part 2

Please fill in all the questionnaires, as it will help us tailor the course to the participants. We will ask participants to fill in identical questionnaires at the end of the course, for comparison.

### **Mental Wellbeing Questionnaire The Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS)**

| <b>Over the <u>last 2 weeks</u>, how often have you experienced any of the following:</b> | None of the time | Rarely | Some of the time | Often | All of the time |
|---|------------------|--------|------------------|-------|-----------------|
| I've been feeling optimistic about the future   | 1                | 2      | 3                | 4     | 5               |
| I've been feeling useful  | 1                | 2      | 3                | 4     | 5               |
| I've been feeling relaxed   | 1                | 2      | 3                | 4     | 5               |
| I've been dealing with problems well  | 1                | 2      | 3                | 4     | 5               |
| I've been thinking clearly  | 1                | 2      | 3                | 4     | 5               |
| I've been feeling close to other people   | 1                | 2      | 3                | 4     | 5               |
| I've been able to make up my own mind about things  | 1                | 2      | 3                | 4     | 5               |
| <b>SWEMWBS total score</b>  |                  |        |                  |       |                 |

**GAD7**

**Anxiety and Depression Questionnaires**

| Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems? |   | Not at all | Several days | More than half the days | Nearly every day |
|---|---|------------|--------------|-------------------------|------------------|
| 1   | Feeling nervous, anxious or on edge               | 0          | 1            | 2                       | 3                |
| 2   | Not being able to stop or control worrying        | 0          | 1            | 2                       | 3                |
| 3   | Worrying too much about different things          | 0          | 1            | 2                       | 3                |
| 4   | Trouble relaxing                                  | 0          | 1            | 2                       | 3                |
| 5   | Being so restless that it is hard to sit still    | 0          | 1            | 2                       | 3                |
| 6   | Becoming easily annoyed or irritable              | 0          | 1            | 2                       | 3                |
| 7   | Feeling afraid as if something awful might happen | 0          | 1            | 2                       | 3                |
| <b>GAD7 total score</b>   |   |            |              |                         |                  |

**PHQ-9**

| Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems? |  | Not at all | Several days | More than half the days | Nearly every day |
|---|--|------------|--------------|-------------------------|------------------|
| 1   | Little interest or pleasure in doing things  | 0          | 1            | 2                       | 3                |
| 2   | Feeling down, depressed, or hopeless   | 0          | 1            | 2                       | 3                |
| 3   | Trouble falling or staying asleep, or sleeping too much  | 0          | 1            | 2                       | 3                |
| 4   | Feeling tired or having little energy  | 0          | 1            | 2                       | 3                |
| 5   | Poor appetite or overeating  | 0          | 1            | 2                       | 3                |
| 6   | Feeling bad about yourself — or that you are a failure or have let yourself or your family down  | 0          | 1            | 2                       | 3                |
| 7   | Trouble concentrating on things, such as reading the newspaper or watching television  | 0          | 1            | 2                       | 3                |
| 8   | Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual | 0          | 1            | 2                       | 3                |
| 9   | Thoughts that you would be better off dead or of hurting yourself in some way  | 0          | 1            | 2                       | 3                |
| <b>PHQ9 total score</b>   |  |            |              |                         |                  |

|           |   |    |     |
|-----------|---|----|-----|
| Q6 CORE10 | I made plans to end my life in the last 2 weeks | NO | YES |
|-----------|---|----|-----|