

Cognitive Behaviour Therapy (CBT) self-help for low mood and anxiety

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and Clyde

Overview

- Depression and chronic illnesses
- Cognitive behaviour therapy (CBT)
- CBT self-help
- The current evidence base
- Some current research...

Depression and chronic disease

- Depressed mood is common in people with chronic disease and physical disability (Evans et al, 2005; Anderson et al 2001)

It adversely affects

- Quality of life (Ruo et al 2006)
- Adherence to treatment (Kronish et al 2006)
- Clinical outcome (Vieweg et al 2006)
- Depression is costly for the person, their family, employers and society.

How does depression affect outcomes

- **Thinking**
 - I can't be bothered
 - What's the point?
- **Behaviour:**
 - Diet
 - Energy levels/activity
 - Low Motivation/interest in self-management
 - Respond in unhelpful ways – drink, eating, ambivalence, self-damaging
- **Underlying shared processes:** thyroid, platelet stickiness, variations in cardiac rhythm, adrenal function, inflammatory processes
- An approach that addresses thinking/behaviour might be helpful

Why cognitive behaviour therapy?

- Evidence based treatment for depression and anxiety
- NICE (2006) review:
 - No antidepressants for mild depression
 - Medication or CBT for moderately severe depression

- Model that helps make sense of things
- Problem and solution focused
- Built on a supportive relationship with a practitioner

Treating depression improves outcome

- Case finding and treatment reduces depression (Davidson et al 2006; Katon et al, 2004)
 - Cognitive behavioural therapy (CBT) (Davidson et al 2006)
 - Enhanced care (with personal support of a case manager and brief psychological therapies) are more effective than treatment as usual (Williams et al 2004)
- But requires relatively intensive resources
- However, access to CBT is limited
- Few facilities for US style collaborative care within the NHS.
- Detecting and managing depression is a priority and is an agreed quality outcome framework measure in the General Practice contract

Problems with CBT

- Waiting lists
- What is asked when you get there
 - Travel
 - Fears/concerns: let's look around the room ..
 - CBT language: Can you speak French and Spanish?
 - Not particularly short
- Can CBT be delivered in other ways?

What do we know?

Key paper: Gellatly et al, 2007 What makes self-help interventions effective in the management of depressive symptoms? Psychological Medicine, 37, 1217-1228

CBT Self-help – potential advantages

- Effective delivery – has an evidence-base
- Accessed with minimum delay
- Work in their own time and at their own pace.
- Increase knowledge/learn new skills for future use
- Empowers the person and promotes collaboration.
- Reinforces and consolidates learning
- Materials always at hand/easy reference.
- Can renew or update treatment as often as they wish, and at no extra cost.

Potential advantages - 2

- Saves time/resource efficient
- Limits referral to specialist services
- **Popular** and acceptable to many people.
- Respects privacy - avoids the stigma/ embarrassment of formal psychotherapy.
- Doesn't require as much time – the materials do some of the work
- Book and computer self-help resources can both be effective

Crucially ..

- Can be supported/delivered by non-CBT experts
- Changes the focus from “therapy” to education/health promotion
- Fidelity to the CBT model retained by the structure of the materials
- But ...

Martinez et al (2007) Behavioural + Cognitive Psychotherapy

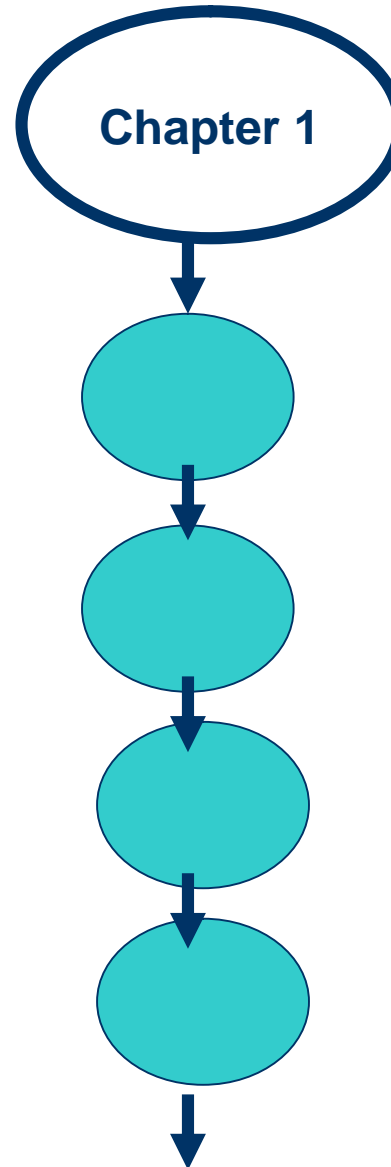
Book Title	Reading age
Coping with Depression - Blackburn (1987)	
The Feeling Good Handbook Burns (1980)	
Feeling Good – The New Mood Therapy - Burns (1999)	
Manage Your Mind - Butler & Hope (1995)	
Overcoming Depression - Gilbert (1997)	
Mind over Mood - Greenberger & Padesky (1995)	
Overcoming depression and low mood: a five areas approach (2 nd Edition) - Williams (2006)	

Martinez et al (2007) Behavioural + Cognitive Psychotherapy

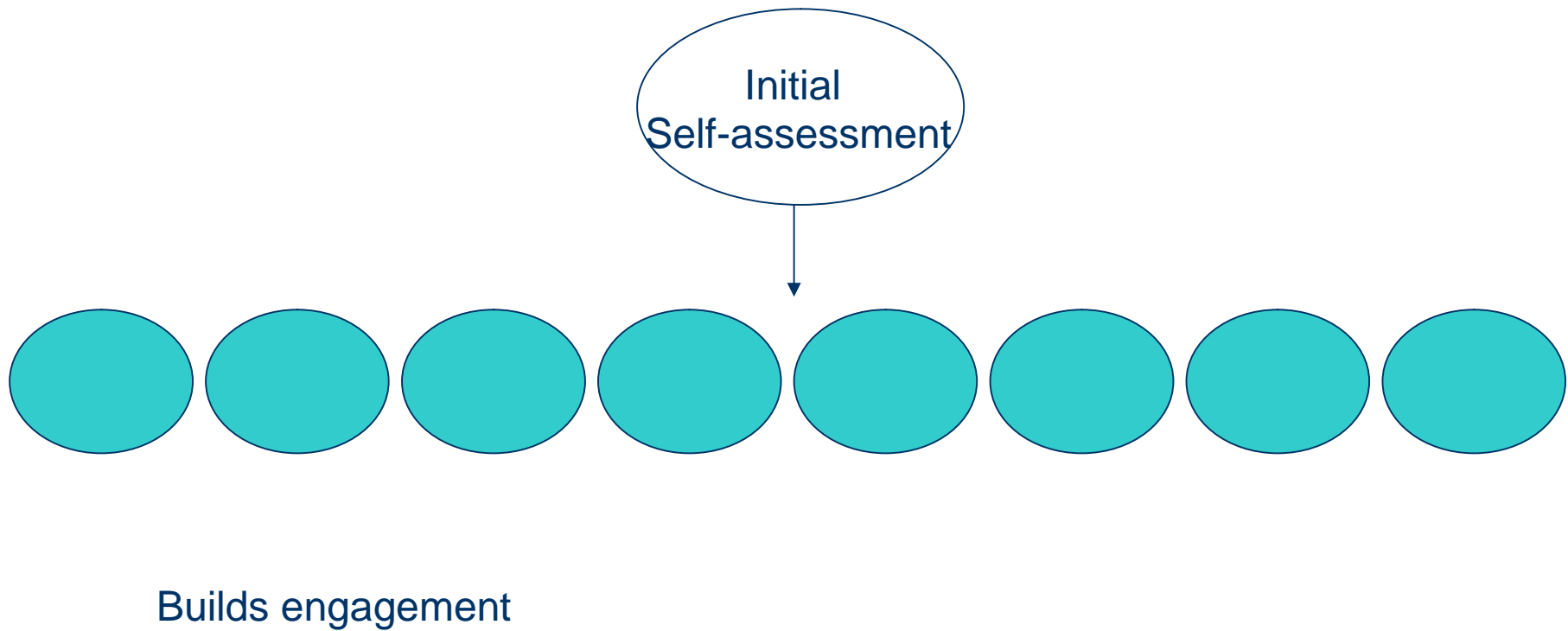
Book Title	Reading age
Coping with Depression - Blackburn (1987)	14.4
The Feeling Good Handbook Burns (1980)	13.4
Feeling Good – The New Mood Therapy - Burns (1999)	15.4
Manage Your Mind - Butler & Hope (1995)	14
Overcoming Depression - Gilbert (1997)	14
Mind over Mood - Greenberger & Padesky (1995)	15
Overcoming depression and low mood: a five areas approach (2nd Edition) - Williams (2006)	12.6

Self-help resources: Traditional **approach**

Traditional
language of CBT

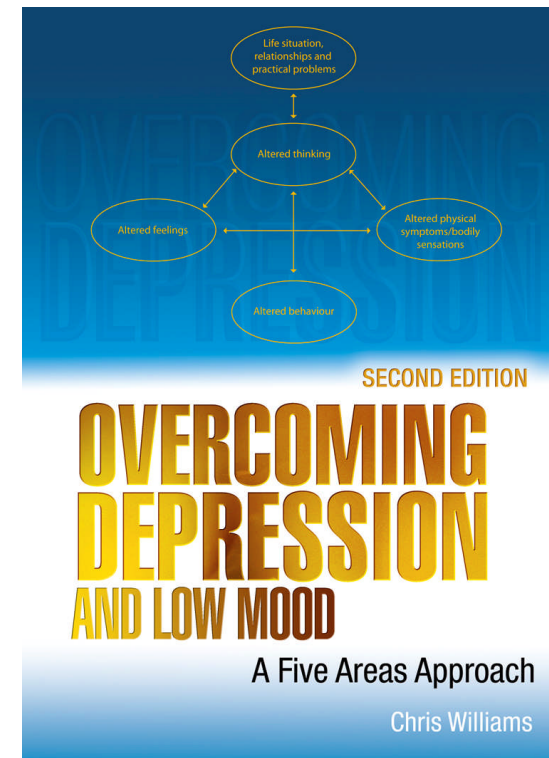


Two models of self-help: Modular approach

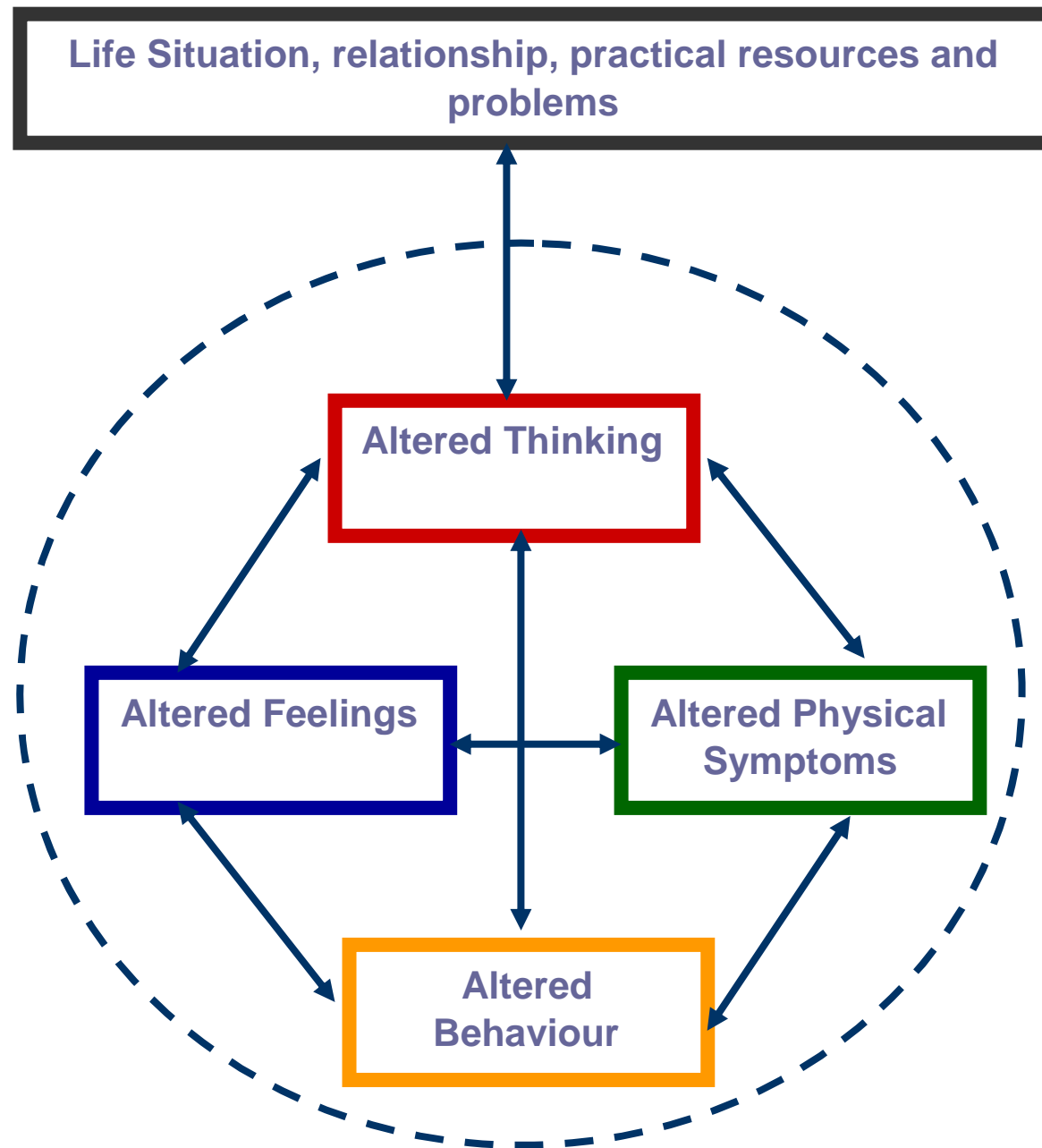


The five areas materials modular and accessible

- Why do I feel as I do?
- Problem solving
- Managing unhelpful thinking
- Reduced activity and avoidance
- Improving sleep
- Assertiveness/communication
- Building (and re-building) relationships
- Exercise
- Alcohol and drugs
- Medication
- Staying well

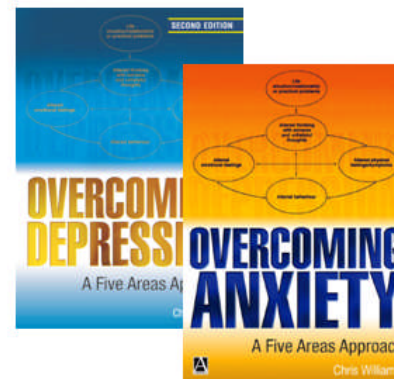
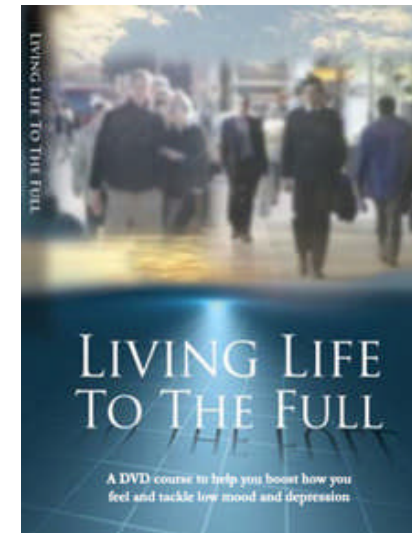


The Five Areas Model (Williams 2001): Anyone had flu?



Making changes in any of the areas leads to benefits in the others

Other resources



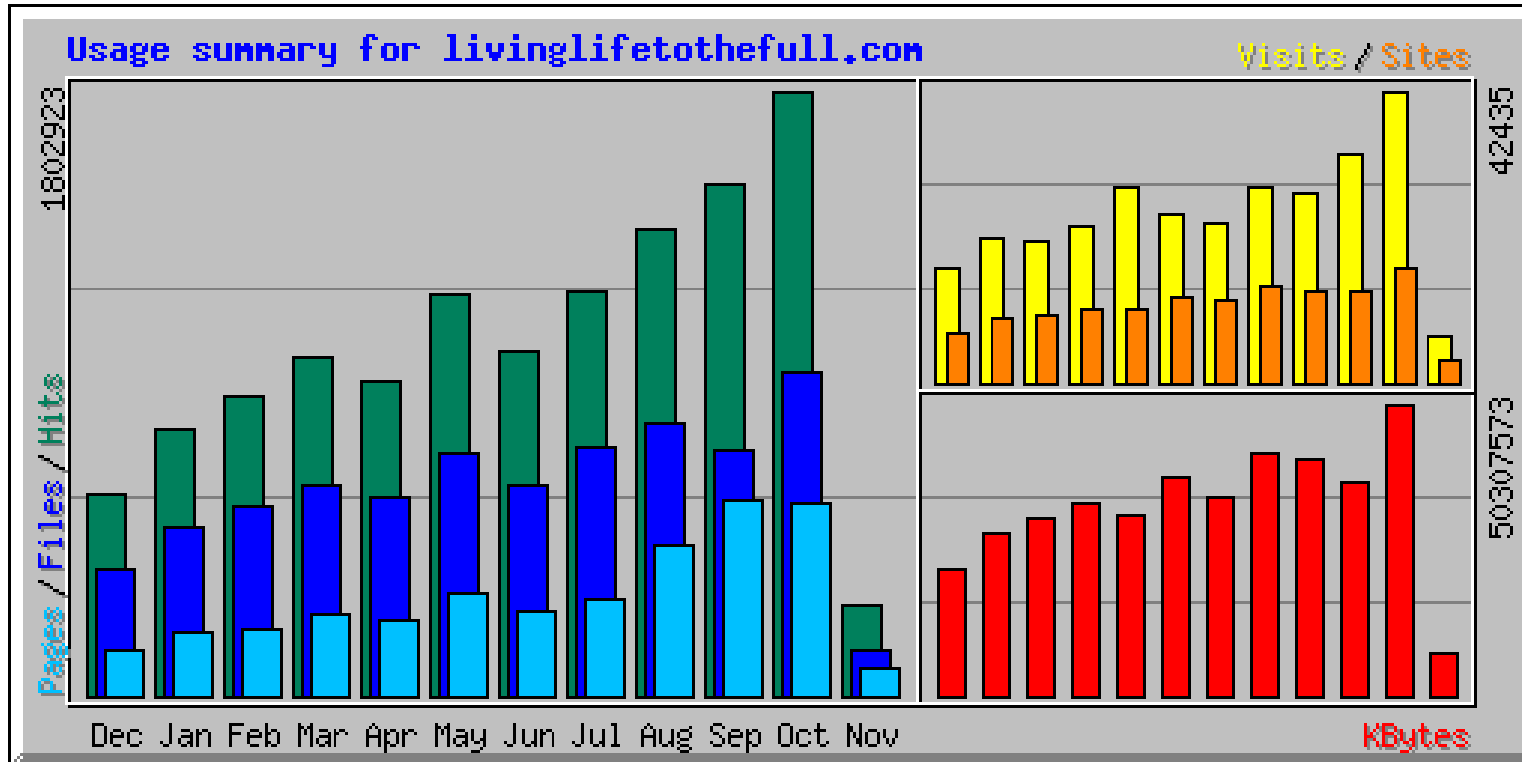
www.livinglifetothefull.com

The screenshot shows the homepage of the website. At the top, there is a navigation bar with links for Home, Register Here!, Recommend Us!, and Contact Us. The main header features the title "Living Life to The Full" and the tagline "... helping you to help yourself". A "Newsflash" section on the right announces a new website dedicated to the Five Areas Approach. The "Main Menu" on the left lists various sections like Welcome, Why Life Skills?, Course Overview, etc. The central content area includes a "Welcome" message, a photo of a man and a woman, and introductory text about the "Living Life to The Full On-line" resource. Below this, there are sections for "Overcoming Anxiety" and "Overcoming Depression". On the right, there is a "Register & Login" form with fields for Username and Password, and a "Login" button. A "Your Feedback" section is also visible at the bottom left.

One of the top 4 web portals for mental health: Times Newspaper

Joint Winner of the BACP Awards 2007-Excellence in Counselling and Psychotherapy Practice

Use of the site



- >50,000 hits a day, >1.8 million hits a month
- Over 60,000 registered users

Pilot study of a practice nurse supported psychological self help intervention for patients with diabetes or coronary heart disease and co-morbid depression

- Margaret Maxwell
- Chris Williams
- Jill Morrison
- Chris Burton
- Philip Watson
- Simon Naji
- Rebeca Martinez

Background

- Quality and Outcomes Framework (QOF) of the GP contract.
- Linked to payment, include screening patients with either diabetes or CHD for depressive symptoms
- 2 screening questions which have been shown to have good sensitivity and reasonable specificity
- (i.e. asking about “feeling down, depressed or hopeless” or “having little interest or pleasure in doing things”).
- Supplemented by PHQ9 questionnaire

Study design

- LLTTF website – or book or DVD

Plus practice nurse support (face to face or telephone)

Versus usual treatment

Currently a feasibility pilot

Choosing materials

- Any credible CBT self-help resource
- Consider the language
- Consider the evidence base
- Become familiar with it
- Train as a team using it
- Deliver it flexibly

New online website LLTTF interactive

- Especially interested in a RCT recruiting in OPD/inpatient

Any questions?

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- www.livinglifetothefull.com