

Exploring the reasons behind High Blood Pressure among Afro-Caribbean Community

By Peter Bruce & Eleisa Sampson



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Executive Summary

Our Study attempts to address possible reasons why Afro-Caribbean people have higher instances of high blood pressure compared to the white population. Published studies have highlighted the following, our research looks to either confirm or challenge some of these findings.

- **Higher Risk:** Individuals of African and Caribbean descent in the UK are three to four times more likely to develop hypertension than the white population.

Contributing Factors:

- **Diet:** Traditional Caribbean foods can be high in salt and saturated fats, which elevate blood pressure.
- **Genetics:** There's evidence that people of African Caribbean heritage may be more sensitive to salt, which exacerbates hypertension.
- **Lifestyle:** Lower levels of physical activity and reduced intake of fruits and vegetables are common in some Caribbean communities.
- **Socioeconomic Factors:** These may also play a role, though the exact mechanisms are still being studied.

Our study aims to inspire changes among policy and decision makers, paving the way for improvements in our community and reduced doctor and hospital visits or stays.



It's been great being a part of CPAR 3 and being able to research an area that affects our community

Peter Bruce



Taking part in this research has been an amazing opportunity for me to learn and provide valuable insights and contribute to the community
Eleisa Sampson

KEY FINDINGS OF CCLC RESEARCH

SUMMARY FINDINGS

Diagnosed

01

56% of those surveyed at the Lunch Club have High Blood Pressure

Exercise

02

86% of members did not do the recommended 150 minutes of exercise per week

Weight

03

39% of members were either overweight or obese

Age

04

92% of responders were over 45 years old
64% over 60 years old

Salty Foods

05

29% of those surveyed ate salty foods most days.
36% twice a week,
21% once or less per week.

Introduction

Peter Bruce and Eleisa Sampson conducted this research. The research was conducted to examine existing research findings and to see if our findings support the research produced by other bodies, and identify additional factors which impact or cause higher rates of hypertension among Afro-Caribbean people compared to their white counterparts.

The Caribbean Community Lunch Club (CCLC) in Aylesbury, Buckinghamshire, is a key group that helps address issues in the African and Caribbean communities. It focuses on Unity, Healthy Living, and Community Engagement by providing a weekly nutritious meal, space for discussions, and activities.

The club plays a vital role in building community bonds; welcoming people from all backgrounds; and promoting racial harmony. It encourages healthy lifestyle choices and empowers members to improve well-being for themselves and the community.

The rising Cost of Living Crisis is a nationwide issue in the UK. African and Caribbean communities in the UK are disproportionately affected due to their lower socioeconomic status and income. This has led to further health and other inequalities which we are trying to address. Gaining insights into our community's unique challenges can help us pinpoint effective solutions to reduce existing inequalities. Understanding the barriers to accessing support can aid in devising targeted initiatives that cater to those in greatest need.

Research Focus

Whilst our research centres around four established contributing factors mentioned earlier e.g., Diet, Genetics, Lifestyle and Socioeconomic factors. It's also important to highlight the Neurovascular mechanisms:

Studying how the brain and nervous system contribute to hypertension, including the “selfish brain” hypothesis that suggests the brain may prioritise its own blood supply at the expense of systemic pressure.

Environmental triggers: Exploring how factors like stress, pollution, and socioeconomic status affect blood pressure. Discussing how hypertension can lead to cognitive decline and dementia.

Research Methods

The current study used both quantitative and qualitative research techniques, we created a structured questionnaire which had some open ended questions and some closed questions to ensure we can compare our findings to government/research published findings.

We conducted a focus group which included about 30 participants. We looked at other research findings which were not heavily publicised but can have an impact on Afro-Caribbean Hypertension rates.

We sent out about 50 questionnaires 25 questionnaires were given to various Afro-Caribbean individuals and 25 were kept to give out at the Caribbean Community Lunch Club at one of their Tuesday sessions.

The first batch of 25 surveys 2 individuals completed the survey, of the 25 we gave out at the lunch club 23 participated giving us a response rate in total of 50% or 25 completed surveys. The primary purpose of our questionnaire is to obtain insights that can inform decision making, evaluate programmes, and understand drivers behind our high levels of hypertension.

We had an open session at the lunch club where each participating individual was given a questionnaire and we went through each question one at a time. Peter Bruce read the questions out and Eleisa Sampson worked the room helping anyone who perhaps did not understand the question.

This method proved very effective and allowed us to collect some quality data. The questionnaire was followed up the following week by a focus group session at the lunch club. We created a number of questions, this session allowed individuals more freedom to talk about their high blood pressure, and how this was being managed by the Health Service.

All those taking part in the focus group signed a form at the beginning of the session agreeing they were happy to take part and their data could be used for our research. We also obtained permission to video the session, those taking part were aware their video or picture could appear as part of our research work.

Research Findings

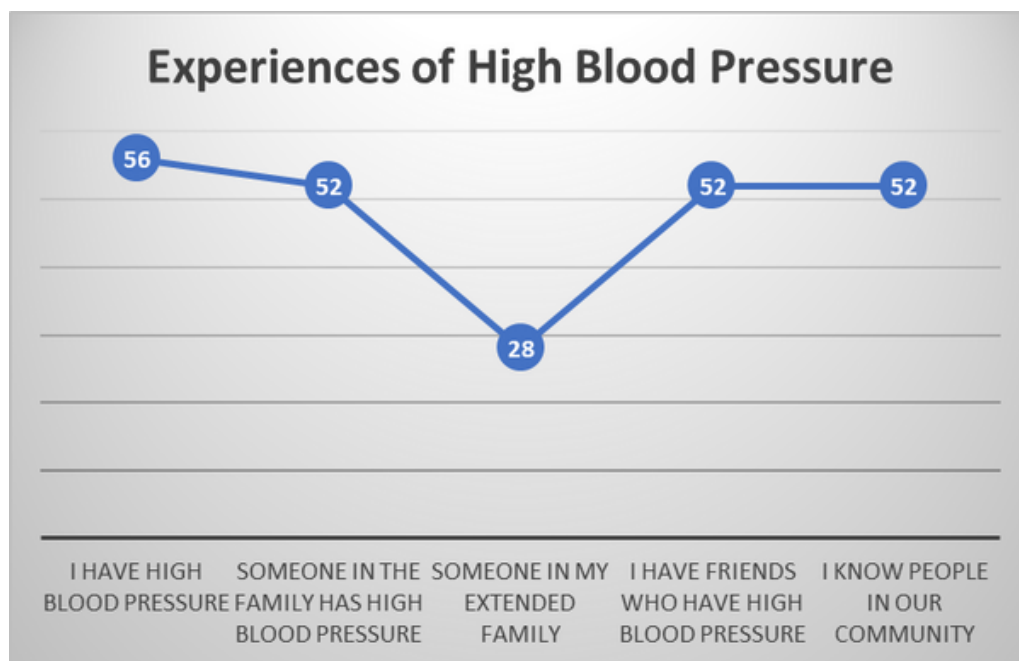
AGE: Previous studies have shown the chance of a person having high blood pressure tends to rise with age. As we age, blood vessels naturally thicken and stiffen, causing blood pressure to be higher. In February 2025, Age UK stated on their website across the UK, 1 in 3 adults (around 16 million) has high blood pressure (a reading of 140/90 or higher), and this rises to at least 1 in 2 over-65s.

In our study, 56% of the Caribbeans who participated stated they had high blood pressure, 92% of participants were over 45 years of age, and 64% were over 60.

FAMILY HISTORY/GENETICS: Genetics may play a role in high blood pressure, as you are more likely to develop it if, for example, a parent or other close blood relative has ever had high blood pressure. Much of what we know about high blood pressure has come from genetic studies.

Many genes are linked to small increases in high blood pressure risk. Research also suggests that as an unborn baby grows in the womb, some DNA changes may also raise the risk for high blood pressure later in life.

In our studies, we asked our participants about their experience of high blood pressure. Results were as follows (see graph below)



Quotes From Our Focus Group

Does Genetics play a role in our High Blood Pressure rates

"I have high Blood Pressure, and we have a strong family history of high blood pressure. My mum and my sisters have high blood pressure."

"I have had fluctuating high blood pressure for 42 years. Have tried various meds. I question if it's because of the food I eat or stress. What can you do? Just pray"

"My mum has high blood pressure. The doctors told her it is stress related, and to reduce her stress levels. It's easier said than done. She was put on medication for the high blood pressure, and for anxiety and depression, but the medicine didn't reduce her blood pressure, it kept going up. After a while of her having palpitations and not able to sleep, she managed to see the doctor again. They changed her blood pressure meds, and it is now regulated."

"There is family history. It is out of control. I try to be healthy, but it goes up and up." "My daughter's aunt died as a result of high blood pressure."

SALT AND FAT: *Guidance states that adults should not consume more than 6g of salt each day. Some people, particularly older adults, Afro-Caribbean people, and those who have diabetes, kidney disease, or metabolic syndrome, have a higher sensitivity to salt.*

A possible hypothesis would suggest that Caribbean people with similar backgrounds eat certain types of foods, experience struggles/trauma, and have identical living situations, which may impact their blood pressure, e.g., their environmental socio-economic situation is generic.

Our research found that 64% of respondents either ate salty foods once or twice a week or most days of the week.

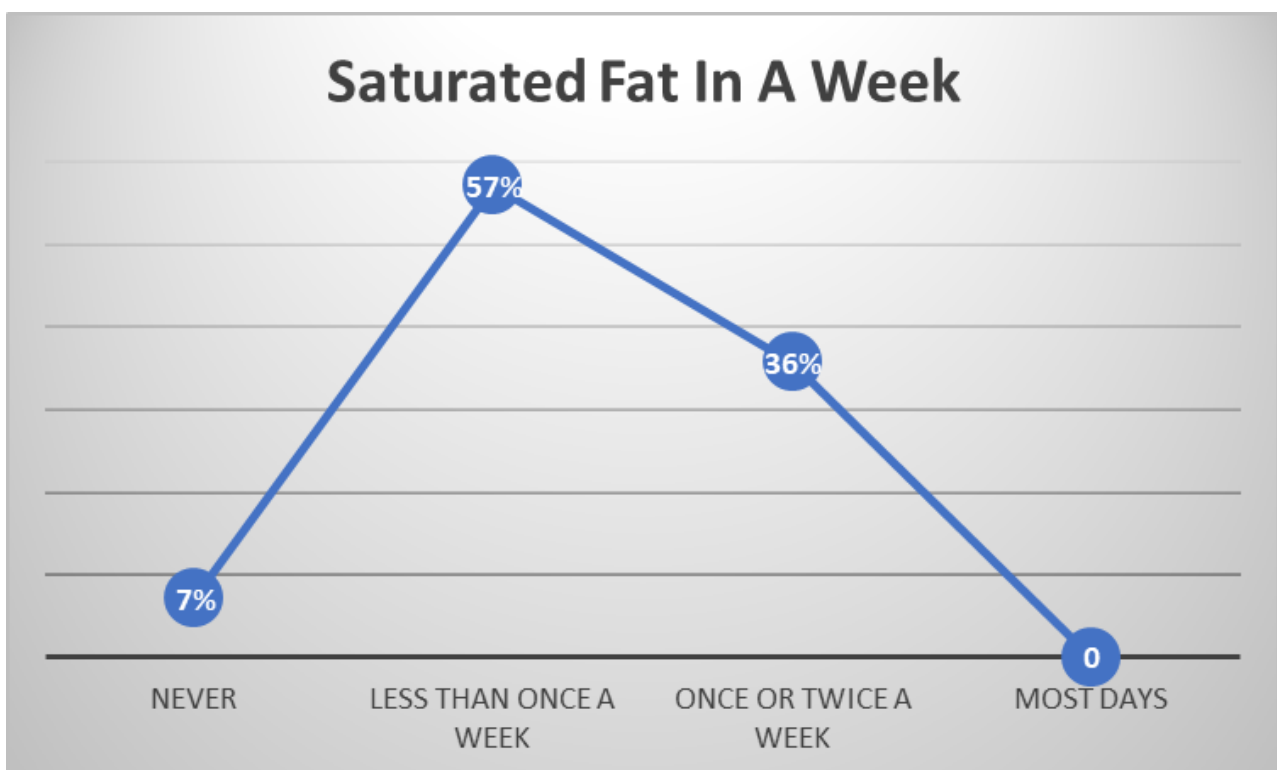
Foods With An Indirect Link To High Blood Pressure

The government guidance is that men should not consume more than 30g of saturated fat per day, and women should not exceed 20g. Foods high in saturated fats include butter, ghee, fatty cuts of meat, cheese, and coconut oil and cream.

People of Afro-Caribbean descent should avoid frequent use of coconut oil, palm oil, lard, butter, and coconut cream, which are staples in many traditional Caribbean dishes.

Eating too much saturated fat can cause cholesterol to rise. When a person has high cholesterol, there is an increased risk of developing high blood pressure.

We asked, “How often do you eat fatty foods?”. 7% said never, 57% said less than once a week 36% stated they only ate fatty foods once a week or twice a week.



“We like to fry. Portion sizes, we like buffet style”.

Some popular traditional Caribbean foods are very high in salt and saturated fat which can have an effect on blood pressure. Below is an example of approximately how much salt and fat could be in a popular traditional meal, **curry goat rice and peas**.

All-purpose seasoning (per 100g): 39g salt, 1g saturated fat.

Kidney Beans (per 100g, drained): 1g salt. 0.5g fat.

Curry powder (per 100g): 14.2g salt, 2.4g saturated fat.

Coconut milk (per 100ml): 0.05g salt, 6.9g saturated fat.

Oil (2 tbsp) 4g saturated fat.

In this recipe for four people, we calculated that roughly **9g of salt** and just over **4g of saturated fat**, that is 1g saturated fat and 2.25g salt per person/serving, making it a high salt meal (over a third of the recommended maximum daily intake), but it is extremely low fat.

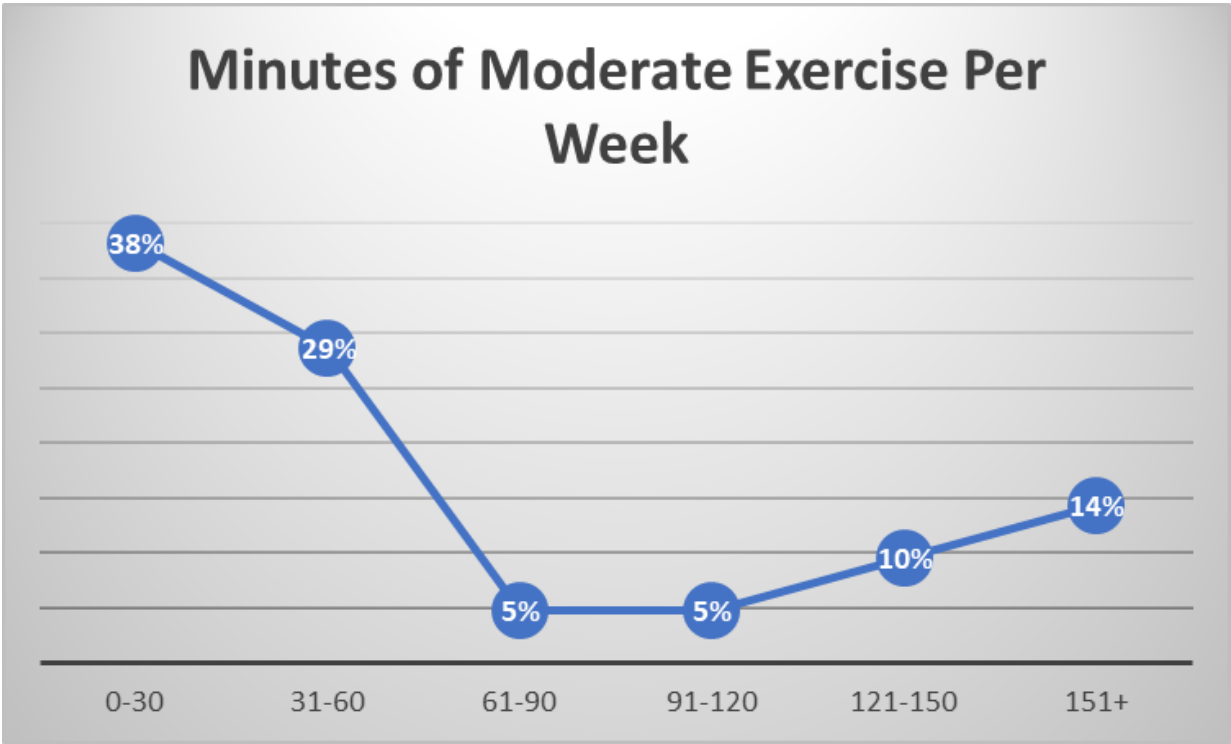
Salt is usually added to the rice and the meat while cooking, and sometimes individuals like to add salt to their plate, which will increase their intake.

Lifestyle

WEIGHT AND EXERCISE: The NHS recommends adults should carry out a minimum of 150 minutes of moderate exercise each week, preferably over 5 days. Not being physically active can lead to an increase in blood pressure. A lack of exercise can lead to being overweight. A healthy Body Mass Index (BMI) for an adult falls between the range of 18.5 and 24.9. Excessive weight can cause blood pressure to be raised.

39% of those surveyed said they were classed as being overweight or obese. 84% of those questioned said they walk most or every day, and 48% of responders said they spent most or every day sitting for long periods of time. The majority of respondents never cycle, 84%, and 100% of responders never swim or jog, 68%. 76% never go to the gym, and 84% never participate in team sports.

Only 14% of those we surveyed and who responded were meeting the recommended amount of 150 or more minutes of moderate aerobic exercise each week. The largest group (38%) was exercising for 30 minutes or less, and 29% between 31 and 60 minutes per week, 61 - 90, and 91 - 120, 5% each.



Other Contributing Factors

ALCOHOL AND CAFFEINE: Other lifestyle choices or factors which may raise blood pressure include: high alcohol or caffeine intake (NHS recommends adults drink no more than 14 units of alcohol a week, and no more than 400mg caffeine per day). Out of those surveyed, 84% said they never or only consume alcohol less than once a week. 24% of those surveyed drank caffeine most or every day.

SLEEP: Not getting enough sleep can also affect blood pressure. It is recommended that adults should try to get a minimum 8 hours sleep each night.

STRESS: 72% responded that they are aware of how being under excessive stress can also have an impact on blood pressure. It is important to try and know the triggers and avoid excessive amounts of stress.

“Workplace stress induced my high blood pressure”

Timing Matters: Midlife vs. Late-Life Hypertension

The Springer review highlighted midlife hypertension has a stronger and more consistent association with cognitive decline than late-life hypertension. Late-life blood pressure effects are more variable, possibly due to reverse causality or survival bias. This underscores the importance of early intervention.

Treatment May Help—but Evidence Is Still Emerging

While anti-hypertensive therapy shows promise, the reviews noted that more targeted clinical trials are needed to determine which medications, dosages, and timing best protect cognitive function.

There's growing interest in personalised approaches that consider age, comorbidities (*the presence of one or more additional diseases or disorders*), and genetic risk factors.

These findings suggest a paradigm shift: treating hypertension isn't just about preventing stroke or heart disease—it's about preserving memory and brain health across the lifespan.

Stress affects blood pressure in both immediate and long-term ways.

Short-Term (Acute) Stress: The Fight-or-Flight Surge

When you're suddenly stressed—say, during a crisis or confrontation—your body activates the sympathetic nervous system: Adrenaline and noradrenaline flood your system. These hormones narrow blood vessels and increase heart rate, causing a temporary spike in blood pressure.

Once the stressor passes, blood pressure typically returns to baseline. This response is adaptive—it helps you survive danger. But when it's triggered frequently, it becomes problematic.

Long-Term (Chronic) Stress: The Hidden Burden

Chronic stress leads to sustained elevation of cortisol, the body's primary stress hormone: Cortisol increases vascular tone, blood sugar, and inflammation, all of which contribute to persistent hypertension.

It also disrupts circadian (body clock) rhythms, which normally help regulate blood pressure throughout the day. Over time, this can damage blood vessels, increase arterial stiffness, and raise the risk of heart attack, stroke, and cognitive decline.

When the Damage Begins

Midlife hypertension (ages 40–60) is especially dangerous. Longitudinal studies show it significantly increases the risk of memory loss and dementia later in life even more than late-life hypertension.

The National Institute on Aging emphasises that controlling blood pressure early may help delay or prevent cognitive impairment, including memory decline.

Hypertension Is a Major Modifiable Risk Factor for Dementia

The Oxford Academic review concluded that midlife hypertension is consistently linked to increased risk of cognitive decline and dementia. Studies like HAAS and ARIC showed a 3–4x higher dementia risk in individuals with untreated high blood pressure.

Because hypertension is so prevalent, even modest reductions in population wide blood pressure could prevent a significant proportion of dementia cases.

SMOKING: 76% of our participants were aware that smoking can cause blood pressure to be raised.

There is a need for culturally appropriate advice. People know they need to eat healthily, but also need to have suggestions that are relevant to their culture, such as how to make food changes but still enjoy traditional meals.

Caribbean Foods That May Raise Blood Pressure

Here are some common culprits, based on their salt and saturated fat content:

High in Salt

Saltfish (e.g. ackee and saltfish): Often preserved with heavy salting.

Cured meats: Like salted pork, corned beef, and smoked turkey neck.

Seasoned rice and peas: When made with bouillon cubes or salted meats.

Soups and stews: Especially those using stock cubes, salted meats, or fish.

Fried plantain with salted seasoning: Tasty but often sodium-heavy.

High in Saturated Fat

Curry goat or oxtail: Often cooked with coconut milk or animal fat.

Fried dumplings and festival: Deep-fried in oil, sometimes lard.

Callaloo with coconut milk: Delicious but rich in saturated fats.

Use of coconut oil, palm oil, or butter: Common in traditional cooking, but high in saturated fat.

Healthier Swaps

- Use fresh herbs and spices instead of salt-heavy seasonings.
- Choose lean meats and trim visible fat.
- Steam or grill instead of frying.
- Swap coconut milk for low-fat alternatives or use smaller amounts.

Access Issues

Our community finds it difficult and confusing to access a doctor and advice. Having to go online, which is sometimes challenging. This then deters or restricts access to information and services due to not being able to use the technology. Most said they find traditional leaflets and posters easier and more convenient. They do not always understand what is going on, and often just want to speak to their own GP, or in fact any GP.

“Doctors are not personal anymore”

“What’s the point of having a GP”

“less technology”

People know exercise is good, but they do not always know how much should be done, or the benefits it has in helping to reduce some existing health conditions in sufferers, and lowering the chances of other complications.

The community feels providing information and support specifically for Afro-Caribbean people who are at risk or suffer from high blood pressure should be, but is not, a high priority for the NHS and other decision makers.

Only 12% were satisfied with the follow-up care they received from NHS professionals.

Advice and care is not consistent, or no follow-through assistance.

“I was told I need to monitor my blood pressure twice a day, but no machine was given, and I don’t know where to get one.”

“I am not confident to attempt to use a blood pressure monitor alone, and have no one to help.”

Not all home machines are accurate, and using incorrect size bands give wrong readings.

“I was put on an 8-week course, which was very informative. They told me about an app to use to assist me on my journey.”

People want to do exercise but don't want to go to a gym, or are unable to afford a membership. They would prefer it to be fun and in groups with people they already know, feel comfortable and safe with.

Many said the most challenging things about staying healthy are self-discipline and being consistent.

It is hard motivating yourself and not giving into temptation. It is easier if I had someone to do it with.

RECOMMENDATIONS

Having carried out our research and listened to the words of the community, we are making the following recommendations.

- Producing leaflets and posters with a health wheel and information that is focused on the Afro-Caribbean culture and lifestyle.
- *“Everything is online, not everyone can use technology”*
- Show what is available in the area for free or low cost, contact some providers.
- Provide information on exercise and staying active.
- Try to provide exercise classes or group sessions at the Caribbean Community Lunch Club.
- Get community and caterers to understand salt and saturated fats, their impact on the health of the community, and how caterers can make changes that allow meals to be healthier.

- Cultural training for professionals, to enable them to make culturally appropriate suggestions. For example, how to make food swaps and still be able to enjoy traditional foods.
- Workshops led by professionals to provide clear recommendations and advice. Also, to answer the questions that community members have.
- Speak to the local council about the problem, show research findings, and recommendations. What can they do to help the local community?
- Demonstrate a range of solutions for people to lower their blood pressure, highlighting what could happen as a result of not making better choices and actively trying to get and keep their blood pressure at the NHS-recommended level.

CONCLUSIONS

- There is a large number of people who are frustrated with the processes and procedures followed by healthcare professionals and service providers.
- *"People are fed up. The NHS is in trouble. The doctor can't see you. I'm not happy because it's always a struggle to get help"*
- Many people lack knowledge or understanding. They are looking for clear consistent advice that is easy to find and follow.



Risk factors which may be key contributors to the reason why black people suffer more from high blood pressure are:

Diet: The consumption of traditional foods, the use of seasonings and oils, and methods of cooking such as frying. It is not noticed how much salt is in some foods, especially those that have been enjoyed as part of the cultural tradition, and you grow up eating it.

Additionally, many foods are fried in oil instead of healthier options, such as grilling or air-frying. Although only 20% of those surveyed said they had salty foods most days, and 28% less than once a week, considering the salt content in traditional foods, the belief is that Caribbean people do not know how much salt they are consuming.

Exercise: Exercise is not something a lot of Afro-Caribbean people do by choice or for fun. The community tends to prefer to go to social events such as dominoes and dancing, our research shows this lack of exercise. Although jobs may be active (the community tends to have more manual jobs), not many are actively taking part in regular sport and exercise.

Stress: Black people are more likely to suffer from mental health illnesses such as anxiety or depression. Black men are four times more likely to be detained under the Mental Health Act. The social and economic inequalities people from the black community often face can cause high stress levels regularly.



Actions Taken

Blood Pressure Check

*We have partnered with “**Pump It UP**”, they provided us with blood pressure monitors and trained some of our members to teach other members how to monitor their blood pressure. There was a reluctance from some individuals to take their blood pressure in a group setting.*

For those in the high side of normal and above, we have encouraged them to contact their GP if they have not already, so they can be advised of the next steps to control their blood pressure.

The Caribbean Community is participating in our Blood Pressure initiative with "Pump It Up"

Blood Pressure Record Sheet

Thank you for using the Pump It Up Pressure Station.

Please tick which column your results align with on the chart below.

Pressure Station Location: Caribbean Community Lunch Club



DATE	GENDER	LOW Under 90/60 mmHg	NORMAL Greater than or equal to 90/60 – 120/80 mmHg	High Side of Normal Greater than or equal to 120/80 – 140/90 mmHg	HIGH Greater than or equal to 140/90 – 180/120 higher mmHg	Very High 180/120mmHg Or higher
03/12/24	F			✓		
11	F			✓		
18	F		✓			
25	F			✓		
01	F			✓		
08	F			✓		
15	F			✓		
22	M			✓		
29	M			✓		✓
05	M			✓		
12	M			✓		
19	M			✓		
26	M			✓		
03	F			✓		
10						
17						
24						
31						

We will use the information you provide here only for this activity. We will store the information securely in line with data protection laws and will not share or publish any personal details. For more information about data and privacy, please see our Privacy Policy.

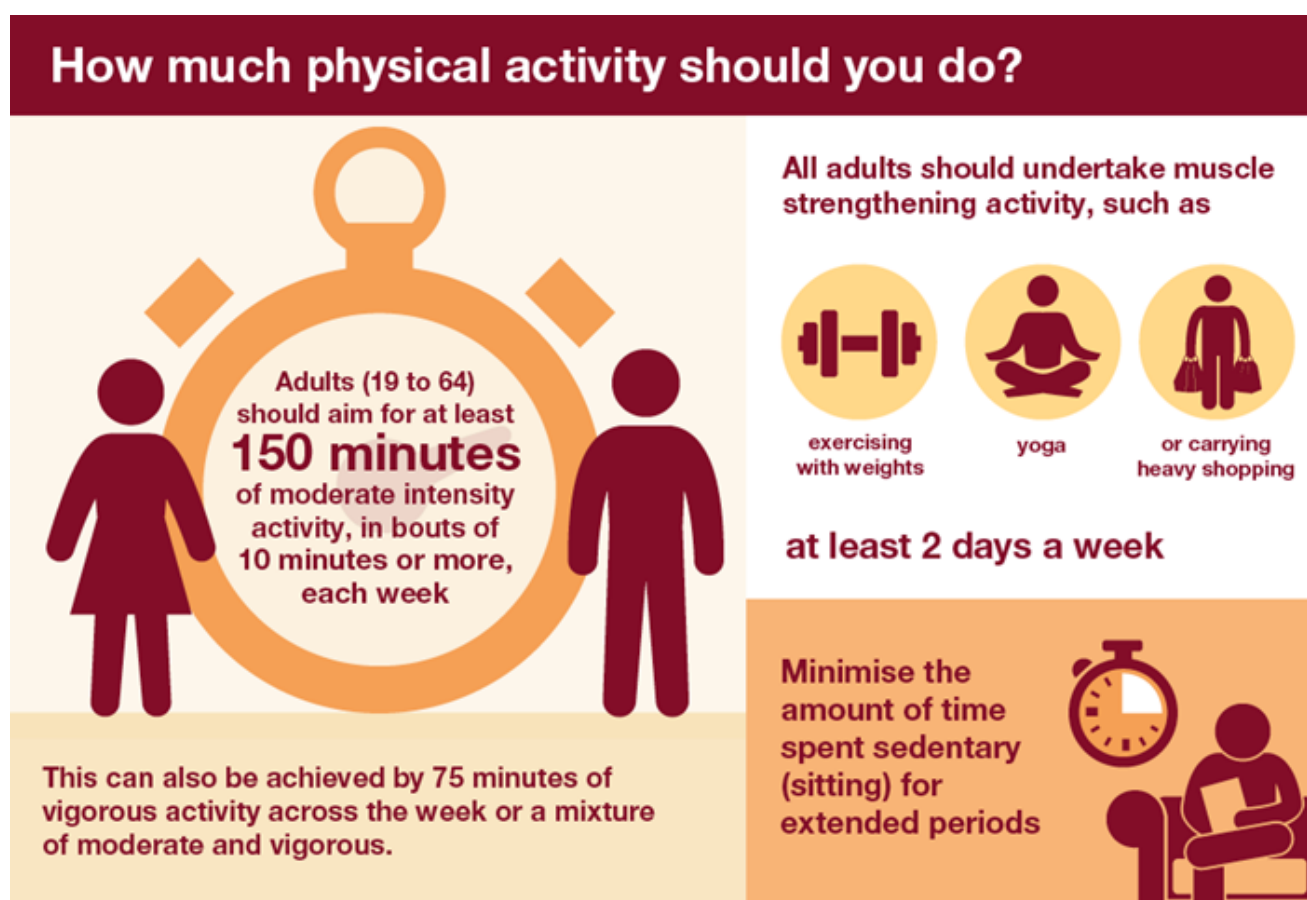
If you have queries about data and privacy, please email us at dataprotection@buckinghamhampton.co.uk. Or write to our Data Protection Officer at Buckinghamhampton Council, The Gateway, Gloucester Road, Ashton, W9 1BN.



Exercise (Actions taken Continued)

It was clear from our research that Afro-Caribbeans do not engage in the minimum recommended 150 minutes of moderate exercise, as recommended by Public Health England. Our survey showed going to the gym or swimming or cycling, etc, was not popular; they made it clear that dance, whilst incorporating exercise moves, was the favoured method. They also wanted the CCLC to provide it within the lunch club, where they are among family and friends.

We have taken this on board and have applied for funding to pay for a dance teacher to come to the club and put them through their paces however our bid was unsuccessful. We have contacted potential instructors and are waiting for funding to get the classes up and running.



Preventative Recommendations

We aim to target younger generations of Afro-Caribbean people in the UK, as they are not set in their ways and are more likely to adopt our research findings, being more adaptable to new ways of thinking than the current generation in our survey.

We would love to share our findings with children and young people, hoping that they will help influence their parents towards healthy eating.

The medium we use for educating young people will be different from our surveyed audience, who struggled to use online services. Young people, on the whole, are very comfortable with social media platforms; therefore, our information needs to target these platforms

Acknowledgements

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We would like to say a special thank you to our tutors - Esther Oenga, our mentor Andrew Paterson, Joanne McEwan (Public Health Development Manager), and the team that supported us on this research journey.

Their contributions enriched the research project and made it all possible. We want to express our sincere gratitude to all the participants in the research. The engagement we received was fantastic, enabling us to collect candid, honest, valuable, and insightful information.

The Caribbean Community Lunch Club considers it an honour to host research that is targeted at improving the lives of its community.

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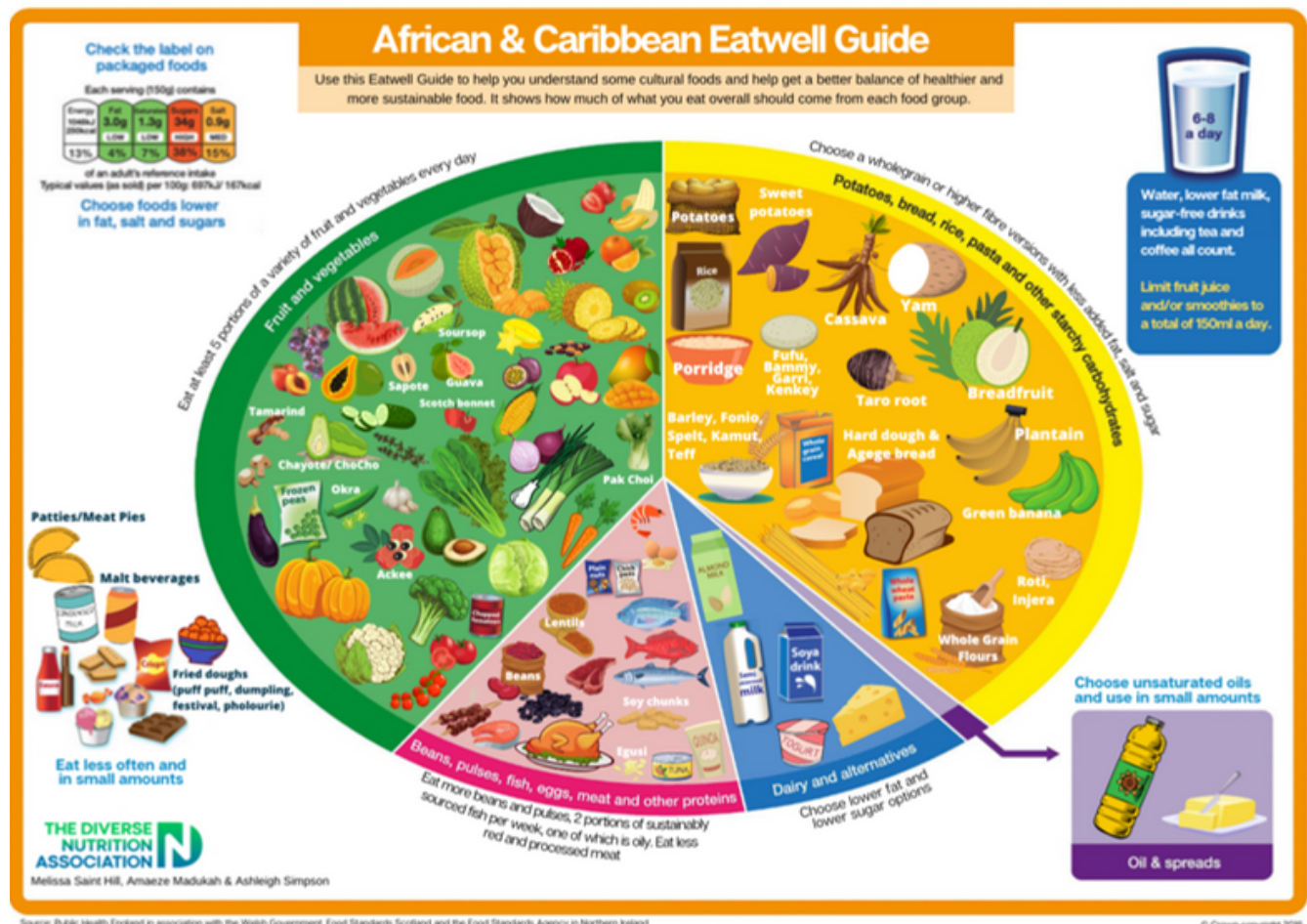
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<https://www.bloodpressureuk.org/your-blood-pressure/how-to-lower-your-blood-pressure/healthy-eating/your-ethnic-background-and-your-blood-pressure/>

Appendix



We would like to work with health providers to produce a chart similar to the above, showing Caribbean dishes using a traffic light system but clearly highlighting which type or quantities of seasonings etc. could cause certain types of food to move into the red. We would like UK manufacturers of Caribbean foods to use the traffic light system.

Appendix

FREE EXERCISE CLASSES AYLESBURY

Your GP can refer you to a scheme, such as with Better.org or Everyone Active, if you have a long-term health condition like high blood pressure, diabetes, asthma, or depression. This usually provides a discounted membership for an initial period, not a fully free membership. Speak to your GP about whether you are eligible for such a scheme.

Parkrun: Join your local Parkrun for a free, weekly 5km walk, jog, or run. You only need to register once, regardless of how many different events you visit and whether you intend to walk, jog, run, volunteer or do a combination. <https://www.parkrun.org.uk/register/>

Space walking group. Every Monday morning. Contact 01296 432769 or project-coordinator@spaceaylesbury.org

Get a 7 Day Pass for a free trial of the gym and swimming pool. Trial includes unlimited gym, unlimited swimming, free fitness programs. Nearest gym is Aqua Vale Swimming & Fitness Centre, Park Street, Aylesbury, HP20 1DX. <https://www.buckinghamshireleisure.com/trial/>

LOW-COST EXERCISE CLASSES AYLESBURY

Seated Exercise Class. £3/session.

Aston Clinton Baptist Church Mondays 2-3pm, Stoke Mandeville at The Ark Tuesdays 2-3pm, Wendover Health Centre Wednesdays 1:15-2:15pm, Weston Turville Village Hall, Thursdays 2-3pm.

Using chairs and other props for support, this fun exercise class will help improve flexibility, balance and strength, while you make new friends. All ages and levels of fitness welcome, just bring yourself and an open mind. Pay for your session in cash when you arrive. Opportunity for a cup of tea or coffee at the end.

Contact amelia.evans@aitc.org.uk, 07399 748803 ahead of your first session to ensure your space!

Appendix

EXERCISE INFORMATION OR VIDEOS ONLINE

<https://www.nhs.uk/live-well/exercise/> Exercise guidelines and workouts to help improve your fitness and wellbeing.

·<https://couchtofitness.com/> expert instructors will encourage you through 30-minute sessions, three times per week. The sessions are suitable for multiple fitness levels, with no equipment needed. Work out at home at your own pace. Also has an app.

MANAGING STRESS IN PERSON

Space Aylesbury is a local charity offering one-to-one weekly counselling sessions from mental health experts, to help you. 01296 432769 or Project-coordinator@spaceaylesbury.org

Sport in Mind is a mental health sports charity that delivers free, weekly physical activity sessions for anyone 17+ who is experiencing mental health problems. The sessions are lots of fun for all abilities and drop-in sessions, so there is no need to book, and no referral is required.

Monday Tennis 11 am - 12 pm Aylesbury Tennis Club. Tuesday Yoga 11am-12pm Queens Park Arts Centre. Wednesday Tai-Chi 11am-12pm Queens Park Arts Centre.

The Wellbeing Hub – Games & Knit/Natter. Buckinghamshire New University, Walton Street, Tuesdays 10:00–15:30. Free drop-in sessions with games, refreshments, and friendly chats.

HELPLINES

The Sane Charity helpline is available from 6pm to 11pm every evening to offer support and information for anyone affected by mental health illness. Call 0300 304 7000.

Mind's support line on 0300 102 1234. This is a safe space for you to talk about your mental health. Advisors are trained to listen to you and help you find specialist support if you need it. Open 9am to 6pm, Monday to Friday (except bank holidays).

Contact Samaritans 24 hours a day, 365 days a year: Call 116 123 (free from any phone).

Appendix

If you're experiencing a mental health problem or supporting someone else, you can call SANE line on 0300 304 7000 (4.30pm–10pm every day).

Can call the CALM on 0800 58 58 58 (5pm–midnight every day) if you're affected by suicide or suicidal thoughts.

You can contact NHS 111 any time to access support for your health. To get urgent mental health support, call 111 and select option 2.

Safe Haven – Bucks Mind. Support for people in mental health crisis. Open 7 days a week, 6pm–midnight. Phone 01296 453017

HEALTHY EATING

Eat Well Spend Less – Aylesbury Foodbank. Free 6-week cookery and budgeting course. Basic cooking, hygiene, nutrition, budgeting, and meal planning. Hands-on, relaxed, and beginner-friendly. Cook and take home your meals. Call 01296 395514 Mon – Thurs 10.30 am – 5pm. Outside these times please leave a message for a call back.

Aylesbury Cooking Club. Free 3-day course. Cooking healthy meals on a budget. Typically held in November and December. Booking is required. Contact Jada Guest on 07584 218 137 or email jada.guest@nhg.org.uk.

To our knowledge, information about available services was correct at the time of printing. Services mentioned in this report can be withdrawn at any time by the providers.