Supporting self-help for common mental health problems in primary care

Mike Lucock, University of Huddersfield and South West Yorkshire Partnership NHS Foundation Trust

Overview

The importance of supporting self-help in primary care

Self Help Access in Routine Primary Care (SHARP)

The SHARP approach

Website – www.primarycare-selfhelp.co.uk; leaflets; links to resources

SHARP training

The Self Management after Therapy (SMArT) intervention

Background

- WHO Global Burden of Disease report identifies depression as the second leading cause of disability worldwide

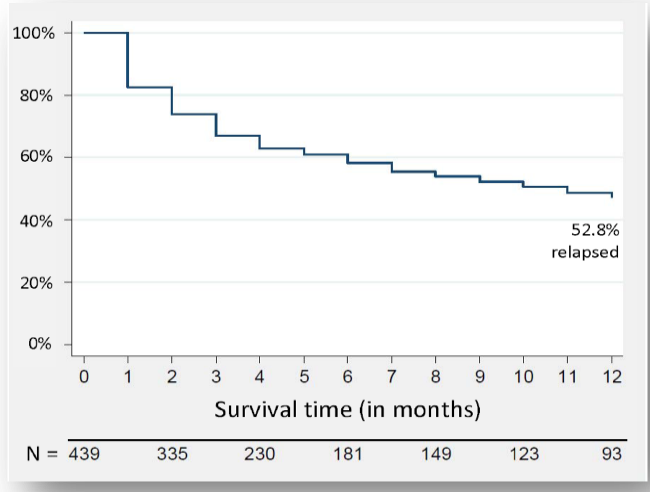
- Depression is a relapse prone condition – about 50% of patients who were recovered by the end of psychotherapeutic treatment suffered a relapse within two years

- 50% relapse within one year of low intensity CBT in IAPT for anxiety and/or depression, especially prone if have subthreshold symptoms (Ali S, Rhodes L, Moreea O, McMillan D, Gilbody S, Leach C, Lucock M, Lutz W & Delgadillo J (2017) How durable is the effect of low intensity CBT for depression and anxiety? Remission and relapse in a longitudinal cohort study. *Behaviour Research and Therapy*, 94, 1-8).

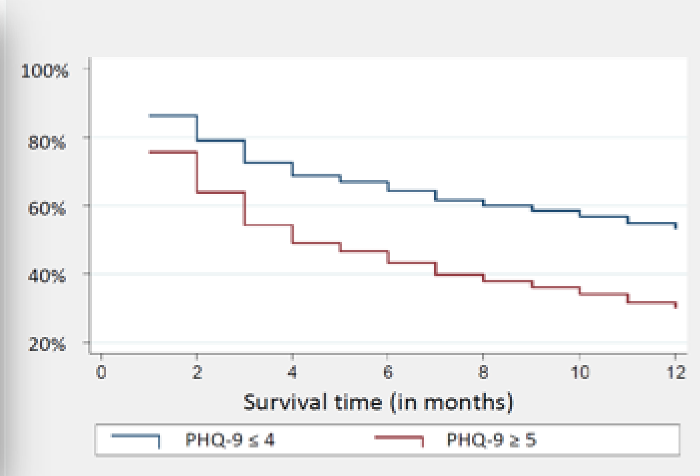
- For some people, depression is a long term problem, either with recurrent episodes or ongoing (chronic) depression, so self-management approaches should be developed to help people stay well

Results: 12 months follow-up

Kaplan-Meier survival estimates

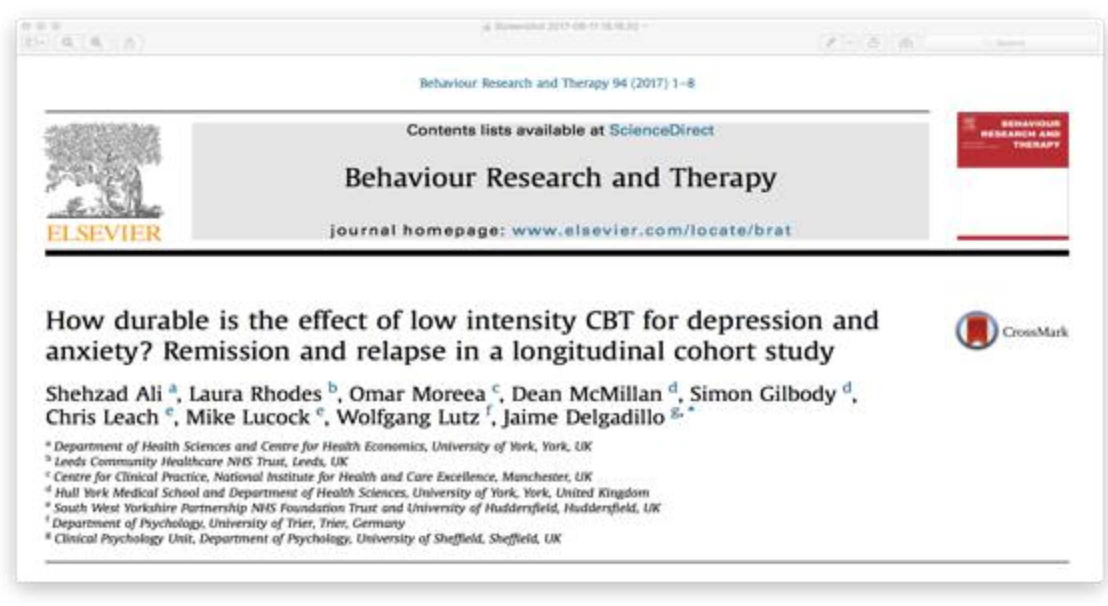


Adjusted survival function after Cox regression



Results:

- Overall, 40% relapsed within six months, 53% relapsed within one year; 66% within two years
- Residual depression symptoms (PHQ-9 ≥ 5) at final treatment session were twice as likely to relapse (hazard ratio = 2.0) compared to those with minimal symptoms ($p < 0.001$)



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ELSEVIER

How durable is the effect of low intensity CBT for depression and anxiety? Remission and relapse in a longitudinal cohort study

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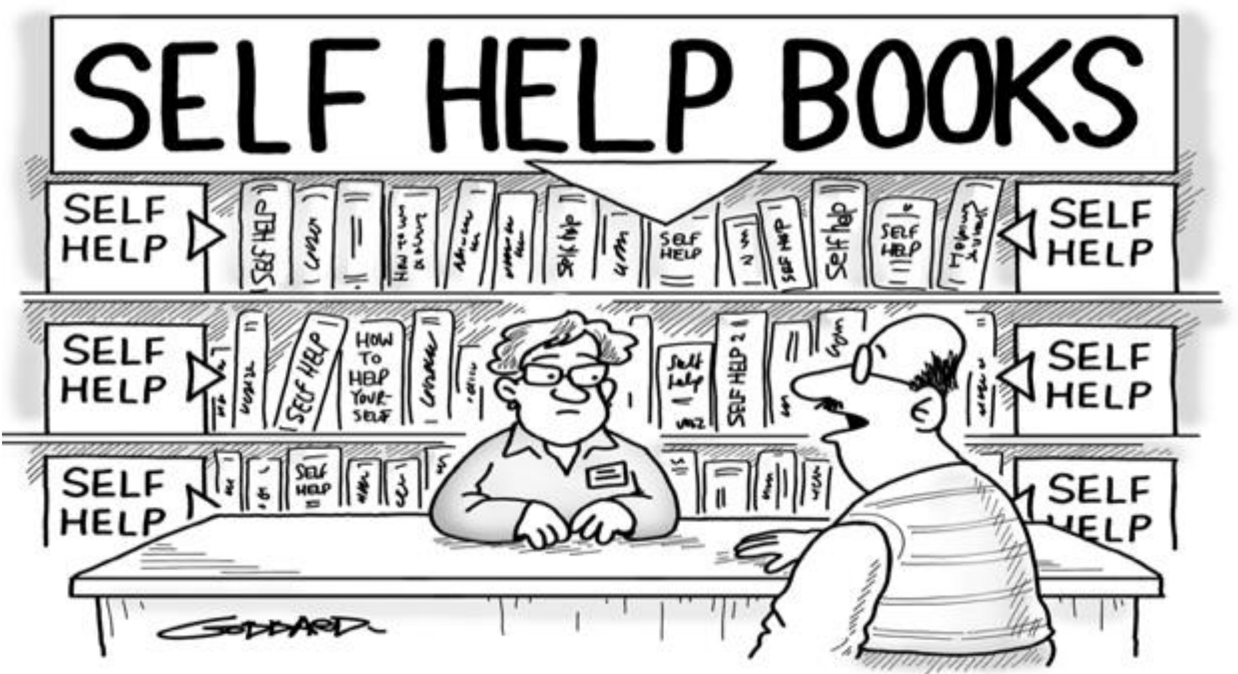
So.....

- Important to improve the long term effectiveness of psychological therapies e.g follow up booster sessions, mindfulness based CBT, antidepressants
- How can primary care services support self-help/ self-management of common mental health problems....
- .... before <u>and</u> after therapy, even for those who have "recovered"?
- What can primary care practitioners realistically do with the time constraints?

What self-help materials should we recommend?



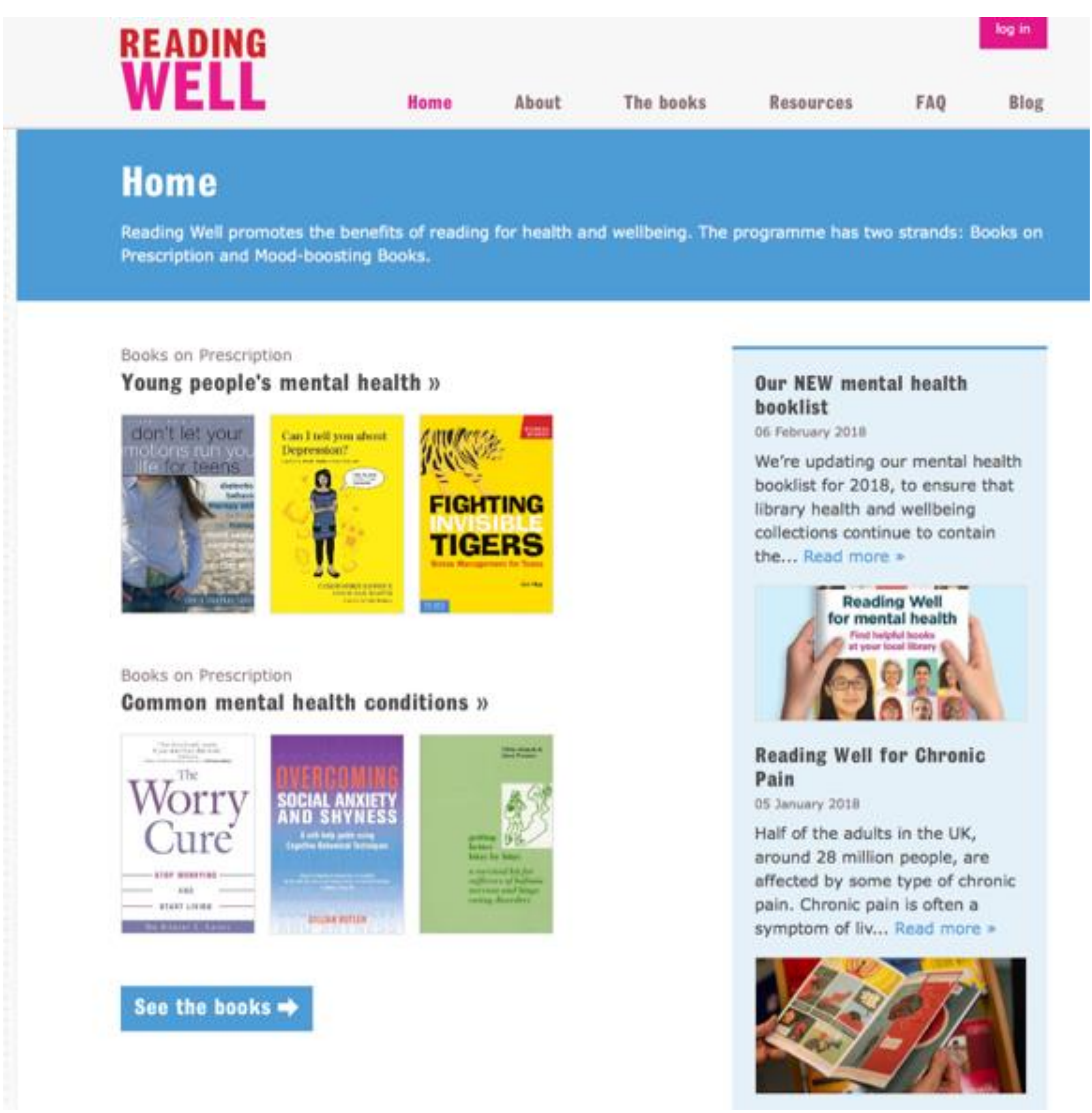
"Have you got any self-help books?"

Recommended self-help books:

http://reading-well.org.uk

"Reading Well promotes the benefits of reading for health and wellbeing. The programme has two strands: Reading Well and Mood-boosting Books".

Supported by various professional bodies and charities and links to NICE guidance.



Health apps - https://apps.beta.nhs.uk
New site being developed.

NHS

Find digital tools to help you manage and improve your health

Find out more

FILTER BY CATEGORY

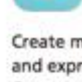
- All
- Cancer
- COPD
- Dementia
- Dental
- Diabetes
- Healthy Living
- Learning Disabilities
- Mental Health
- Online Community
- Other
- Pregnancy and Baby

myCOPD

✓ NHS Approved

myCOPD helps people with COPD to better manage their condition.

COPD



Cove

Being Tested in the NHS

Create music to capture your mood and express how you feel with the Cove app.

MENTAL HEALTH

Chill Panda

Being Tested in the NHS

Learn to relax, manage your worries and improve your wellbeing with Chill Panda.

MENTAL HEALTH

Kicks Count

Use the Kicks Count app to keep track of your baby's movements in the womb and look out for any changes.

PREGNANCY AND BABY

BlueIce

BlueIce is an evidenced-based app to help young people manage their emotions and reduce urges to self-harm.

MENTAL HEALTH

Evergreen Life

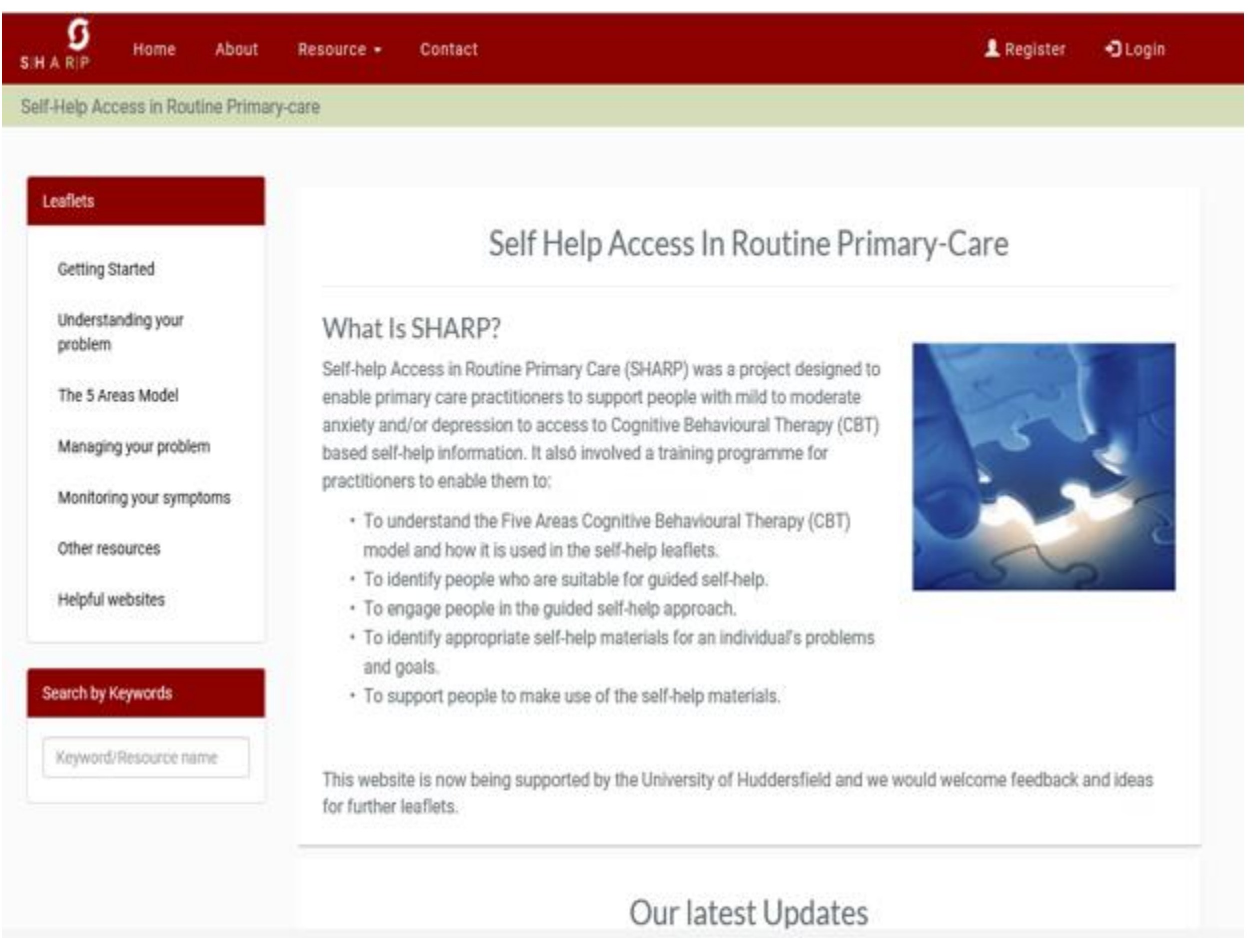
Evergreen Life is a personal health record app that stores your health information in one place.

HEALTHY LIVING

Self-help booklets:
e.g. Northumberland Tyne and Wear NHS Foundation Trust.
https://web.ntw.nhs.uk/selfhelp/

Self-help should not replace a required service….

Self Help Access in Routine Primary Care (SHARP)



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- **University of Huddersfield**
- **South West Yorkshire Partnership NHS Foundation Trust**
- **Wakefield Primary Care Trust**
- **Yorkshire Strategic Health Authority**

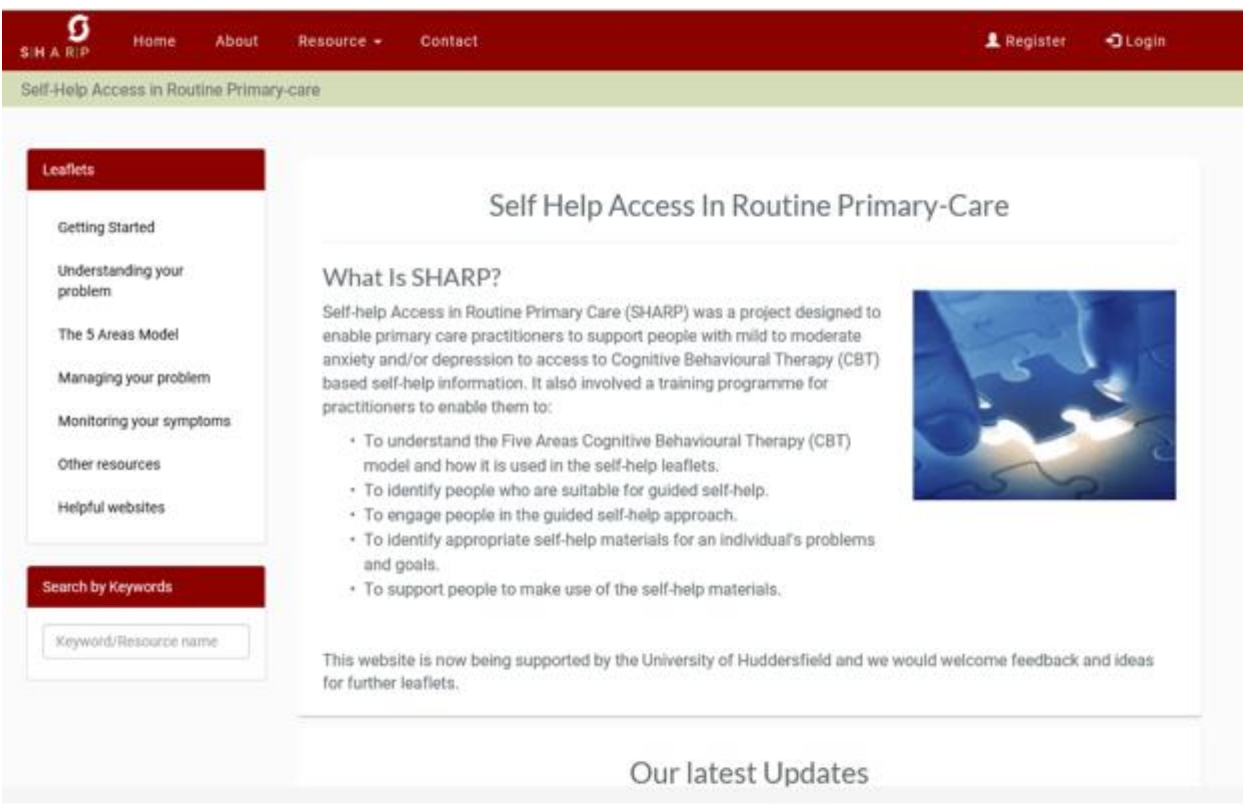
Key elements of the SHARP approach:

- Self-management support for anxiety and depression in primary care – what can be achieved in 10+ minutes?
- The training focuses on integrating the use of self-help leaflets into practitioners' current practice.
- The self-help leaflets and training is based on the cognitive behaviour therapy (CBT) Five Areas model.
- Incorporates links between physical and mental health, so suitable for long term health conditions.

Key elements of the SHARP approach:

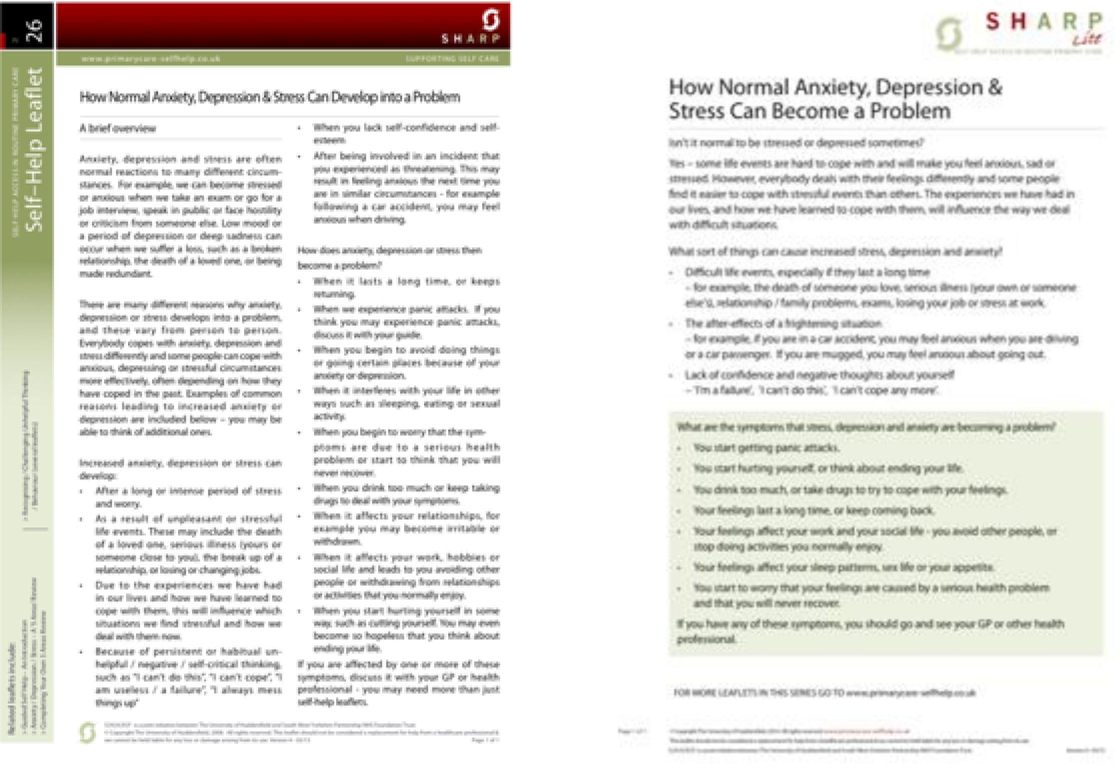
- It acknowledges that self-help is a normal, on-going activity for people.
- Acknowledges realities of a persons current life situation and stresses.
- Emphasis on normalising depression and anxiety problems.
- Provides a structure for the consultation.
- Alternative to medication and may support future referral and engagement in a psychological intervention.

SHARP website



SHARP leaflets

- 2 versions of most leaflets – full version and a more readable, 'lite' version which contains the main points from the full versions.



- All leaflets are no longer than 2 pages, with some based on the self-help books, 'Overcoming Depression' and 'Overcoming Anxiety' with the author Prof Chris Williams's permission.
- Each leaflet contains information for discussion within one consultation
- Accessed via drop down list, links or search key word

Examples of SHARP leaflets

Getting started

A Guide To Using Self-Help Leaflets
Guided Self Help - An Introduction
Guided Self Help - Advice For Family And Friends
Guided Self Help Session Planner

The 5 Areas Model

Anxiety - A Five Areas Model
Blank Five Areas Form
Completing Your Own 5 Areas Review
Depression - A Five Areas Model
Stress - A Five Areas Model

Understanding your problem

Coping with trauma
Depression during and after pregnancy
Panic Attacks
The Fight Flight Response
Coping With Physical Ill Health
Sleep Problems
Self Assessment Form
Recognising Unhelpful Thinking (2) - Thought Stopping And Rumination
Recognising Practical Problems And Difficulties
Recognising Helpful And Unhelpful Behaviours
How Normal Stress Anxiety And Depression Can Develop Into A Problem
Recognising Unhelpful Thinking (1) - Unhelpful Thinking Styles
Depression - The ' Vicious Cycle' That Keeps It Going
Depersonalisation
Coping with Grief and Loss
Coping With Chronic Pain
The Physical Effects Of Anxiety

Examples of SHARP leaflets

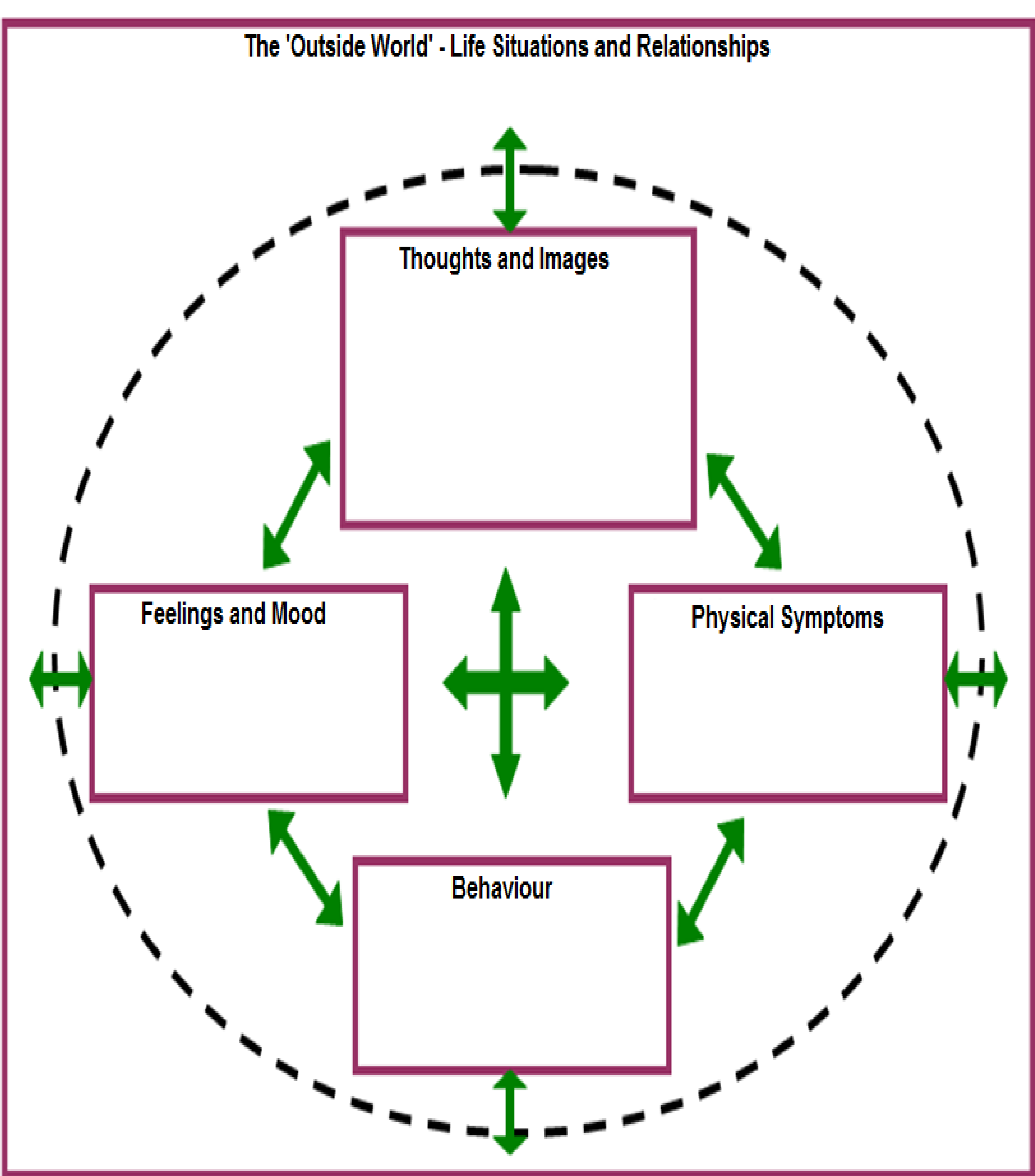
Monitoring your symptoms

Alcohol Use Disorders Identification Test
Daily Diary
Problems And Goals List
Patient Health Questionnaire – PHQ-9
Patient Health Questionnaire - 2
DASS Profile Sheet
How to use DASS
Depression Anxiety Stress Scales

Using the 5 areas model to manage your problem

Assertiveness And You
Relaxation
Distraction
Changing Unhelpful Thinking (3) - Guilt And Worry
Changing Unhelpful Thinking (2) - Challenging Unhelpful Thoughts
Changing Unhelpful Thinking (1) - A Beginning
Changing Unhelpful Behaviour (2) - Alcohol And Drugs
Changing Unhelpful Behaviours (1) - Becoming More Active
Changing Practical Problems And Difficulties - The 7 Steps
Relaxed Breathing

The Five Areas Model (Chris Williams)



Model derived from “five aspects of your life experience” – Centre for Cognitive therapy, Newport Beach, CA, 1986.

The vicious cycle that keeps depression going – the less you do the worse you feel…the worse you feel the less you do.

Situation
e.g. Loses job

Thinking

Feelings

Depression

Low Mood

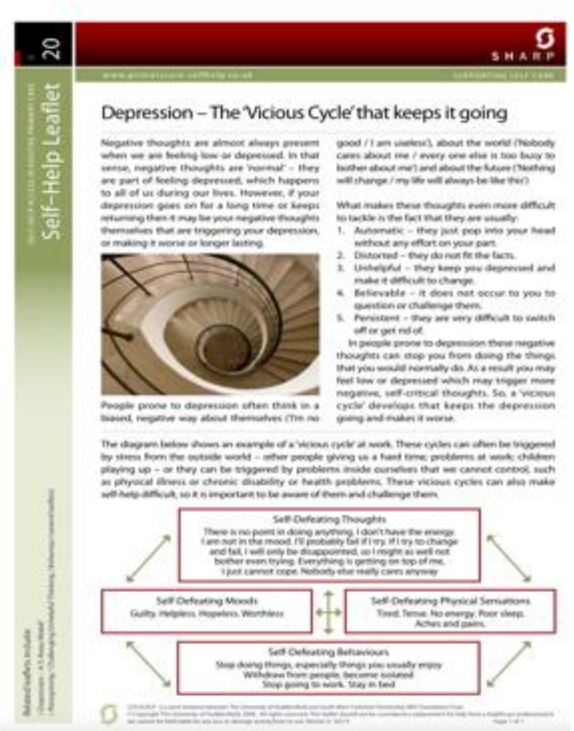
Physical Symptoms

Behaviour

Stops doing previously enjoyed activities

Avoiding going out with friends

The Five Areas Model



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Depression – The 'Vicious Cycle' that keeps it going

Self-Defeating Thoughts

Self-Defeating Moods

Self-Defeating Physical Sensations

Self-Defeating Behaviours

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SHARP

Changing Unhelpful Behaviour (1) – Becoming More Active

Feeling low or anxious

No opportunity for pleasure or getting things done

Unhelpful thoughts

Become withdrawn & less active

How to start changing your reduced activity or avoidance

The panic cycle

Situation – e.g. in supermarket

Thinking

I'm gonna have a heart attack

I'm gonna faint

I'll embarrass myself

I'll die

Feelings

Anxiety

Panic

Physical Symptoms

Heart racing

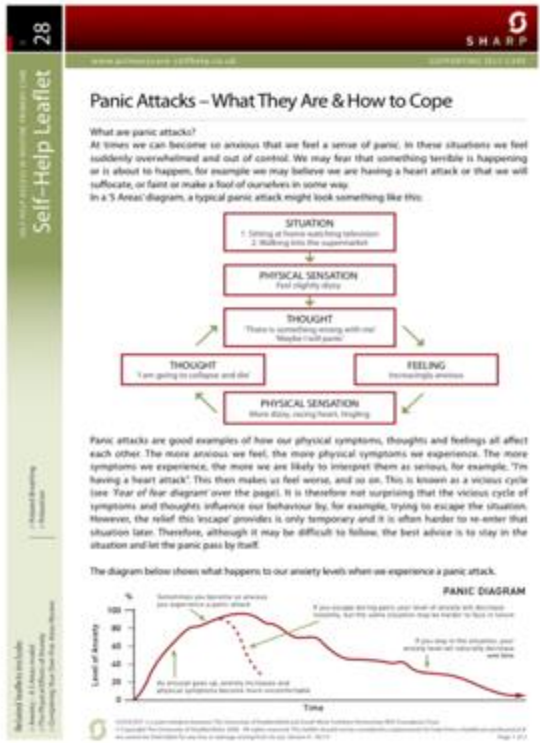
Dizziness

Behaviour

Avoidance

Escape

The Five Areas Model



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Self-Help Leaflet

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Panic Attacks – What They Are & How to Cope

What are panic attacks?

At times we can become so anxious that we feel a sense of panic. In these situations we feel suddenly overwhelmed and out of control. We may fear that something terrible is happening or is about to happen, for example we may believe we are having a heart attack or that we will suffocate, or faint or make a fool of ourselves in some way.

In a '5 Areas' diagram, a typical panic attack might look something like this:

Panic attacks are good examples of how our physical symptoms, thoughts and feelings all affect each other. The more anxious we feel, the more physical symptoms we experience. The more symptoms we experience, the more we are likely to interpret them as serious, for example, "I'm having a heart attack". This then makes us feel worse, and so on. This is known as a vicious cycle (see '*Fear of fear diagram*' over the page). It is therefore not surprising that the vicious cycle of symptoms and thoughts influence our behaviour by, for example, trying to escape the situation. However, the relief this 'escape' provides is only temporary and it is often harder to re-enter that situation later. Therefore, although it may be difficult to follow, the best advice is to stay in the situation and let the panic pass by itself.

The diagram below shows what happens to our anxiety levels when we experience a panic attack.

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www.primarycare-selfhelp.co.uk

SUPPORTING SELF CARE

Panic Attacks – What They Are & How to Cope

Contd.

How can I cope with panic attacks?

Although panic attacks may appear to come out of the blue, they are actually triggered by a combination of frightening thoughts and physical symptoms. As with anxiety, unhelpful or frightening thoughts such as "I can't cope" or "I'm going to pass out" are an important component of panic attacks. Unhelpful thoughts or images may make physical symptoms worse, which in turn leads to more unhelpful thoughts and physical symptoms as shown in the 'Fear of Fear' diagram below:

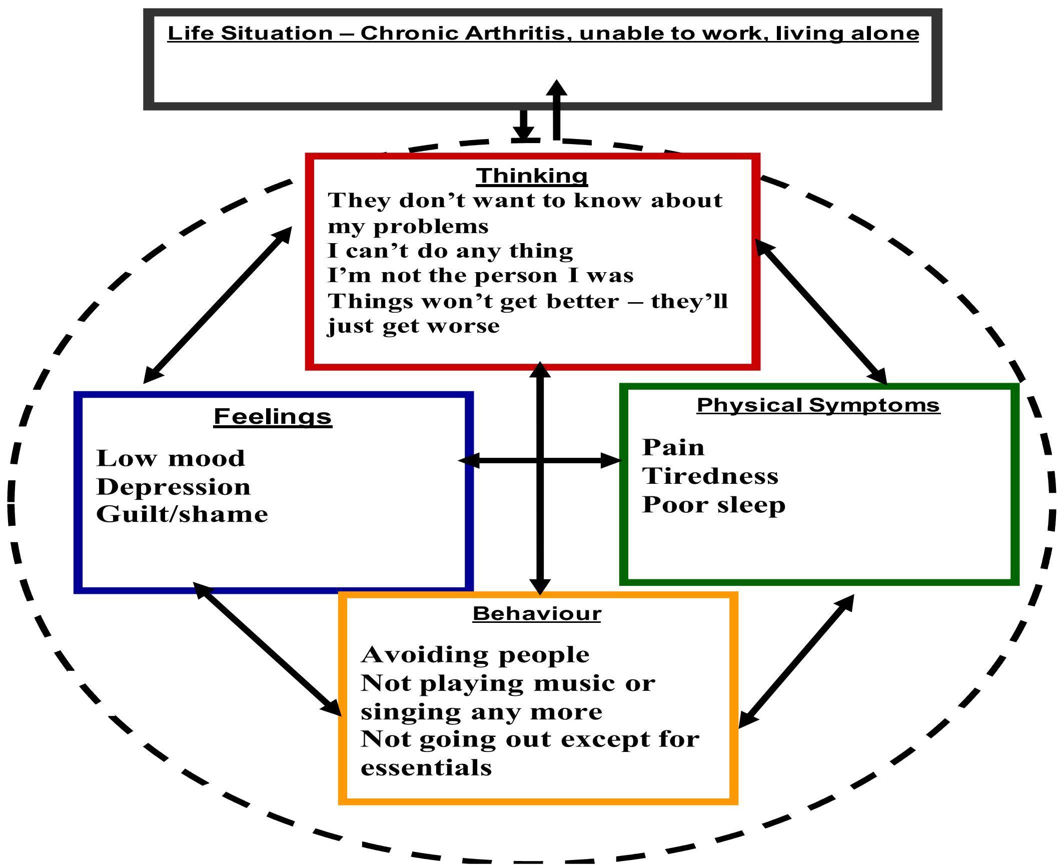
An important first step in controlling panic attacks is to feel more confident that we are capable of controlling them. Although escaping or running away from the situation makes us feel better at the time, it makes us more likely to feel anxious and panicky in that situation in the future, or even to avoid the situation altogether. The most important piece of advice about panic attacks is to stay in the situation, using techniques described later, allowing the panic to happen and pass. Panic will naturally decrease (see 'Panic diagram' overleaf), and by staying in the situation we can find out for ourselves that nothing terrible will happen. This will help to lessen our anxiety next time we enter the same situation. It will help us feel more in control.

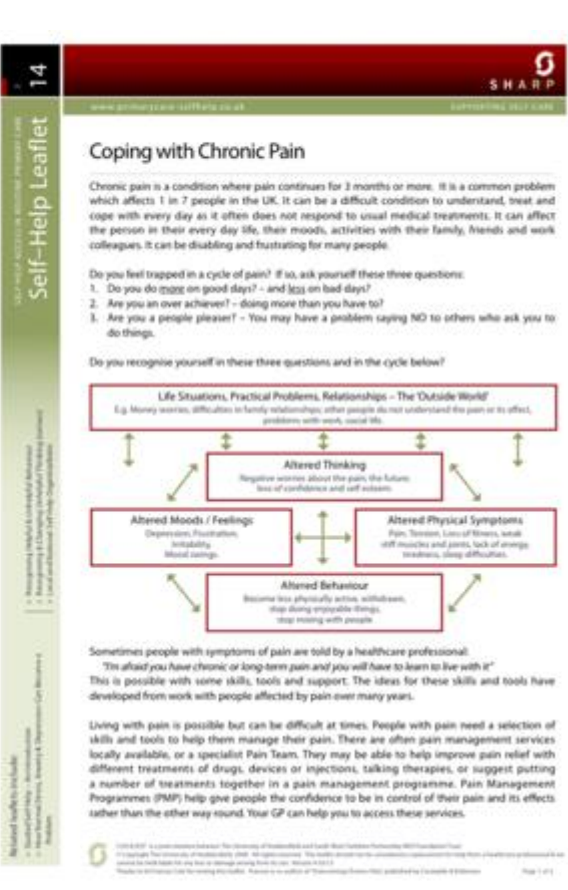
Unfortunately, whilst experiencing a panic attack it is often very difficult for us to think clearly and sensibly. You may find it helpful to write the following six tips on to a small card and keep it with you as a reminder of how to help yourself cope with a panic attack. This can be used to help you stay in the situation and cope effectively with feelings of panic.

Ask your guide for a diary to record your panic attacks and how you cope.

1. Wait – don't run away! Stay in the situation and allow the panic to decrease naturally.
2. Remember that your feelings of panic are simply an exaggeration of normal responses to threat.
3. Also remember that—although the physical symptoms you experience may be very unpleasant and uncomfortable—they are not dangerous. YOU CANNOT DIE FROM A PANIC ATTACK!
4. Try to see each panic attack as an opportunity to practice your coping skills. With practice you will learn how to cope with and control your feelings of panic.
5. Focus on the here and now, not what you think will happen.
6. Once your feelings of panic have started to decrease, give yourself a pat on the back for staying in the situation. Well done!

Long term health condition





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SHARP

Coping with Chronic Pain

Chronic pain is a condition where pain continues for 3 months or more. It is a common problem which affects 1 in 7 people in the UK. It can be a difficult condition to understand, treat and cope with every day as it often does not respond to usual medical treatments. It can affect the person in their every day life, their moods, activities with their family, friends and work colleagues. It can be disabling and frustrating for many people.

Do you feel trapped in a cycle of pain? If so, ask yourself these three questions:

1. Do you do more on good days? – and less on bad days?
2. Are you an over achiever? – doing more than you have to?
3. Are you a people pleaser? – You may have a problem saying NO to others who ask you to do things.

Do you recognise yourself in these three questions and in the cycle below?

Life Situations, Practical Problems, Relationships – The 'Outside World'

Altered Thinking

Negative worries about the pain, the future, loss of confidence and self esteem.

Altered Moods / Feelings

Depression, Frustration, Irritability, Mood swings.

Altered Physical Symptoms

Pain, Tension, Loss of fitness, weak stiff muscles and joints, lack of energy, tiredness, sleep difficulties.

Altered Behaviour

Become less physically active, withdrawn, stop doing enjoyable things, stop mixing with people

Sometimes people with symptoms of pain are told by a healthcare professional:

"I'm afraid you have chronic or long-term pain and you will have to learn to live with it"

This is possible with some skills, tools and support. The ideas for these skills and tools have developed from work with people affected by pain over many years.

Living with pain is possible but can be difficult at times. People with pain need a selection of skills and tools to help them manage their pain. There are often pain management services locally available, or a specialist Pain Team. They may be able to help improve pain relief with different treatments of drugs, devices or injections, talking therapies, or suggest putting a number of treatments together in a pain management programme. Pain Management Programmes (PMP) help give people the confidence to be in control of their pain and its effects rather than the other way round. Your GP can help you to access these services.

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SHARP

Coping with Chronic Pain

Contd.

Information about other support and reading material is available on other leaflets that your guide can give you – there is a list to the left of this leaflet.

- Ask your guide/ healthcare professional about working together and develop a PMP together. Find out if there are other NHS or non NHS support groups in your community who could provide you with more self-help management. The more information you have, the more empowered you will feel.
- Accept you have long-term pain and then move on. Acceptance is difficult but is an essential step in managing your pain. Many people go looking elsewhere for a cure, but you may be wasting your time and money, although some NHS trusts now offer free alternative and complementary therapies which may help.
- Set priorities. Prioritise your needs. Make a list of things you would like to do. It is often helpful to set yourself a starting point, and then gradually work up your list of priorities. This can build your confidence and help you gain a sense of control over what is happening.
- Pacing. Pace your work and everyday activities. You may have recognised yourself from the pain cycle. You may overdo things, or rest too much and become inactive. Pacing daily activities is one of the key tools to managing pain. Never use pain to guide your activities. Put in regular small breaks or changes in position.
- Setting Goals / Action Plans. You sometimes want to run before you can walk. Set yourself simple realistic goals - you need goal posts when playing football, or a finishing line when racing. Perhaps you could set yourself a simple hourly, daily or weekly action plan – there is a separate leaflet on 'Changing *Unhelpful Behaviours – Becoming More Active*' that has a sample activity diary to help you plan your activities.
- Be Patient with yourself. Take things steady. It may have taken you a number of months or years to become someone with long-term pain. It may take a few weeks or months to see an improvement. A good saying is 'take things one day at a time'.
- Learn relaxation skills. Relaxation skills are very important in managing pain. Tense muscles and body tension can increase your pain. Ask your guide for leaflets on Relaxation and Relaxed Breathing.
- Exercise. Most people with pain fear exercise in case it may cause more problems. This is an unhelpful belief as unused stiff muscles will feel more pain than toned ones. Discuss with your physiotherapist or guide an individual simple stretching and exercise programme that you can do safely. This will help you build your muscle and joint strength over weeks and months. You may find your pain can decrease and you will start to feel more flexible and in control.
- Keep a diary as you start to change, to set priorities, pace set goals, learn to relax, and exercise safely. Keeping a diary will help you to see how far you have come. Keep a note of the positive evidence about activities to show you are managing your pain. Ask your guide for a sample Daily Diary.
- Have a set back or 'flare up' plan. Is it realistic to think you will never have a pain flare up? The simple answer is NO! Having or developing a setback plan is an important part of pain management, to help build self confidence and hopefully reduce the severity and regularity of flare ups.
- Medication may be part of your PMP but evidence shows that YOU can make a big difference to your pain by using the above steps to effectively take charge of your pain. If you are prescribed medication make sure that you take the right dose at the right times so that its effects can be accurately measured.
- Self-Help and Support. There are a number of self-help and support groups, websites and books that can help you with your pain management. Ask your guide for details.

SHARP training

- To help practitioners gain the confidence to identify, acknowledge and work with their patients' stress, anxiety and depression issues
- To support access to brief self help materials for mild to moderate anxiety and depression in routine work.
- To support practitioners in identifying suitable patients and their key problems and goals to be worked on.
- To help practitioners identify appropriate self-help materials for helping patients to achieve their goals.
- To help practitioners support patients to make use of self help materials.
- To enable practitioners to understand and work with the CBT based Five Areas Model
- Ideally two half days (including role playing)

SHARP Training

•One full day or two half-day workshops, covering:

• Half day on: Introduction to Guided Self Help, NHS policy context, the Five Areas model, introducing the self-help materials (websites, leaflets).

• Half day on: How to identify suitable patients and their key problems and goals, engaging practitioners in guided self-help and supporting their use of the leaflets.

• Follow-up half day workshop after three to four months to review practice

• Includes role playing of consultations

•Train the Trainers – one day

SHARP can help structure consultations

Engagement - Listening, empathy, reflect back to the patient, making links (between thoughts, feelings, behaviour, physical symptoms and life situation)

(Using the Five areas model as a framework)

Exploring and understanding the problems to help the person make sense of their difficulties and identify things that can help

(Using the Five areas model as a framework)

Normalising the problem – e.g. “its not surprising you are feeling down given…..”

Do/can they share their problems and attempts to deal with them with family/friends? Support network.

If there's time – Explore attitude to self-care.

Encouraging the patient to try something out - if only read one or more leaflet, and come back.

Examples of how SHARP training has been disseminated

- Training for:
  - Primary care practitioners in Wakefield area
  - Health Trainers
  - Substance misuse practitioners
  - Primary care nursing/midwifery teams

- 'Train the Trainers' workshops – funded by Yorkshire Strategic Health Authority, 50 attended workshops.

- Sheffield IAPT Service: Low & High Intensity teams incl. Health Trainers:
- "By undertaking the training our team's confidence in presenting and supporting GPs to offer SHARP as a precursor to being referred was a major step forward. The training itself was very flexible and we could tailor make it to what suits our area. Working with GPs has helped to refine and ensure appropriate referrals were sent to IAPT "

Examples of how SHARP has been used – beyond primary care

- Community Midwifery and Perinatal Health Service
- “The training and support from the SHARP team has been focused and tailored to what we needed to look at in our area. The leaflets and website are balanced and don't confuse the client and it is a good feeling leaving appropriate literature and help behind”.

- Sheffield Physical Health and Psychological Wellbeing (IAPT) Project. ‘Train the Trainers’ workshop for physical health practitioners, qualified as IAPT Psychological Wellbeing Practitioners (PWPs), integrating the delivery of physical health and mental health services.
- Led to physiotherapists delivering SHARP training in Integrated Musculoskeletal Services, and SHARP training within the Burns and Plastics Department and the Active Recovery Stroke Team.

- Feedback from outside health services – e.g. “I have just found the Sharp website with self-help leaflets. I think this web site is really useful and the leaflets are very informative and helpful” Crew Commander, Driver Training department, A Regional Fire Service.

Supporting self-management after therapy – the SMArT intervention – using implementation intentions

Vicious cycle of depression and inactivity – lends itself to a behavioral intervention

Service user consultation:

"I know what to do (to stay well) but when I'm down I just don't do it"

Author's Manuscript

This is a pre-print peer reviewed article. The final version will be published in a forthcoming issue of ***Behavioural and Cognitive Psychotherapy***.

Using implementation intentions to prevent relapse after psychological treatment for depression - the SMArT intervention

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The use of implementation intentions (IMPS)

- Forming implementation intentions is a technique developed to resolve the ‘intention–behaviour gap (e.g. Gollwitzer & Sheeran, 2006)
- Good evidence that it improve behaviour change in health related behaviours such as doing more physical activity; quitting smoking; eating more fruit
- IMPS are linked to a goal intention such as doing more physical activity; for staying well after depression, motivation should be high
- “If-then” plans link a cue to a behaviour so the cue (internal or external) prompts the behaviour

The use of implementation intentions (IMPS) in self management for depression

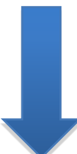
- “Every evening (external cue), then I will write down all my achievements for the day (external response)”
- “If I arrive at work (external cue) then I’ll take the stairs to my office and not the lift (external response) ”
- “If I feel down (internal cue) then I will talk to my partner about how I feel and what may be causing it (external response)”
- “If I don’t feel like going for my daily walk (internal cue), then I will remind my self how much better I feel after I’ve been and do it anyway (internal and external response)”
- Cues and responses can be internal or external; the cues prompt the response

Think of five things you do regularly that are important to your wellbeing….

SMArT intervention – provided by Psychological Wellbeing Practitioners (PWPs) in IAPT services.

Face to face meeting with the client – up to one hour
&
Agreeing up to five IMPS

Telephone review with the client, two to four weeks after the initial session – reviewing their progress



Two further telephone reviews with the client, one every four weeks – reviewing their progress

Typology of IMPS

- A total of 52 IMPS were agreed by the 11 service users who engaged in the first session (mean = 4.7; range = 3-6).
- 44 (85%) were rated as consistent with the model;
- 21 (40%) involved internal cues and 31 (60%) involved external cues. In all cases where the IMPS were not compliant with the model, the trigger cue was not sufficiently specific.
- An example of an internal cue was: "*if* I start to feel depressed, *then* I will ….".
- An example of an external cue was: "every morning after dressing, *then* I will…."
- 42 (80%) of responses were overt behaviours
- 5 (10%) of responses were cognitive strategies
- 5 (10%) were a mix of a cognitive strategy and an overt behaviour, for example, "…*then* I will stop and think and talk to a family member".

Feedback from clients and PWPs

The SMArT intervention – future plans

- Further current study in Barnsley and Cumbria IAPT services
- Implementation in Bradford IAPT service – MyWellbing College.
- SMArT leaflet(s) for the SHARP website
- Role of primary care?
- ?Funded trial

Self help.......................

Doctor: “Now you have recovered Mrs Smith, I have to tell you that all along you’ve been taking a placebo medication”

Mrs Smith: “Well doctor, I haven’t been taking the tables at all!”

- THANK YOU

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