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Development of a supported self-help book prescription scheme in primary care

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The treatment of mild to moderate mental health problems places extreme pressures upon primary care. To help ease these pressures, a number of self-help book schemes have been developed across the UK. This paper describes the development of a variant to these schemes. In addition to a prescription for a self-help book, clients also receive support in its use via specially developed self-help clinics. It is hoped that the supported self-help book scheme will not only help to increase access to a viable form of psychological treatment within primary care, but through support will also help to make the self-help approach acceptable to a greater number of users.

Background

Demands placed upon primary care for treatment across the range of mild to moderate mental health problems are excessive. Mental health problems are implicated in as many as one in four primary care consultations.[1] Depression is currently the third most common reason for consultation in UK general practice,[2] with predictions highlighting a worsening situation in the future. Indications suggest that by 2020 depression will be second only to ischaemic heart disease in terms of debilitating health conditions.[3] The development of organised self-help book schemes within primary care, for the treatment of mild to moderate mental health problems has become one way in which this current demand for mental health services is being met.

What is self-help?

Self-help resources, mainly adopting book or computer CD-ROM formats, are based upon many of the principles and techniques incorporated within conventional psychological therapies, with many of the more recent self-help resources adopting a cognitive-behavioural or problem-solving approach (for examples of self-help books see references 4 and 5).[4,5] One definition of self-help highlights criteria in which the reader is provided with a standardised approach, presented in enough detail to enable them to undertake treatment on their own or with only minimal therapist input.[6] Up to one hour of professional and five hours of non-professional support is permitted to label an approach as self-help.[7] However there remains ambiguity as to whether the time taken to perform an initial consultation should be included in this total.[8]

Self help resources work by providing the patient with background information about their disorder and physical symptoms, combined with a structured programme to enable them to adopt helpful ways of coping and changing negative cognitions and behaviours. Improvements in mental health when self-help is adopted are often most dramatic within the first two weeks of treatment and last for periods in excess of three months.[9,10] Several independent studies have indicated significant drops in anxiety and depression following the use of self-help cognitive-behavioural therapy (CBT) by clients within primary care with meta-analytic reviews generally supporting these conclusions.[10–12] A recent systematic review has culminated in cautious support regarding the usefulness of self-help for the treatment of mild to moderate mental health problems.[13]

Development of self-help book prescription schemes

As a consequence of recommendations proposing the need to develop a stepped care approach to mental health services to increase service provision and accessibility,[14] guidelines on the treatment of depression and anxiety and the growing evidence base supporting the use of self-help, in excess of 20 self-help book schemes have now been established across the UK.[13–16] The majority of these have adopted the Cardiff model.[17] Within this model, clients presenting to their general practitioner (GP) with a mild to moderate mental health problem are 'prescribed' a suitable self-help title from a standardised list covering many of the mental health difficulties commonly encountered in primary care. Within Cardiff, the book prescription is then taken to the local public library where all the self-help books are stocked, and clients issued with the specified book in a manner similar to a standard library book loan.

Developing a supported self-help book scheme

Within the Cardiff model, once the client receives the book prescription, no structured form of support for using the self-help book is generally offered.[17] Given however that all titles on the book list were all written to be entirely self-administered, and that such an approach places no further demands upon primary care, there is much to advocate an unsupported scheme. However a recent study examining the attitude and difficulties experienced by clients towards self-help highlighted a potential advantage in offering minimal support.[18] Clients were often reported not to have a clear understanding about the expectations and philosophy of self help being offered, with prevailing attitudes mainly being informed by popular misconceptions as to what constitutes self-help. Additionally clients reported experiencing many difficulties when initially using self-help, such as an inability to relate to, or sometimes comprehend the activities included within the books, a lack of belief in effectiveness and an inability to find energy to undertake tasks. Potentially, a failure to support clients comprehensively deal with these issues could result in them becoming prematurely disengaged from self-help or in a lower level of effectiveness. Indeed the literature regarding the efficacy of supported versus self administered self-help is highly

contradictory, potentially because support, being the experimental manipulation, was poorly defined and hence controlled.[8,12] For example in a meta-analytic review, no significant benefit of support for self-help was reported over client self-administration, although all self-help conditions had more efficacy than a no treatment control.[12] Conversely treatment efficacy and use of a computerised self-help system placed within local libraries was worse when self-administered than when supported.[19] In a study for the treatment of obesity, supported self-help was over twice as effective as self-administered self-help at six months' follow-up, while there was no difference in treatment efficacy between self-administered and supported self-help for sub-threshold bulimia nervosa and binge eating.[20,21]

Model of support for self-help

In response to the evidence highlighting the potential benefits of offering minimal support for self-help, the Devon Supported Self-Help Book Prescription Scheme was developed. The central difference between this and previous schemes based upon the Cardiff model was in the provision of support for self-help through specialist self help-clinics.[17] Self-help clinics were established using the two-plus-one model of service delivery, which has been reported to be highly acceptable to clients, efficient in terms of client throughput and clinically effective.[22,23] Within this model, clients are offered an initial 30-minute self-help orientation consultation, two 15-minute fortnightly sessions to support their treatment, and a final 15-minute session 3 months later to evaluate progress.[22] The aim of providing brief periods of support in this fashion is to help the client '... start on the road to recovery ...' and not to specifically offer treatment.[22]

As can be seen in Figure 1, during the initial consultation clients are provided with an explanation concerning the nature of self-help,[18] and advice concerning how to use the resources,[10] and are empowered to take control of their mental health difficulty. If the client wishes to proceed with self-help they are given a prescription for a self-help book, from an adapted self-help book list used within the Cardiff scheme, that is felt to be suited to them. Prescriptions can be handed over at most of the public libraries across Devon in exchange for the self-help title indicated. Once engaging with the self-help books, subsequent sessions offer motivational interviewing, and support for the acquisition of the skills promoted in the books. In the case of a client initially experiencing difficulties with
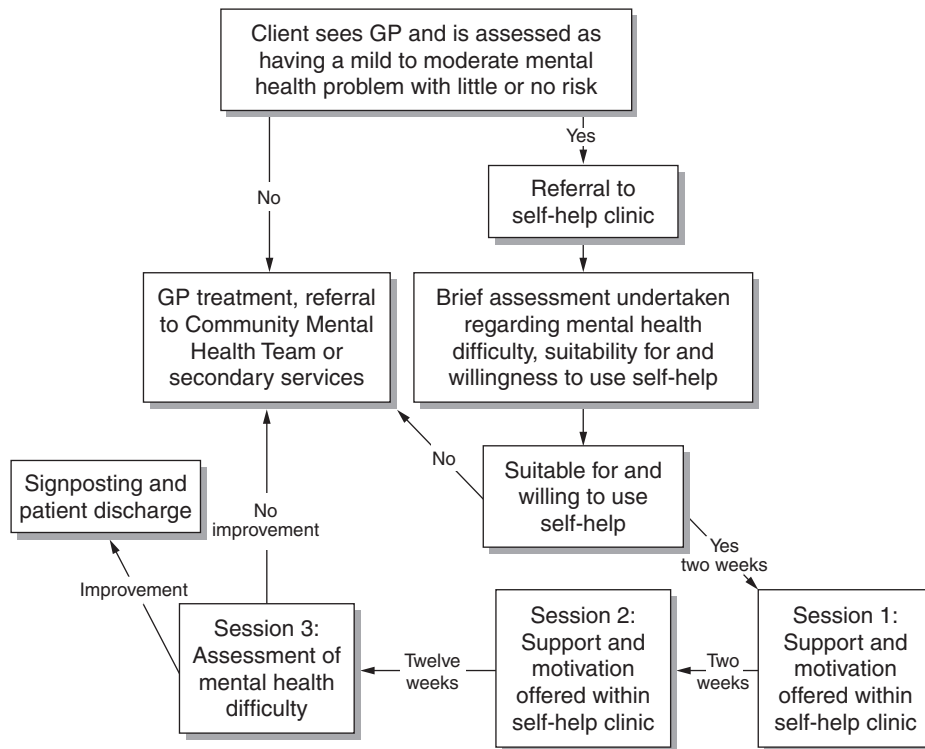
Figure 1 Protocol adopted by Devon Supported Self-Help Book Scheme

self-help, the mental health worker supporting the clinics is encouraged to use their discretion and offer additional sessions of support. However due to the dose–effect curve,[9] whereby the most significant benefits are expected at the beginning of treatment, it is also stressed that only two additional, not ongoing sessions should be considered.

Within the Devon scheme, graduate primary care mental health workers (GMHWs) have been specifically trained as part of a university postgraduate certificate in the skills required to support self-help.[24] The role of the GMHW was introduced across England in response to the need to increase the provision and accessibility of mental health services in primary care.[14] To allow each primary care trust to respond to local need, the exact role of the GMHWs was loosely defined. Among other aspects of the role, however, support for brief evidence-based interventions such as self-help was proposed,[24] making GMHWs the ideal choice of mental health professionals to support self-help.

Self-help book list

The self help book list used within the Devon supported scheme was adopted with minor revisions from the list adopted within the Cardiff scheme (Table 1). Within Cardiff the list was developed on the basis of extensive consultation undertaken with mental health professionals to identify the titles they had used and found useful. Such professionals are in a very good position to recommended self-help books as they are extensively used within clinical practice to supplement standard treatment, with frequency of use being higher among the more experienced professionals.[25,26] From these suggestions, a list of 35 titles written predominantly by clinical psychologists, psychiatrists and psychotherapists was constructed.

The book list covered 20 mental health problems (Table 1) with over 80% of the titles employing a cognitive-behavioural approach, and many subjected to clinical trial. This list was supplemented by a further two titles – *Overcoming Depression* and *Overcoming Anxiety*.[4,5] The style and presentation of these titles are especially suited to a supported method of working, and acceptable to all but those with the weakest literacy level, with the reading age of separate sections being less than ten. To maintain and update the book list, a self-help book review panel is currently being constituted, which will consist of mental health professionals and user representatives.

Table 1 Book list adopted by the Devon Supported Self-Help Book Scheme

Problem issue	Book title	Author(s)	Year	Publisher
Anger	*Overcoming Irritability and Anger*	Davies, Will	2000	Robinson
	Managing Anger	Lindenfield, Gael	2000	Thorsons
Anorexia nervosa	*Breaking free from Anorexia Nervosa: a survival guide for families, friends and sufferers*	Treasure, Janet	1997	Psychology Press
	Overcoming Anorexia Nervosa	Freeman, Christopher and Cooper, Peter	2002	Robinson
Anxiety	*Overcoming Anxiety*	Kennerley, Helen	1997	Robinson
	Overcoming Anxiety: a five areas approach	Williams, Chris	2003	Arnold
Assertiveness (women)	*Woman in Your Own Right*	Dickson, Anne	1982	Quartet Books
Bereavement	*Living with Loss*	McNeill Taylor, Liz	2000	Robinson
Binge-eating disorder and bulimia nervosa	*Bulimia Nervosa and Binge Eating*	Cooper, Peter	1993	Robinson
	Overcoming Binge Eating	Fairburn, Chris	1995	Guilford Press
	Getting Better Bit(e) by Bit(e)	Schmidt, Ulrike and Treasure, Janet	1993	Erlbaum
Depression	*Overcoming Depression*	Gilbert, Paul	2000	Robinson
	Mind Over Mood	Greenberger, Dennis and Padesky, Christine	1995	Guilford Press
	The Feeling Good Handbook	Burns, David	2000	Plume Books
	Overcoming Depression: a five areas approach	Williams, Chris	2001	Arnold
Gambling	*Overcoming Compulsive Gambling*	Blazszynski, Alex	1998	Robinson
General	*How to Cope When The Going Gets Tough*	Dryden, Windy and Gordon, Jack	1994	Sheldon
	Emotional Confidence	Lindenfield, Gael	2000	Thorsons
Head injuries	*Head Injury. A practical guide*	Powell, Trevor	2001	Speechmark
Health anxiety	*Stop Worrying About Your Health!*	Zgourides, George	2002	New Harbinger
Manic depression	*Overcoming Mood Swings*	Scott, Jan	2001	Robinson
Obsessions and compulsions	*Understanding Obsessions and Compulsions*	Tallis, Frank	1992	Sheldon
Panic	*Overcoming Panic*	Silove, Derrick	1997	Robinson
	Panic Attacks	Ingham, Christine	2000	Thorsons
Post-traumatic stress disorder/ trauma	*Overcoming Traumatic Stress*	Herbert, Claudia and Wetmore, Ann	1999	Robinson
Self-esteem	*Overcoming Low Self-Esteem*	Fennell, Melanie	1999	Robinson
	The Feeling Good Handbook	Burns, David	2000	Plume Books
	Self-Esteem for Women	Field, Lynda	2001	Vermilion
	Self-Esteem	Lindenfield, Gael	2000	Thorsons
	10 Days to Great Self-Esteem	Burns, David	2000	Vermilion

Table 1 Continued

Problem issue	Book title	Author(s)	Year	Publisher
Child sexual abuse (adult survivors)	*Breaking Free*	Ainscough, Carolyn and Toon, Kay	2000	Sheldon
	Beginning to Heal	Bass, Ellen and Davies, Laura	1993	Mandarin
	The Courage to Heal	Bass, Ellen and Davies, Laura	2002	Vermilion
Social anxiety/ social phobia	*Overcoming Social Anxiety and Shyness*	Butler, Gillian	1999	Robinson
Stress	*The Relaxation and Stress Reduction Workshop*	Davis, Martha, Robbins-Eshelman, Liz and McKay, Matthew	2000	New Harbinger
	Managing Stress: teach yourself	Looker, Terry and Gregson, Olga	2003	Teach Yourself Books
Worry	*How to Stop Worrying*	Tallis, Frank	1990	Sheldon

The role of the public library service

Following the Cardiff model, the public library services across Devon (Devon, Plymouth and Torbay) play a major role in the delivery of the Devon scheme. The library services, involved in the development of the Devon scheme from the very outset have purchased multiple copies of all the titles on the book list. These books are located in all the main libraries, the libraries closest to the locations where the self-help clinics are being run, and also in many of the smaller branch libraries, and are stocked within the libraries in the same manner as any other book. As such, the books can be accessed by the public in a number of ways. If the client is using the self-help clinic, they can use the book prescription which can be handed over in exchange for the self-help title. Accessing the books using the prescription can be beneficial, as it can activate additional library benefits if required. Additionally, however, the books can be accessed in the same manner as any other library book. Anecdotally, a benefit of stocking the books for general use and advertising the scheme widely within the library has been to reduce the perceived stigma associated with their use. Regular monitoring of the book scheme by the library services is undertaken to ensure that demand is being met, with additional stock being purchased if required.

Future directions

This model of delivering supported self-help is already being adopted more widely across the UK. Further development is especially likely in those regions where the primary care trusts have employed graduate workers, as supporting self-help would seem to reflect a core activity of this role. Given that the development of self-help schemes offers a cost-effective and viable way to increase the provision and access of mental health services in primary care, their continued development should be encouraged.

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CONFLICTS OF INTEREST

None.

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Reading Well Books on Prescription Scheme for People with Dementia and their Families and Carers. 1. Introduction. Consultation Paper. Reading Well Books on Prescription (RWBOP) is an exciting new public library mental health service development. Â This is quite different to the original RWBOP scheme, which relied on the individual prescription by a GP or IAPT worker of a self-help book, perhaps with some guided support from a health professional. 1.3 How might a RWBOP list be utilised? It is likely that the RWBOP scheme will be the source of much-needed materials that would be used by both individuals and groups to enhance understanding, coping and support, and therapeutic activities to improve the health and quality of life of people with dementia and their carers. Prescribing self-help books on the NHS is an effective treatment for depression, a study suggests. Patients offered books, plus sessions guiding them in how to use them, had lower levels of depression a year later than those offered usual GP care. The effect was seen in addition to the benefits of other treatments such as antidepressants, Scottish researchers report in the journal Plos One. Â He is currently advising on behalf of the Royal College of Psychiatrists, on a National Books On Prescription Scheme, to be rolled out across UK public libraries this year. Thirty books, including the one used in the study, have been selected. But Dr Blenkiron said self-help would not be suitable for everyone: "The key thing is that the person is committed to doing some work." Share this story About sharing. 6 Centre for Academic Primary Care, Bristol Medical School, Population Health Sciences, University of Bristol, Bristol, UK. 7 Primary Care Research Group, University of Southampton, Southampton, UK. Â Intervention components were delivered electronically, supported by a local practice champion nominated for the trial. Main outcome measures Primary outcome was the rate of antibiotic prescriptions for respiratory tract infections from electronic health records. Â 16 18 Development of the antimicrobial stewardship intervention drew on social cognitive theory 19 and self determination theory, 20 experience from development of a previous intervention, 15 21 22 and qualitative interviews with 31 prescribers to refine prototype versions of interventions.