



mht feature

HIGH TECH THERAPY

Access to psychological therapies is meant to be easier these days thanks to government investment. Diane Shipley looks at different ways of offering cognitive behavioural therapy

In 2008, the government announced the creation of the Improving Access to Psychological Therapies Programme (IAPT), a £173 million investment designed to put into practice the recommendations of the National Institute for Health and Clinical Excellence (NICE). NICE's guidelines, which are based on several randomised clinical trials, state that therapy, especially cognitive behavioural therapy (CBT), should be the first choice of treatment for people with mild to moderate depression and anxiety.

IAPT will fund an extra 3,700 therapists, many of them training in CBT, with the aim of providing psychological help to an extra 900,000 people – and resulting in 25,000 fewer incapacity benefit claimants by 2011.

But it will take a while before those extra therapists are qualified and, in the meantime, the IAPT website (www.iapt.nhs.co.uk) reports that only a quarter of the six million people suffering from depression and anxiety in the UK currently receive psychological treatment, in part because waiting times can be as long as 18 months in some areas. And there are fears that changes in the funding arrangements could exacerbate the problem (see page 37.)

Plugging the gap in service provision is a high-tech solution. Computerised CBT (CCBT) is administered via CD-ROM and service users attend weekly sessions either at their GP's surgery or local mental health charity. Sessions last approximately one hour, in which clients complete questionnaires on a computer and receive audio feedback on their answers. CCBT simulates a real therapy session and results can be printed out for later reference.

In 2007, then health secretary Patricia Hewitt said that CCBT should be made available in all primary care trusts (PCTs). Until now, NICE has recommended two specific CCBT programmes – **FearFighter** for anxiety and **Beating the Blues** for depression, although the latest NICE guidance on depression opens the door to new programmes. According to NICE guidelines, these can be as effective as medication.

Following the death of his parents and the loss of his job, Philip Birchall undertook a course of CCBT based at Self Help Services, a user-led mental health group in Greater Manchester. He calls his experience of Beating the Blues 'life changing', saying that it helped him progress from severely anxious to 'back to normal' in just eight weeks. He liked the CD-ROM based programme for its ease of use: 'I didn't want to do any theory. No way would I have had the patience to read through reams of information – even though I'm a teacher!'

Computer literacy

Birchall thinks some people who are less computer literate could find it more challenging. He also says that the service would be unlikely to help those who do not feel comfortable visiting a mental health group. He emphasises that while CBT (however it is administered) is great for dealing with easily-defined issues, such as situational anxiety, it may not resolve more complex mental health problems.

The experience of Ruth Lang, an information and support officer for Depression Alliance Scotland, confirms this theory. When she became ill with severe depression in 1991, her GP referred her to a psychiatrist for CBT, but she found it too difficult to concentrate on the therapy due to the severity of her illness. Challenging her thoughts, a core principle of CBT, exacerbated how unwell she felt.

Lang said, 'I kind of took it as – "Oh God, even my thoughts are wrong".' However, since her depression has improved, Lang has found short courses of CBT helpful for boosting her mood. She would be interested in CCBT if she felt in need of further therapy. But she is uncomfortable with the English and Scottish governments' emphasis on CBT if it excludes other treatment modalities, which some people find helpful, from complementary therapies to antidepressants. 'It is dangerous to recommend only one thing,' she said. 'Often people need a holistic approach. It's very much about the individual.'

Anonymous confessions

Bridging the gap between computerised and therapist-led CBT and providing a more individual-centred approach is live online therapy, which combines talking with a qualified professional with the anonymity of confessing to a computer. In August 2009, a *Lancet* study into the online CBT provided by Psychology Online (www.psychologyonline.co.uk) concluded that it was at least as effective as face-to-face treatment.

Sue Wright set up Psychology Online with Nadine Field eight years ago. Both are qualified psychologists keen to widen access to therapy. Online therapy requires no special equipment and is especially suited to people who find it hard to leave the house because they live in a remote area, have small children, or are physically disabled. It is also useful for people who would not think of approaching a therapist in 'real life'.

'Some people feel a lot of shame about coming in to see a therapist and this removes that,' said Wright. Psychology Online does not exclusively offer CBT but Wright says that the therapy works particularly well administered in this way because it is such a structured approach. And she stressed that therapy via computer is not only for the

highly literate: 'Nowadays people are so used to texting that being good at writing isn't a prerequisite.'

The last decade has seen an increase in the use of a range of technologies to support people with mental health difficulties. The Mental Health Foundation releases podcasts which can be downloaded to a computer or MP3 player, while Anxiety UK provides a live chat service accessible via the charity's website (www.anxietyuk.org.uk). The Samaritans offer email support alongside the helpline for people in crisis, and the website for the Campaign Against Living Miserably (CALM), which is aimed at young men aged 15–35, the most high-risk group for suicide, looks like a cool social networking site rather than a traditional information source. CALM also operates a text messaging advice service.

This approach is also used informally in the NHS. Amanda-Jane Hazelwood is a consultant nurse at an eating disorders service in the South Staffordshire and Shropshire Healthcare NHS Foundation Trust. In a 2008 *Nursing Times* article, she recommended the use of texting as an adjunct to therapy and medical intervention. She wrote: 'Clients have said that texting has helped them say exactly what they want to say, as they are afforded time to think and construct their message, revisit it and check it before sending.' She said this enables greater disclosure from clients and has even allowed her to intervene successfully in three cases where clients reported feeling suicidal.

However, technology should not be assumed to be superior in all cases. A trial by Mind in Bexley in 2008 showed no significant difference in the effectiveness of three types of CBT treatment: Beating the Blues, the workbook 'Overcoming Depression' by Dr Chris Williams and a free CBT website, Living Life to the Full (www.livinglifetothefull.com). In all cases, CBT significantly reduced the level of depression and dropout levels were consistent across all three modalities. As a result of the trial, the group stopped using the Beating the Blues CD-ROM as the other interventions were cheaper. But while a website may work as well as a CD-ROM, NICE reports that 80% of participants in randomised controlled trials preferred CCBT to CBT workbooks where a choice was offered.

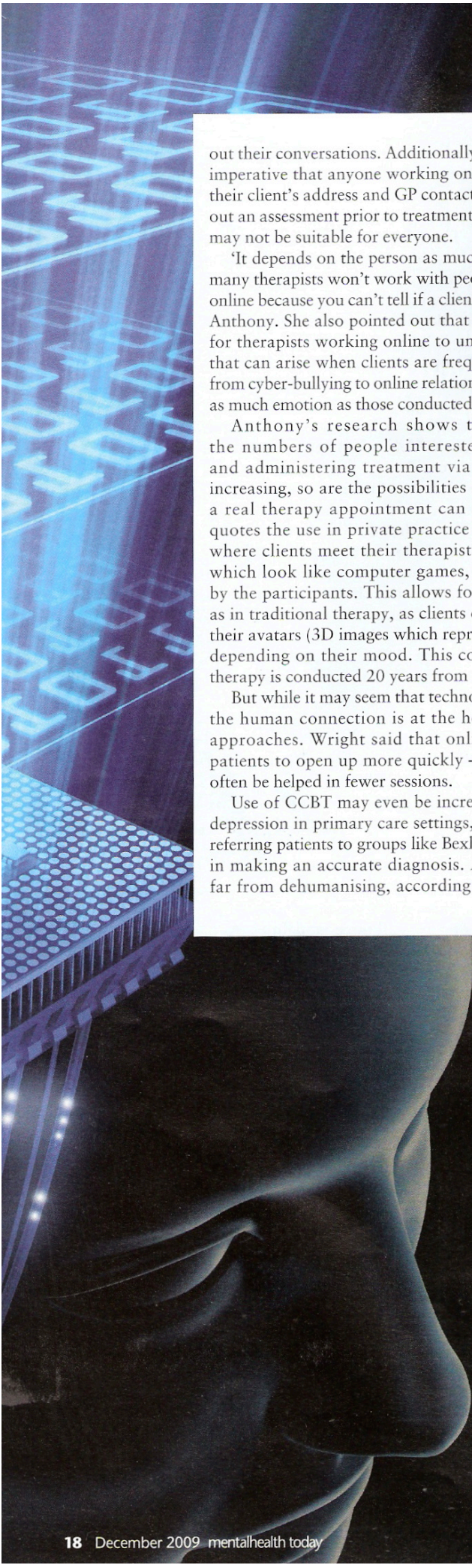
Kate Anthony is the author of The British Association for Counselling and Psychotherapy's guidelines for online counselling and psychotherapy, and has been researching and providing training in the convergence of therapy and technology for the last 10 years.

An ethical framework

'Lots of clients don't remember a time without the internet. They expect to be able to access help online even before seeing a GP,' said Anthony. However, she warned against therapists using communication technologies, which are not designed for private, therapeutic use.

Anthony was involved in drawing up an ethical framework for International Society for Mental Health Online, which emphasises the importance of encryption, so that online therapy sessions are confidential and cannot be 'hacked'. She says it is also important for therapists and clients working online to establish ground rules, such as whether it is acceptable to print

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out their conversations. Additionally, Anthony sees it as imperative that anyone working online has a record of their client's address and GP contact details, and carries out an assessment prior to treatment. But online therapy may not be suitable for everyone.

'It depends on the person as much as the illness. But many therapists won't work with people with addictions online because you can't tell if a client is using them,' said Anthony. She also pointed out that it is very important for therapists working online to understand the issues that can arise when clients are frequent internet users, from cyber-bullying to online relationships which involve as much emotion as those conducted offline.

Anthony's research shows that not only are the numbers of people interested in both having and administering treatment via new technologies increasing, so are the possibilities for how accurately a real therapy appointment can be replicated. She quotes the use in private practice of avatar therapy, where clients meet their therapists in virtual worlds which look like computer games, but are controlled by the participants. This allows for some visual cues, as in traditional therapy, as clients can change the way their avatars (3D images which represent them) appear, depending on their mood. This could be the way all therapy is conducted 20 years from now.

But while it may seem that technology is taking over, the human connection is at the heart of all of these approaches. Wright said that online therapy allows patients to open up more quickly – meaning they can often be helped in fewer sessions.

Use of CCBT may even be increasing awareness of depression in primary care settings, as GPs involved in referring patients to groups like Bexley Mind are trained in making an accurate diagnosis. And CCBT itself is far from dehumanising, according to those who have

experienced it. There is always a supervisor in the room for additional emotional support and Birchall found he couldn't help personalising the woman on his CD-rom.

'It was like the woman on the machine became a real person to me,' he said. 'I thought, I'd better do that because I have to prove to her next week that I've done it, so it was a bit like a life coach really.' As long as new technologies can facilitate real world relationships and allow for more widespread treatment of mental health issues, it looks like their use will continue to grow. ■

The pros and cons of CBT vs. CCBT

CBT:

Pros

- Good for people who are not computer literate
- Face-to-face contact with a therapist
- No special equipment required

Cons

- Long waiting times in some areas
- 'Refresher' sessions often required months later

CCBT:

Pros

- Cost-effective
- Sessions can be printed out and referred to later
- Extends availability of CBT

Cons

- Requires clients be comfortable with using a computer
- Less private
- Depends on access to CD-rom or the internet

NICE guidelines on CCBT are available at <http://bit.ly/CCBTguide>
Mind's guide to self-administered CBT can be purchased for £10 by emailing dpalmer@mindinbexley.org.uk

The BBC report on the *Lancet's* study into online therapy is available at <http://news.bbc.co.uk/1/hi/health/6442191.stm>

Websites providing free CCBT are available at: www.livinglifetothefull.com and www.moodgym.anu.edu.au

Useful organisations:

British Association for Behavioural and Cognitive Psychotherapies available at www.babcp.com

International Society for Mental Health Online available at www.ismho.org

Training in online therapy available at www.onlinecounsellors.co.uk

The Mental Health Foundation www.mentalhealth.org.uk

Campaign Against Living Miserably available at www.thecalmzone.net/

Self-Help Services available at www.selfhelpservices.org.uk

Depression Alliance Scotland available at www.dascot.org

Help for people in crisis: Samaritans 08457 90 90 90 and jo@samaritans.org