

# 1 Basic rationale of behavioural activation and other low intensity treatments

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University of Oxford

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# Lecture plan

1. Basic rationale of behavioural activation and other low intensity treatments
2. The practical methodology of behavioural activation and other low-intensity skills
3. Evaluating efficacy and areas of clinical application
4. Implementation and dissemination, challenges and solutions
5. Discussion, Q&A with a Psychological Wellbeing Practitioner from the UK

# Assignments

1. Before each lecture block, reading your assigned publication, taking notes and preparing to discuss it in class
  2. End of the course: short essay about what you found most interesting (450-500 words)
  3. Active participation in class
- + Please fill in feedback forms after each class!

# Format



**45min lecture**



**5min break**



**10min Q&A**

# Assumptions...

- It is useful to conduct experiments on psychotherapy, with the golden standard being randomised controlled trials
- It is useful to measure efficacy of psychotherapy with quantitative (as well as qualitative) methods
- Cognitive behavioural therapy is one of the most experimentally supported treatments, particularly for common mental health problems, i.e. depression and anxiety



# **Mental health problems in the Czech Republic (in 2017)**

- **22% experienced mental health disorder**
- **5% mood disorder**
- **7% anxiety disorder**
- **11% alcohol use disorder**
- **5% suicide risk**

**Formanek et al. (2020)**

# **Mental health problems in the Czech Republic (in 2020)**

- **30% experienced mental health disorder**
- **12% mood disorder**
- **13% anxiety disorder**
- **10% alcohol use disorder**
- **12% suicide risk**

**Winkler et al. (2020)**



# Treatment gap in the Czech Republic (in 2017)

- **60% mood disorders**
- **70% anxiety disorders**
- **90% alcohol use disorders**

**... don't receive treatment**

**Kagstrom et al. (2020)**

# Barriers to seeking mental health care

- **stigma (self & public)**
- **not identifying as having a mental health problem**
- **too expensive (therapist qualification, insurance policies)**
- **too far**
- **too impractical**

*“Mental health care worldwide is at the start of a **revolution** that will change the shape of health care practice in the next two decades. We are at the **birth of a new era**—in the **development** of evidence-based therapies, in the **delivery** of mental health services, a new era oriented towards the **promotion** of psychological wellbeing on a **community**-wide basis.”*

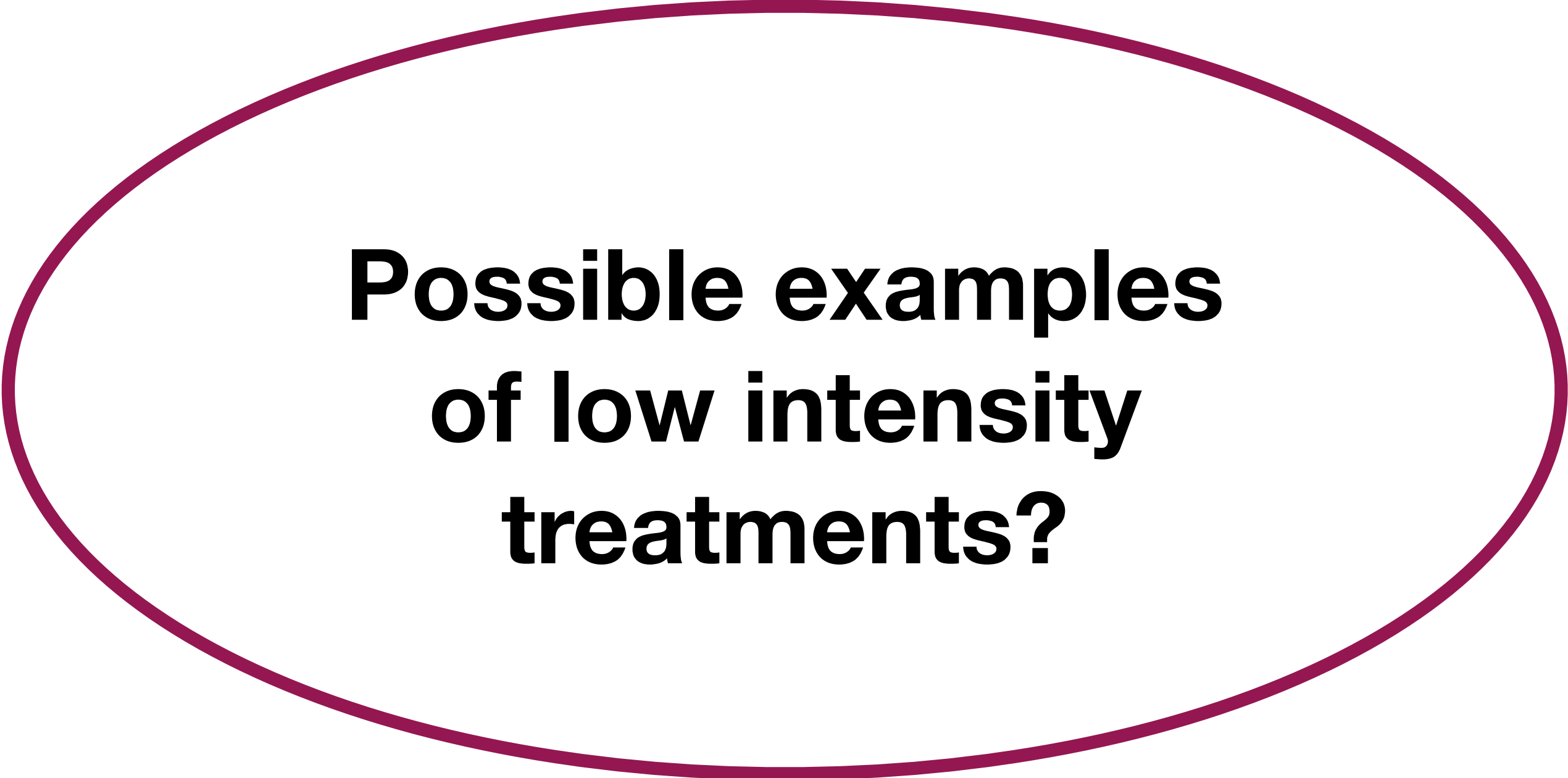
- Oxford guide to low intensity CBT interventions

# Low intensity mental health treatments

**= effective treatments that require less time on the side of the specialist, use specialist time in a more cost-effective way (e.g. in a group context) or can be administered by a non-specialist**

**= still require substantial time on the side of the user, but may be accessed more flexibly**

**= significantly reduce financial costs and/or practical burden**



**Possible examples  
of low intensity  
treatments?**

# **Group therapy**

**Possible examples  
of low intensity  
treatments?**

**Group therapy**

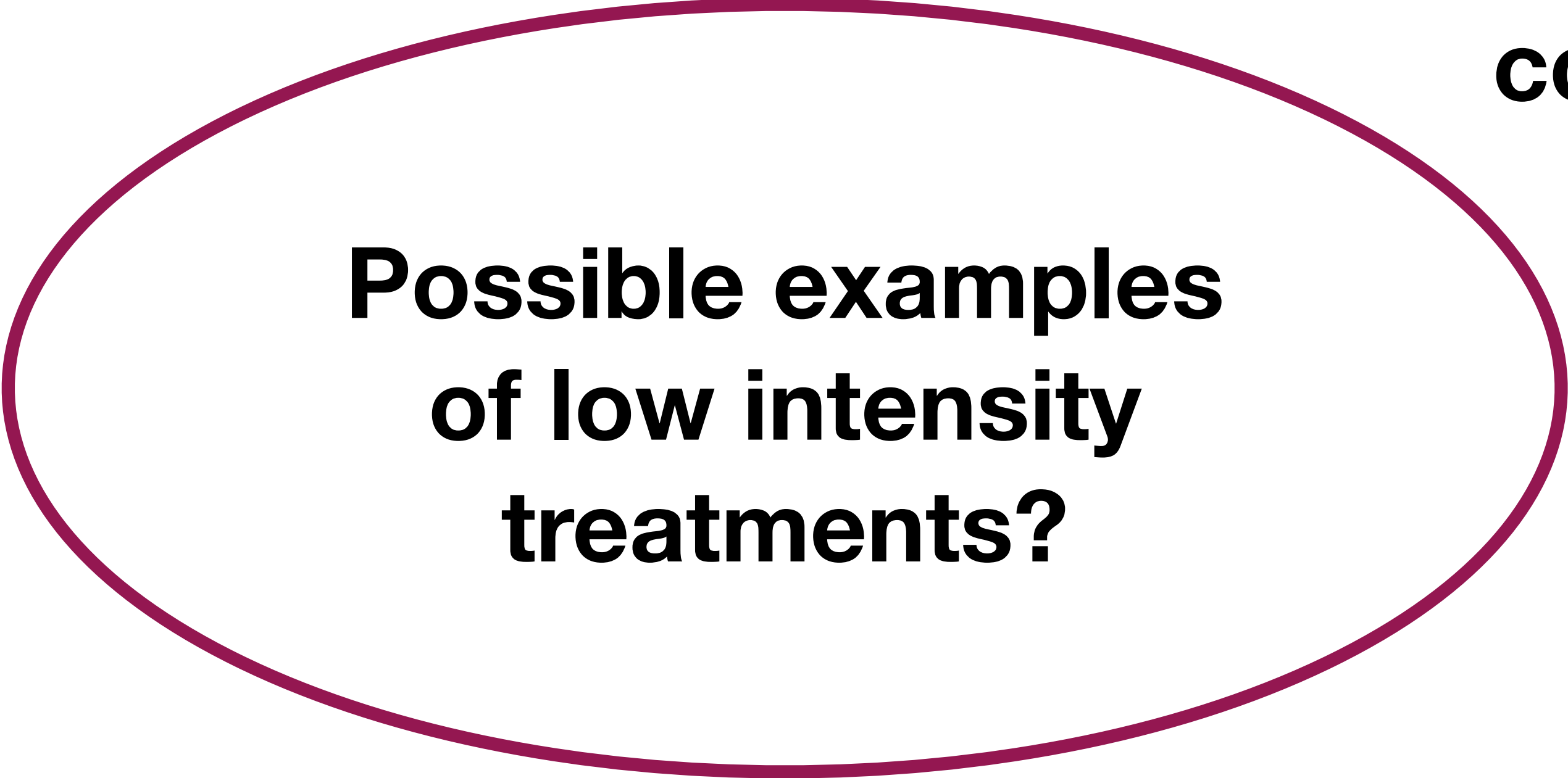


**Possible examples  
of low intensity  
treatments?**

**Web-based  
counselling**

**Group therapy**

**Brief school-based  
counselling**



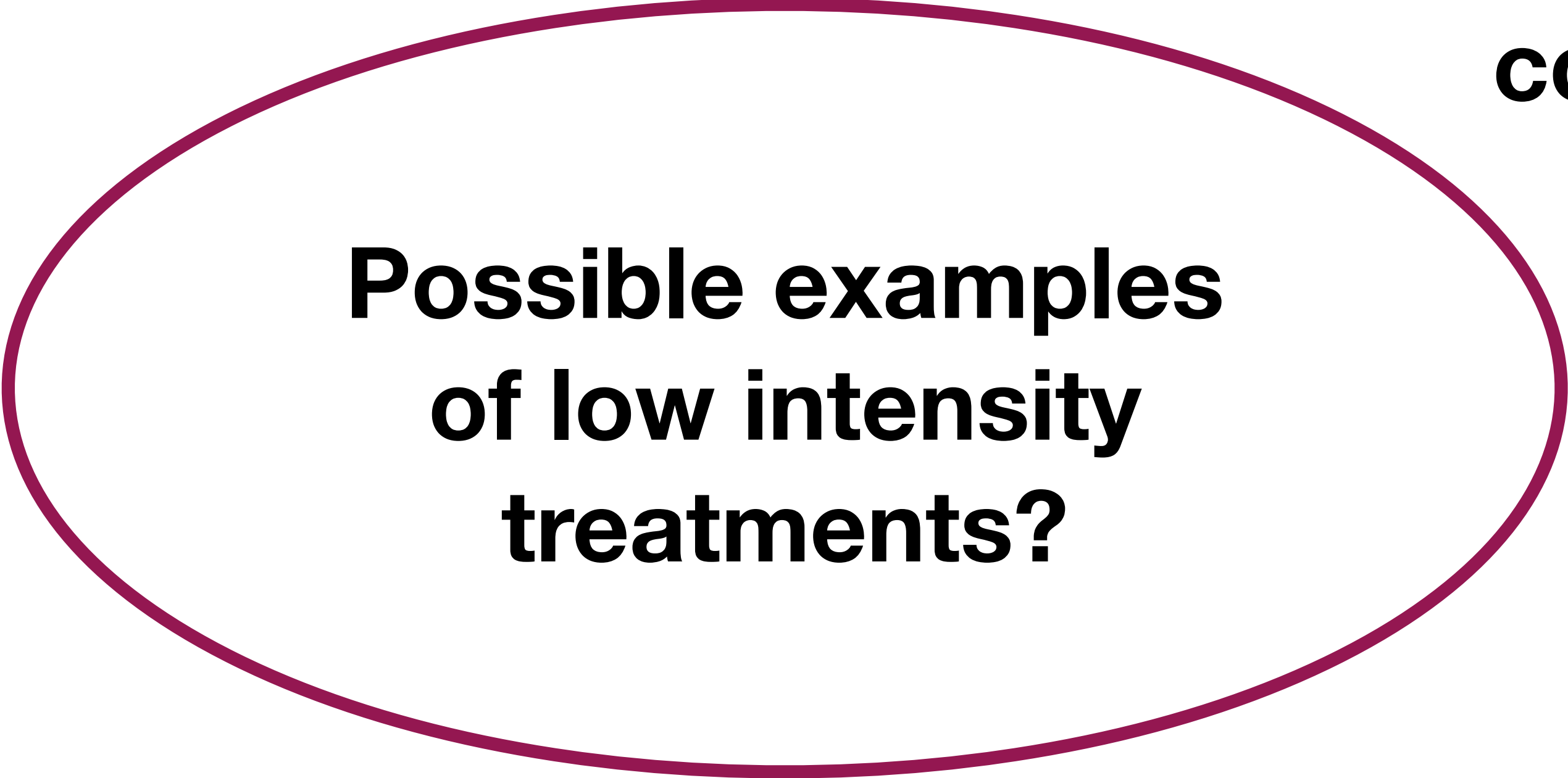
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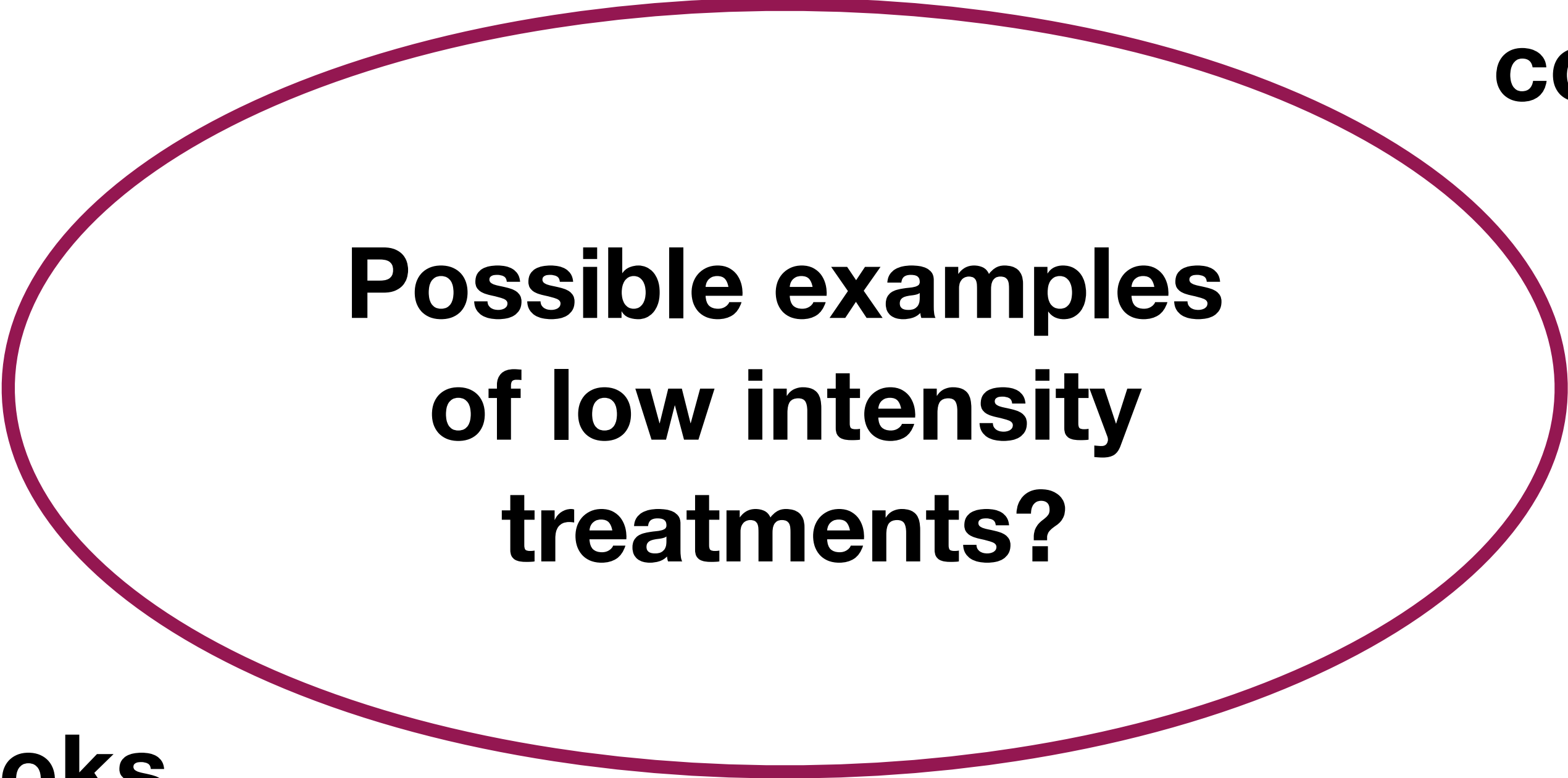
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**Self-help books**

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**Group therapy**

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**Possible examples  
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**Self-help books**

**Peer support**

**Web-based  
counselling**

**Group therapy**

**Brief school-based  
counselling**

**Therapy  
through phone  
calls / texts**

**Possible examples  
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**Community therapy by  
GPs, nurses, teachers?**

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**Mental health apps**

**Guided self-help**

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**Therapist robots?!  
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**Therapy  
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- New models of health care
- The development of new services
- New ways of working and new workforces
- New ways of training and supervision
- New ways of engaging the public
- New ways of communicating

**Psychological  
assistants**


**Self-help books**

**Peer support**

**Community therapy by  
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**Mental health apps**

- 
- New models of health care
  - The development of new services
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# Increased access

- New models of health care
- The development of new services
- New ways of working and new workforces
- New ways of training and supervision
- New ways of engaging the public
- New ways of communicating

## Increased access

## Shorter treatments

- New models of health care
- The development of new services
- New ways of working and new workforces
- New ways of training and supervision
- New ways of engaging the public
- New ways of communicating

**Increased access**

**Shorter treatments**

- New models of health care
- The development of new services
- New ways of working and new workforces
- New ways of training and supervision
- New ways of engaging the public
- New ways of communicating

**Higher cost-  
effectiveness**

**Increased access**

**Shorter treatments**

- New models of health care
- The development of new services
- New ways of working and new workforces
- New ways of training and supervision
- New ways of engaging the public
- New ways of communicating

**Higher cost-  
effectiveness**

**Greater choice**

**Increased access**

**Shorter treatments**

- New models of health care
- The development of new services
- New ways of working and new workforces
- New ways of training and supervision
- New ways of engaging the public
- New ways of communicating

**Greater choice**

**Higher cost-  
effectiveness**


**Service flexibility**



**Lower unemployment rate?**

**Increased access**

**Shorter treatments**

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- New models of health care
  - The development of new services
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**Higher cost-  
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**Lower unemployment rate?**

**Increased access**

**Shorter treatments**

**Lower  
divorce rate?**

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**Greater choice**

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**Service flexibility**

**Lower unemployment rate?**

**Increased access**

**Shorter treatments**

**Lower  
divorce rate?**

- New models of health care
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**World peace?**

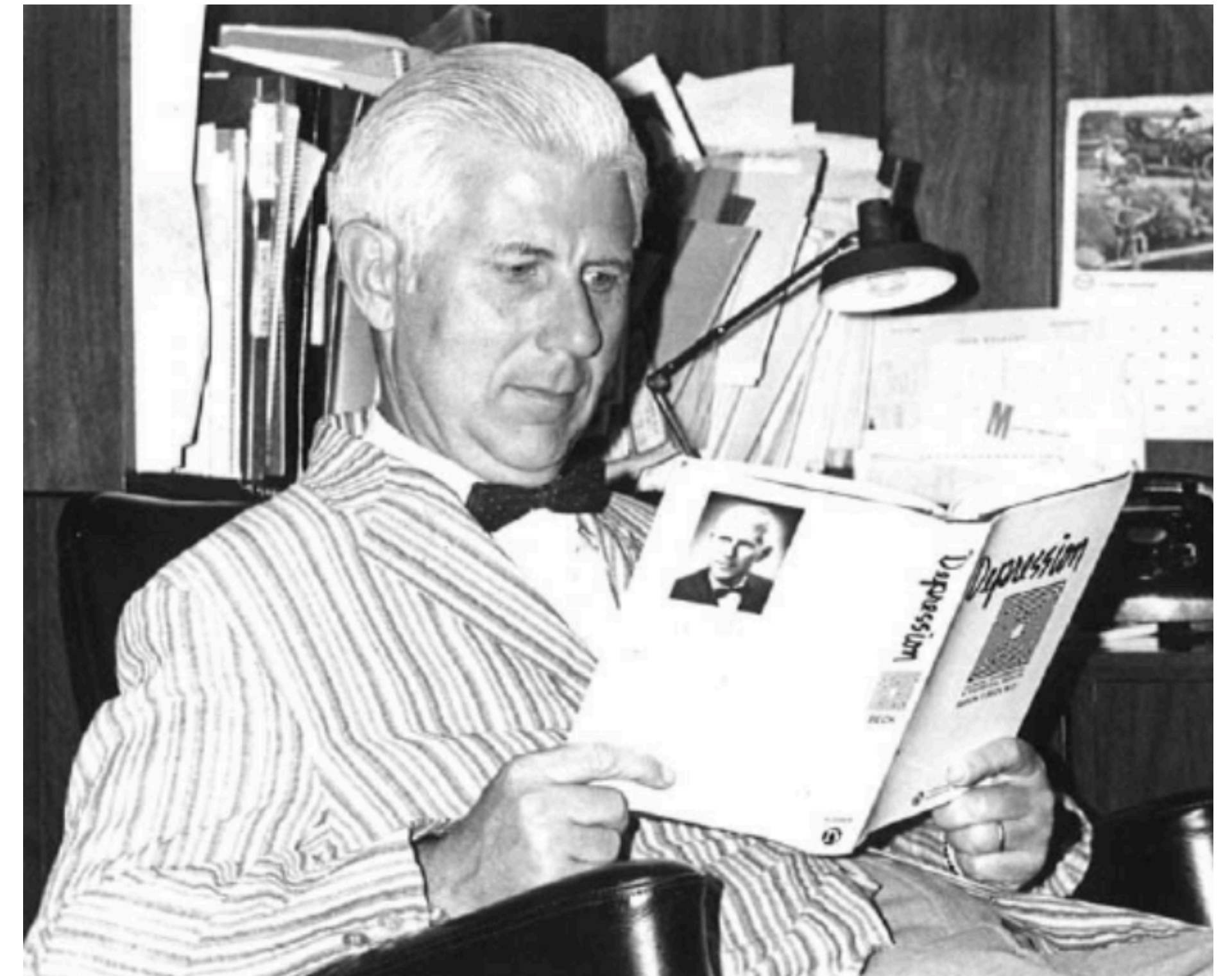
**Greater choice**

**Higher cost-  
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**Service flexibility**

# How have low intensity treatments come about?

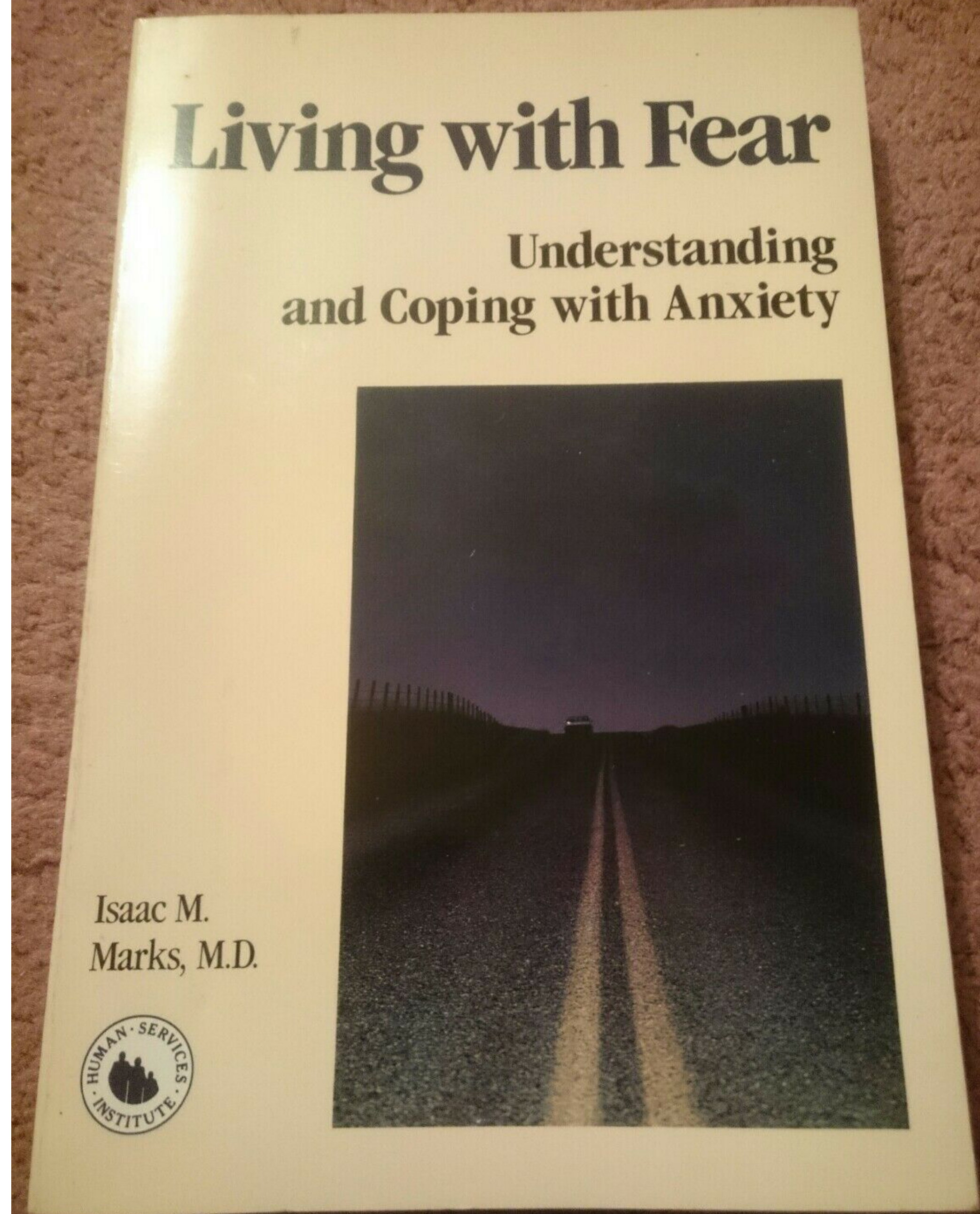
- **Treatment becoming shorter, effective and evidence-based**
- **But not nearly in enough provision to meet demand**



# 1978 - first ever self help book?



CBT can be delivered as effectively by mental health nurses (Marks et al., 1985)



OVER  
1,250,000  
Copies Sold  
in 23  
Languages

MIND

OVER

MOOD

SECOND EDITION



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by Changing the  
Way You Think

Dennis Greenberger, PhD | Christine A. Padesky, PhD

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The Clinician's  
Guide to CBT Using  
MIND OVER  
MOOD



Christine A. Padesky  
with Dennis Greenberger

1995

# How have low intensity treatments come about?

- **Treatment becoming shorter, effective and evidence-based**
- **But not nearly in enough provision to meet demand**
- **Mechanistic research - psychotherapy component studies**

# Group 1 paper

**Jacobson et al. (1996) A component analysis of cognitive-behavioural treatment for depression.**



# Jacobson et al. (1996) background

- **Cognitive model of depression (Beck et al. 1979)**

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- **Cognitive model of depression (Beck et al. 1979)**
  - **Stable negative cognitive schemas about the self, the future and the world**
  - **Lead to automatic negative thoughts (interpretations of life events)**
  - **Leads to depressive behaviour (avoidance)**

# Jacobson et al. (1996) background

- **Cognitive model of depression (Beck et al. 1979)**
  - **Stable negative cognitive schemas about the self, the future and the world**
  - **Lead to automatic negative thoughts (interpretations of life events)**
  - **Leads to depressive behaviour (avoidance)**
- **Cognitive treatment was assumed to be the main ingredient**
- **Rush et al. (1977)**

- **schema:**

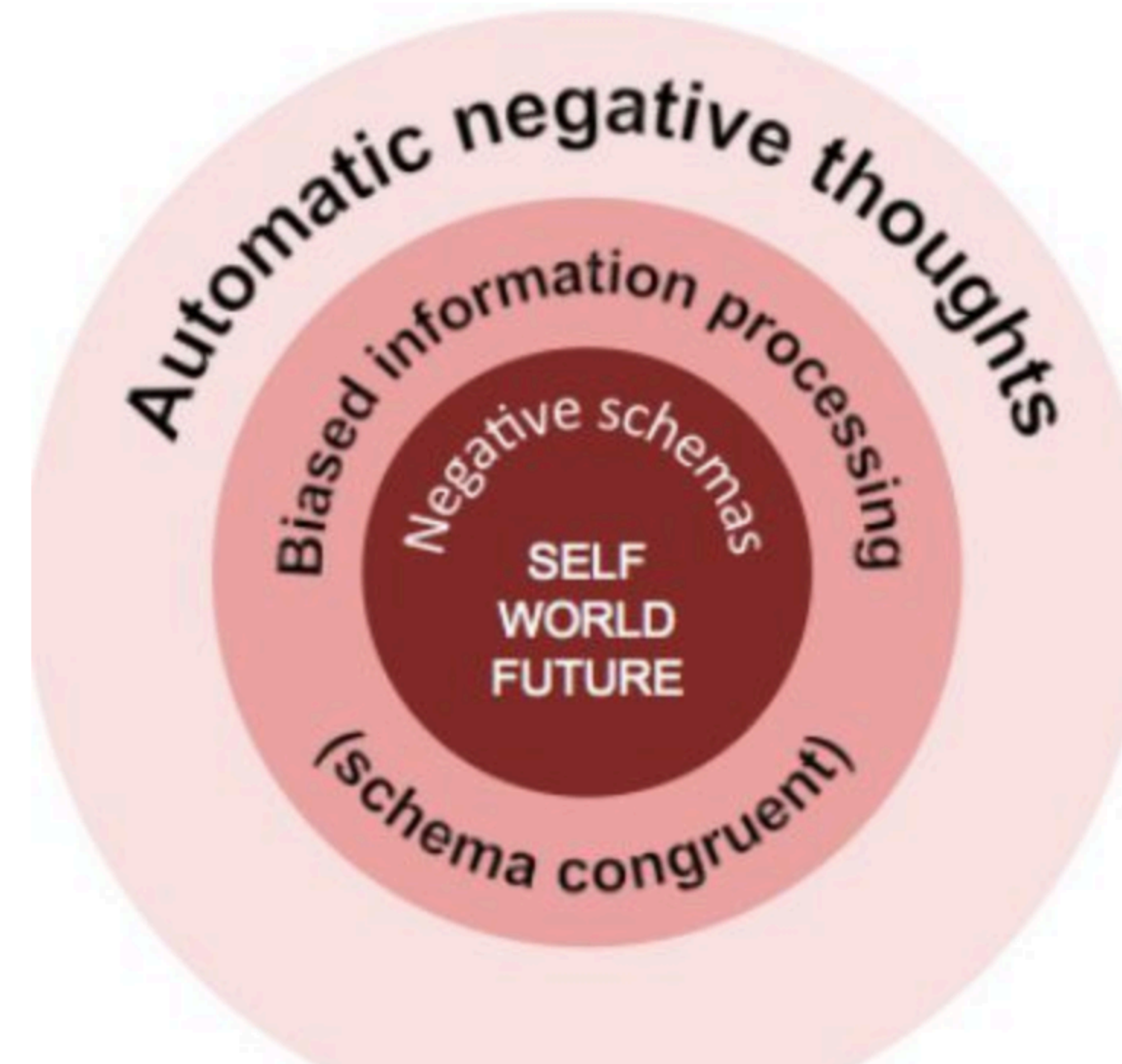
“I am unlovable”

- **biased information processing:**

- pays more attention to signs of rejection
- more likely to remember examples of rejection than acceptance

- **automatic negative thought:**

“He takes too long to text me back because he doesn't really love me. This always happens to me.”



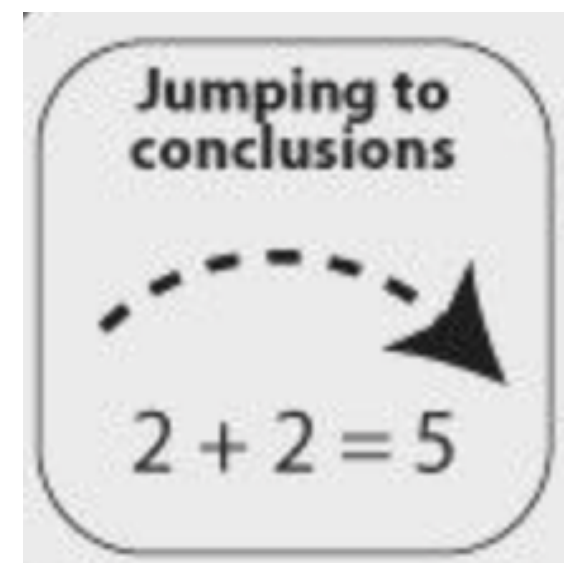
# cognitive distortions



**“If he doesn’t text back quickly he’s a bad boyfriend”**



**“He never texts me back quickly”**



**“I’m sure he wants to break up with me”**



**“This always happens to me”**



**“I’m such an idiot”**



**“He is probably mad at me”**

# cognitive distortions

- monitoring automatic thoughts (journaling)
- noting down thoughts that trigger intense feelings
- evaluating evidence supporting the truth or helpfulness of the thought
- practicing more positive interpretations

# Jacobson et al. (1996) background

- **Other components of cognitive behavioural therapy for depression**
  - Monitoring daily activities (often the start)
  - Assessment of pleasure and mastery after activities
  - Gradually increasing difficulty of tasks
  - Imagining participation in activities
  - Preparing for obstacles
  - Assertiveness, communication skills

# Jacobson et al. (1996) study

- Is full cognitive therapy necessary?



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- How important is activation?

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- Is full cognitive therapy necessary?
- How important is activation?
- How important are coping skills?
- How important is the work on negative “cognitive schemas”?

# Jacobson et al. (1996) study

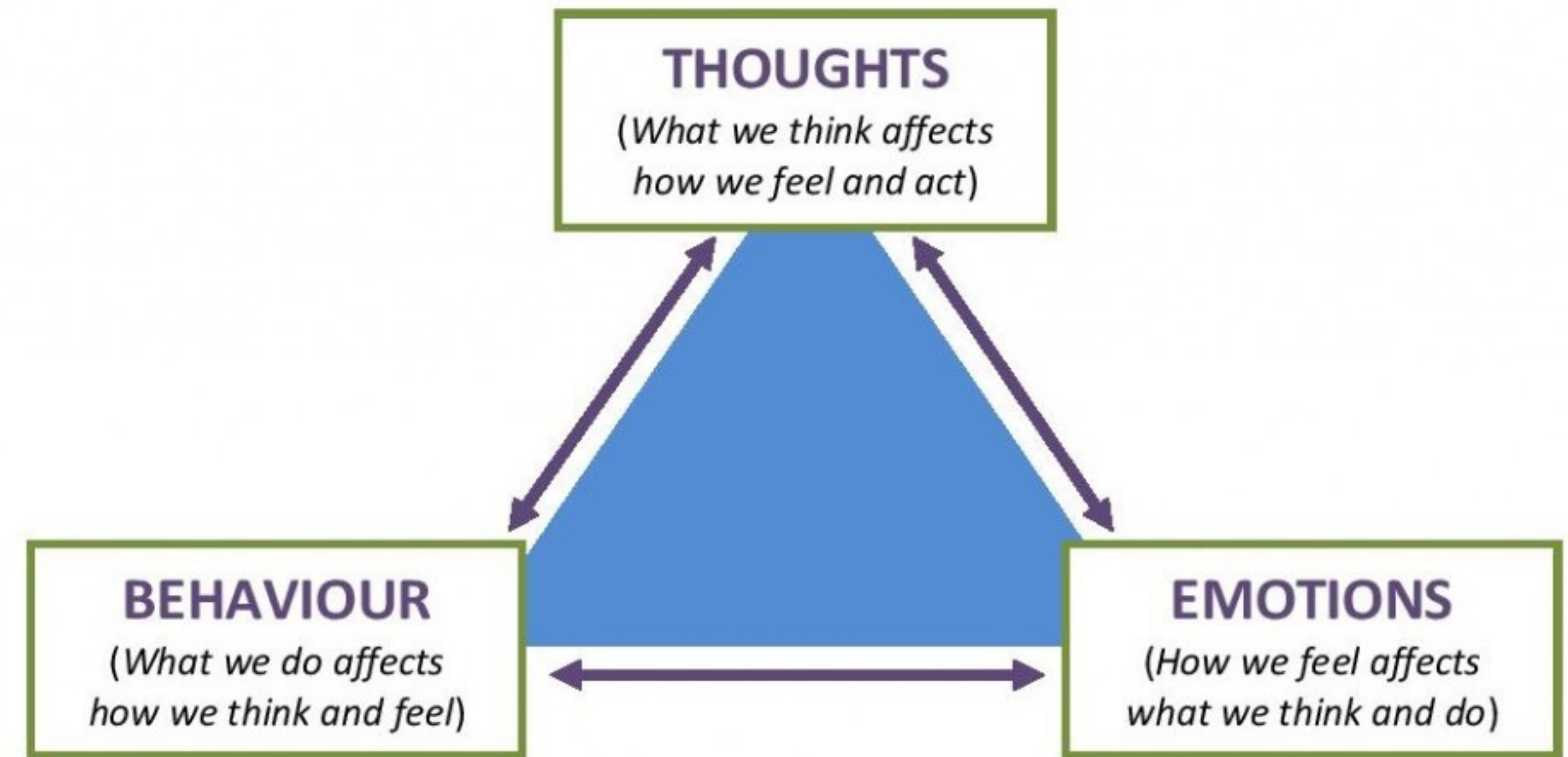
- Is full cognitive therapy necessary?
  - How important is activation?
  - How important are coping skills?
  - How important is the work on negative “cognitive schemas”?
- 
- **Comparing full cognitive therapy (CBT), which included BA, AT and other techniques targeting deeper schemas**
- 
- **vs Behavioural activation (BA) only**
  - **vs Behavioural activation (BA) + Automatic thoughts intervention (AT)**

# Jacobson et al. (1996) study

- **152 participants**
- **Scoring at least 20 on Beck Depression Inventory**
- **Random allocation**
  
- **Four experienced cognitive therapists**
- **Three manuals created (CBT, AT, BA)**
- **12-20 sessions**

# Jacobson et al. (1996) results

- the 3 were groups (CBT, BA, BA+AT) equivalent in depression recovery after the intervention and at 6 month follow up
- equivalent effects also found on measures of dysfunctional thinking
- despite all therapists expecting full CBT to have the strongest effect (allegiance)



**So what is behavioural activation?**

# Behaviourists & depression

- **Science and human behaviour (Skinner, 1957)**
- **Functional analysis of depression (Ferster 1973)**

*“A depressed person may sit silently for long periods, or perhaps even stay in bed all day.”*





# Driving forces of behaviour

... according to behaviourists

- **Reinforcement** = leads to increase in behaviour

- **Positive reinforcement**

behaviour => something good happens



- **Negative reinforcement**

behaviour => something bad doesn't happen



- **Punishment** = leads to decrease in behaviour

behaviour => something bad happens or something good doesn't happen

# Driving forces of behaviour

**... according to behaviourists**

What driving force would explain this?

1. Rat presses a lever and gets an electric shock.
2. Wife doesn't get coffee with a male friend so that husband doesn't shout at her.
3. Shop assistant wears a face mask during a pandemic.
4. Man spends all day watching pornography.
5. Scientist works hard on his publication.

# Behaviourists & depression

- **Depression is characterised by:**
  - Decrease in positive reinforcement
  - Increase in negative reinforcement
  - Increase in punishment
- **Examples?**



# Behaviourists & depression

- **Depression is characterised by:**

- Decrease in positive reinforcement:

*Less social connection, less work fulfilment, lower enjoyment from hobbies, exercise, sex, lower income...*

- Increase in negative reinforcement:

*Avoidant behaviour - increase in watching TV, sleeping, substance use, social media scrolling, ignoring contact from friends...*

- Increase in punishment:

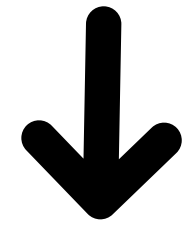
*Loss of a job, loss of a relationship, grief, social rejection...*



# The mechanism of depression onset & maintenance

## Something difficult happens

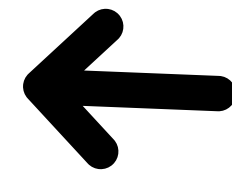
(that reduces positive reinforcement / increases negative reinforcement / increases punishment)



Sadness, lack of energy  
Interrupted routine



Anhedonia  
Lack of motivation



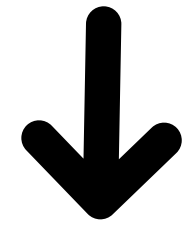
Lower activity



# The mechanism of depression onset & maintenance

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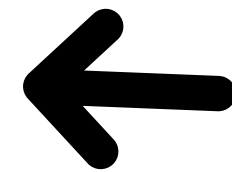
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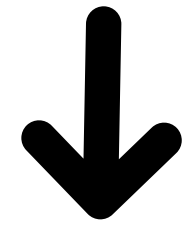
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# The mechanism of depression onset & maintenance

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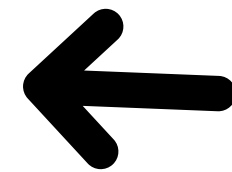


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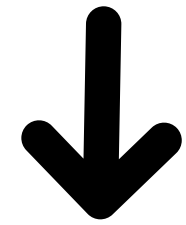
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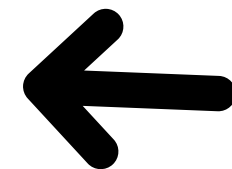
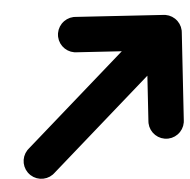
**Something difficult happens** **Primary cause**  
(that reduces positive reinforcement / increases negative reinforcement / increases punishment)



Sadness, lack of energy  
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Anhedonia  
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**Secondary cause**  
**Lower activity**  
(also reduces positive reinforcement / increases negative reinforcement / increases punishment)





# The mechanism of depression onset & maintenance

**Something difficult happens** **Primary cause**  
(that reduces positive reinforcement / increases negative reinforcement / increases punishment)

Sadness, lack of energy  
Interrupted routine

Anhedonia  
Lack of motivation

**Lower activity**

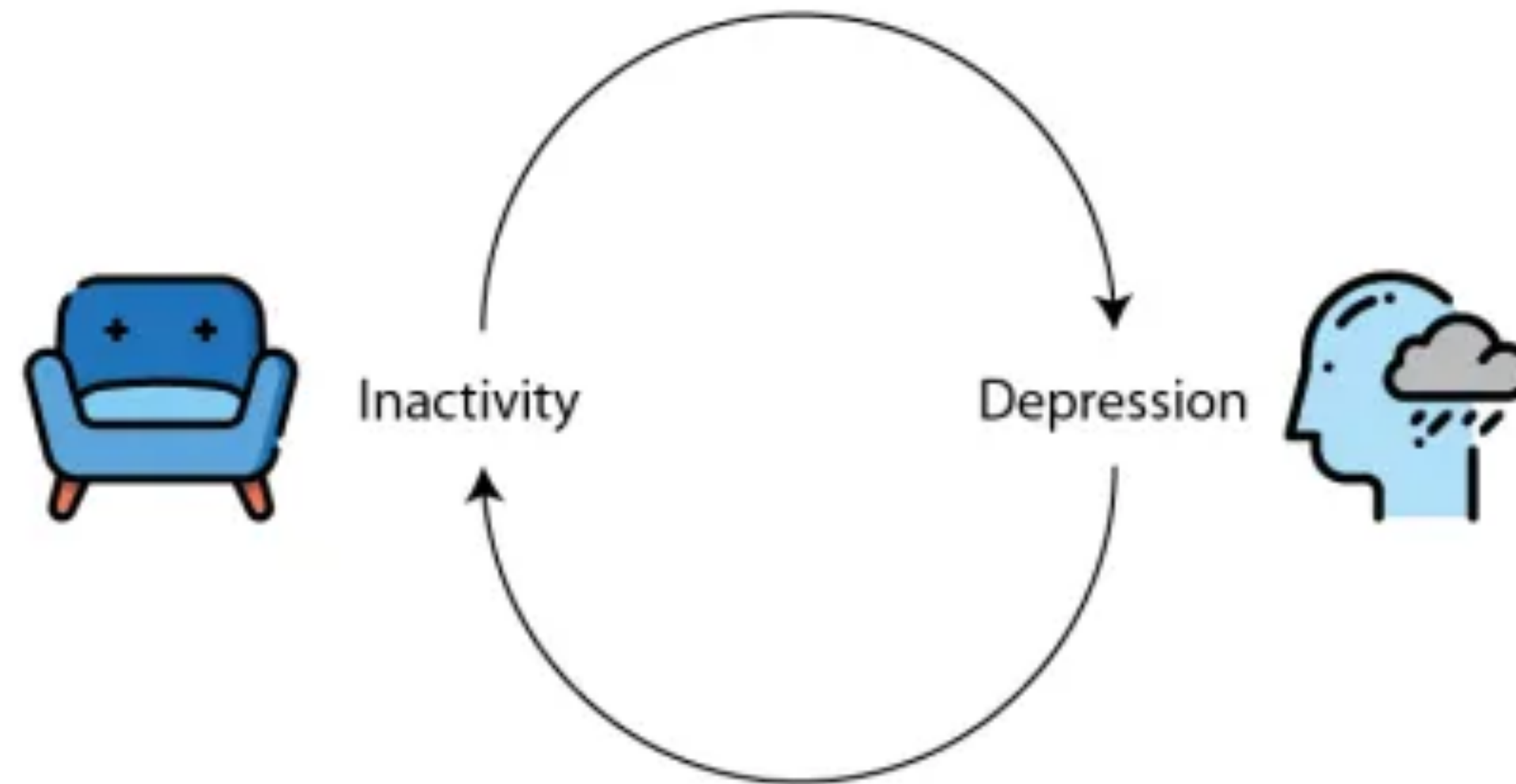
**Secondary cause**

(also reduces positive reinforcement / increases negative reinforcement / increases punishment)



*John has recently gone through a breakup.*

**Primary cause**

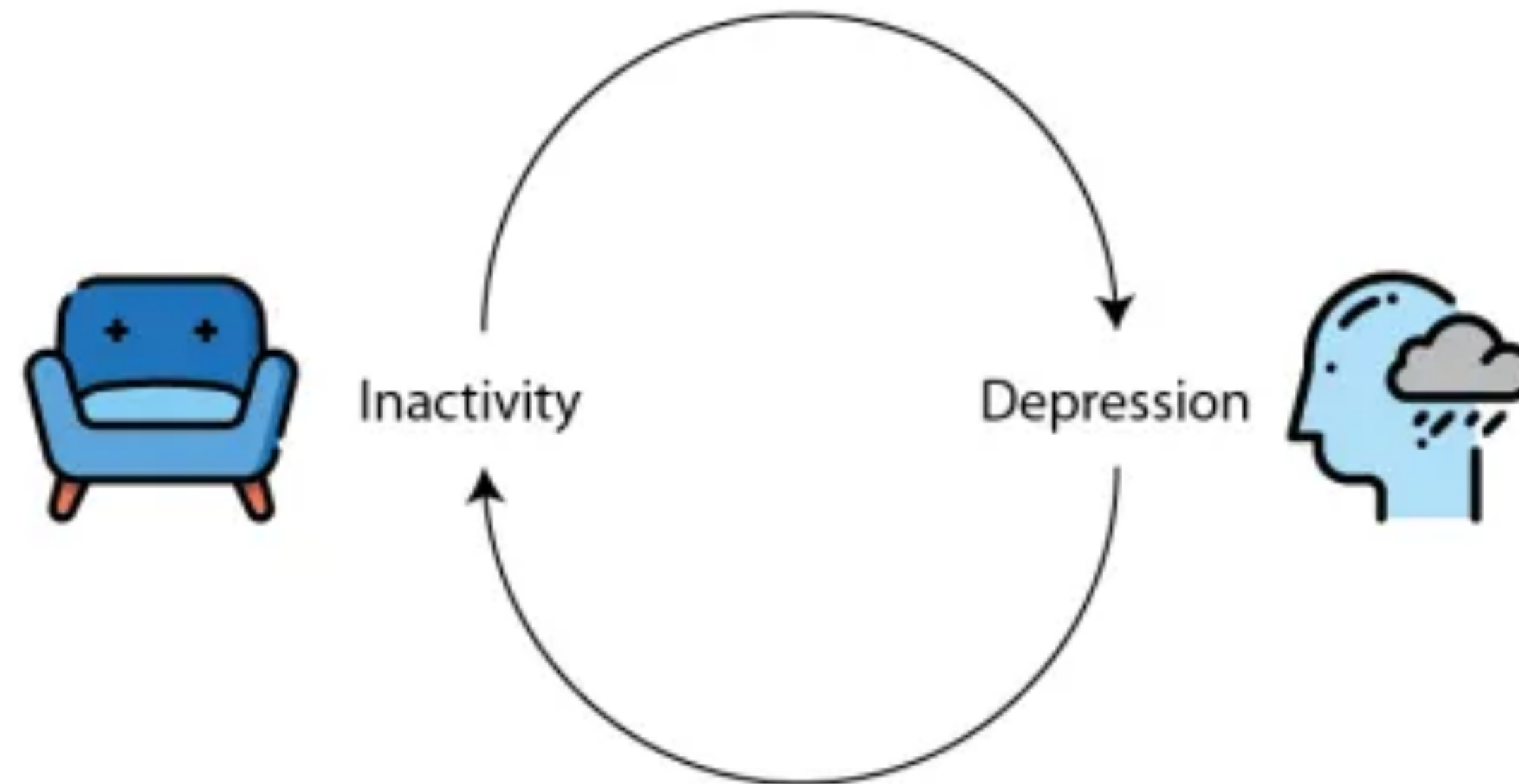


**Secondary cause**

*John has become a lot more inactive.*

## Primary cause

*John has recently gone through a breakup. The loss of pleasant experiences with his girlfriend was a significant reduction in **positive reinforcement** (e.g. he cannot go on nice walks with her in the park). He started avoiding places that remind him of her as well as mutual friends (**negative reinforcement**). The grief he's experiencing makes him feel like his investment in the relationship has been wasted (**punishment**).*

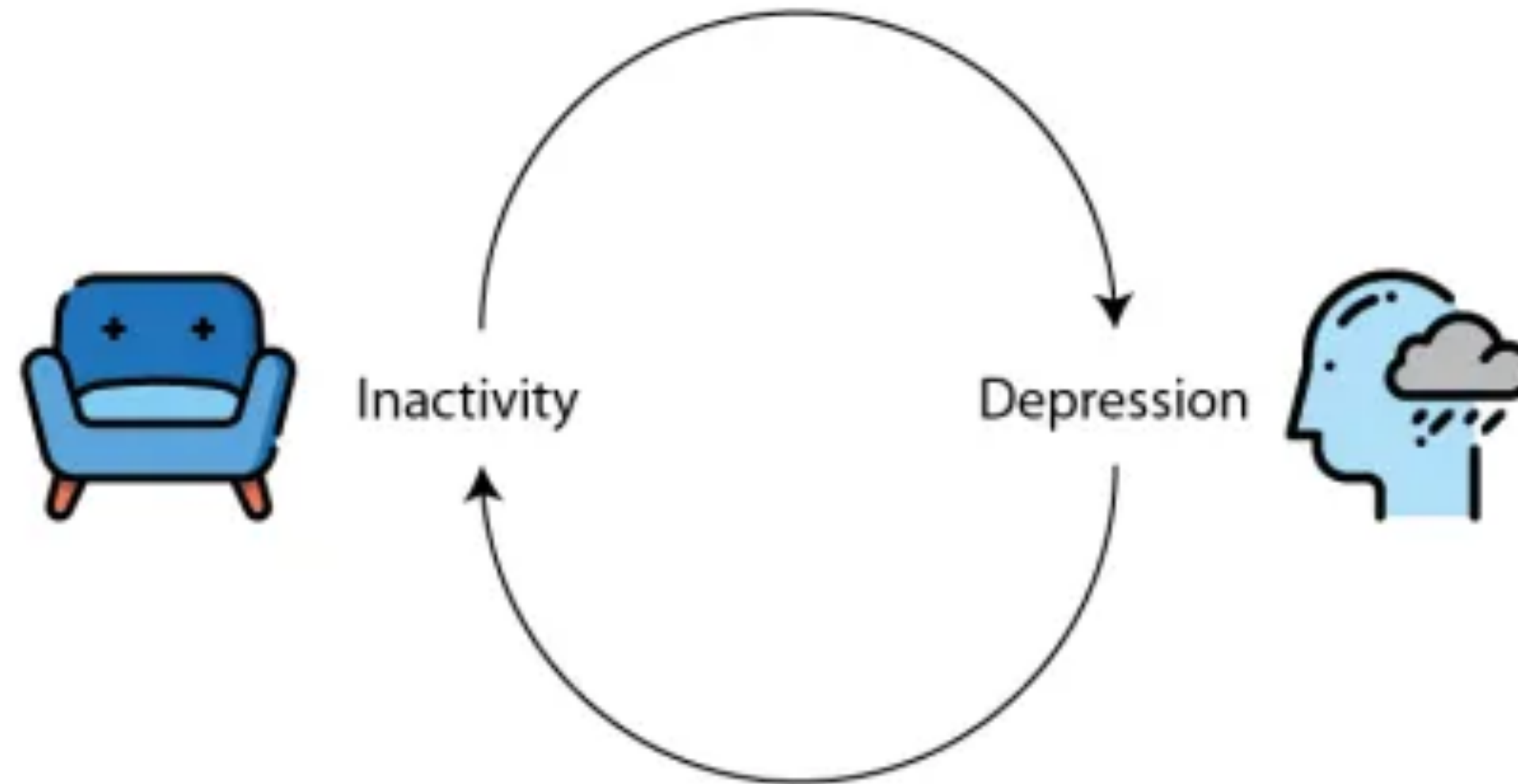


## Secondary cause

*John has become a lot more inactive.*

## Primary cause

John has recently gone through a breakup. The loss of pleasant experiences with his girlfriend was a significant reduction in **positive reinforcement** (e.g. he cannot go on nice walks with her in the park). He started avoiding places that remind him of her as well as mutual friends (**negative reinforcement**). The grief he's experiencing makes him feel like his investment in the relationship has been wasted (**punishment**).



## Secondary cause

John has become a lot more inactive. He stopped going to the gym and doesn't put as much effort into his work, because he doesn't feel motivated (loss of **positive reinforcement** - those behaviours could be rewarding). He started playing computer games and sleeping more (**negative reinforcement**). His boss is starting to get upset with him (**punishment**).

# The simple power of behavioural activation



# Behavioural activation

- small, measurable steps towards increased activity just above current level
- balance of routine, pleasurable and necessary activities
- acting before feeling (outside in / action first)
- avoiding boom and bust









# Youtube: Co můžete teď hned udělat proti depresi?

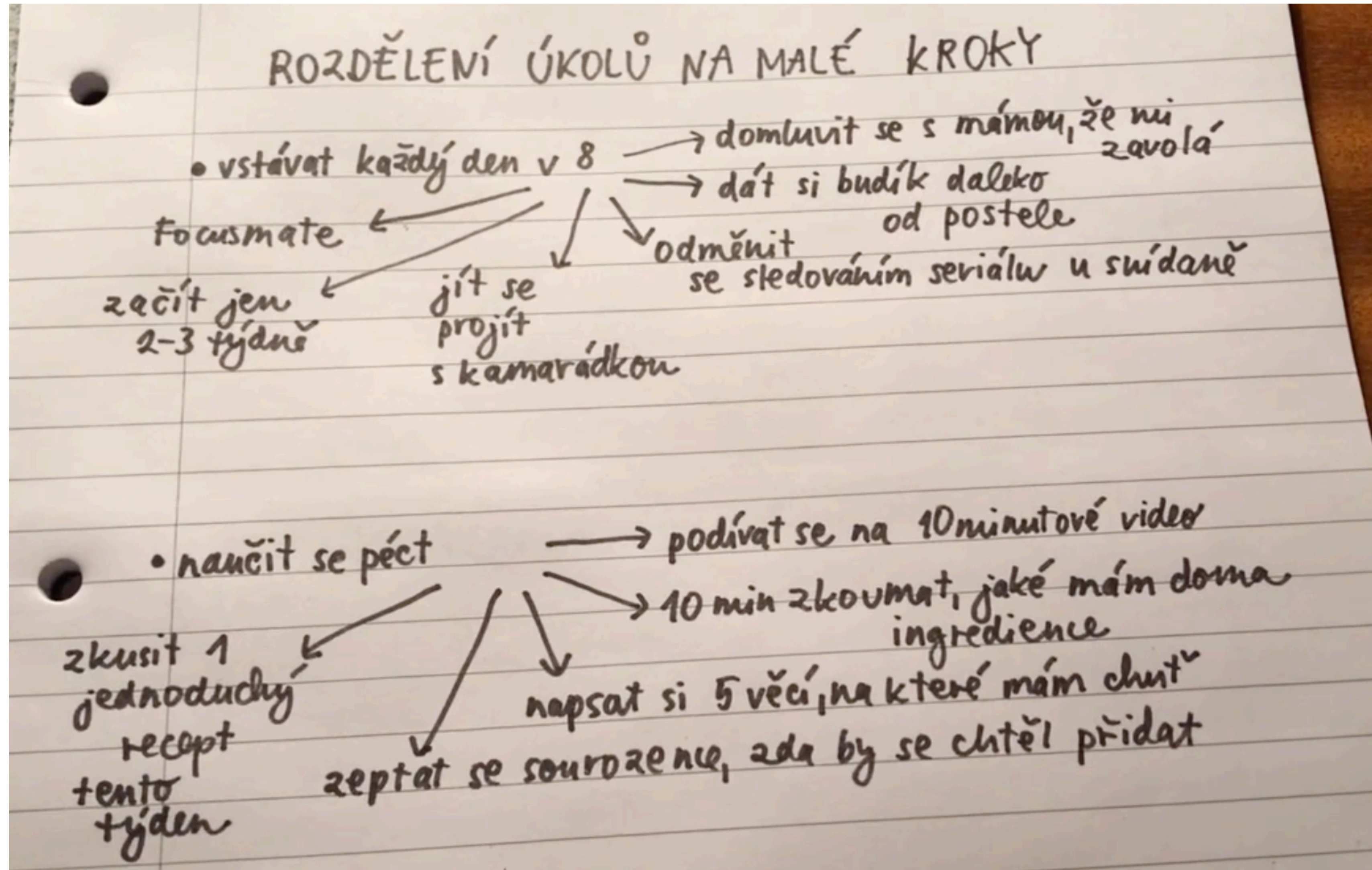
Jaké aktivity by mi mohly přinést radost / ulevit od stresu?

RUTINNÍ	PŘÍJEMNÉ	NUTNÉ
<ul style="list-style-type: none"><li>• vstávat každý den v 8 hodin</li><li>• každý den si užít čerstvého vzduchu</li><li>• každý den se obléci, učesat, upravit se</li><li>• číst zprávy jen jednou denně na půl hodinu</li></ul>	<ul style="list-style-type: none"><li>• jóga podle videa</li><li>• telefon s kamarádkou</li><li>• naučit se péct</li><li>• číst beletrii</li><li>• dát si vanu před spaním</li><li>• hrát na kytaru</li><li>• meditace / svalová</li></ul>	<ul style="list-style-type: none"><li>• zavolat na poštu</li><li>• pracovat na dokumentu do práce</li><li>• najít si terapeuta</li><li>• uklidit si v pokoji</li><li>• učit se programovat</li></ul>

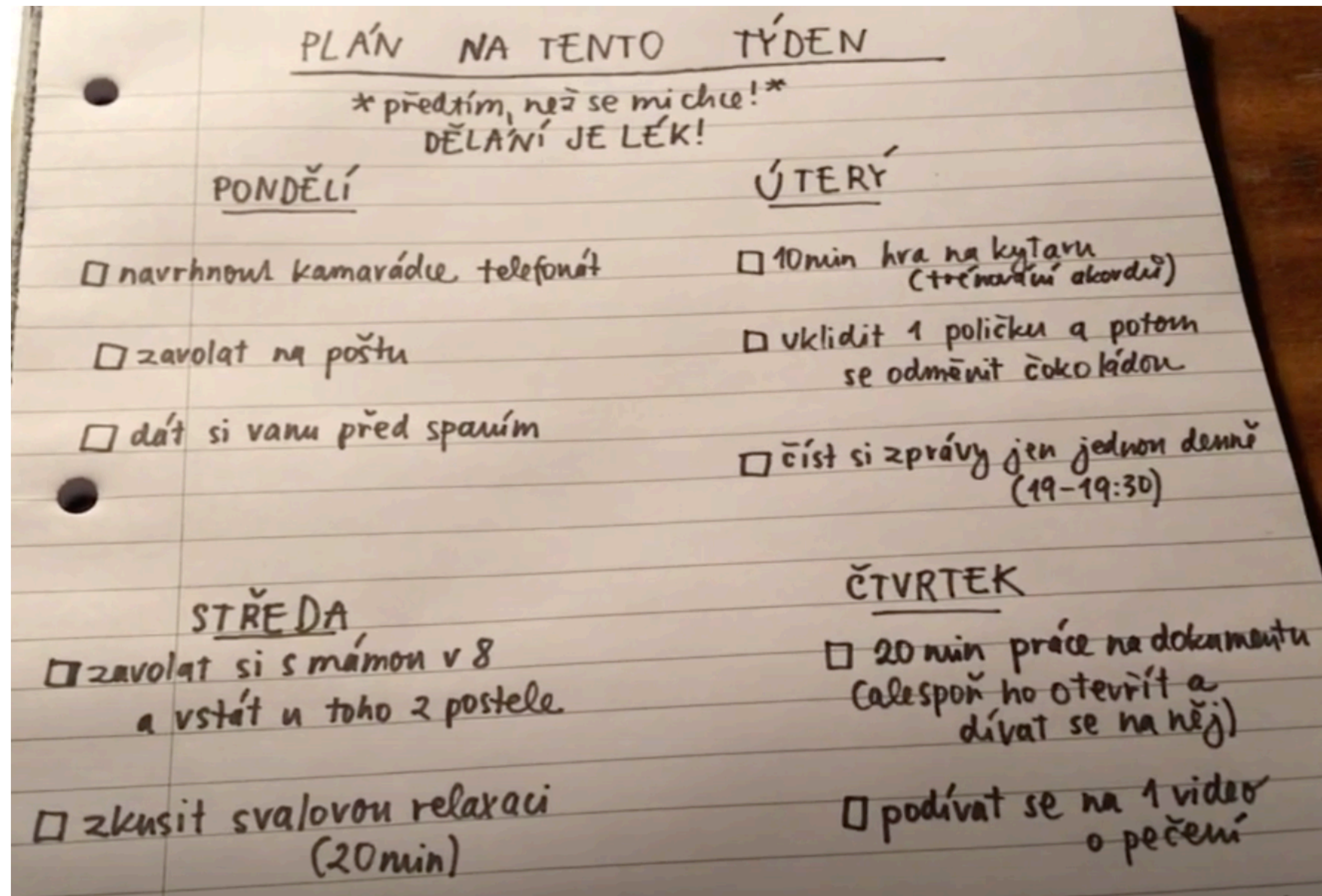
# Youtube: Co můžete teď hned udělat proti depresi?

NÁROČNOST ÚKOLU		
<u>malá</u>	<u>střední</u>	<u>velká</u>
<ul style="list-style-type: none"><li>- čerstvý vzduch</li><li>- vana před spaním</li><li>- meditace / relaxace</li></ul>	<ul style="list-style-type: none"><li>- upravit se</li><li>- vstávat v 8</li><li>- jóga</li><li>- zavolat kamarádce</li><li>- zavolat na poštu</li><li>- číst si</li><li>- uklidit si</li></ul>	<ul style="list-style-type: none"><li>- zprávy 1x denně</li><li>- naučit se péct</li><li>- hrát na kytaru</li><li>- dokument do práce</li><li>- najít si terapeuta</li><li>- programování</li></ul>

# Youtube: Co můžete teď hned udělat proti depresi?



# Youtube: Co můžete teď hned udělat proti depresi?



# Group 4 paper

**Richards et al. (2016) Cost and outcome of behavioural activation versus cognitive behavioural therapy for depression (COBRA)**

# Richards et al. (2016) study

- Randomised controlled non-inferiority trial
- Around 450 participants allocated to either BA or CBT (largest trial of BA to date)
- No differences found in efficacy but BA significantly more cost-effective
- This was driven by lower costs of junior mental health workers who administered BA

*“Our results, offer hope to many societies, cultures, and communities worldwide, rich and poor, struggling with the effect of depression on the health of their people and economies.”*

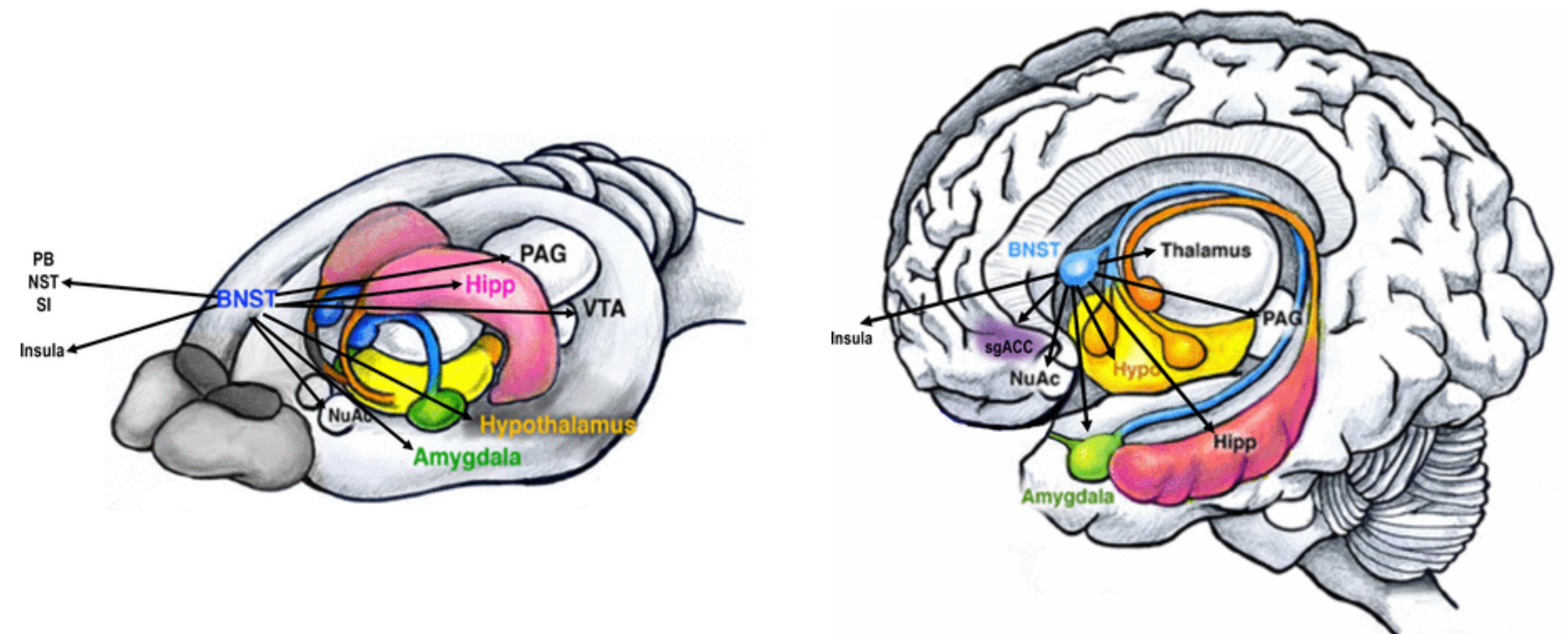
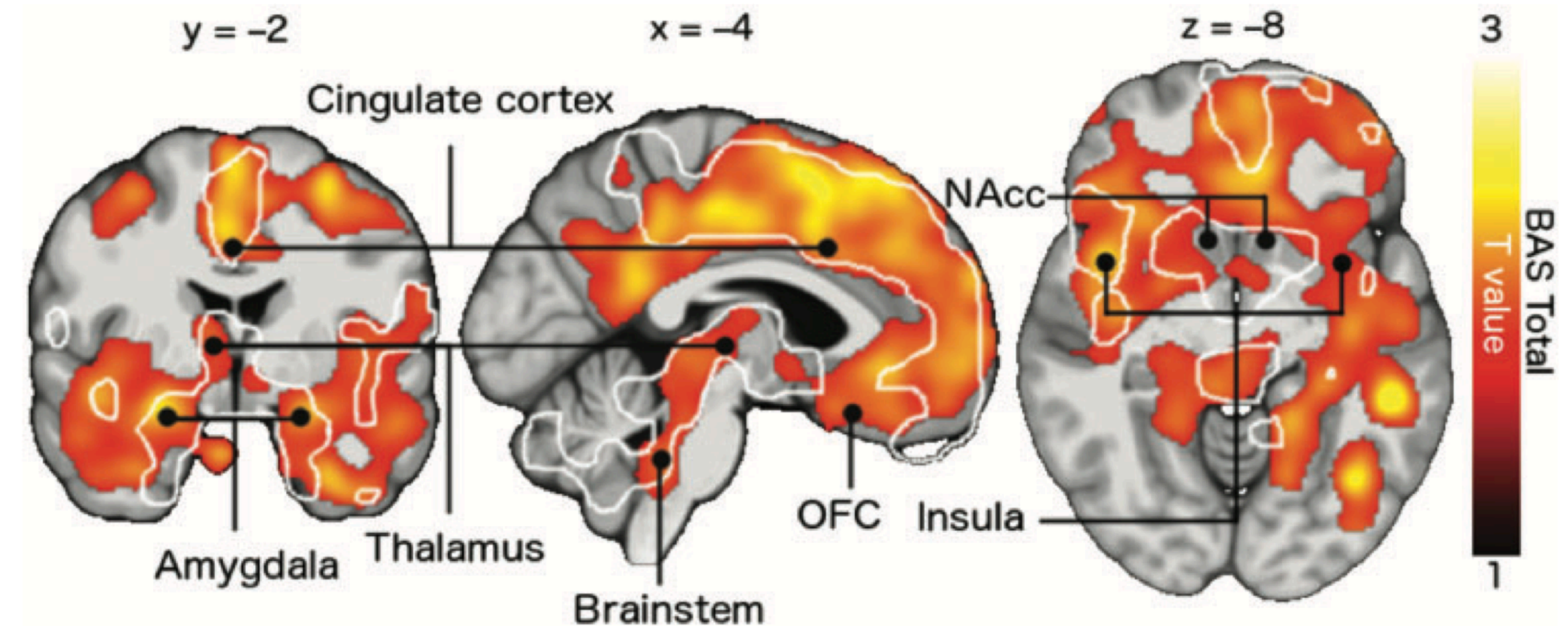
# Group 3 paper

**Pinto-Meza et al. (2006) Behavioural inhibition and behavioural activation systems in current and recovered major depression**

# Neuroscience of BA?

## BIS & BAS

- Behavioural inhibition and activation (approach) systems
- Gray (1987) two major neurobiological systems responding to reward and punishment
- Carver and White (1994) BIS/BAS scale development
- Relate to personality factors like neuroticism and extraversion





# BIS & BAS

**Gray (1987) two major neurobehavioural systems responding to reward and punishment**

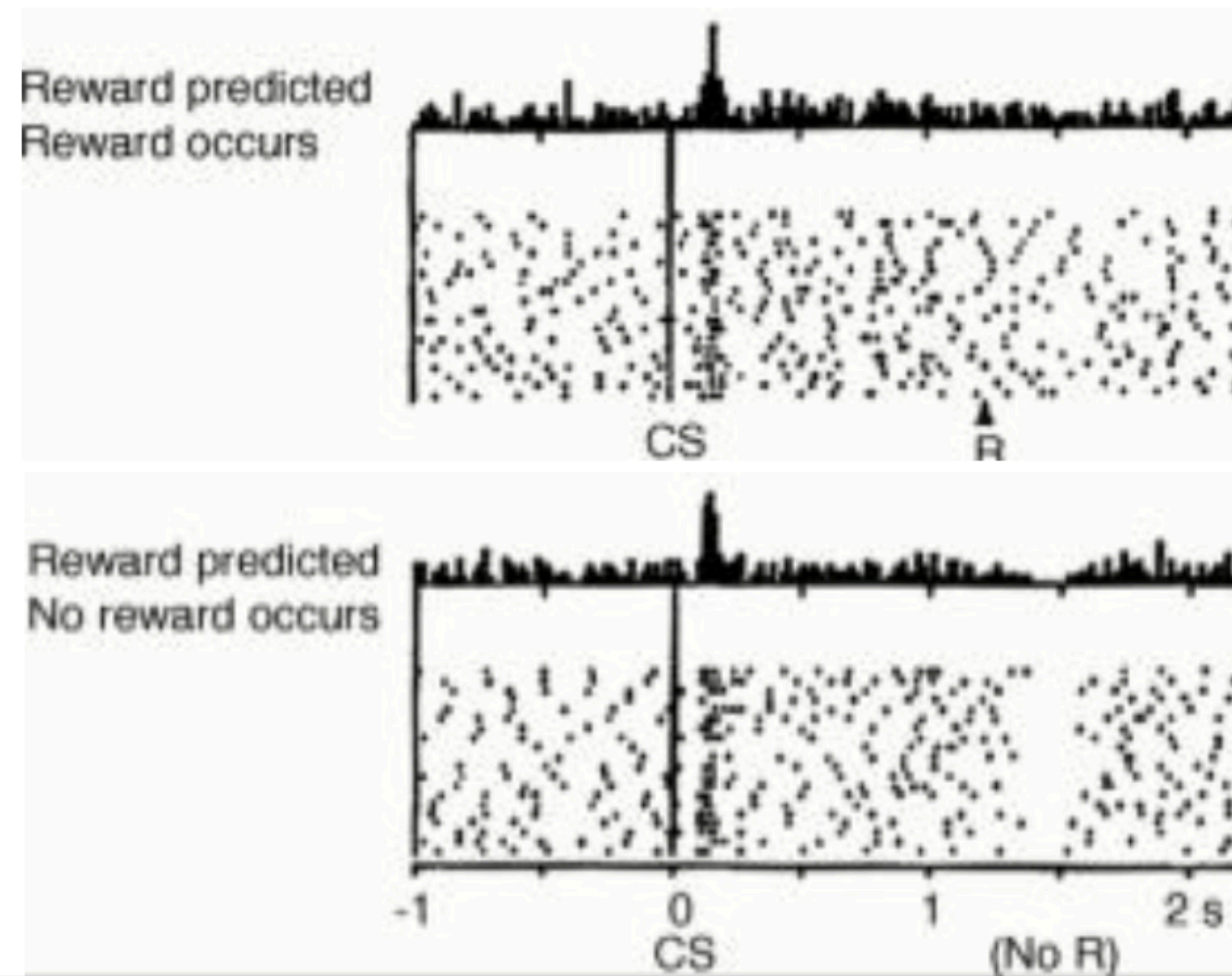
**Carver and White (1994) BIS/BAS scale development**

1. **BIS**
  - If I think something unpleasant is going to happen I usually get pretty “worked up.”
  - I worry about making mistakes.
  - Criticism or scolding hurts me quite a bit.
  - I feel pretty worried or upset when I think or know somebody is angry at me.
  - Even if something bad is about to happen to me, I rarely experience fear or nervousness.
  - I feel worried when I think I have done poorly at something.
  - I have very few fears compared to my friends.
2. **BAS Reward Responsiveness**
  - When I get something I want, I feel excited and energized.
  - When I’m doing well at something, I love to keep at it.
  - When good things happen to me, it affects me strongly.
  - It would excite me to win a contest.
  - When I see an opportunity for something I like, I get excited right away.
3. **BAS Drive**
  - When I want something, I usually go all-out to get it.
  - I go out of my way to get things I want.
  - If I see a chance to get something I want, I move on it right away.
  - When I go after something I use a “no holds barred” approach.
4. **BAS Fun Seeking**
  - I will often do things for no other reason than that they might be fun.
  - I crave excitement and new sensations.
  - I’m always willing to try something new if I think it will be fun.
  - I often act on the spur of the moment.

# Behavioural inhibition system

- **punishment (innate & learnt)**
- **absence of expected reward (= disappointment, frustration)**
- **novelty**
- **inhibits behaviour that may lead to negative outcomes**
- **hyperactive in depression**

**Sensitivity to punishment scale**



**Schultz, Dayan, Montague  
Science, 1997**

# Behavioural activation (approach) system

- **reward**
- **absence of punishment (= relief)**
- **hypoactive in depression -  
decreased approach towards  
rewarding behaviour**

**Sensitivity to reward scale**

# **Pinto-Meza et al. (2006)**

- **Participants with current MD, participants recovered from MD and healthy controls**
- **Current and recovered MD showed hyperactive BIS and hypoactive BAS**
- **Possible personality / physiological vulnerability marker that can be objectively measured**
- **May explain the mechanism of BA treatment**

# Other low intensity interventions?

- **Problem solving**
- **Worry management**
- **Graded exposure**
- **Sleep management**
- **Motivational interviewing**
- **Physical exercise interventions**

# Problem solving

- First outlined by D'Zurilla and Goldfried (1971)
- Step-by-step system to approach and solve problems
- Aim to empower patients with skills

*adopted for the treatment of depression and anxiety across a variety of populations: older adults (Kirkham et al., 2016), veterans (Kasckow, et al., 2014), ethnic minorities (Unlu Ince et al., 2013) and patients with chronic-obstructive pulmonary disease (Lee et al., 2015) and cancer (Hopko et al., 2011)*



### Problem statement:

Over the last few months I have been feeling stressed and overwhelmed due to lots of pressures in everyday life. I have been working long hours to try to help this, but this has meant that I am constantly tired and irritable and I have been seeing much less of my family and spending less quality time with my children. I have also been avoiding addressing problems elsewhere. As a result, I have thoughts of 'I can't cope' and 'I'm a bad parent'. This is impacting on my relationships with others.





# Problem solving

1. Explain problem solving

2. Identify main problems

Worksheet 16.2 Jamie's problem list

Problem list			
Main problem area	Main problem area		
<i>Work</i>	<i>Financial</i>		
Specific problems <i>Not getting on with colleagues</i> <i>Having to cover for two colleagues who are off on long-term sick leave</i> <i>Current project is behind</i> <i>Getting to work</i>	Specific problems <i>Credit card payment is overdue</i> <i>Always running out of money towards the end of the month</i> <i>Car MOT</i>	Least difficult to solve	Least difficult to solve
		<i>Getting to work</i> <i>Having to cover for two colleagues who are off on long-term sick leave</i>	
Most difficult to solve	Most difficult to solve		
<i>Current project is behind</i> <i>Not getting on with colleagues</i>	<i>Always running out of money towards the end of the month</i>	Selected problem <i>Having to cover for two colleagues who are off on long-term sick leave</i>	
Medium difficulty solving	Medium difficulty solving		
	<i>Credit card payment is overdue</i> <i>Car MOT</i>		

# Problem solving

1. Explain problem solving
2. Identify main problems
3. Generate potential solutions

## Problem-solving worksheet

Identify the problem

*Having to cover for two colleagues who are off with long-term sickness*

Potential solutions  
(Generate as many as possible)

*Quit my job  
Continue as I am currently – do nothing  
Speak to manager and discuss difficulties managing workload  
Refuse to do the extra work  
Delegate more responsibilities  
Ask colleagues for help  
Organise a team night out to boost morale  
Book some annual leave*

# Problem solving

1. Explain problem solving
2. Identify main problems
3. Generate potential solutions
4. Evaluate pros and cons

Solution: <i>Quit my job</i>	
Advantages	Disadvantages
<i>Would no longer have the stress Would have lots of spare time</i>	<i>Don't have another job to go to Would be more stressed due to financial issues Could lose house if we can't pay the mortgage Would miss my job as it's something I am good at</i>
Solution: <i>Speak to manager and discuss difficulties managing workload</i>	
Advantages	Disadvantages
<i>They may not know how much work I currently have to do They may be able to take some of the responsibilities from me They could help with some of the tasks themselves</i>	<i>They may just expect me to continue working as I am I may be seen as less capable than colleagues</i>

# Problem solving

- 1. Explain problem solving**
- 2. Identify main problems**
- 3. Generate potential solutions**
- 4. Evaluate pros and cons**
- 5. Select the solution that seems best**



# Problem solving

- 1. Explain problem solving**
- 2. Identify main problems**
- 3. Generate potential solutions**
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- 5. Select the solution that seems best**
  
- 6. Make a specific plan: what, where, when, with whom**



# Problem solving

- 1. Explain problem solving**
- 2. Identify main problems**
- 3. Generate potential solutions**
- 4. Evaluate pros and cons**
- 5. Select the solution that seems best**
- 6. Make a specific plan: what, where, when, with whom**
  
- 7. Attempt the solution**



# Problem solving

- 1. Explain problem solving**
- 2. Identify main problems**
- 3. Generate potential solutions**
- 4. Evaluate pros and cons**
- 5. Select the solution that seems best**
- 6. Make a specific plan: what, where, when, with whom**
- 7. Attempt the solution**
  
- 8. Review & problem solve**



# Group 6 paper

**Mynors-Wallis et al. (1995). Randomised controlled trial comparing problem solving treatment with amitriptyline and placebo for major depression in primary care.**



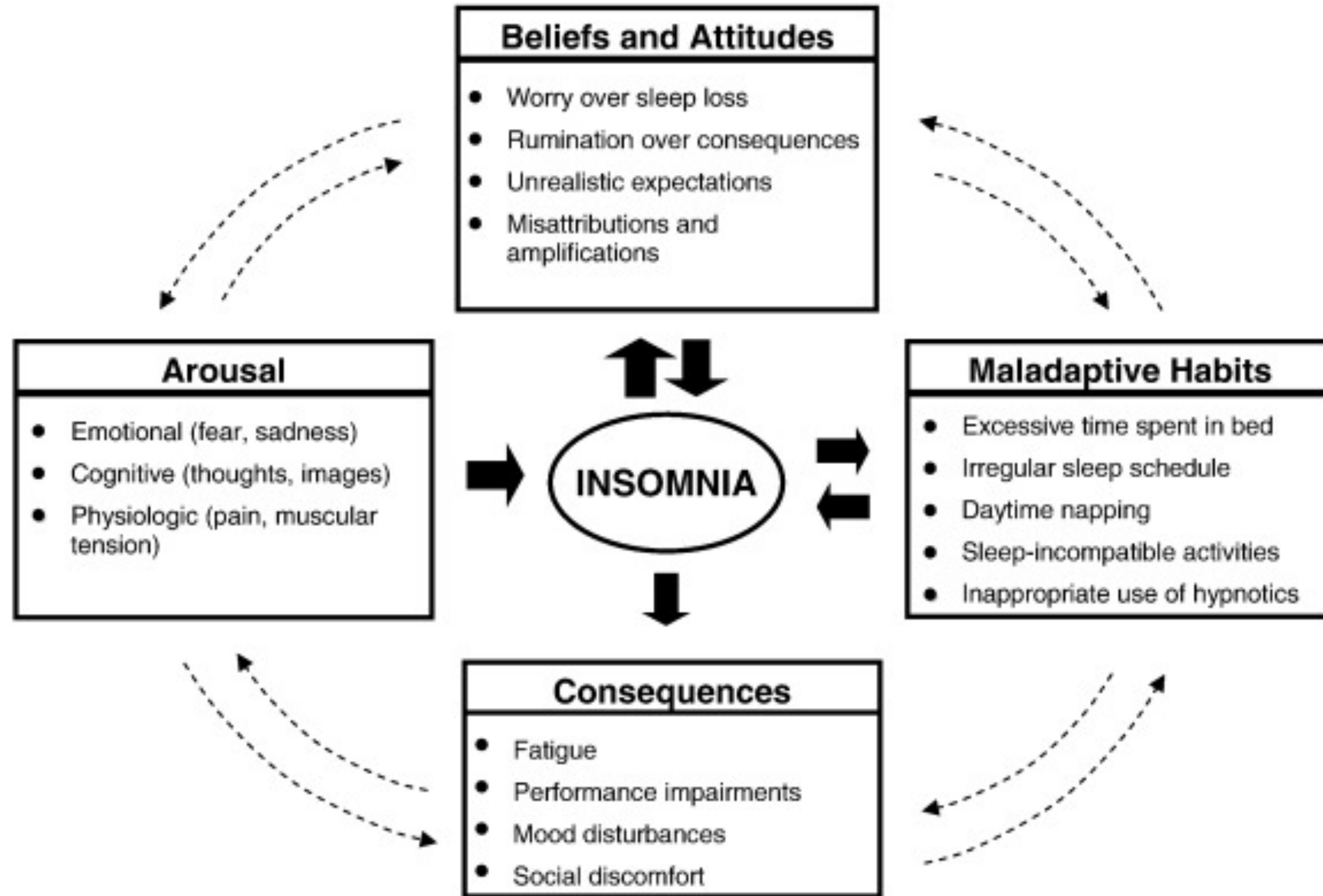
# **Mynors-Wallis et al. (1995)**

- **90 patients with major depression**
- **Randomised to 1) problem solving (6 short sessions over 12 weeks), 2) antidepressant or 3) placebo**
- **No significant difference found between problem solving (60% recovered) and antidepressant (50% recovered)**
- **High patient satisfaction after PS**
- **30% recovered on placebo**

# Digital LI treatment for insomnia

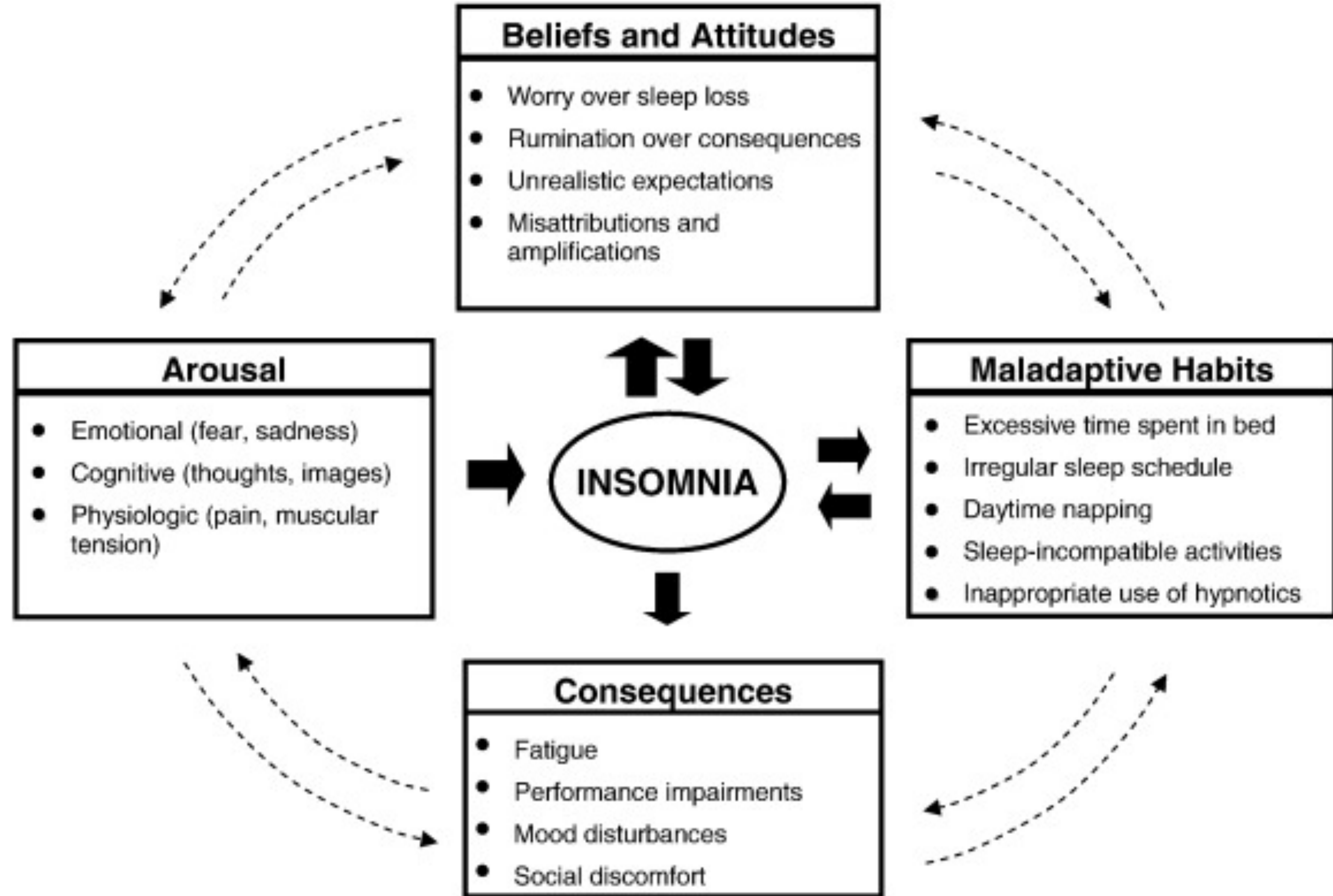


# CBT model of insomnia



# CBT tools

- Examining sleep-related thoughts
- Correcting distortions
- Setting up realistic expectations
- Sleep restriction
- Sleep hygiene



Sleepio is a 6 week online program designed by sleep experts and based on cognitive and behavioral techniques.



### Sleep Restriction

The most powerful way to increase your sleep drive and reset your sleep schedule.



### Stimulus Control

Rebuild a healthy association between your bed and sleep.



### Cognitive Tools

Manage the worries and thoughts that make it difficult to sleep.



### Sleep Hygiene Review

Optimize your environment and habits for better sleep.

- Fully automated
- Algorithms for personalised recommendations

How would you like to improve your sleep?

Select all that apply

Get to sleep more easily

Sleep right through the night without waking up

Stop waking up too early

Wake up feeling refreshed

None of the above

**Session Two**  
**Your bedroom,  
lifestyle,  
and thoughts**

- 1 Your lifestyle
- 2 Your bedroom
- 3 The truth about sleep
- 4 Challenging negative thoughts
- 5 The Weekly Quiz

A cartoon character in a red jacket and glasses is walking in the background of a light blue landscape with rolling hills and a sun.

# Group 5 paper

**Espie et al. (2019) Effect of digital cognitive behavioral therapy for insomnia on health, psychological well-being, and sleep-related quality of life: a randomized clinical trial.**

# Espie et al. (2019)

- Over 1700 participants
- Randomised 12 weeks of Sleepio programme vs sleep hygiene education website (superiority trial)



# Espie et al. (2019)

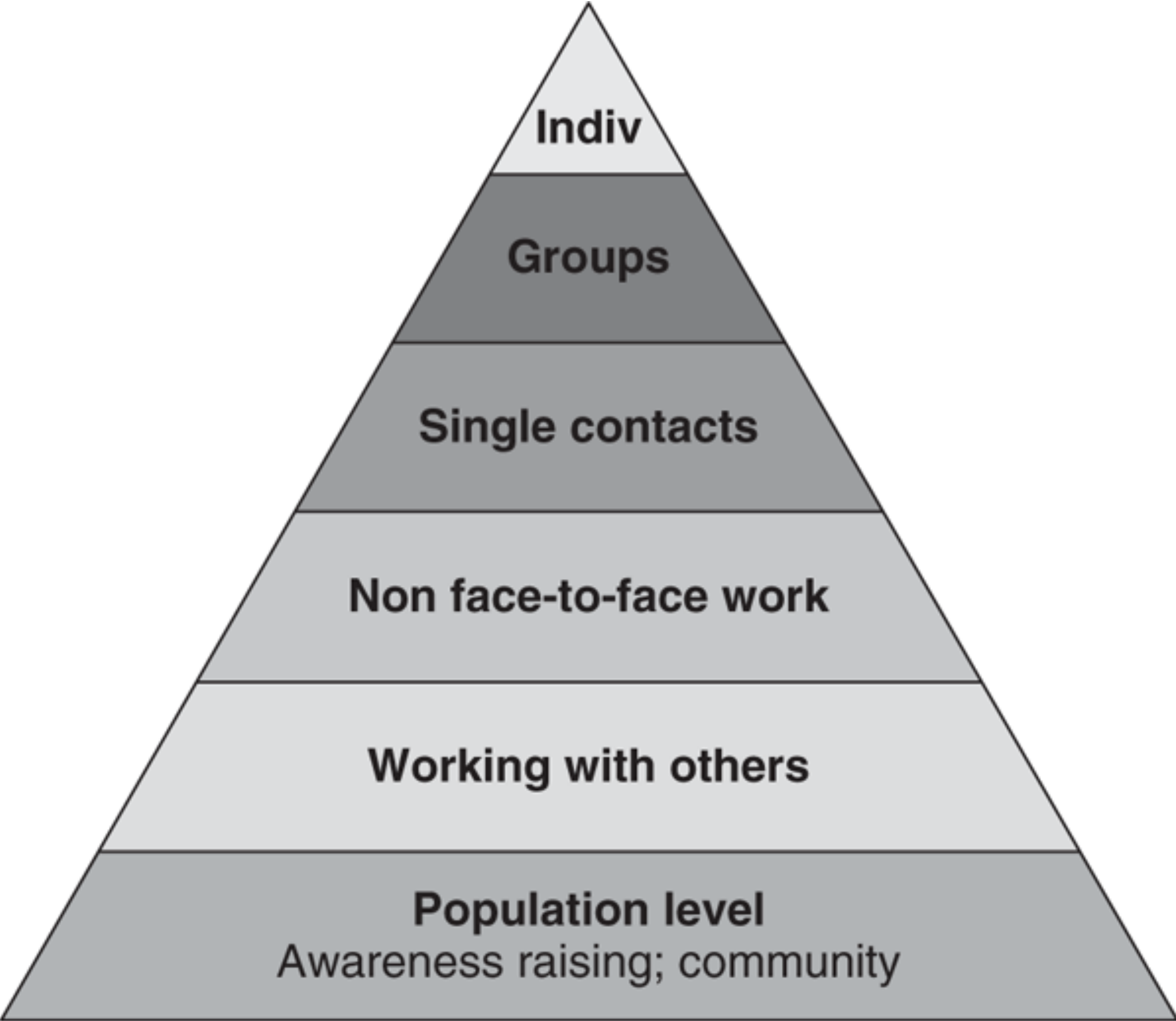
- Over 1700 participants
- Randomised 12 weeks of Sleepio programme vs sleep hygiene education website (superiority trial)
- Significantly improved sleep, physical health, wellbeing

Assessment <sup>a</sup>	Unadjusted, Mean (SD)		Adjusted Difference (95% CI)	Cohen <i>d</i>	<i>P</i> Value
	SHE + TAU	dCBT + TAU			
PROMIS-10					
Week 4	32.52 (6.05)	33.84 (6.49)	0.90 (0.40 to 1.40)	0.16	<.001
Week 8	32.92 (6.18)	35.08 (6.65)	1.76 (1.24 to 2.28)	0.31	<.001
Week 24	33.10 (6.10)	35.24 (6.88)	1.76 (1.22 to 2.30)	0.31	<.001
WEMWBS					
Week 4	44.72 (8.21)	46.03 (8.55)	1.04 (0.28 to 1.80)	0.13	.007
Week 8	45.16 (8.77)	48.12 (8.82)	2.68 (1.89 to 3.47)	0.35	<.001
Week 24	45.31 (8.89)	48.62 (9.02)	2.95 (2.13 to 3.76)	0.38	<.001
GSII <sup>b</sup>					
Week 4	69.80 (23.64)	60.69 (26.20)	-8.76 (-11.83 to -5.69)	-0.69	<.001
Week 8	65.68 (25.86)	46.78 (29.90)	-17.60 (-20.81 to -14.39)	-1.38	<.001
Week 24	63.33 (27.26)	43.78 (31.25)	-18.72 (-22.04 to -15.41)	-1.46	<.001

Abbreviations: dCBT, digital cognitive behavioral therapy; GSII, Glasgow Sleep Impact Index; PROMIS-10, 10-item Patient-Reported Outcomes Measure; SHE, sleep hygiene education; TAU, treatment as usual; WEMWBS, Warwick-Edinburgh Mental Well-being Scale.

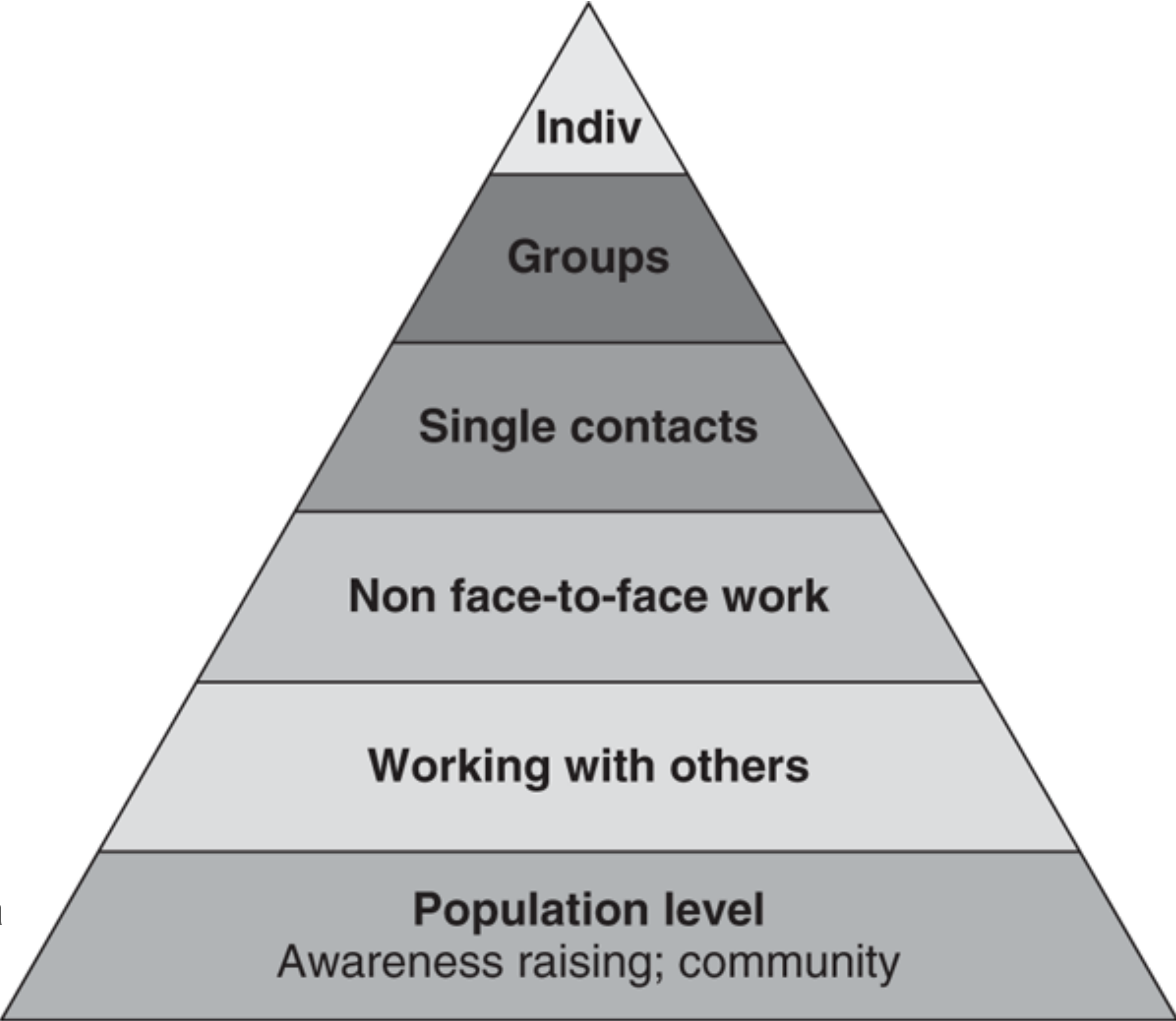
# **Integrating LI interventions into the healthcare system**

# STEPS system



# STEPS system

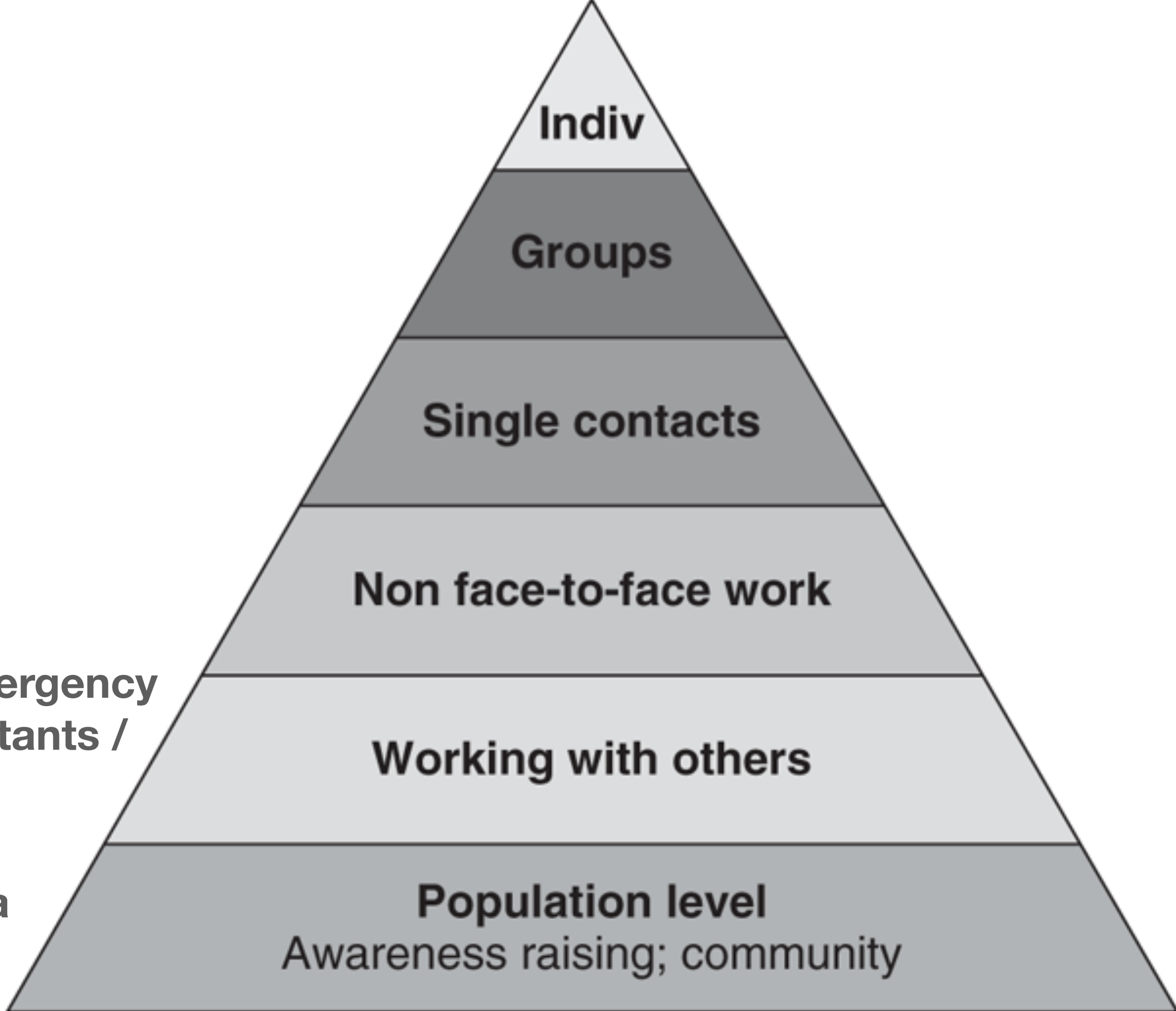
Podcasts, school workshops, media



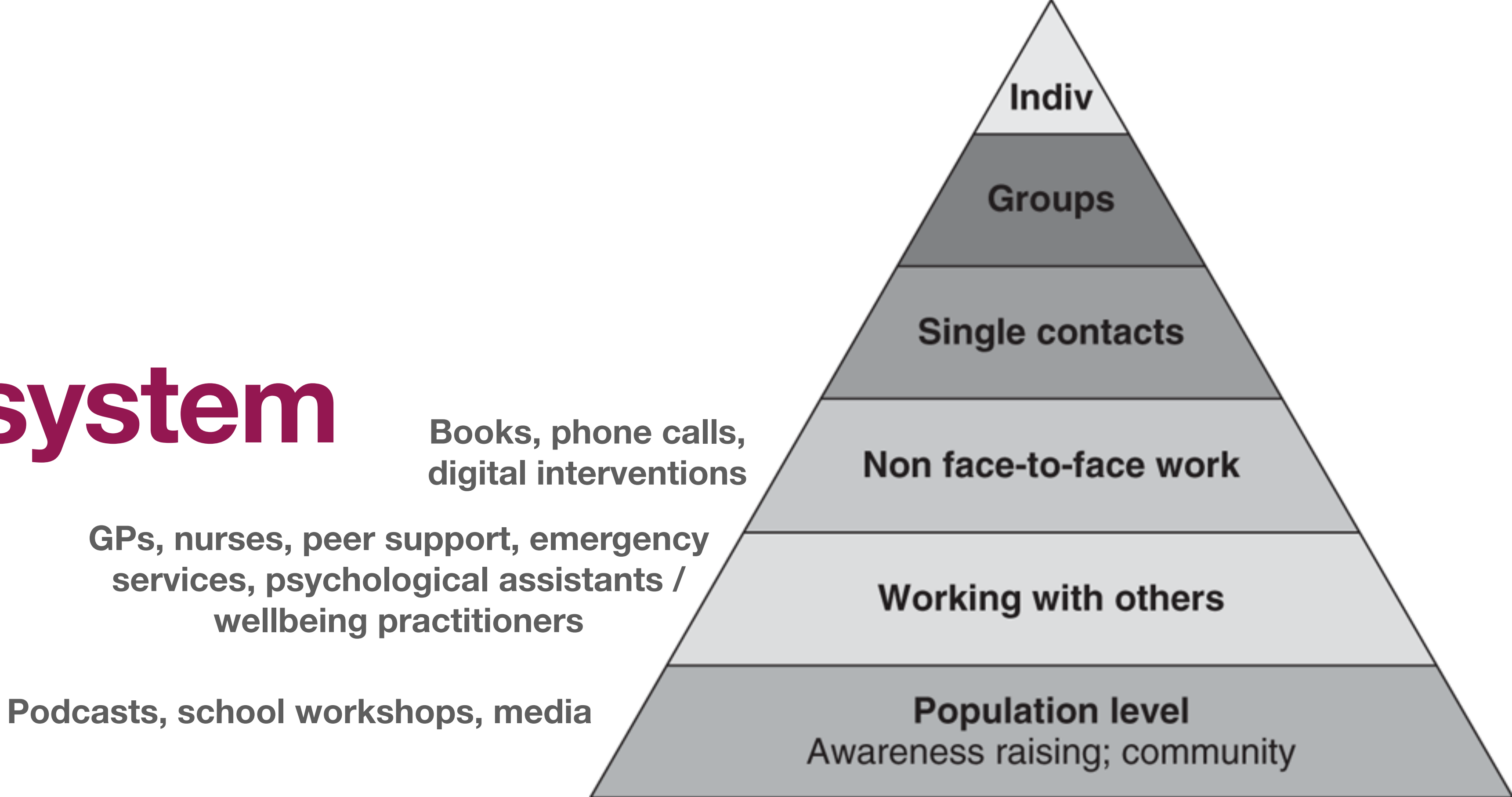
# STEPS system

GPs, nurses, peer support, emergency services, psychological assistants / wellbeing practitioners

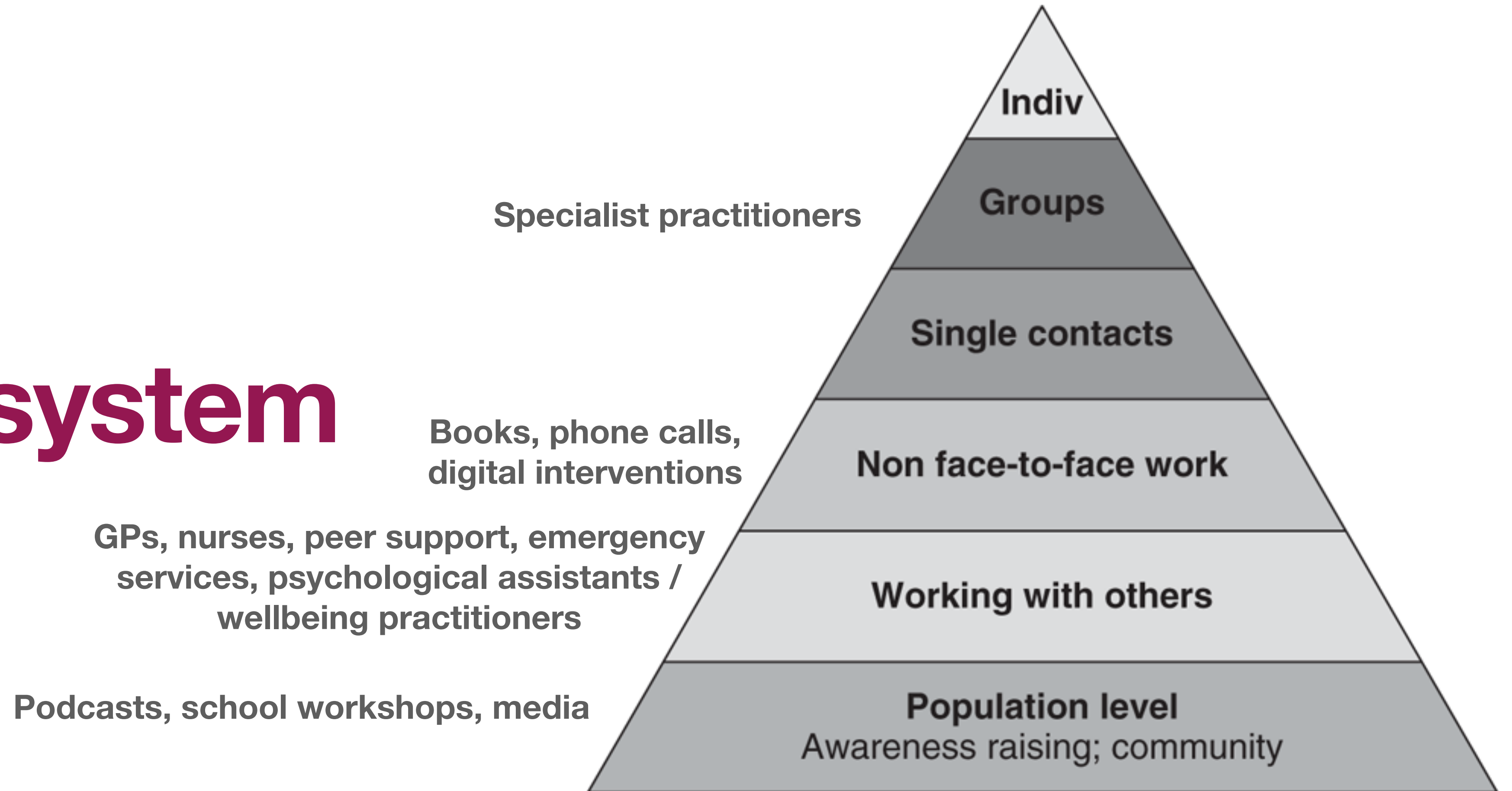
Podcasts, school workshops, media



# STEPS system



# STEPS system



# Network





# Group 2 paper

**Clark et al. (2009) Improving access to psychological therapy: Initial evaluation of two UK demonstration sites.**

# Clark et al. (2009)

- *On World Mental Health Day in October 2007 the UK Government announced an unprecedented, large-scale initiative for **Improving Access to Psychological Therapies (IAPT)** for depression and anxiety disorders within the English National Health Service*
- *Between 2008 and 2011 investment in psychological therapies for these conditions will rise to **£173 million per annum** above existing expenditure*
- *The extra investment is being used to train and employ at least **3600** new psychological therapists who will work in new IAPT clinical services offering evidence-based psychological therapies*



# Clark et al. (2009)

- Two new services in Doncaster and Newham during first 13 months
- Patients seen within 21 days
- HI specialist therapy or LI (most commonly guided self-help)
- Self-referral or GP-referral
- Careful outcome monitoring
  
- 50-60% recovery if at least two or more sessions, compared with 20% spontaneous recovery
- 4-10% increase in employment



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# IAPT successes

- Trained 10 000 therapists
- Treats over 500 000 patients every year
- Average waiting time is 20 days
- Around 50% patients recover and 75% improve
- Collects outcome data on 98% patients
- Similar services now implemented in Australia, Israel, Norway, Sweden



# Thank you!

- **Please fill in feedback forms**
- **Any questions, email me at [ruzickova.te@gmail.com](mailto:ruzickova.te@gmail.com)**

