

Quiet Connections

This document is the output from a collaboration between Quiet Connections and Unlocking Potential under the Future Focus business support programme (made available through European Regional Development Funding).

Conversations between Quiet Connections and Unlocking Potential identified that the business would benefit from some support with undertaking a piece of market research. The project was scoped to provide:

- *Statistics relating to social anxiety (and related conditions) at a local, regional and national level (dependent on availability). This information will help inform provision as well as future funding applications.*
- *Specific information including: incidence and prevalence, types/variations, causes & impacts and any related demographic information.*

Staff time from within Unlocking Potential (Cornwall College) was provided to deliver this service. The work was time-limited and as such is not an exhaustive piece of market research, however key requests were prioritised. It is hoped that this work serves as a useful start in helping to inform Quiet Connections business planning.

Executive Summary

Measuring the prevalence of mental health problems, including Social Anxiety Disorder, in the UK is difficult for many reasons. These include:

- Underfunding
- The hidden nature of mental health issues
- Variation in diagnostic practices across the country.

In addition, devolved nations measure mental health in different ways, making it difficult to determine whether areas have more or fewer mental health problems due to differences in the methods used. Comparing statistics directly within the UK and with other countries is also problematic as surveying techniques and diagnostic tools used are by no means the same.

Statistics quoted in this report were recorded in 2014 when the last survey was carried out and from National Institute for Health and Care Excellence (NICE) in 2013. The Adult Psychiatric Morbidity Survey (APMS), carried out every seven years since 1993, offers some of the most reliable data for the trends and prevalence of many different mental health problems and treatments. Six types of common mental health problems are included, which include: depression, generalised anxiety disorder (GAD), panic disorder, phobias, obsessive compulsive disorder (OCD) and common mental disorders not otherwise specified (CMD-NOS).

Figure 1: APMS prevalence of common mental health problems by sex. Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds NHS Digital.

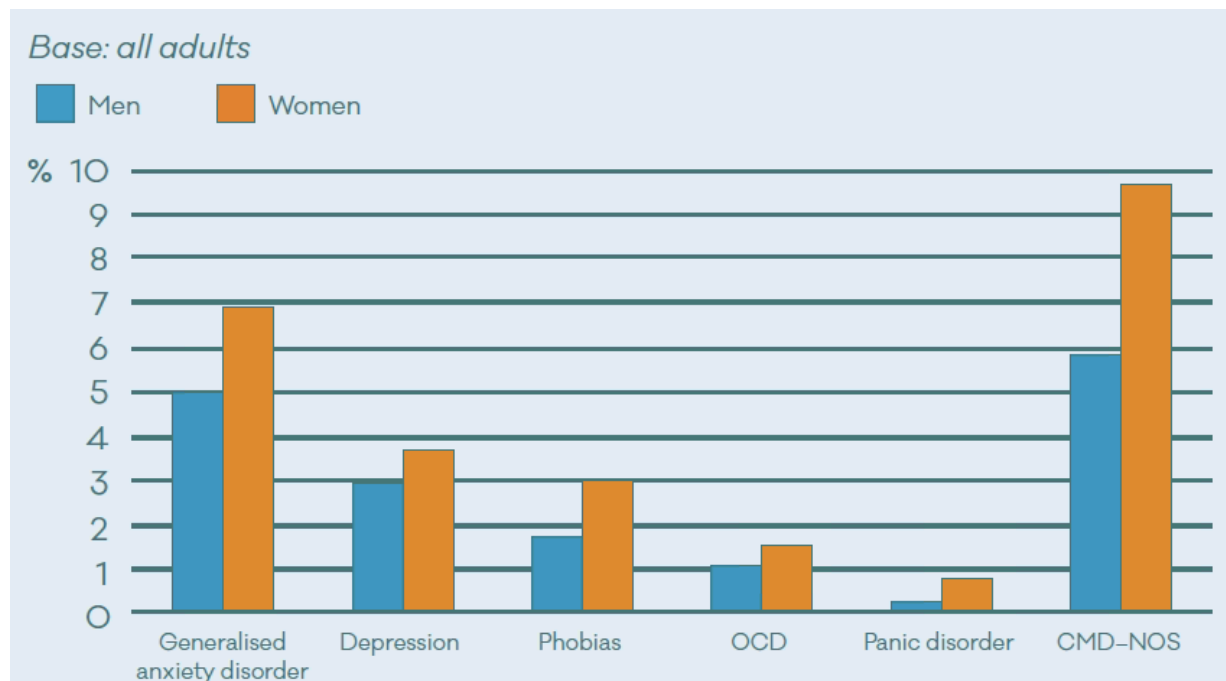


Figure 1

Common mental health problems, according to NICE, include depression, GAD, social anxiety disorder, panic disorder, OCD, and post-traumatic stress disorder (PTSD). The APMS (2014) does not include PTSD as a common mental health problem.

In 2013, there were 8.2 million cases of anxiety disorder, more than 1 million cases of addiction and almost 4 million cases of mood disorders, including bipolar disorder, in the UK.

Women in the UK are almost twice as likely as men to be diagnosed with anxiety disorders. From the APMS (2014) results it can be deduced that, in England, 6.8% of all women were diagnosed with general anxiety disorder compared to 4.9% of all men.

Despite the debilitating nature of the condition, Social Anxiety Disorder is often unrecognised and under-treated with little information existing on the resource implications of the disorder on the individual, healthcare sector or society. Also, given its early onset and chronic nature, the lifetime cost of an untreated individual is quite significant because of the negative impact on productivity (Lipsitz & Schneier, 2000).

What is Social Anxiety?

COGNITIVE: Social Anxiety (previously termed Social Phobia) is a persistent fear of one or more social situations where embarrassment may occur and the fear or anxiety is out of proportion to the actual threat posed by the social situation as determined by the person's cultural norms.

PHYSICAL: People with social anxiety disorder fear that they will say or do (involuntarily or otherwise) something that they think will be humiliating or embarrassing (such as blushing, sweating, shaking, looking anxious, or appearing boring, stupid or incompetent).

BEHAVIOURAL: Whenever possible, people with social anxiety disorder, will attempt to avoid their most feared situations. However, this is not always feasible, and they will then endure the situation, often with feelings of intense distress. Usually the condition will cause significant impairment in social, occupational or other areas of functioning.

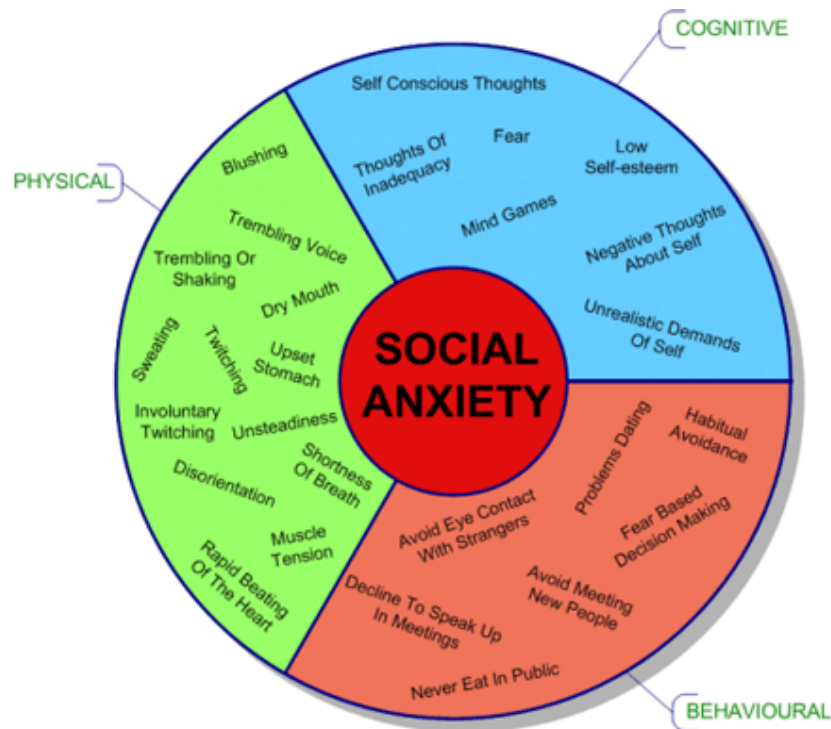


Figure 2: How Social Anxiety is experienced

Typical social situations that trigger social anxiety involve interaction, observation and performance. These include:

- Meeting people including strangers,
- talking in meetings or in groups,
- starting conversations,
- talking to authority figures,
- working, eating or drinking while being observed,
- going to school, shopping, being seen in public,
- using public toilets,
- Public performance including speaking.

While anxiety about some of the above is common in the general population, people with social anxiety disorder can worry excessively about them and can do so for weeks in advance of an anticipated social situation.

How common is Social Anxiety Disorder?

Social anxiety disorder is one of the most common of all the anxiety disorders even with estimates varying across western European countries due to differences in the way diagnosis is made.

- Up to 12% lifetime prevalence of Social Anxiety rates reported compared with 7% for post-traumatic stress disorder (PTSD), 6% for generalised anxiety disorder, 5% for panic disorder, and 2% for obsessive-compulsive disorder (OCD).



- Social Anxiety is more common than the major autoimmune conditions (rheumatoid arthritis, ulcerative colitis, Crohn's disease, systemic lupus erythematosus, and diabetes mellitus type 1, multiple sclerosis, uveitis, hypothyroidism and hyperthyroidism) put together.
- Social anxiety disorder¹ is the third most common psychiatric condition after major depression and alcohol dependence.
- Women are more likely to experience social anxiety than men. They fear more social situations and score higher on a range of social anxiety measures. Men may be more likely to seek treatment and to do so with less severe symptoms.
- In Britain, 0.32% of 5- to 15-year-olds are Socially Anxious. This rate is higher than that for PTSD, OCD and panic disorder, but lower than separation anxiety disorder, specific phobia and generalised anxiety disorder. Rates of diagnosis in this British study were higher in males than females, and increased slightly with age. In Germany the rate is 4% for 14-17 year olds.

Typically Social Anxiety starts in childhood or adolescence. The median age of onset is in the early to mid-teens. Most people develop the condition before they reach their 20s.

Some people identify their social anxiety developing in association with a particular event, for example moving to a new school, being bullied or teased. Others may have always been shy and see their anxiety as a gradual but marked exacerbation of apprehension. Some are unable to recall a time when they did not suffer from social anxiety.

Social Anxiety is a naturally unremitting condition in the absence of treatment. Some socially anxious young people will outgrow the condition but if social anxiety disorder has persisted into adulthood, the chance of recovery in the absence of treatment is modest when compared with other common mental disorders.

Anxiety Statistics Overall

Mental health problems are one of the main causes of the overall disease burden worldwide:

- 4 out of 5 adults with Social Anxiety Disorder will experience at least one other psychiatric disorder during their lifetime
- As Social Anxiety has a particularly early age of onset, many comorbid² conditions, such as nicotine dependence, substance use, bipolar and major depressive disorder, develop subsequently. Social Anxiety precedes these comorbid conditions in up to 80% of cases
- 25% of people presenting with first episode psychosis have social anxiety disorder and, in individuals who present with major depressive and social anxiety disorder, the depressive episode may be secondary, yet the relevance of this to clinical practice has been somewhat neglected.
- Mental health and behavioural problems (e.g. depression, anxiety and drug use) are reported to be the primary drivers of disability worldwide, causing over 40 million years of disability in 20 to 29-year-olds.
- Major depression is thought to be the second leading cause of disability worldwide and a major contributor to the burden of suicide and ischemic heart disease.

¹National Comorbidity Survey <https://www.ncbi.nlm.nih.gov/pubmed/15297904>

² Comorbid is relating to or denoting a medical condition that co-occurs with another.



European Union

European Regional
Development Fund



UNIVERSITY OF
EXETER



FUTURE FOCUS
— CONNECT AND DEVELOP —

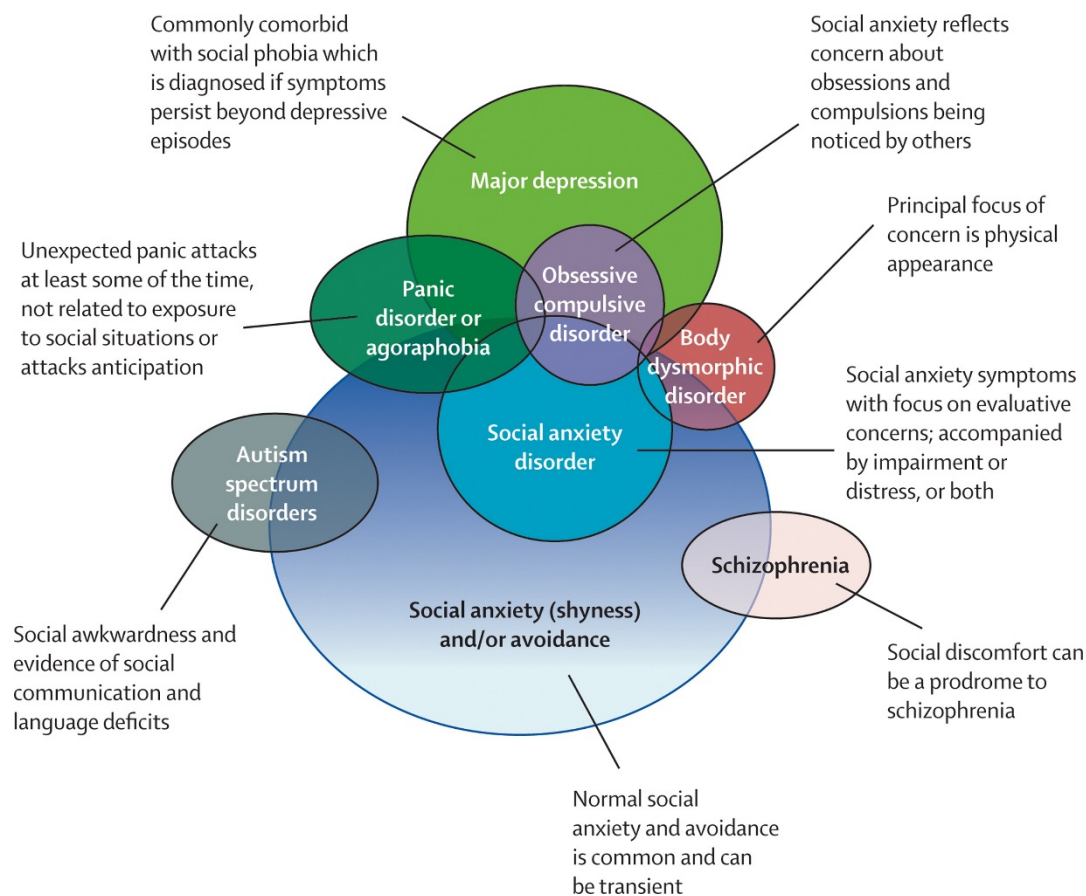


Figure 3: Conditions that commonly overlap with social anxiety disorder (social phobia) and might be considered in the differential diagnosis of an individual with social anxiety symptoms

Mixed anxiety & depression is the most common mental disorder in Britain:

- 7.8% of people meet the criteria for diagnosis.
- 4-10% of people in England will experience depression in their lifetime.
- Common mental health problems such as depression and anxiety are distributed according to a gradient of economic disadvantage across society. The poorer and more disadvantaged are disproportionately affected by common mental health problems and their adverse consequences.
- Mixed anxiety and depression has been estimated to cause one fifth of days lost from work in Britain.
- In 2013, there were 8.2 million cases of anxiety in the UK.³
- Women are almost twice as likely to be diagnosed with anxiety disorders as men in England.
- The one-week prevalence of generalised anxiety in England is 6.6%

Among children and young people, comorbidity of anxiety disorders is also very high:

- 41.3% of 14 – 24 year olds with a diagnosis of social anxiety also had a diagnosis of substance misuse (including nicotine), 31.1% a mood disorder and 49.9% another anxiety disorder (compared with 27.9%, 12.1% and 20.8% of participants without a diagnosis of social anxiety disorder, respectively).

³ Fineberg, N., Haddad, P., Carpenter, L., Gannon, B., Sharpe, R., Young, A., Joyce, E., Rowe, J., Wellsted, D., Nutt, D. and Sahakian, B. (2013). The size, burden and cost of disorders of the brain in the UK. *Journal of Psychopharmacology*, 27(9), pp.761-770.



- 20% of adolescents may experience a mental health problem in any given year.
- 50% of mental health problems are established by age 14 and 75% by age 24.
- 10% of children and young people (aged 5-16 years) have a clinically diagnosable mental problem, yet 70% of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficiently early age.

In the Workplace:

- Nearly 1 in 7 people experience mental health problems in the workplace (14.7%).
- Women in full-time employment are nearly twice as likely to have a common mental health problem as full-time employed men (19.8% vs 10.9%).
- Evidence suggests that 12.7% of all sickness absence days in the UK can be attributed to mental health conditions.

Men and Women:

- In England, women are more likely than men to have a common mental health problem and are almost twice as likely to be diagnosed with anxiety disorders.
- In 2013, 6,233 suicides were recorded in the UK for people aged 15 and older. Of these, 78% were male and 22% were female.
- 10% of mothers and 6% of fathers in the UK have mental health problems at any given time.
- One in five (19.1%) women had CMD symptoms, compared with one in eight men (12.2%).

What is it like to live with Social Anxiety?

Very few people understand the daily, chronic trouble of living with social anxiety disorder. Social anxiety disorder should not be confused with normal shyness, which is not associated with disability and interference with most areas of life.

- Educational achievement can be undermined, with individuals having a heightened risk of leaving school early and obtaining poorer qualifications. One study found that people with generalised social anxiety disorder had wages that were 10% lower than the non-clinical population.
- On average, individuals with social anxiety disorder have fewer friends and have more difficulty getting on with friends. They are less likely to marry, are more likely to divorce and are less likely to have children.
- Social fears can also interfere with a broad range of everyday activities, such as visiting shops, buying clothes, having a haircut and using the telephone.
- The majority of people with social anxiety disorder are employed; however, they report taking more days off work and being less productive because of their symptoms.
- People may avoid or leave jobs that involve giving presentations or performances. The proportion of people who are in receipt of state benefits is 2.5 times higher than the rate for the general adult population.
- Social anxiety disorder is associated with outpatient medical visits.

People with Social Anxiety Disorder:

- Imagine embarrassing scenarios when they'll say or do the wrong thing in front of other people.

- Their extreme fear of rejection causes them to avoid situations in which they'll be judged
- They only feel comfortable with a few specific people which means they need a 'safe' person with them to make social interactions less scary.
- They worry that other people will notice their fear and are convinced other people can see their fear.
- They experience specific social fears such as: walking down the street, making phone calls to strangers, speaking in front of co-workers, going to parties or social events, speaking to people in authority and job interviews.
- They criticise their own social skills and exaggerate their flaws and judge themselves harshly.
- Their thoughts often become self-fulfilling prophecies, for example 'people think I'm weird' as a justification for not interacting which only discourages people from talking to them and thus reinforcing the belief.



The Economic Cost of Mental Health Related Issues

As a result of functional disability, poor educational achievement, loss of work productivity, social impairment, greater financial dependency and impairment in quality of life, it can be said that Social Anxiety Disorder imposes substantial economic costs on individuals, families, carers and society as a whole.

These costs are substantially higher in those with comorbid conditions, which are very common in people with social anxiety:

- 50-80% of people with social anxiety disorder presenting to health services have at least one other psychiatric condition, typically another anxiety disorder, depression or a substance-use disorder.⁴

Added to which, people with Social Anxiety Disorder are also:

- Less likely to be in the highest socioeconomic group
- Have lower employment rates and household income compared with those with no psychiatric morbidity.

⁴ Wittchen HU, Fehm L. Epidemiology and natural course of social fears and social phobia. Acta Psychiatrica Scandinavica Supplementum. 2003:4-18

Cost to the Health Service:

- In terms of health service resource use and associated costs, people with social anxiety were estimated to incur a mean annual health service cost per person of £609, attributed to GP visits, inpatient and outpatient care, home visits and counselling.
- Health service costs and social benefits were higher in people with social anxiety when a comorbidity condition was present compared with those with Social Anxiety Disorder alone. For comparison, people without a mental disorder incurred a mean annual cost per person of £379 for health services. (1997/98 prices).
- In 2002, Patel and colleagues (2002) using these prices, estimated that the total healthcare cost of social anxiety disorder would amount to over £195,000 per annum, with primary care costs alone approximating £49,000. Wider costs, such as social security benefit claims, were expected to reach £474,000.

Cost to Employment:

Research carried out by Oxford Economics suggests that 181,600 people cannot join the labour force because of their mental health problems. Oxford Economics also estimate that the UK GDP in 2015 could have been over £25 billion higher than what it was if not for the economic consequences of mental health problems to both individuals and businesses.

- The average annual cost of lost employment (per employee) in England is estimated at £7,230 due to depression and £6,850 due to anxiety in 2005–06.
- A 2014 study revealed that one in five of those who disclosed that they had a mental health problem to their employers felt that they had been sacked or forced out of their jobs as a result.
- In 2015, mental-health-related issues were found to lead to approximately 17.6 million days' sick leave, or 12.7% of the total sick days taken in the UK.
- Workers with sickness absence due to mental ill health are seven times more likely to have further absence than those with physical health related sick leave.
- In 2015, an estimated 93,100 people were out of the labour force because they were caring for someone with a mental health problem. A further 27,800 people were working reduced hours in order to care for someone with a mental health problem.
- It has been estimated that the cost to UK GDP of workers either leaving the workforce entirely, or going part time in order to care for someone with a mental health problem, was £5.4 billion in 2015, with over 91% of this amount being due to those leaving the labour force entirely.
- In Scotland 2009–10, employers' costs associated with mental health problems were estimated at £2.15 billion a year. In addition, the burden of unemployment on society was estimated to be £1.44 billion.
- Mental ill health and its associated output losses in Wales in 2007–08 were estimated to be £2.68 billion per year, of which £1.16 billion is due to sickness and other in-work costs, £1.4 billion is due to unemployment, and £110 million is due to premature mortality.



Further Reading

Fundamental Facts about Mental Health 2016 <https://www.mentalhealth.org.uk/sites/default/files/fundamental-facts-about-mental-health-2016.pdf>

Social Anxiety Disorder: Recognition, Assessment and Treatment (2003)

<https://www.ncbi.nlm.nih.gov/books/NBK327674/>

Social Anxiety Disorder; Scope Consultation. The British Psychological Society

<https://www1.bps.org.uk/consultation-papers/social-anxiety-disorder-scope-consultation>

Response to the National Institute for Health & Clinical Excellence (NICE): Social Anxiety Disorder: Scope consultation <https://www.bps.org.uk/sites/default/files/Social%20Anxiety%20Disorder%20%28NICE%20-%20scope%29%20-%20BPS%20response.pdf>

The economic consequences of social phobia.

<https://www.researchgate.net/publication/11311618> The economic consequences of social phobia

The social and economic burden of social anxiety disorder <https://www.bmj.com/rapid-response/2011/10/30/social-and-economic-burden-social-anxiety-disorder>

Impact of Social Anxiety Disorder on Employment among Women Receiving Welfare Benefits

<https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2009.60.1.61>

How To Help Employees Suffering From Social Anxiety Disorder https://www.huffingtonpost.ca/charles-benayon/how-to-help-employees-suffering-from-social-anxiety-disorder_a_23059751/?guccounter=1

Anxiety and depression are commonplace today: Does society breed disorders and phobias?

<https://www.firstpost.com/living/anxiety-and-depression-are-commonplace-today-does-society-breed-disorders-and-phobias-3113052.html>

Anxiety Disorder - MQ Transforming Mental Health Through Research <https://www.mqmentalhealth.org/mental-health/conditions/anxiety>

Anxiety disorders cost £10 billion a year- 25 July 2013 – Telegraph

<https://www.telegraph.co.uk/news/health/news/10200562/Anxiety-disorders-cost-10-billion-a-year.html>



Quiet Connections

Specific data for Social Anxiety / Mental Illness in Cornwall, Devon or South West?

Please refer to the Executive Summary in the Knowledge Exchange report regarding the variety in diagnosis of social anxiety, the hidden nature of mental illness and the issue of underfunding which says it is impossible to achieve clear statistics UK wide.

According to NICE⁵ “Social anxiety disorder is one of the most common anxiety disorders. Estimates of lifetime prevalence vary but have been as high as 12%, compared with estimates for other anxiety disorders of around 6% for generalised anxiety disorder, 5% for panic disorder, 7% for post-traumatic stress disorder (PTSD) and 2% for obsessive-compulsive disorder.”

The only statistics relating to Cornwall that could be found in this research are as follows:

- According to Outlook SW⁶ (2017) “Social Anxiety is one of the most common kinds of anxiety disorders. At any one time about 7% of the population are affected. Currently, this equates to an approximate 35,000 adults living in Cornwall.”

However, there is no evidence to back this up, or an explanation of how this figure of 7% was obtained. If 7% is accurate, then based on 2011 census, the adult population was 417,000 which would mean that 29,190 were effected. Between 2001 and 2011 the population of Cornwall rose by 6.7%, so using this estimate, the numbers of adults with Social Anxiety would amount to 31,145 by 2021. Therefore, the only figure I could obtain relating to Social Anxiety statistics in Cornwall appears inflated.

- NHS Kernow⁷ says that generalized anxiety disorder (GAD) affects approximately one in 50 people (2%) at some stage during their lifetime. Slightly more women are affected than men, and the disorder is most common during your 20s. Social Anxiety Disorder is not separately defined and so must either have been ignored or have been included within this statistic, suggesting that there are around 11,000 people in Cornwall with GAD.

Further reading:

Kernow Clinical Commissioning Group: Mental Health Needs Assessment, April 2014.

<https://www.cornwall.gov.uk/media/17344380/kcg-mhna-2014-final.pdf>

Mental health: 10 charts on the scale of the problem, BBC, September 2017 <https://www.bbc.co.uk/news/health-41125009>

Women have higher rates of mental disorders than men, NHS survey finds, BMJ, 2016

<https://www.bmj.com/content/354/bmj.i5320.full>

⁵ NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE <https://www.nice.org.uk/guidance/cg159/documents/social-anxiety-disorder-final-scope2>

⁶Simpson, K. Psychologist and Partner with Outlook SW ‘ 16 May 2017 The Curse of Social Anxiety’ <http://www.outlooksw.co.uk/blog/curse-social-anxiety>

⁷ NHS Kernow- Anxiety, Depression and Mental Health <https://www.kernowccg.nhs.uk/your-health/anxiety,-depression-and-mental-health/>