Different types of LI interventions + their role in the healthcare system

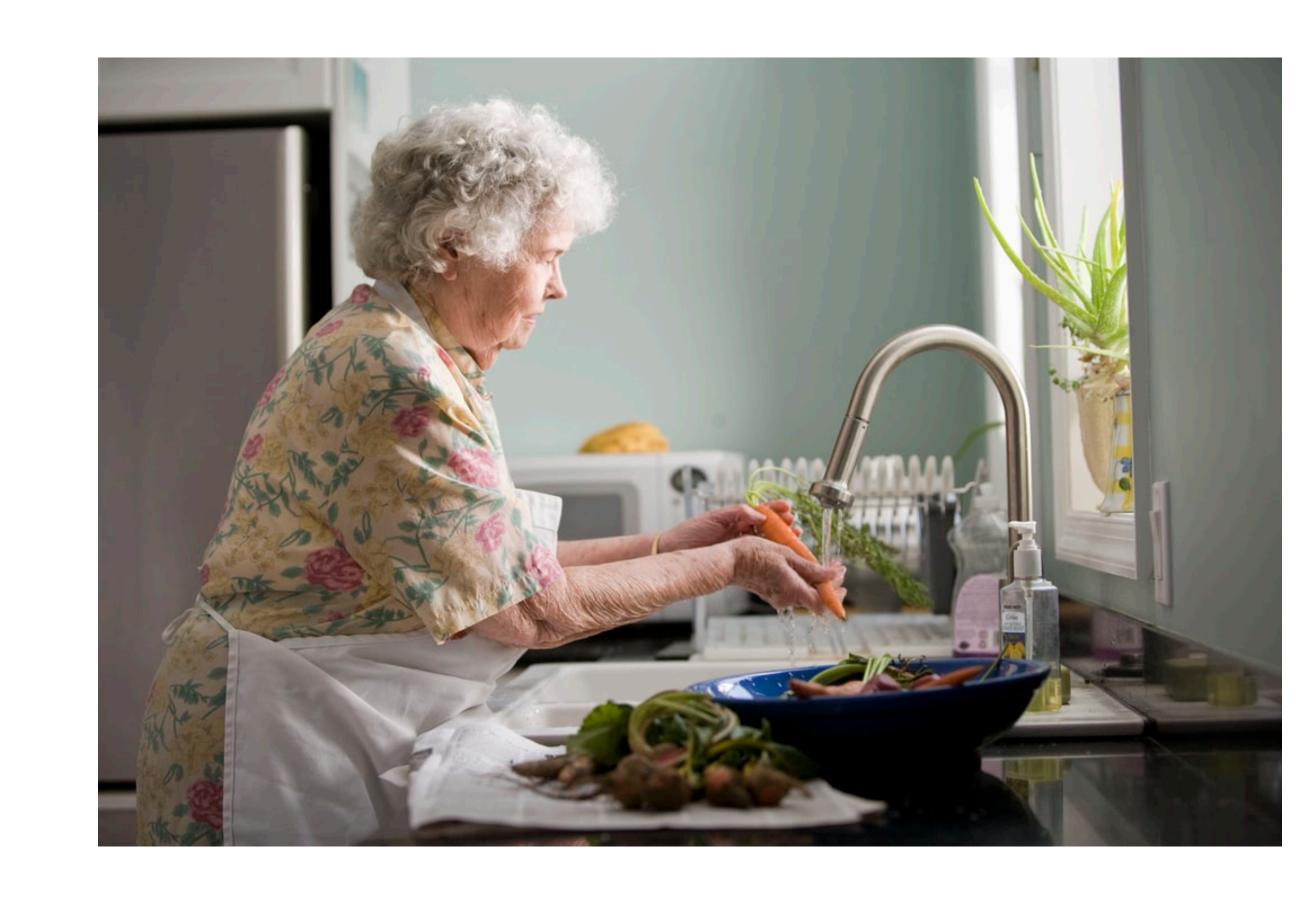
Dr Tereza Ruzickova Psychopharmacology and Emotion Research Lab University of Oxford **23rd March 2023**

Lecture plan (some of it might change)

- 1. Basic rationale of behavioural activation (BA) and other low intensity treatments (16/03/2023)
- 2. Different types of LI interventions and their role in the healthcare system 23/03/2023
- 3. The practical methodology of BA and other low-intensity skills (30/03/2023)
- 4. Discussion, Q&A with a Psychological Wellbeing Practitioner from the UK (06/04/2023)
- 5. Evaluating efficacy and areas of clinical application (13/04/2023)
- 6. Implementation and dissemination, challenges and solutions (20/04/2023)

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



STEP 1: RECORD WHAT YOU ARE CURRENTLY DOING

Use the blank 'My Starting Point Diary' to record what you are currently doing during the week. Start today and record over the next 7 days. There are two boxes each for the morning, afternoon and evening so just try to include the main two things you have done for each.

At the end of each day have a look at your diary and write any comments you have in the comments box. Think about what you have been up to, and try to note if there were times when you felt better or worse. This will help you and your PWP when you discuss your week at the next session.

It can really help later on if you are able to provide some detail about:

'What' you are doing – i.e. 'watching television'

'Where' you are doing it – i.e. 'lounge'

'Who' you were with – i.e. 'on my own'

My Starting Point Diary

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	What							
	Where							
	Who							
Š	What							
	Where							
	Who							
	What							
u C	Where							
Afternoon	Who							
Afte	What							
	Where							
	Who							
	What							
	Where							
Evening	Who							
Evel	What							
	Where							
	Who							
nts								
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Worksheet A: Identifying activities

Under each type of activity write down what you want to be able to achieve. Please include all activities you can think of here, regardless of whether you think you can do them or not. We will deal with that in Step 3. Again don't worry if you struggle with this step. Anything you get down will be a bonus as your PWP is always there to help.

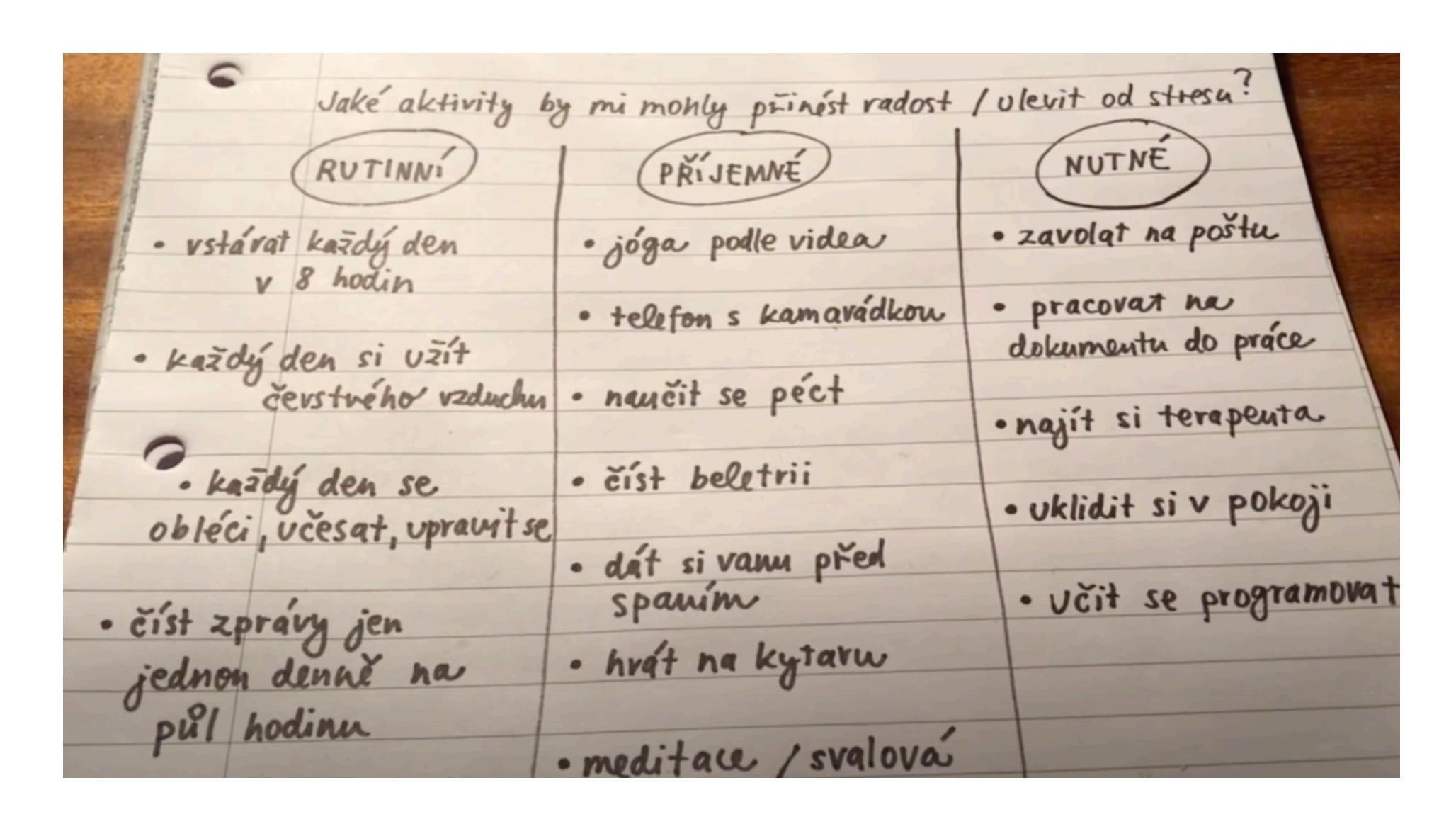


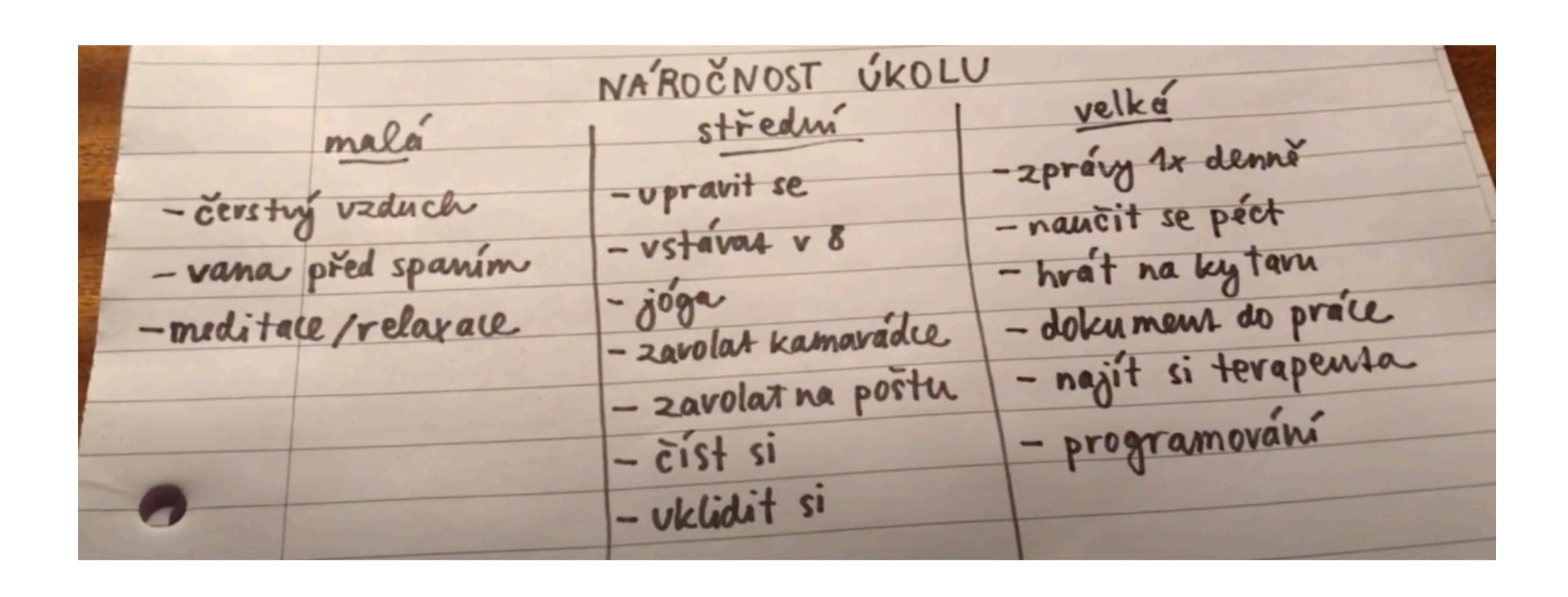
Routine e.g. cooking, walking the dog, food shopping	Pleasurable e.g. going out with friends, reading	Necessary e.g. paying bills, taking children to nursery

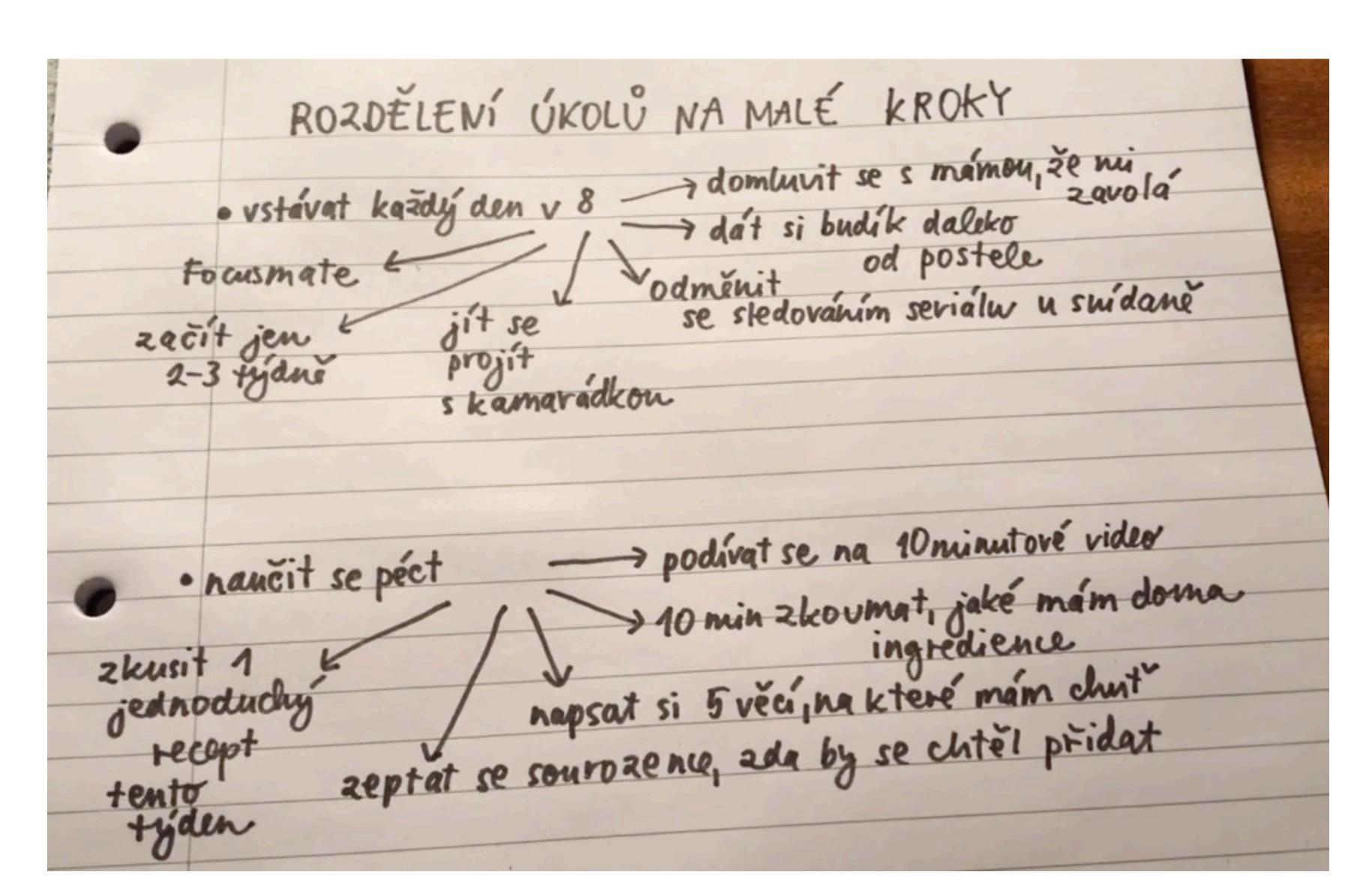
Worksheet B: Organising activities by how difficult they are

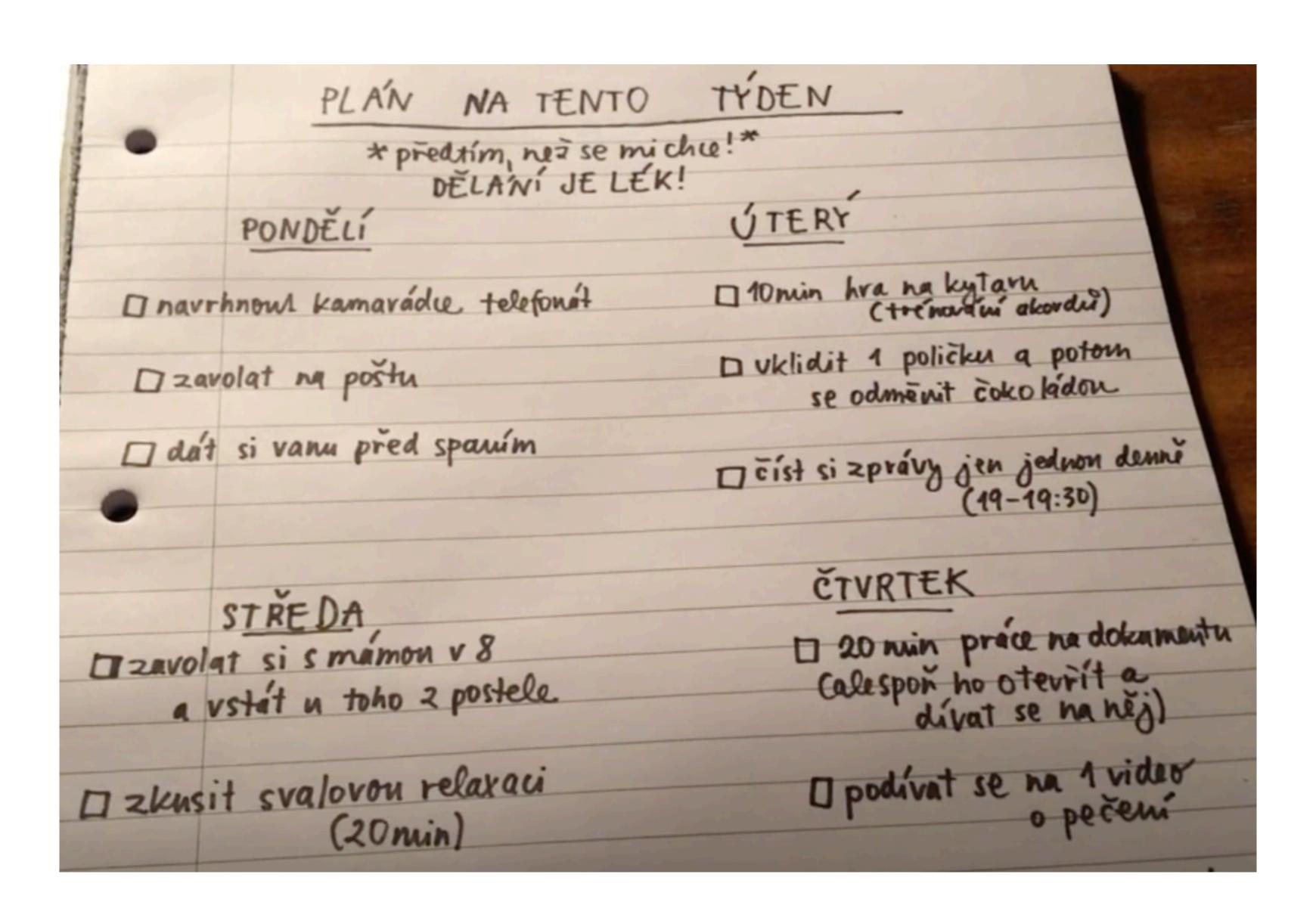


Least difficult	Medium difficult	Most difficult









What activities help you feel better?



Richards et al. (2016) study

- Randomised controlled non-inferiority trial
- Around 450 participants allocated to several weeks of BA or CBT (largest trial of BA to date)
- BA administered by junior mental health workers (psychology graduates) with just a few days of training
- No differences found in efficacy but BA much more cost-effective
- This was driven by significantly lower cost of 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."

Other low intensity interventions?

- Problem solving
- Sleep management
- Worry time
- Graded exposure
- 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
- Excellent add-on to BA

Evidence for treatment of depression and anxiety in older adults (Kirkham et al., 2016), veterans (Kasckow, et al., 2014), ethnic minorities (Unlu Ince et al., 2013), patients with chronic disease (Lee et al., 2015) and cancer (Hopko et al., 2011)





Set up a new phone contract

 Figure out when I can visit my mum to help her care for my sick dad

 Decide what to do about my job that I hate

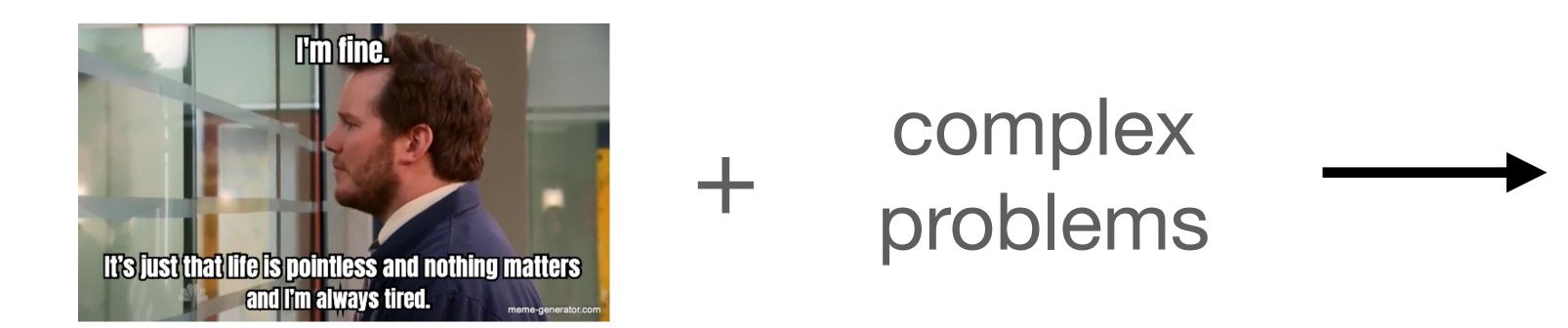
Find a new doctor
 to get better
 treatment for
 eczema



Organise mess in my house

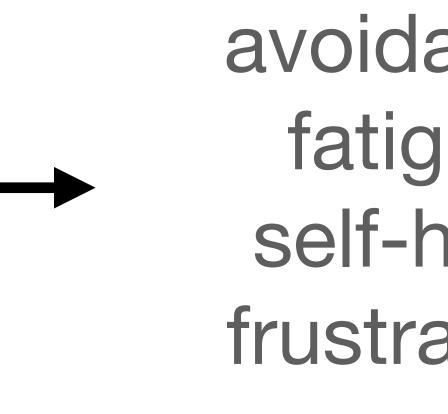
 Find a new club where I could play volleyball

 Sort out my taxes for self-employment

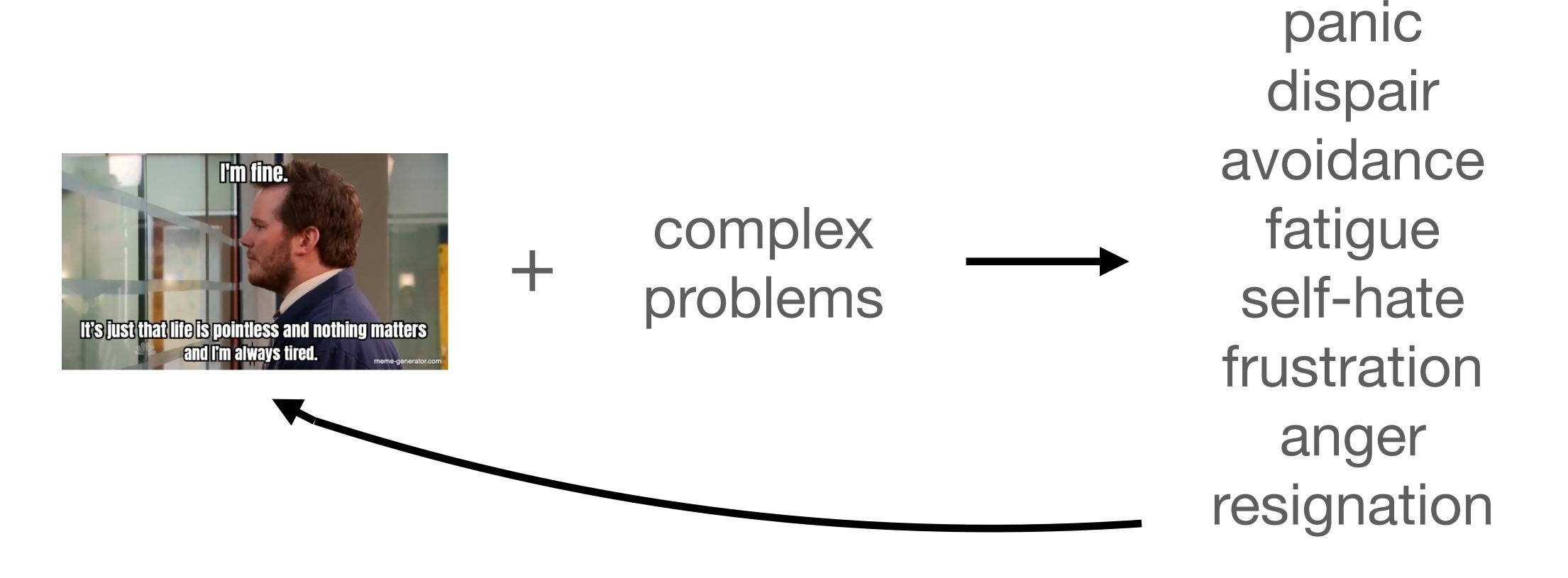




complex problems



panic dispair avoidance fatigue self-hate frustration anger resignation



Solving problems is often overwhelming

LI problem solving intervention helps to:

- break things down into smaller steps
- create a helpful system that the client can use on their own



Step 1: Write down all of your problems

Set up a new phone contract

 Decide what to do about my job that I hate

 Find a new doctor to get better treatment for eczema

Organise mess in my house

Find a new club where I could play volleyball

 Figure out when I can visit my mum to help her care for my sick dad

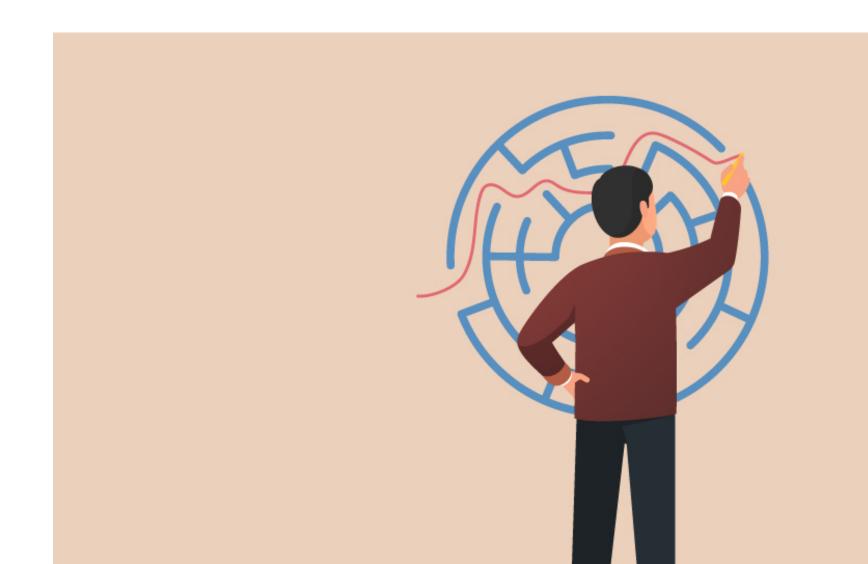
Sort out my taxes for self-employment

Step 2: Organise according to difficulty

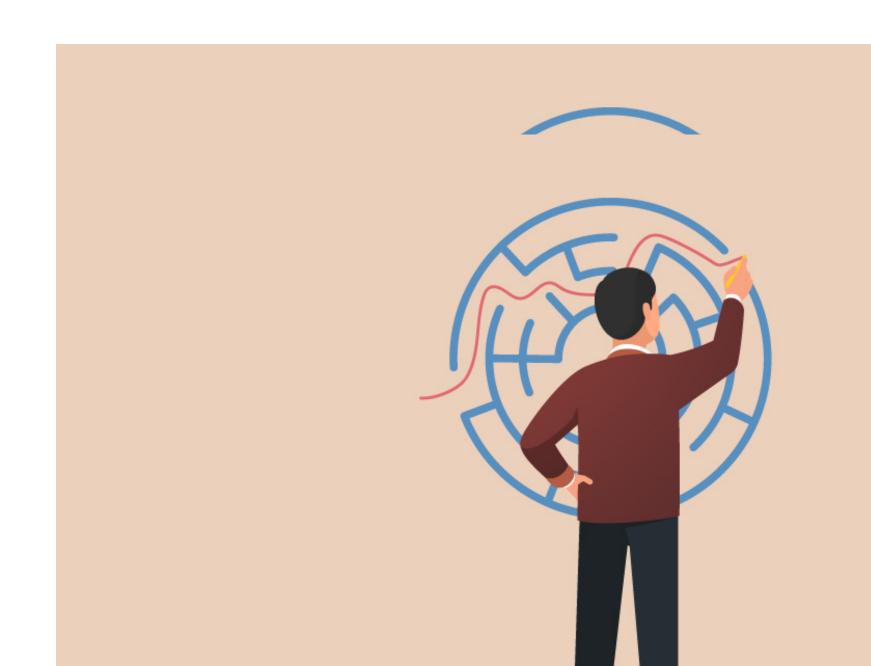
- 1. Find a new club where I could play volleyball
- 2. Set up a new phone contract
- 3. Find a new doctor to get better treatment for eczema
- 4. Figure out when I can visit my mum to help her care for my sick dad
- 5. Organise mess in my house
- 6. Decide what to do about my job that I hate
- 7. Sort out my taxes for self-employment

Step 3: Select one problem (because it's low in difficulty or high in importance)

Set up a new phone contract

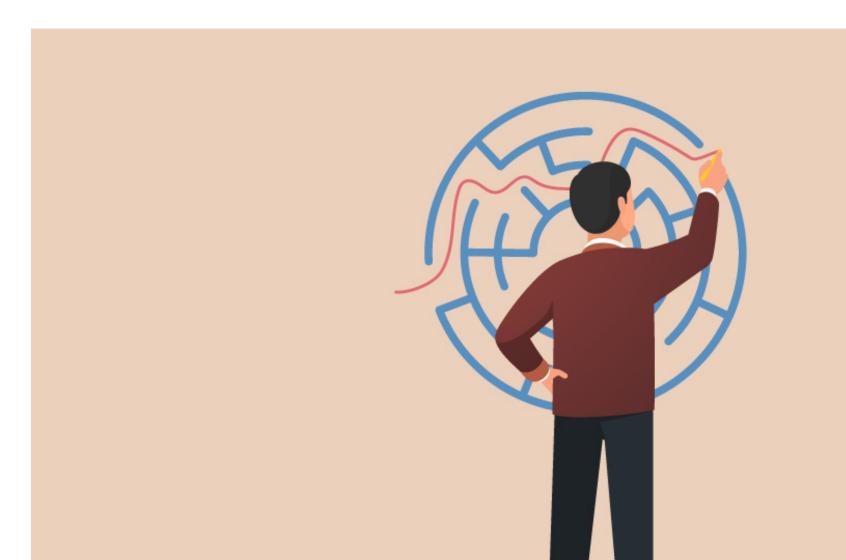


Step 4: Write down any solution steps you can think of (no matter how crazy!)



Step 4: Write down any solution steps you can think of (no matter how crazy!)

- Ask a friend what contract they have
- Ask a family member what contract they have
- Spend 30min researching online and make a list of options
- Go to a physical store and talk to a seller
- Make a phone call to talk to a seller



Step 5: Write pros and cons of each option

Solution	Pros	Cons
Ask a friend what contract they have		
Ask a family member what contract they have		
Spend 30min researching online and make a list of options		
Go to a physical store and talk to a seller		
Make a phone call to talk to a seller		

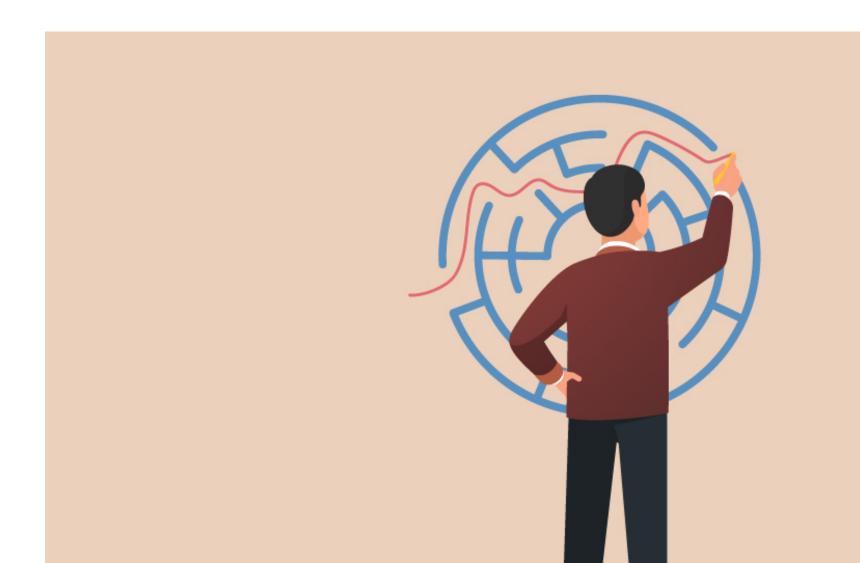
Step 5: Write pros and cons of each option

Solution	Pros	Cons	
Ask a friend what contract they have	Easier to choose when you have a personal recommendation	Might take a while to get a response	
Ask a family member what contract they have	Easier to choose when you have a personal recommendation	Family relationships not great right now	
Spend 30min researching online and make a list of options	Can examine all the major providers and find all the relevant information	Might have to repeat this several times Hard to find motivation these days	
Go to a physical store and talk to a seller	I can ask all the questions without having to read a lot on websites	Can be hard to say no if they are pushy	
Make a phone call to talk to a seller	I can ask all the questions without having to read a lot on websites	Hate making phone calls	

Step 6: Select solution that seems best



Ask a friend what contract they have

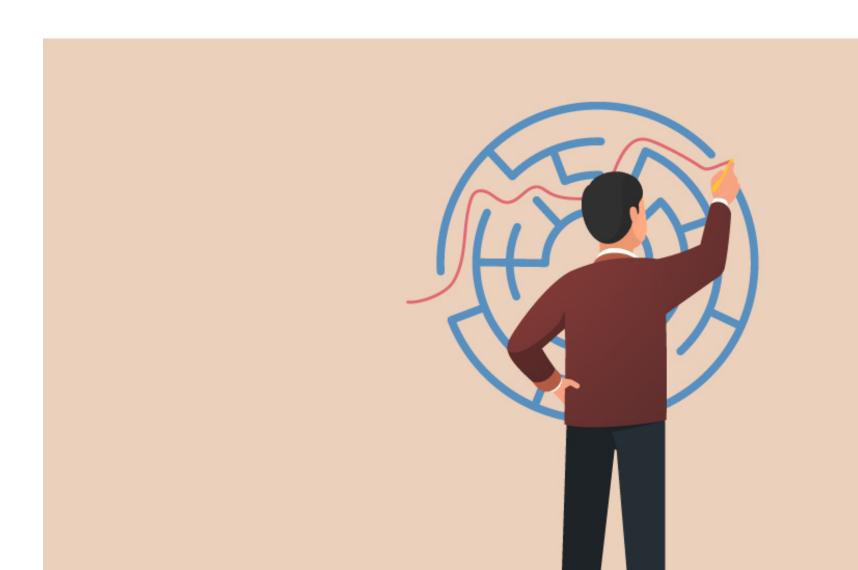


Step 7: Make a plan for What/When/Where/How

- Make sure the plan isn't too effortful or overwhelming for the client
- If so, break it down into easier, measurable steps (e.g. 5min, 10min, just read one page)



Text friend Anna tonight to ask her about her phone contract

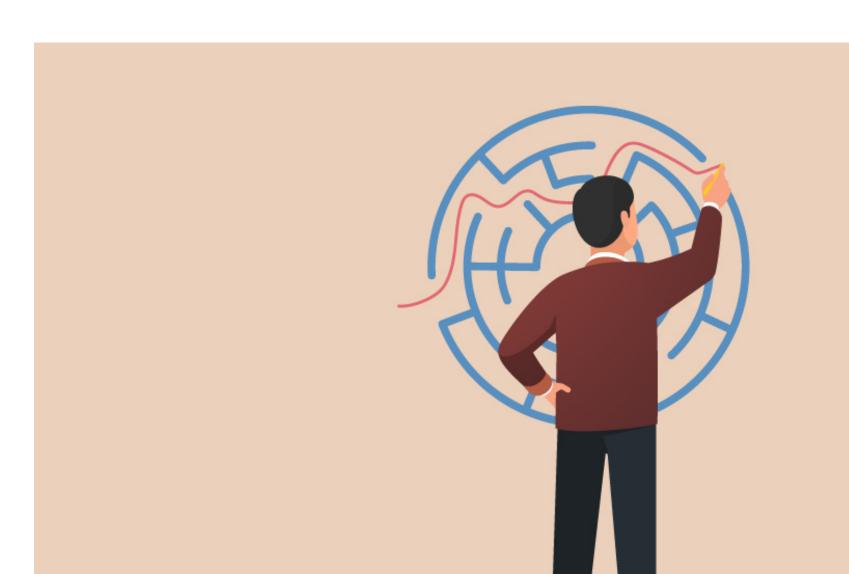


Step 8: What could go wrong? What could get in the way? What could we do then?

Anna might say that she doesn't like her phone contract

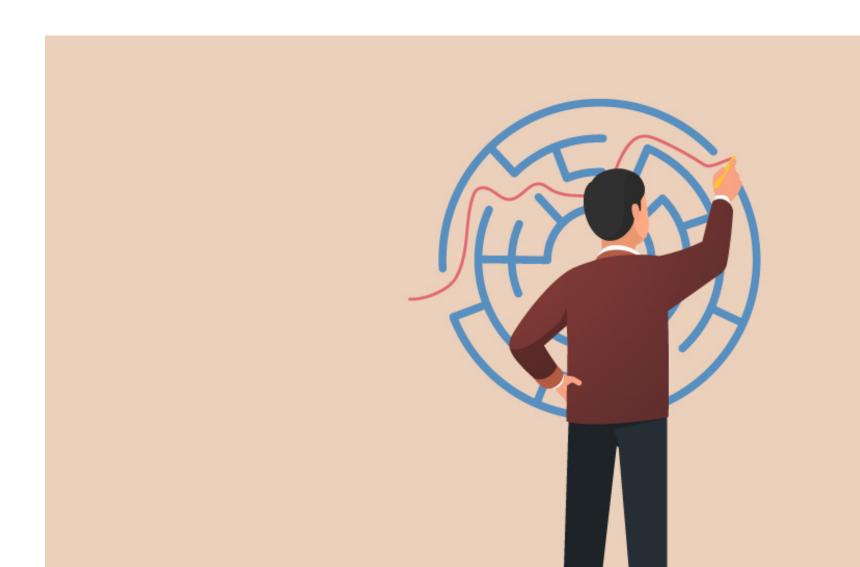
Then I can...

- choose the other phone provider than what Anna has
- ask my other friend Mary
- go to a physical store



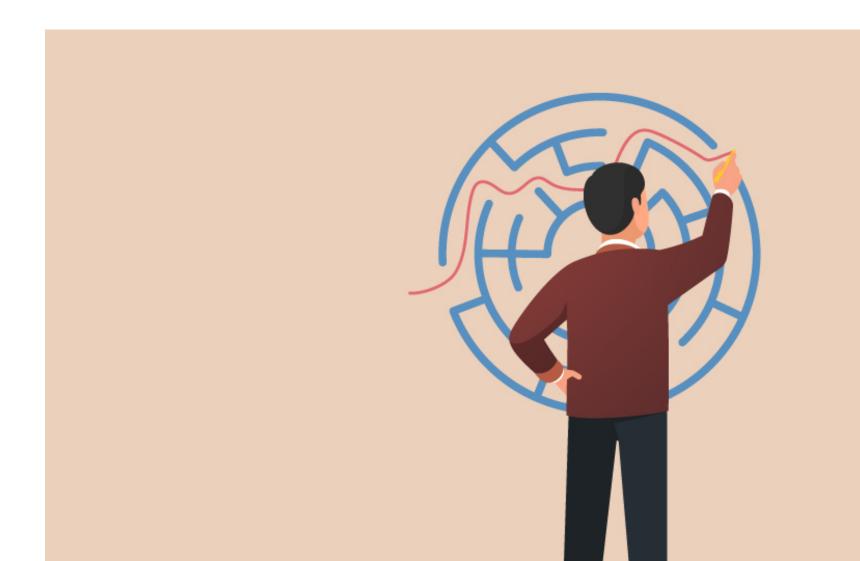
Step 9: Do the thing

Agree on accountability: When will the client report back?



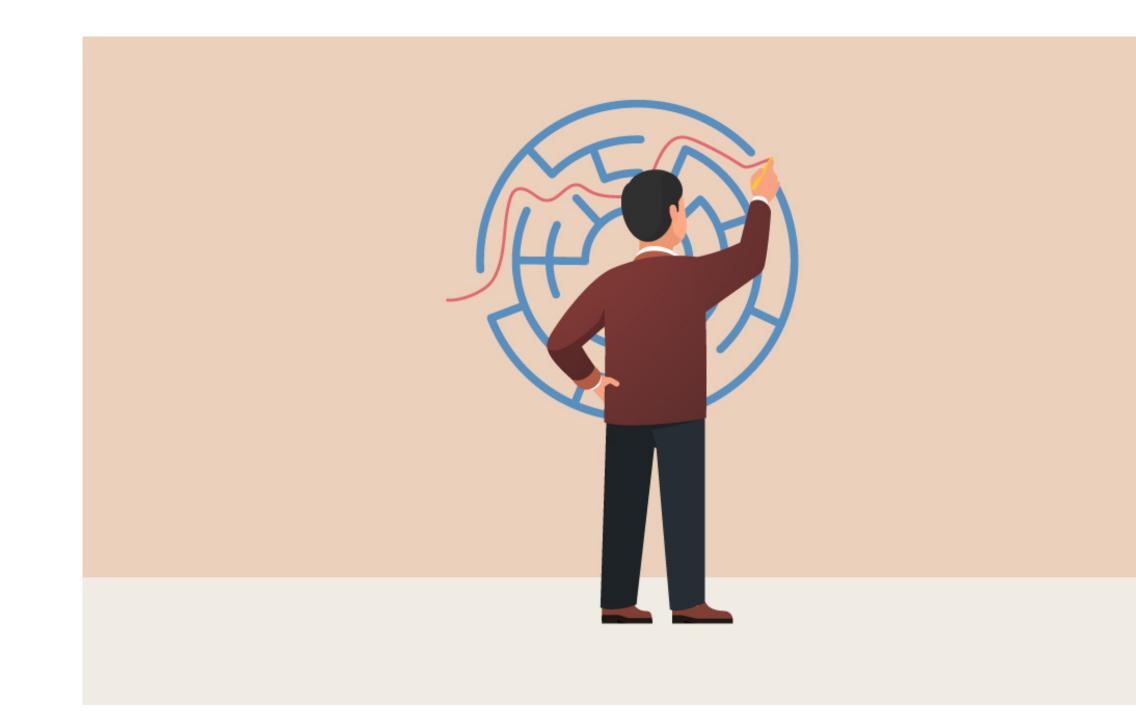
Step 10: Review, make another plan, rinse and repeat

- Celebrate every step taken and each bit of progress achieved!
- If the problem isn't solved, figure out the next step to take
- If the problem is solved, move onto the next problem



Try it yourself!

- 1. Write out all problems
- 2. Organise according to difficulty
- 3. Select a problem that's easy and/or important
- 4. Write out possible solutions
- 5. Evaluate pros and cons of each solutions
- 6. Choose a solution that seems best
- 7. Make a plan for what/when/where/how
- 8. What could go wrong? What could we do then?
- 9. Attempt the solution
- 10. Review & problem solve



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 problem solving
- 30% recovered on placebo

The efficacy of problem solving therapy in reducing mental and physical health problems: A meta-analysis

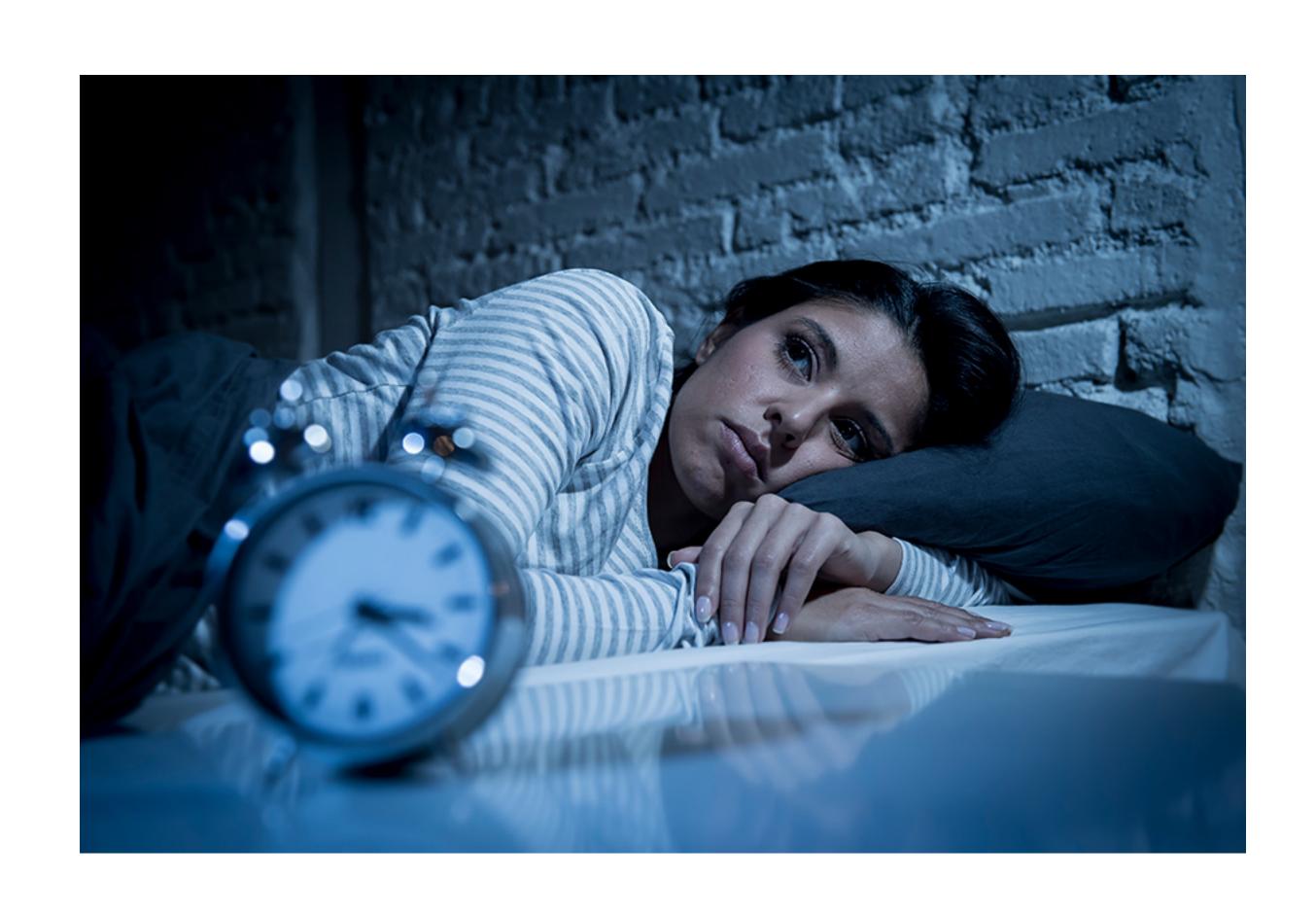
John M. Malouff*, Einar B. Thorsteinsson, Nicola S. Schutte

The meta- analysis, encompassing 2895 participants, showed that PST is significantly more effective than no treatment (d = 1.37), treatment as usual (d = 0.54), and attention placebo (d = 0.54), but not significantly more effective than other bona fide treatments offered as part of a study (d = 0.22).

How many of you have struggled or know someone who has struggled with insomnia?

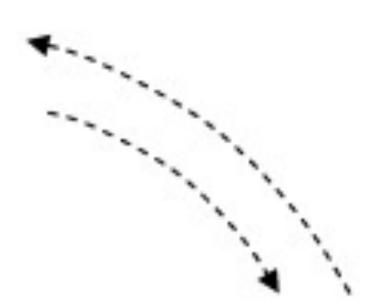


Digital LI treatment for insomnia



Beliefs and Attitudes

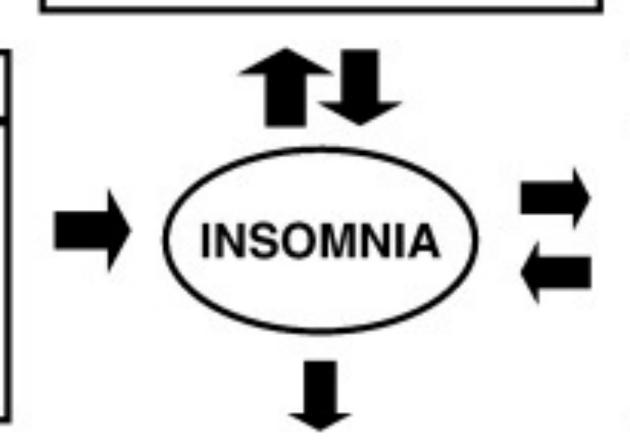
- Worry over sleep loss
- Rumination over consequences
- Unrealistic expectations
- Misattributions and amplifications



CBT model of insomnia

Arousal

- Emotional (fear, sadness)
- Cognitive (thoughts, images)
- Physiologic (pain, muscular tension)



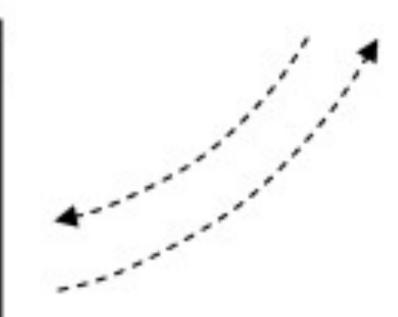
Maladaptive Habits

- Excessive time spent in bed
- Irregular sleep schedule
- Daytime napping
- Sleep-incompatible activities
- Inappropriate use of hypnotics



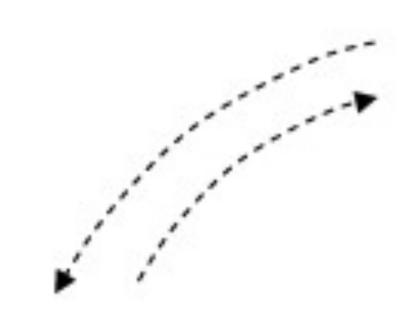
Consequences

- Fatigue
- Performance impairments
- Mood disturbances
- Social discomfort



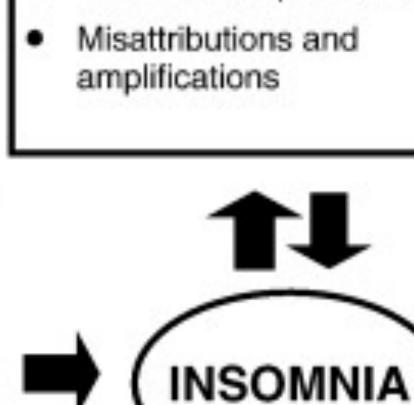
CBT tools

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



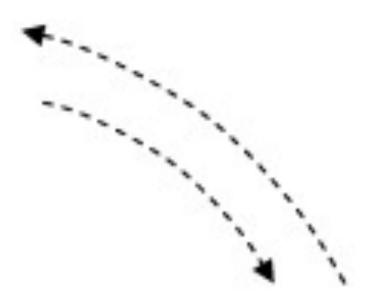
Arousal

- Emotional (fear, sadness)
- Cognitive (thoughts, images)
- Physiologic (pain, muscular tension)



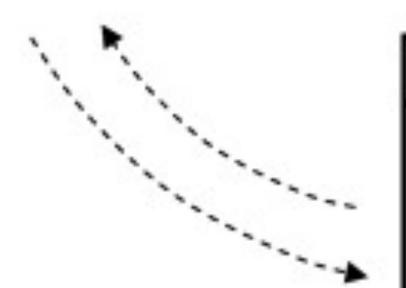
Beliefs and Attitudes

- Worry over sleep loss
- Rumination over consequences
- Unrealistic expectations



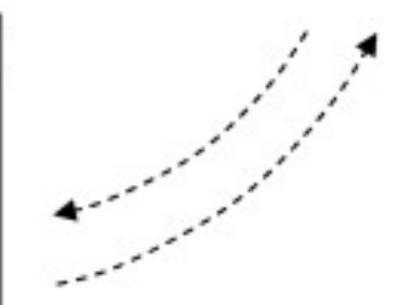
Maladaptive Habits

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Consequences

- Fatigue
- Performance impairments
- Mood disturbances
- Social discomfort



Sleepio







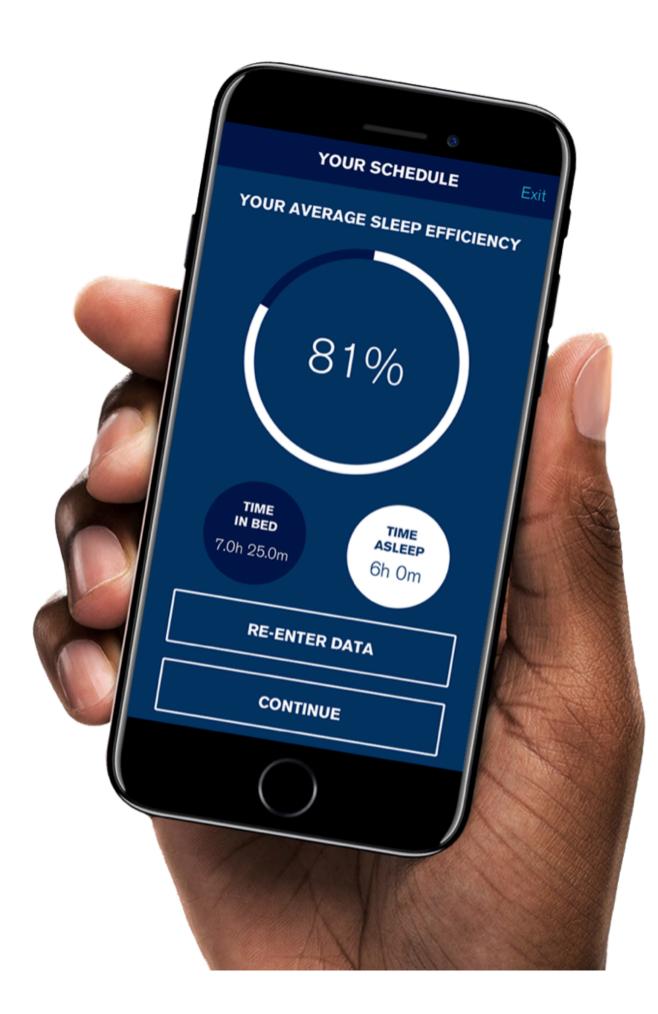
Sleep Restriction

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

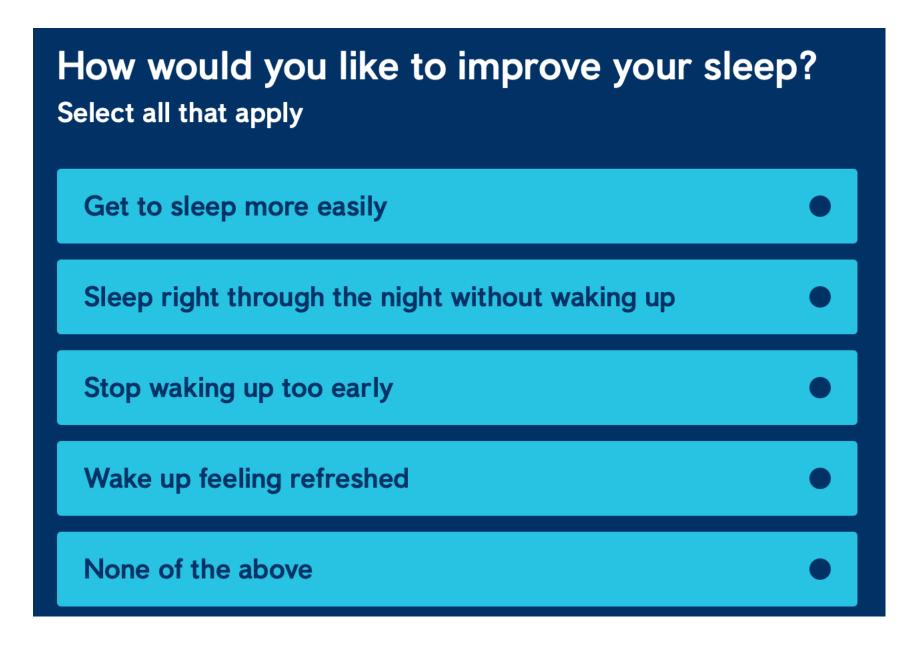
Manage the worries and thoughts that make it difficult to sleep.

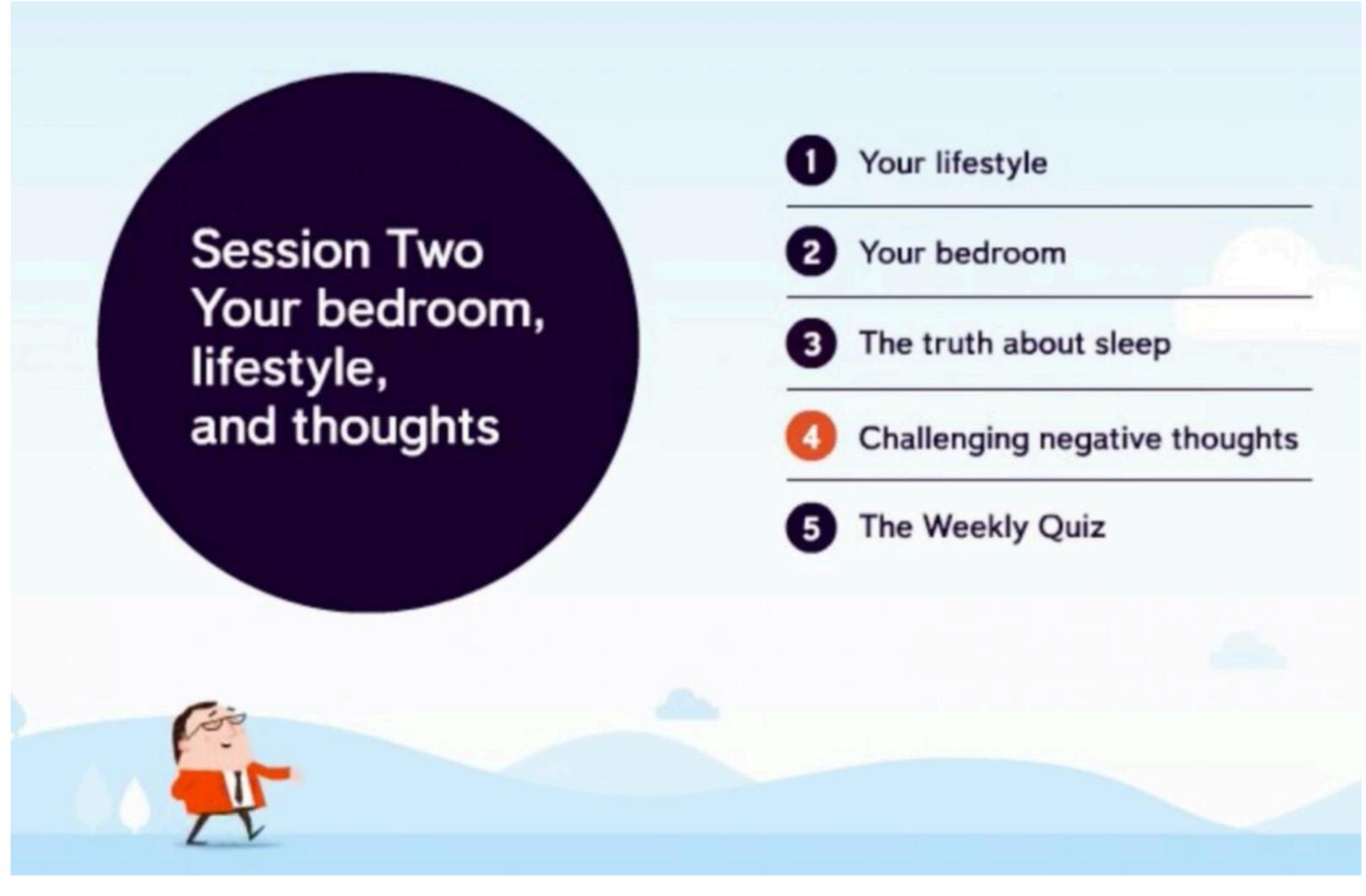


Sleep Hygiene Review

Optimize your environment and habits for better sleep.

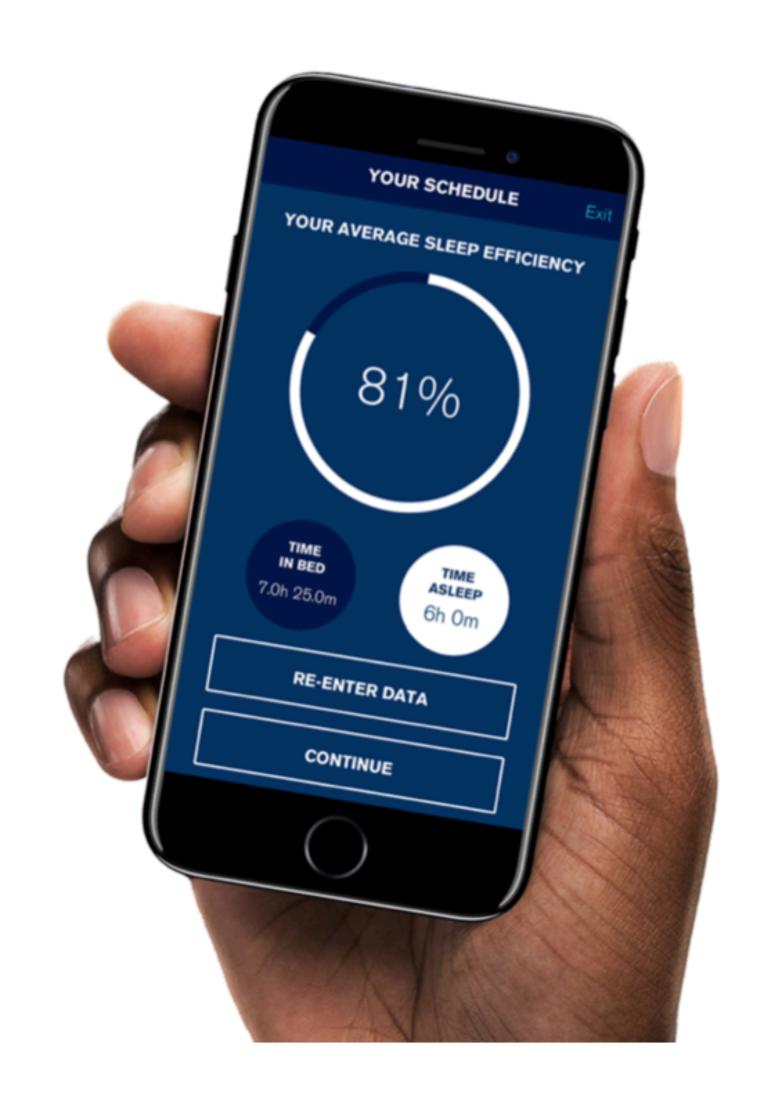
- Fully automated
- Algorithms for personalised recommendations





Espie et al. (2019)

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



Espie et al. (2019)

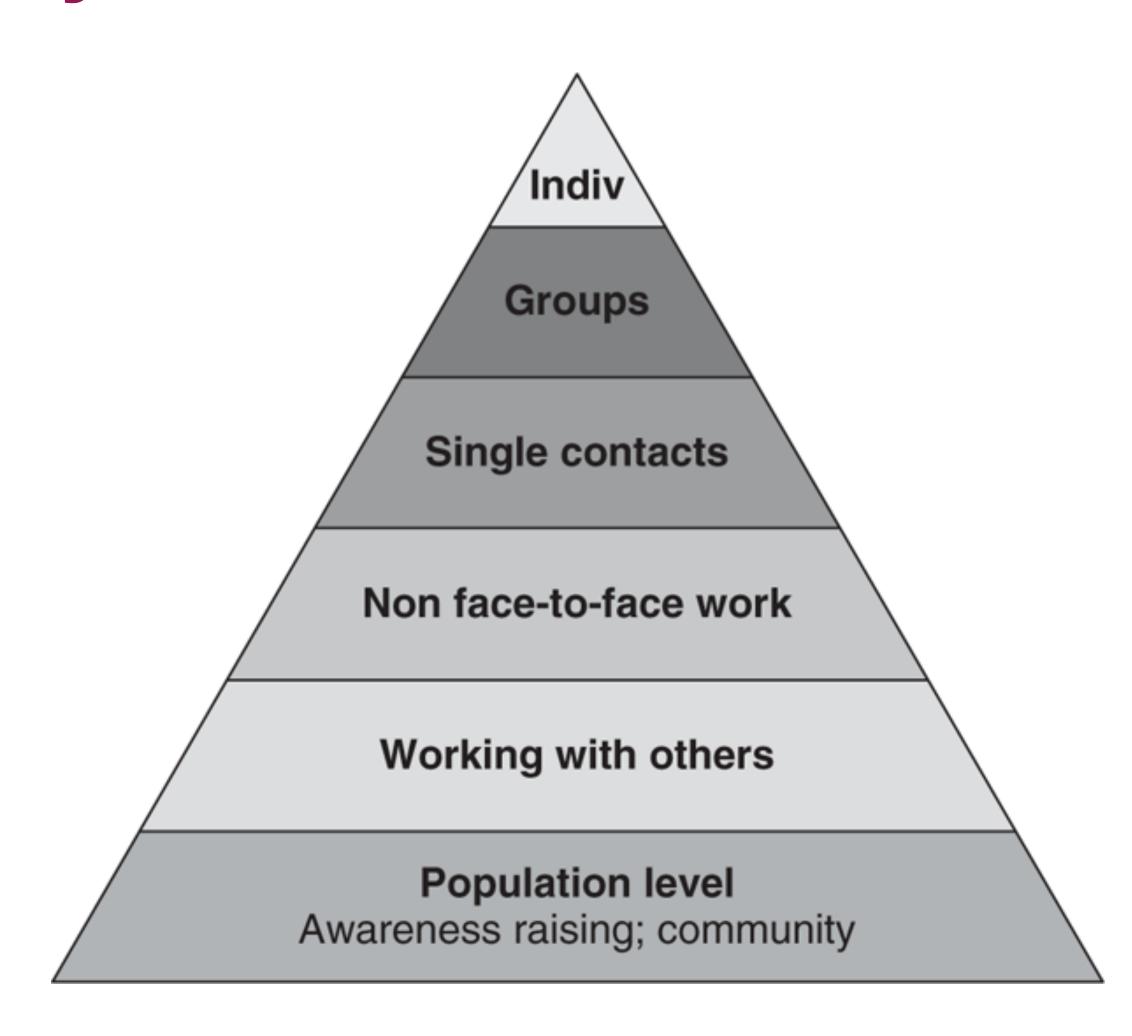
- Over 1700 participants
- Randomised 12 weeks of Sleepio programme vs sleep hygiene education website (superiority trial)
- Significantly improved sleep, physical health, wellbeing

Assessment	Unadjusted, Mean (SD)		Adjusted Difference (95% CI)	Cohen d	P 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 ^b					
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

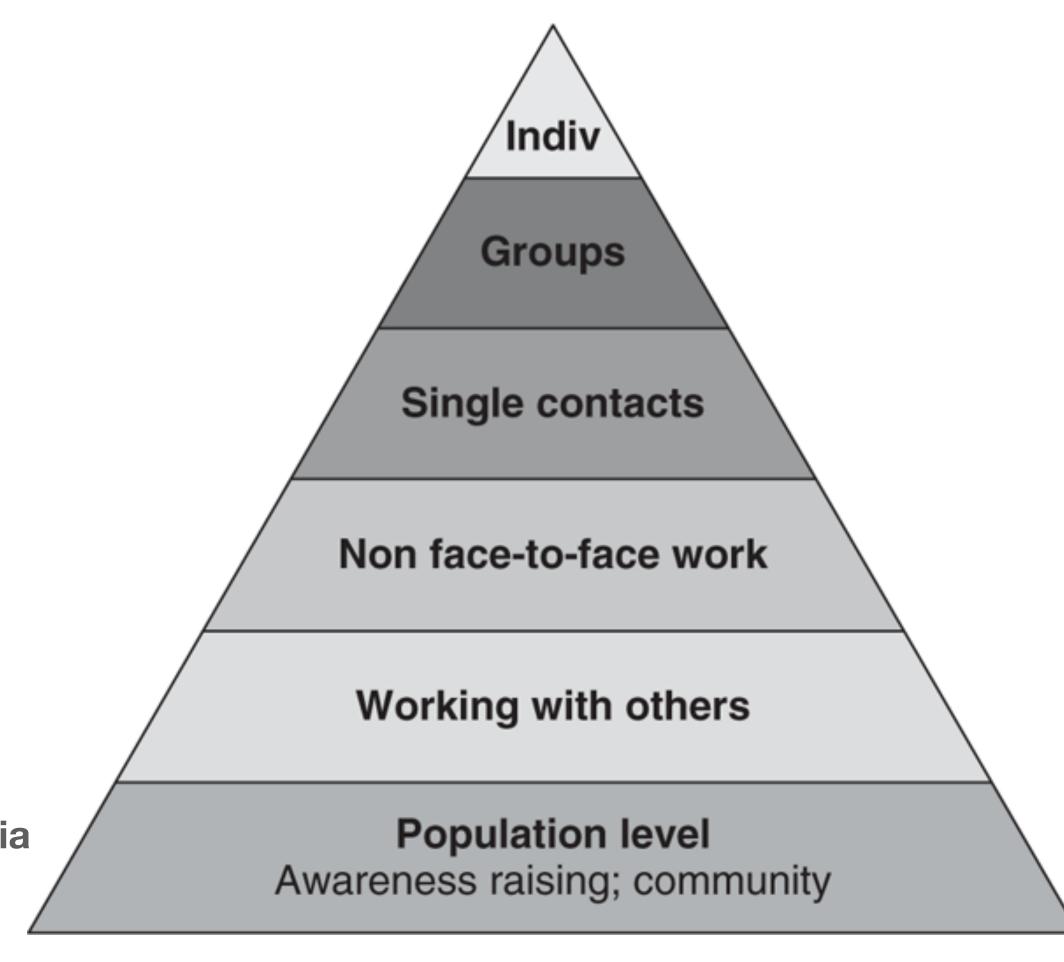
Abbreviations: dCBT, digital cognitive behavioral therapy; GSII, Glasgow Sleep Impact Index; PROMIS-10, 10-item Patient-Reported Outcomes Measure; SHE, sleep hygiene education; TAU, treatment as usual; WEMWBS, Warwick-Edinburgh Mental Well-being Scale.

Integrating LI interventions into the healthcare system

- intervene early
- support prevention
- distribute resources efficiently

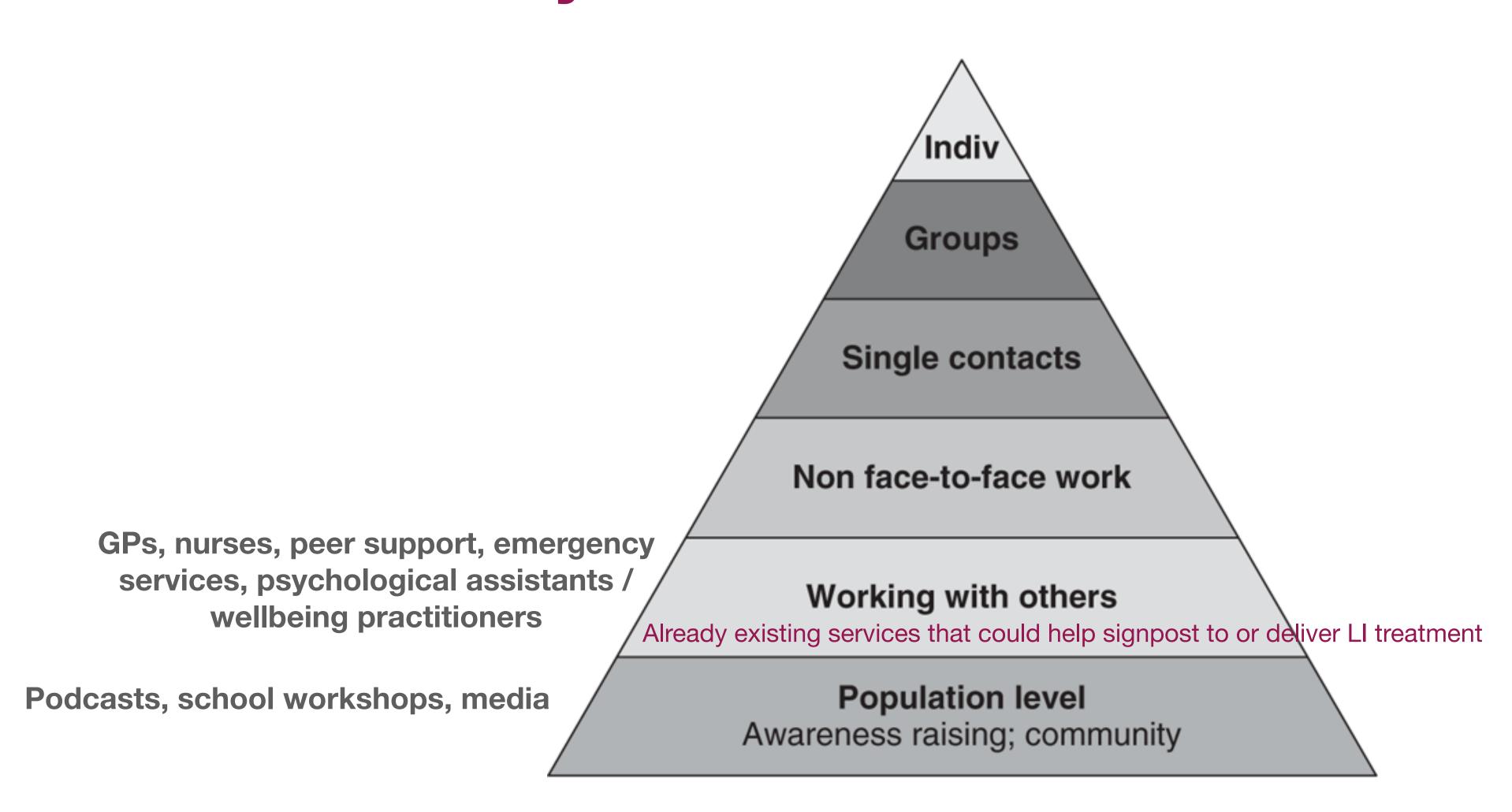


- intervene early
- support prevention
- distribute resources efficiently

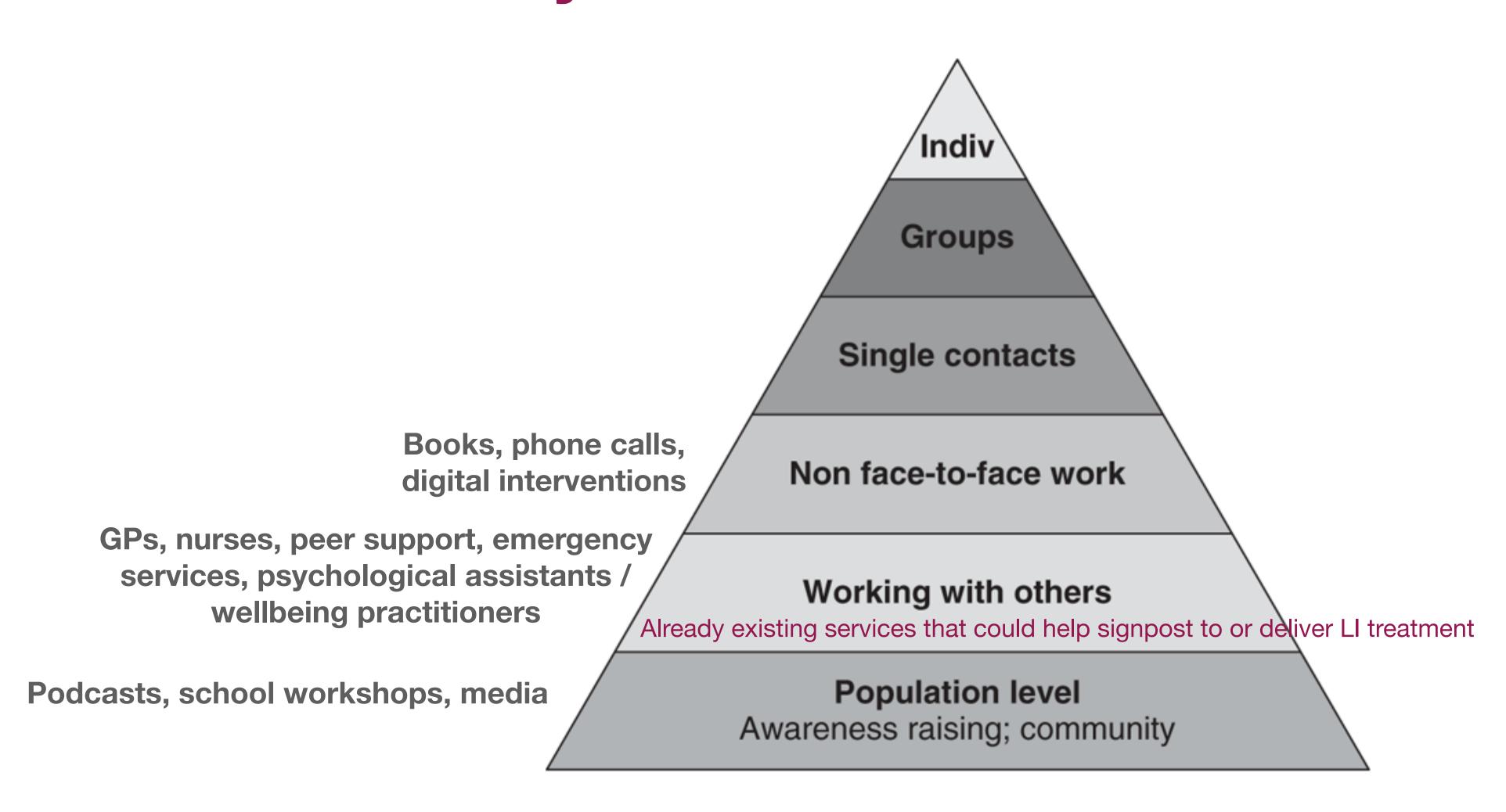


Podcasts, school workshops, media

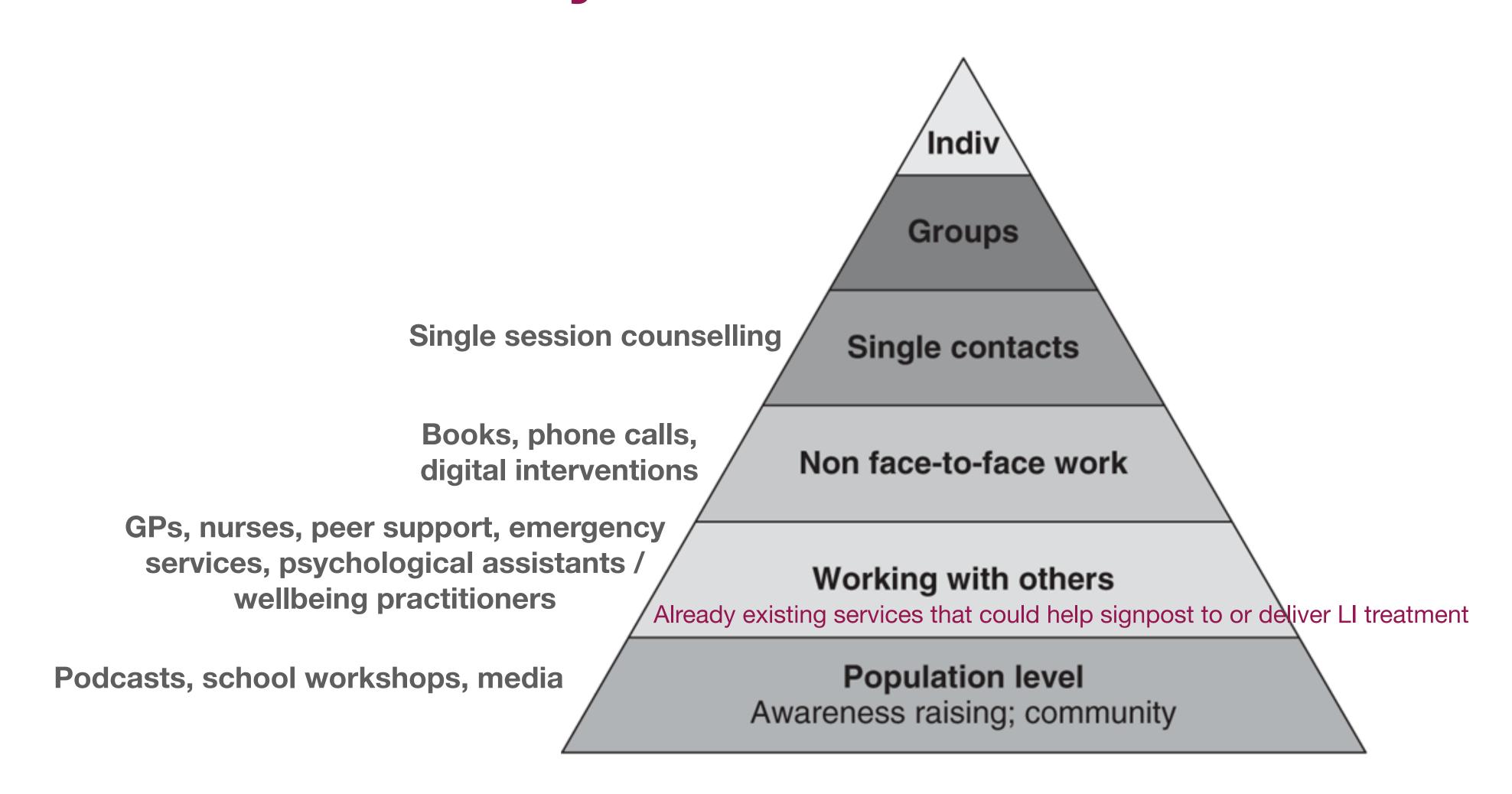
- intervene early
- support prevention
- distribute resources efficiently



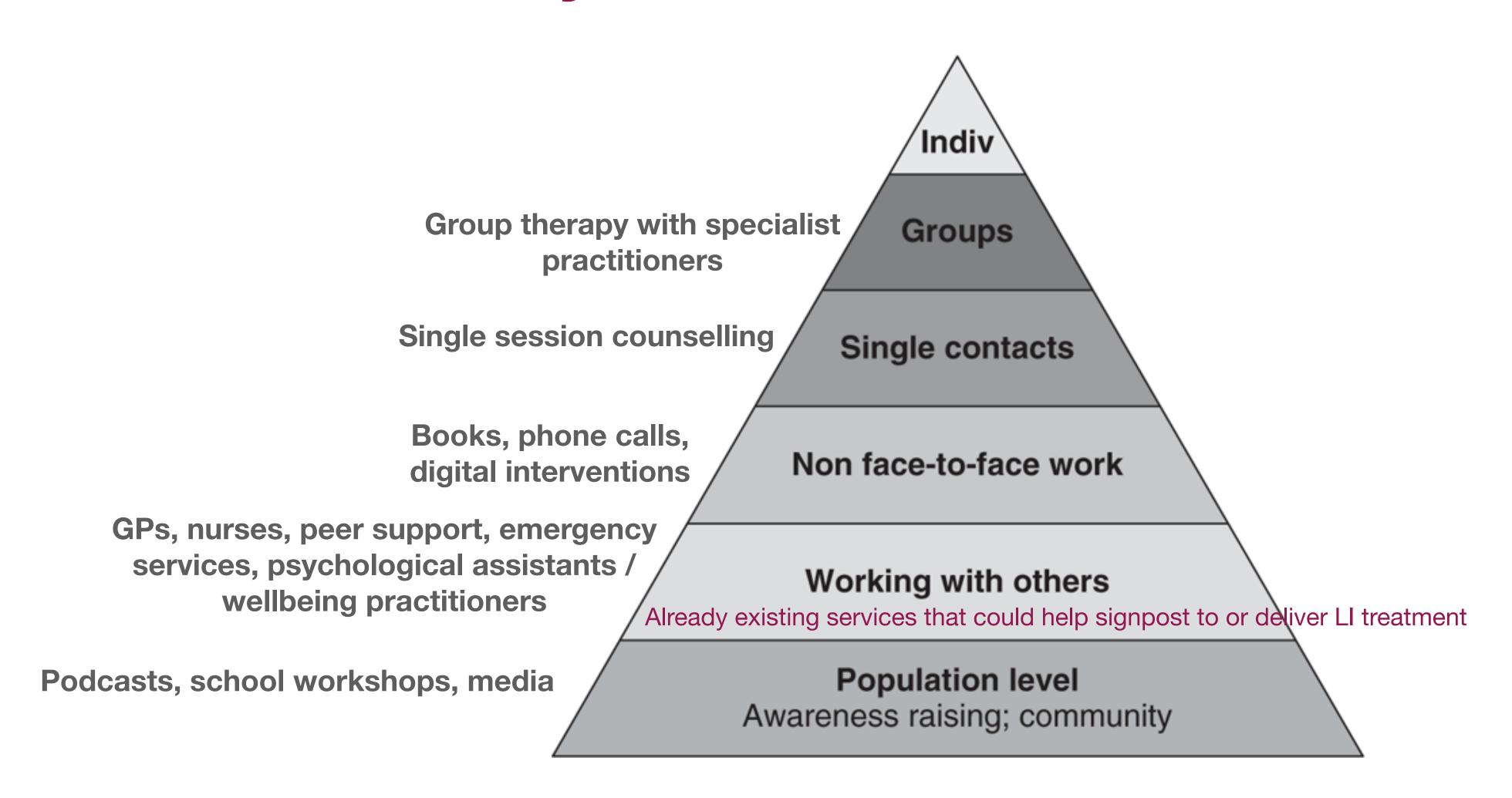
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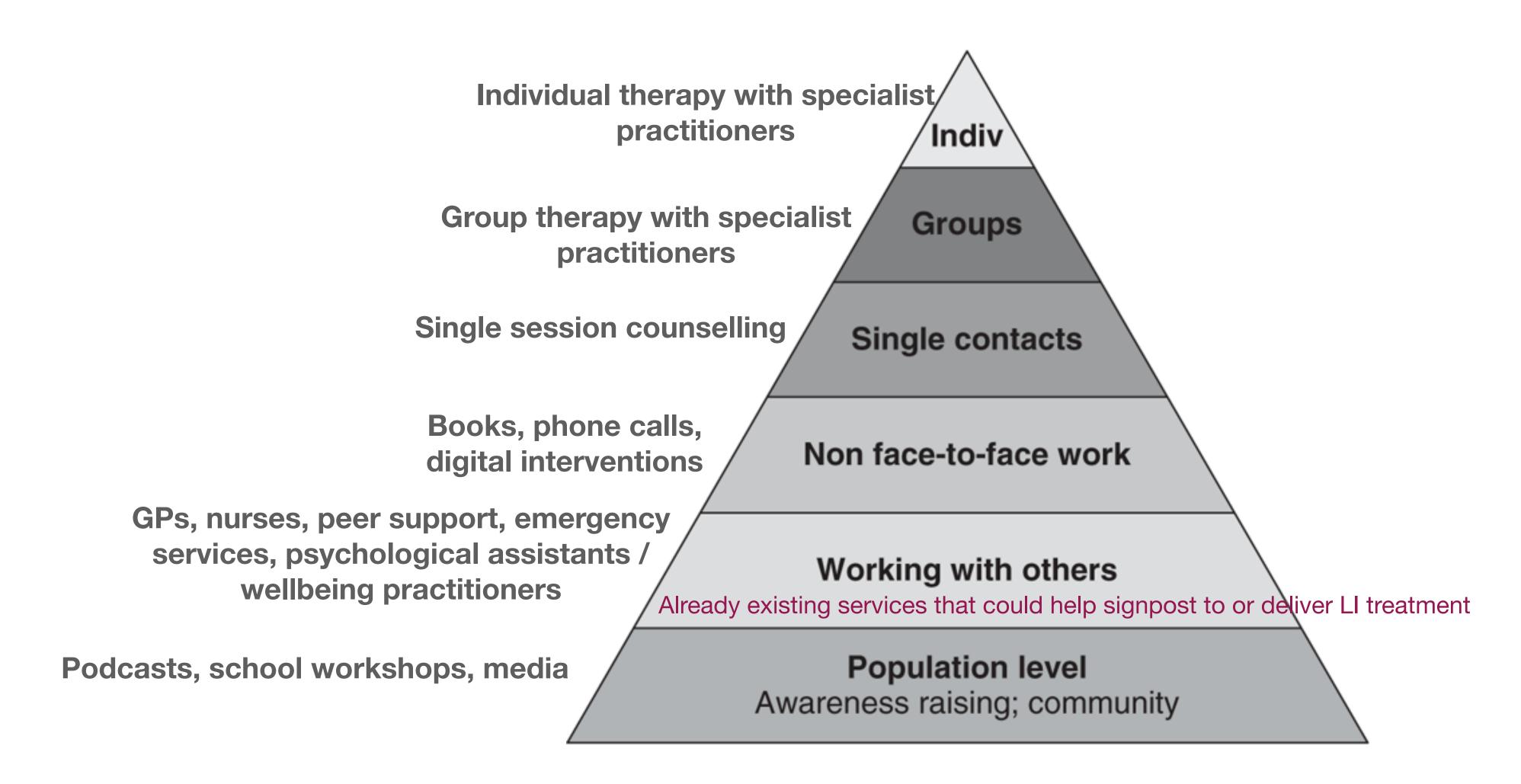
- intervene early
- support prevention
- distribute resources efficiently



- intervene early
- support prevention
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- intervene early
- support prevention
- distribute resources efficiently



Network



David Clark & Richard Layard

- In 2007, less than 5% of UK adults with anxiety and depression would access evidence-based psychotherapy
- Waiting lists often over a year long
- Survey showed public preferred psychological therapy to medication
- Similar situation (or worse) all around the world





David Clark & Richard Layard

- Untreated depression and anxiety reduce GDP by 4% (absenteeism and presenteeism)
- Increased access to psychological therapy will have a minimal net cost

London School of Economics



THE DEPRESSION REPORT
A New Deal for Depression and Anxiety Disorders

The Centre for Economic Performance's Mental Health Policy Group

June 2006



David Clark & Richard Layard

- 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 would rise to £173 million per annum above existing expenditure
- The extra investment would be 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 pilot services in Doncaster and Newham during first
 13 months
- Patients seen within 21 days
- Offering 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



IAPT successes





- Trained 10 000 therapists
- Treats over 1 000 000 patients annually now
- Aims for 50% patients recovering and 75% improving
- Collects outcome data on 98% patients
- Similar services now implemented in Australia, Israel, Norway, Sweden
- Recent evaluation: https://youtu.be/T1r3ZqZK4ig





89.9% of referrals accessing IAPT within 6 weeks



8.1 sessions of treatment on average per referral

OPINION

For better mental-health care in Canada, look to Britain

DAVID GRATZER AND DAVID GOLDBLOOM

The New York Times

England's Mental Health Experiment: No-Cost Talk Therapy

LONDON — England is in the midst of a unique national experiment, the world's most ambitious effort to treat depression, anxiety and other common mental illnesses.

Therapy deficit

Nature 489, 473-474 (2012)

"This programme represents a world-beating standard thanks to the scale of its implementation."

Thank you!

 Anonymous feedback forms: https://tinyurl.com/sr79zydk



• Any questions, email me at ruzickova.te@gmail.com

