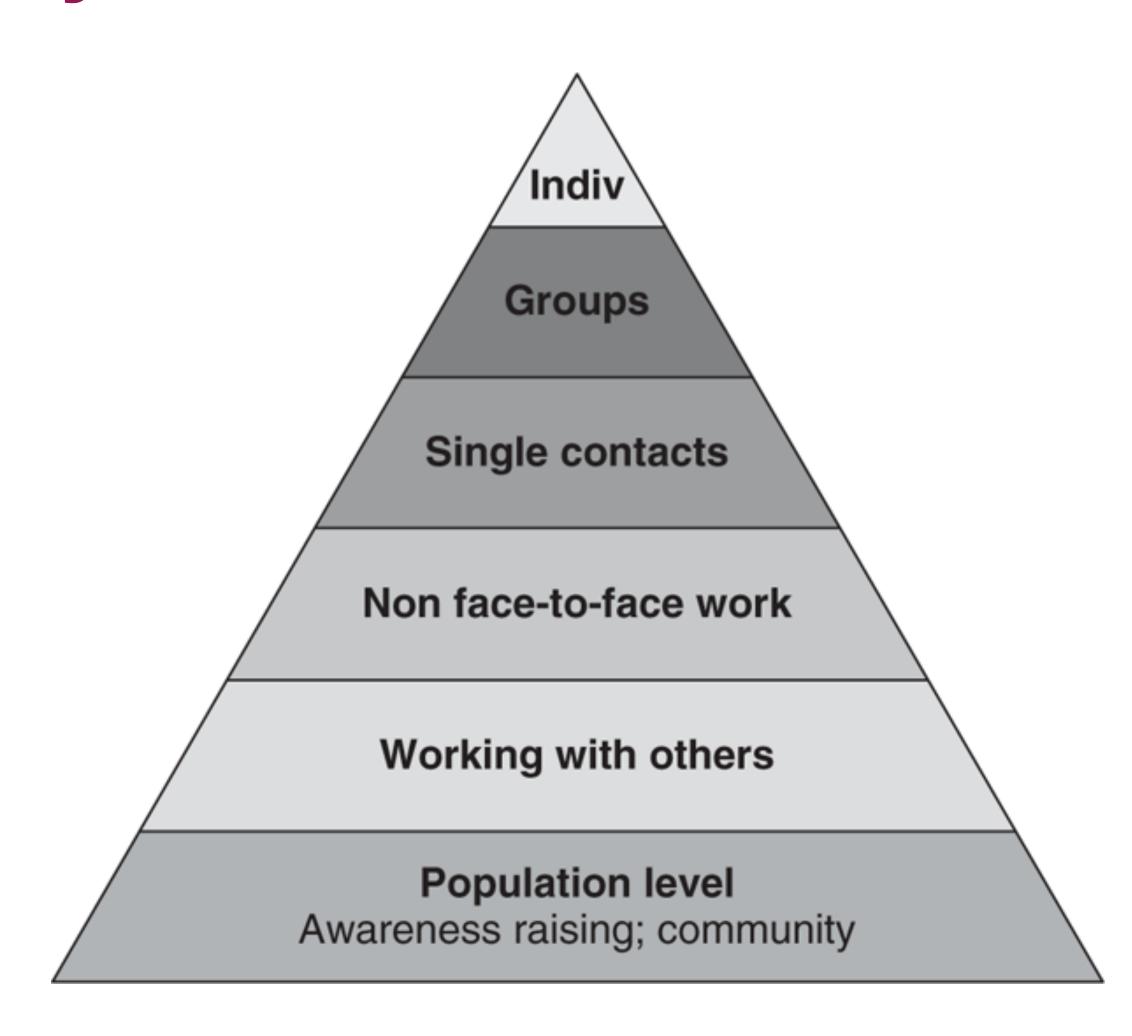
3 LI interventions in healthcare &practical methodology of behavioural activation

Dr Tereza Ruzickova Psychopharmacology and Emotion Research Lab University of Oxford

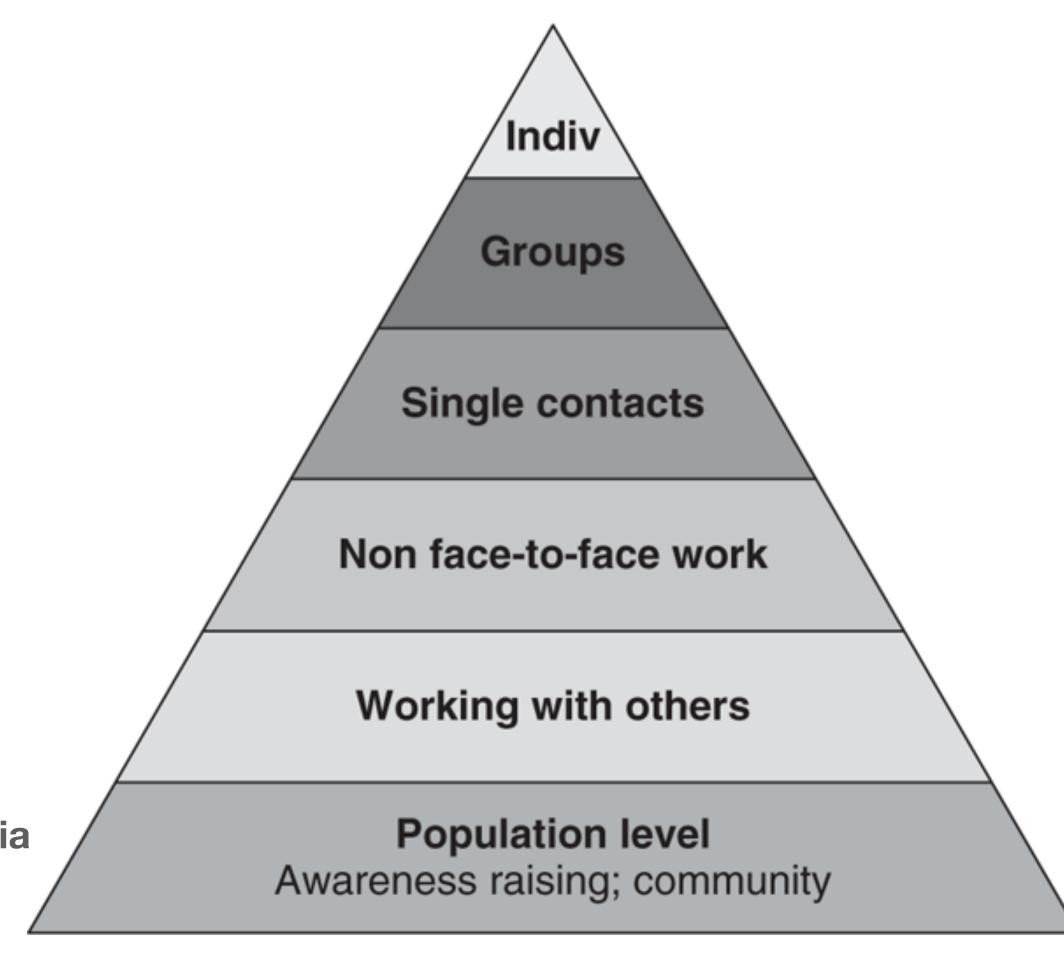
30th March 2023

Integrating LI interventions into the healthcare system

- intervene early
- support prevention
- distribute resources efficiently

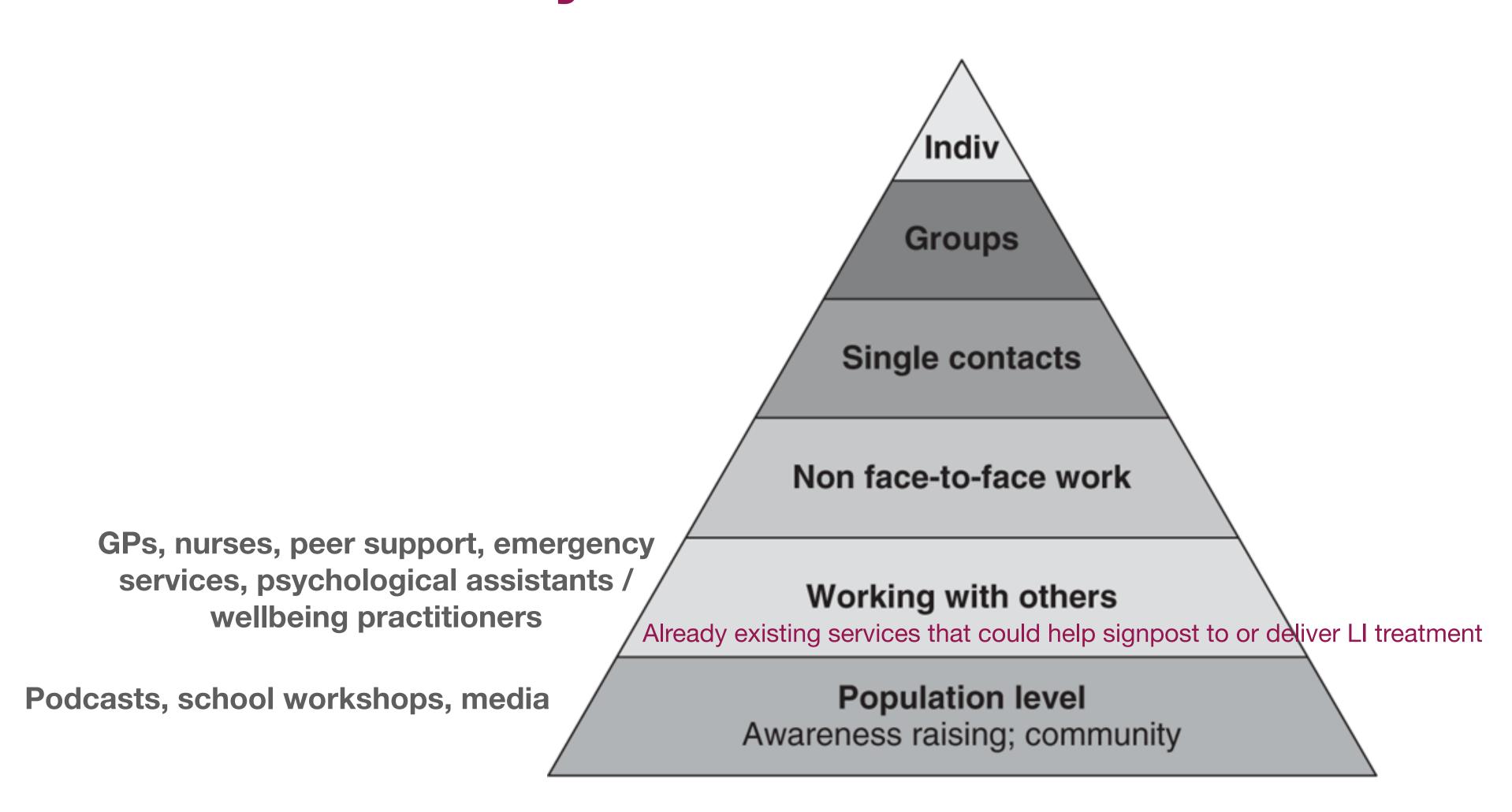


- intervene early
- support prevention
- distribute resources efficiently

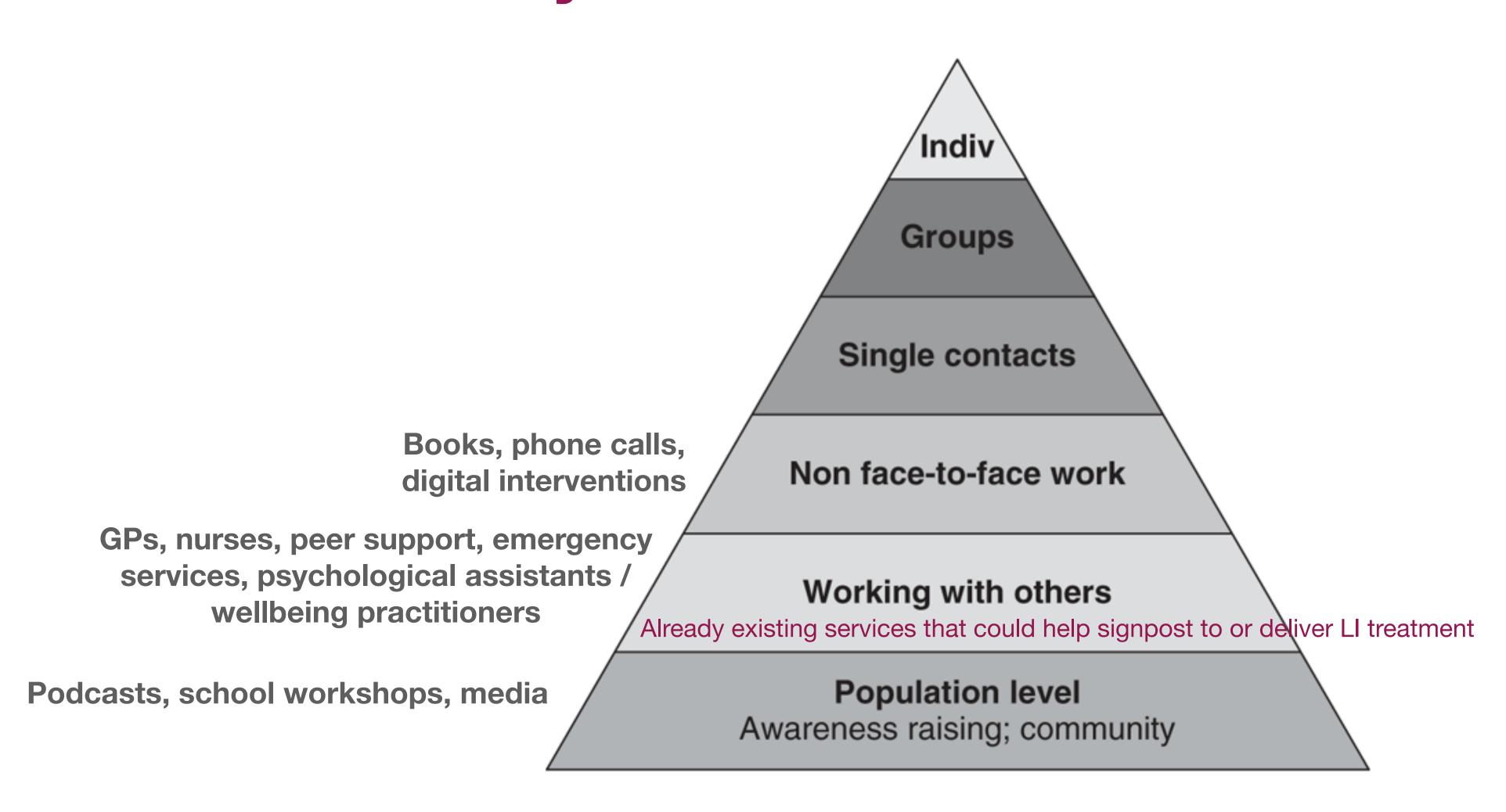


Podcasts, school workshops, media

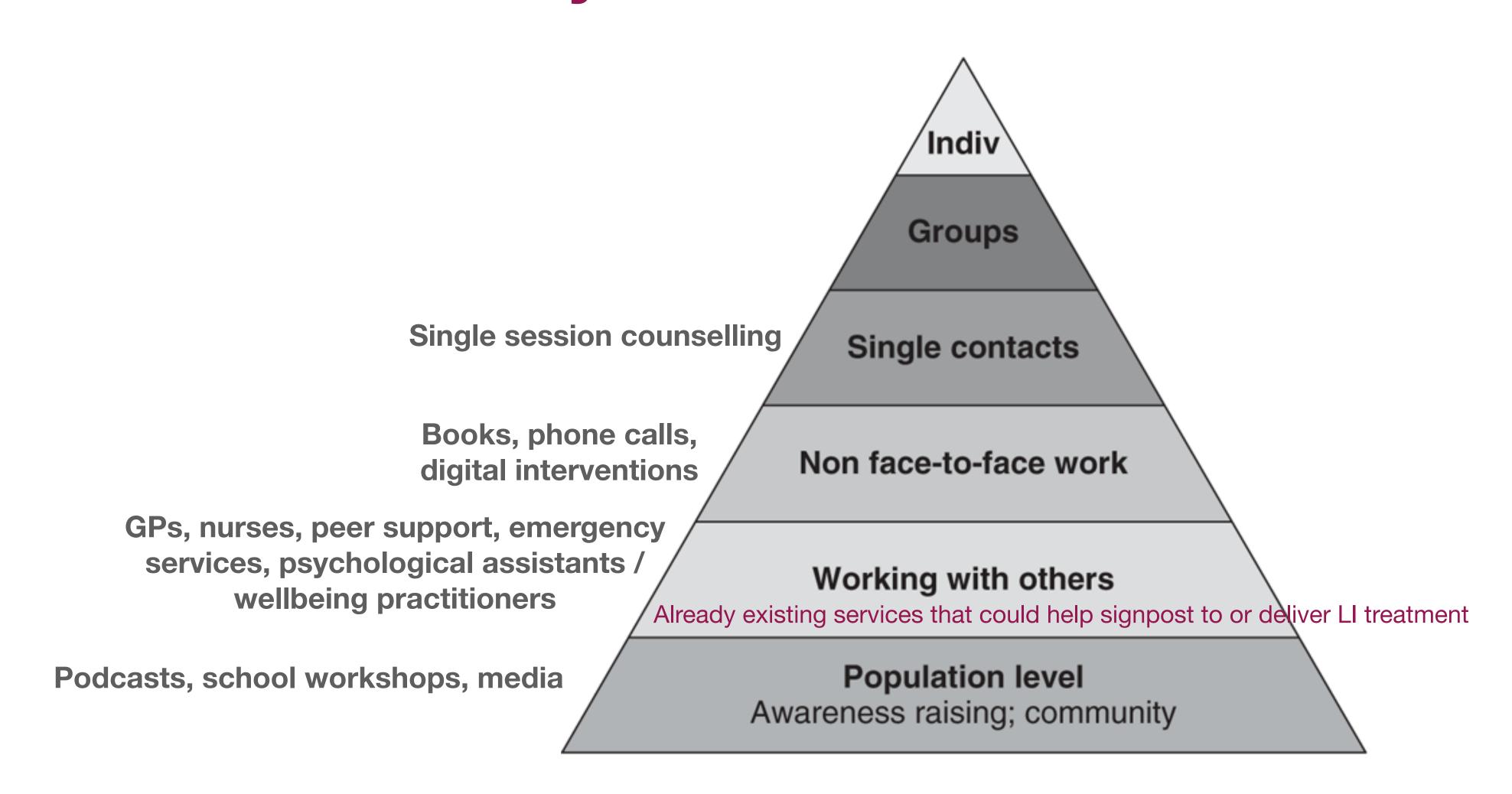
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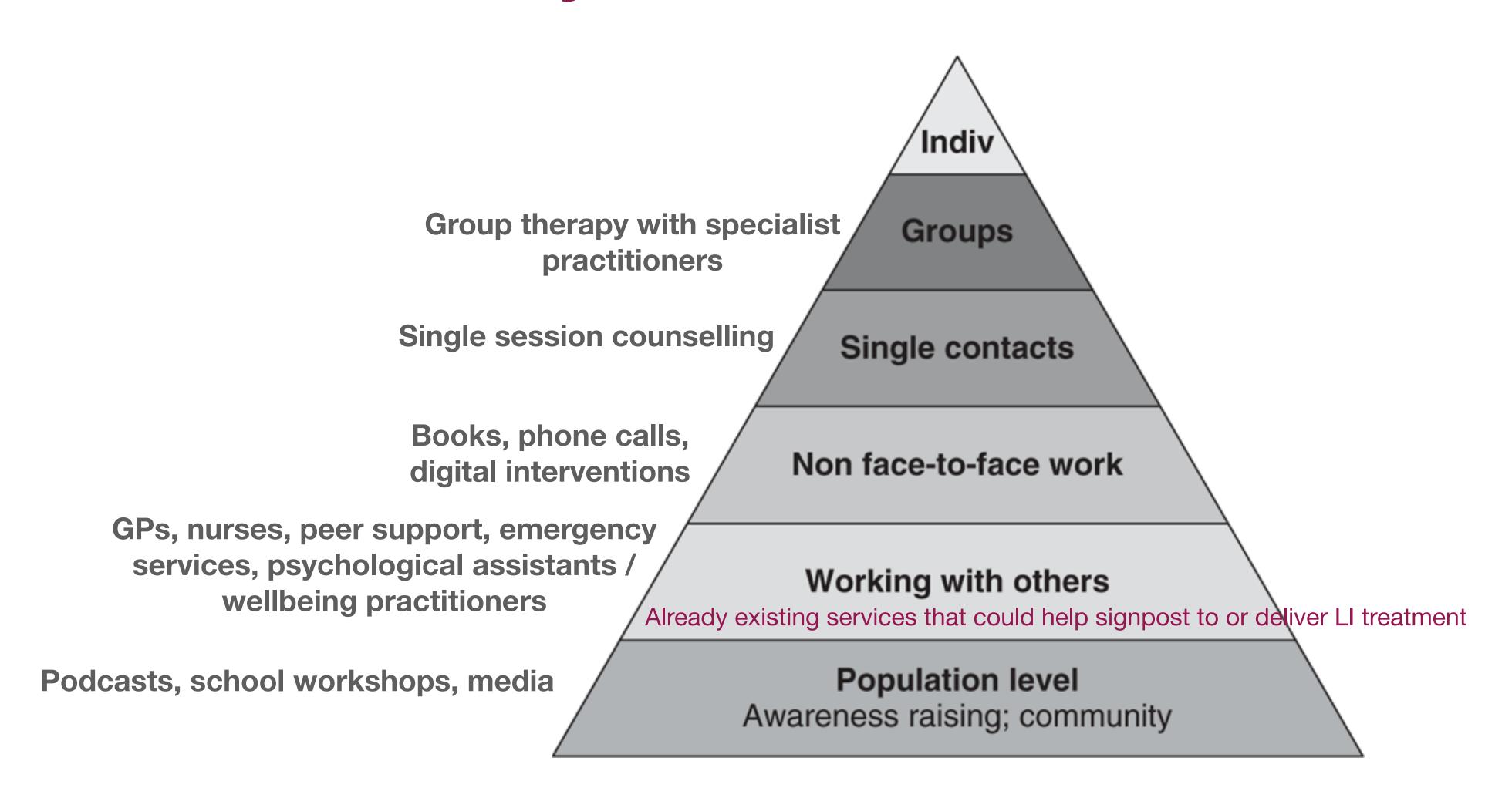
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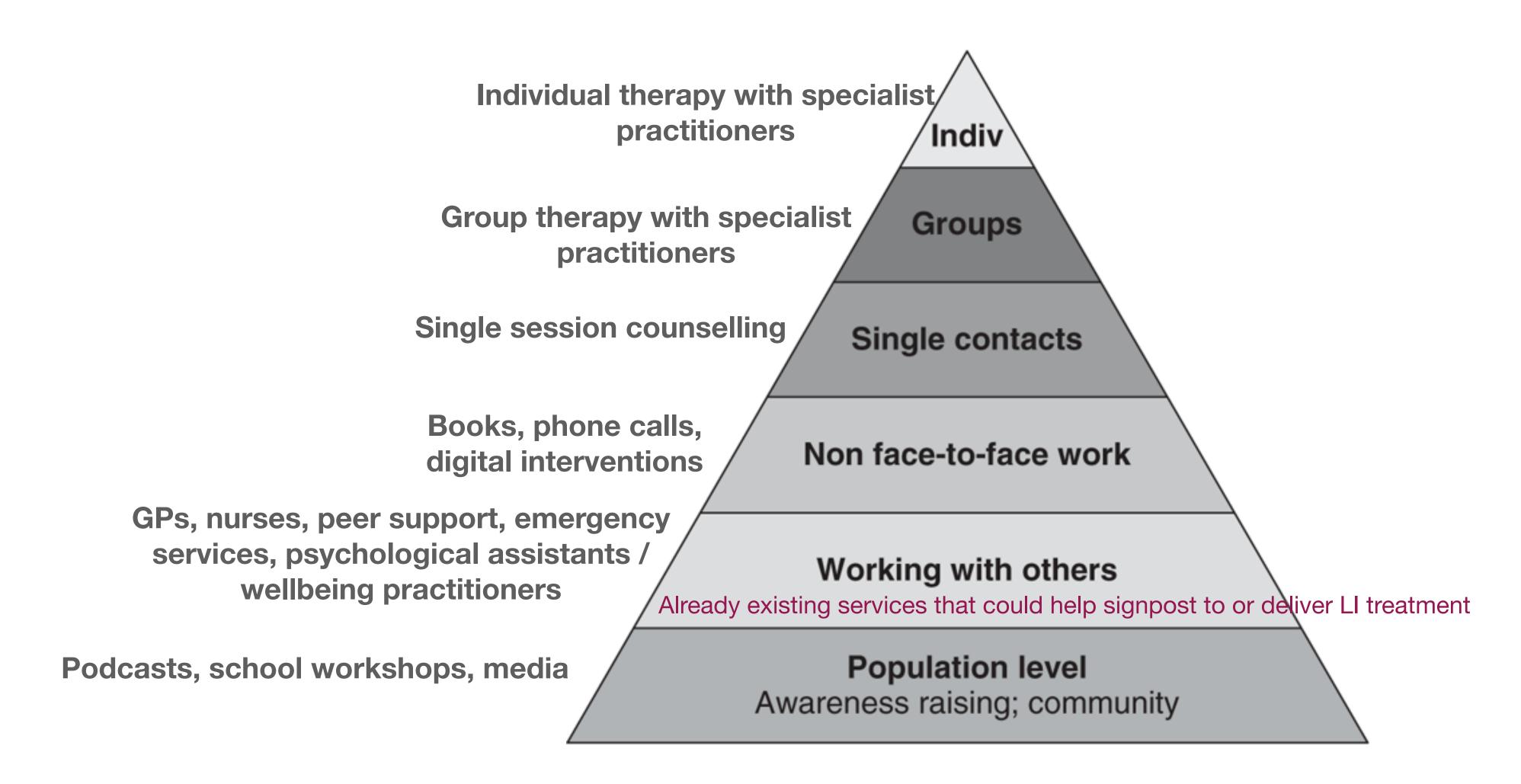
- intervene early
- support prevention
- distribute resources efficiently



- intervene early
- support prevention
- distribute resources efficiently



- 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."

Practical methodology of behavioural activation

General factors

- treating each client with respect and empathy (reflection, summarising, eye contact, nodding, facial expressions)
- you are the expert on therapy, the client is the expert on their experience
- treatment is decided collaboratively
- BA practitioner's role is to validate, motivate and encourage (kind of like a coach)



Initial assessment

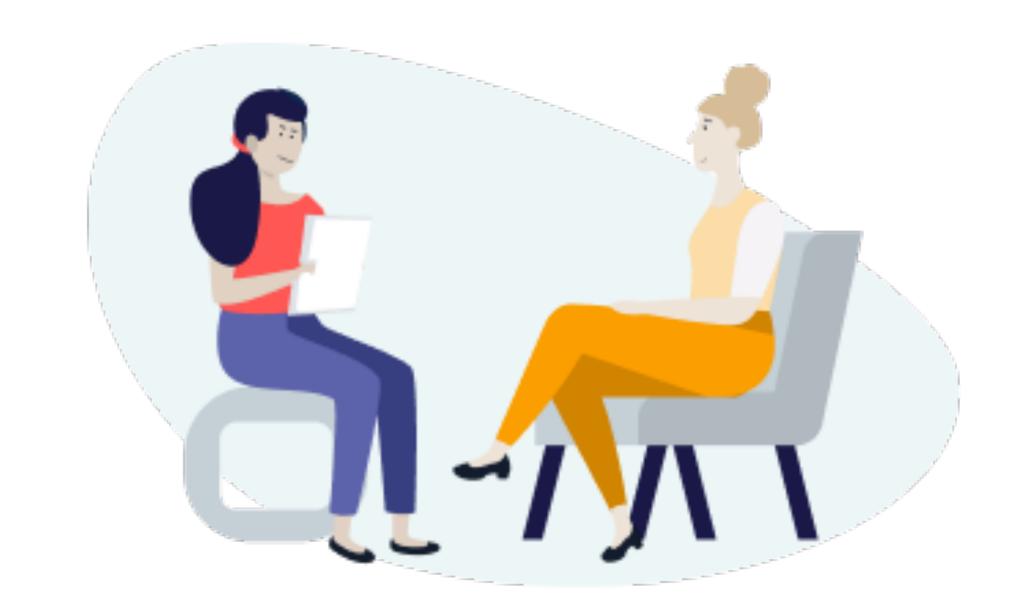
- 1. Introduction
- 2. Confidentiality
- 3. Information gathering
- 4. Risk assessment



→ 5. Information giving

1. Introduction

- introduce yourself and your role
- describe agenda (length + purpose of meeting)
- make it clear they can ask questions and express their own preference



[2. Confidentiality]

- record storage?
- anonymised database?
- supervision?
- research?
- conditions for breaking confidentiality?

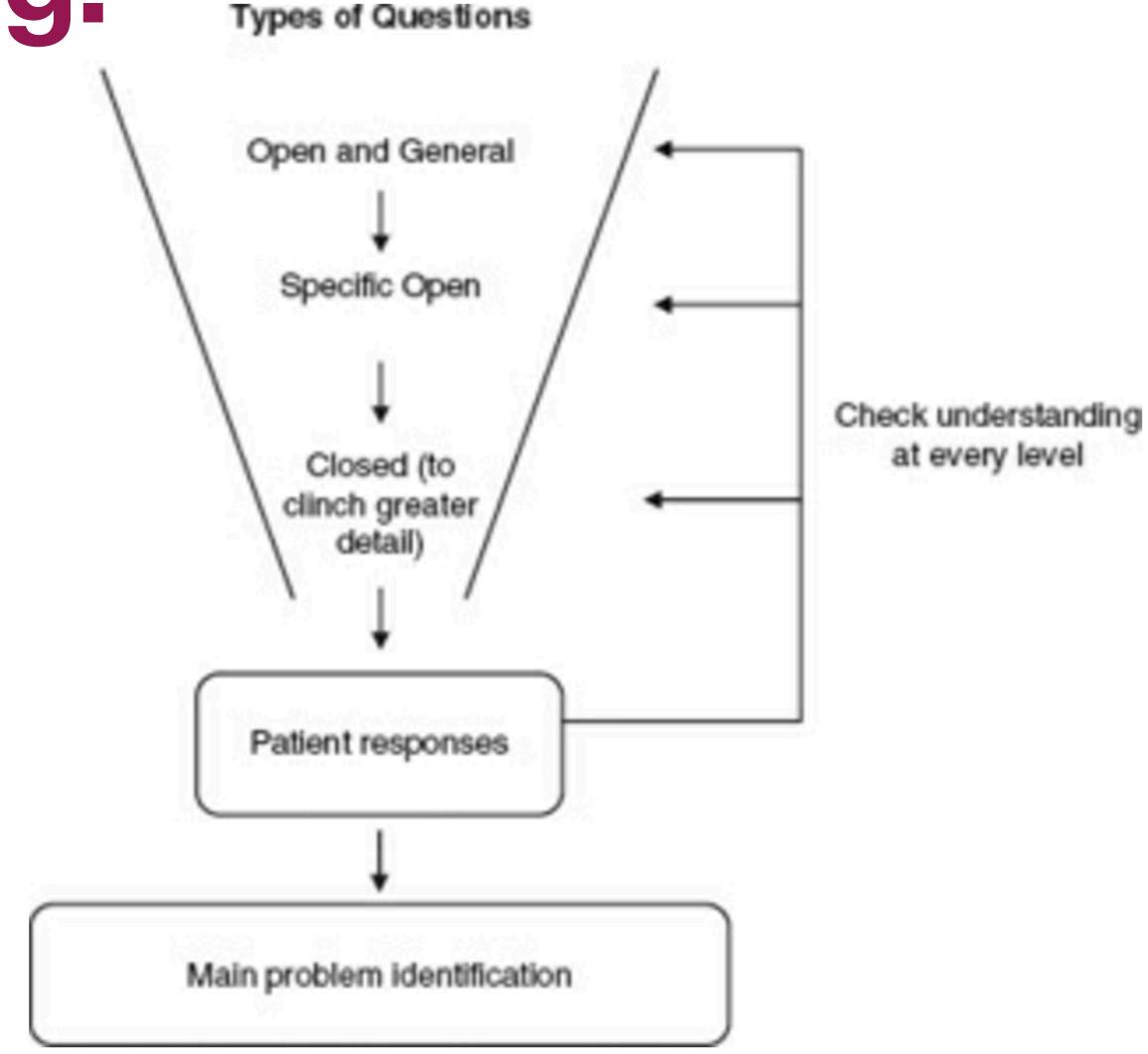


I will only break confidentiality if there are concerns about immediate or serious risk to, or from others, or to yourself. I would talk to you before taking action so we can come up with a plan of how best to do it. But it is important that you know that there are times when I would be legally bound to break confidentiality.

3. Information gathering: The funnelling method

1. Open & general: four Ws

- What is the problem?
- Where does the problem occur?
- With whom is the problem better or worse?
- When does the problem happen?



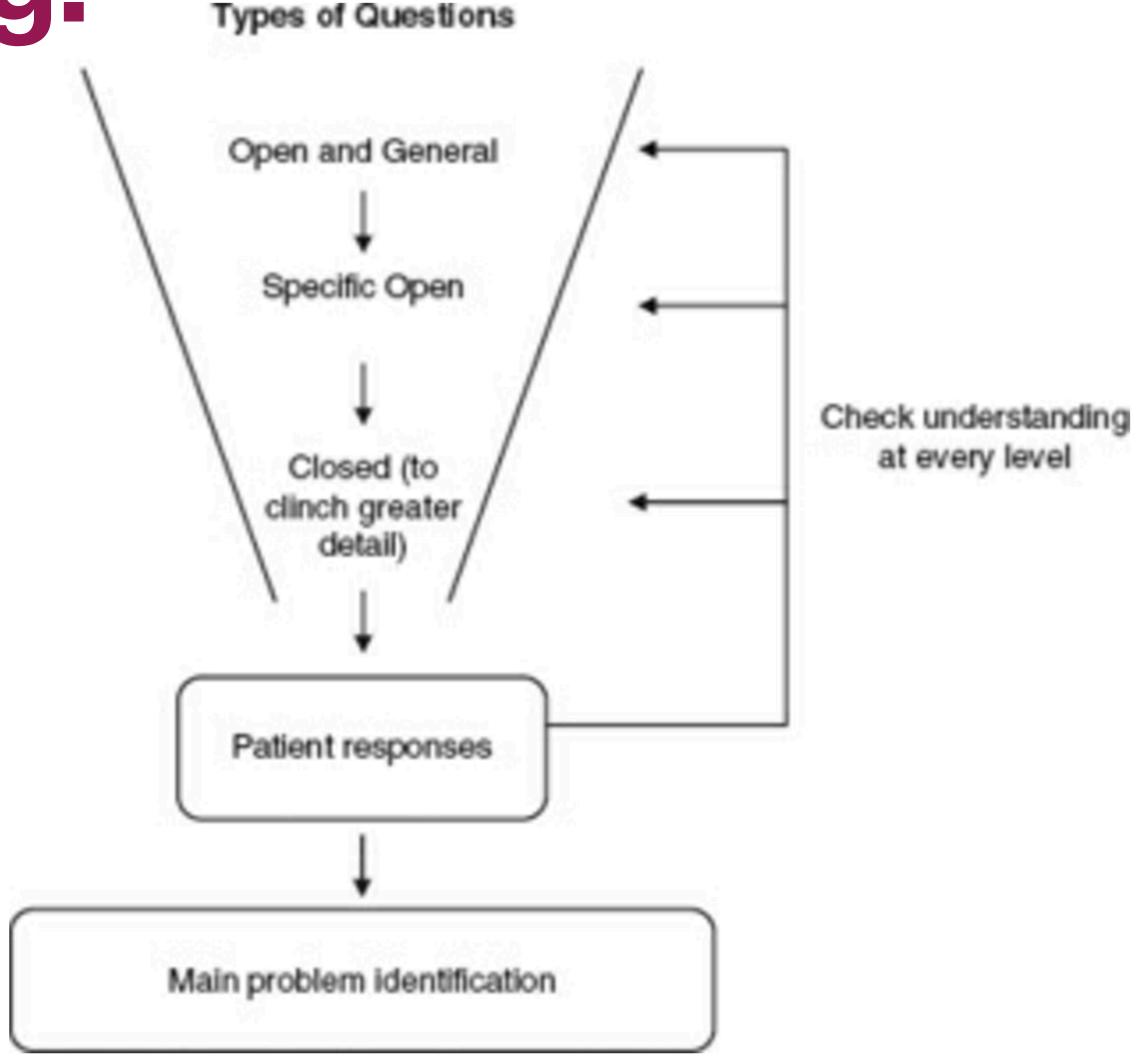
3. Information gathering: The funnelling method

1. Open & general: four Ws

2. Open & specific

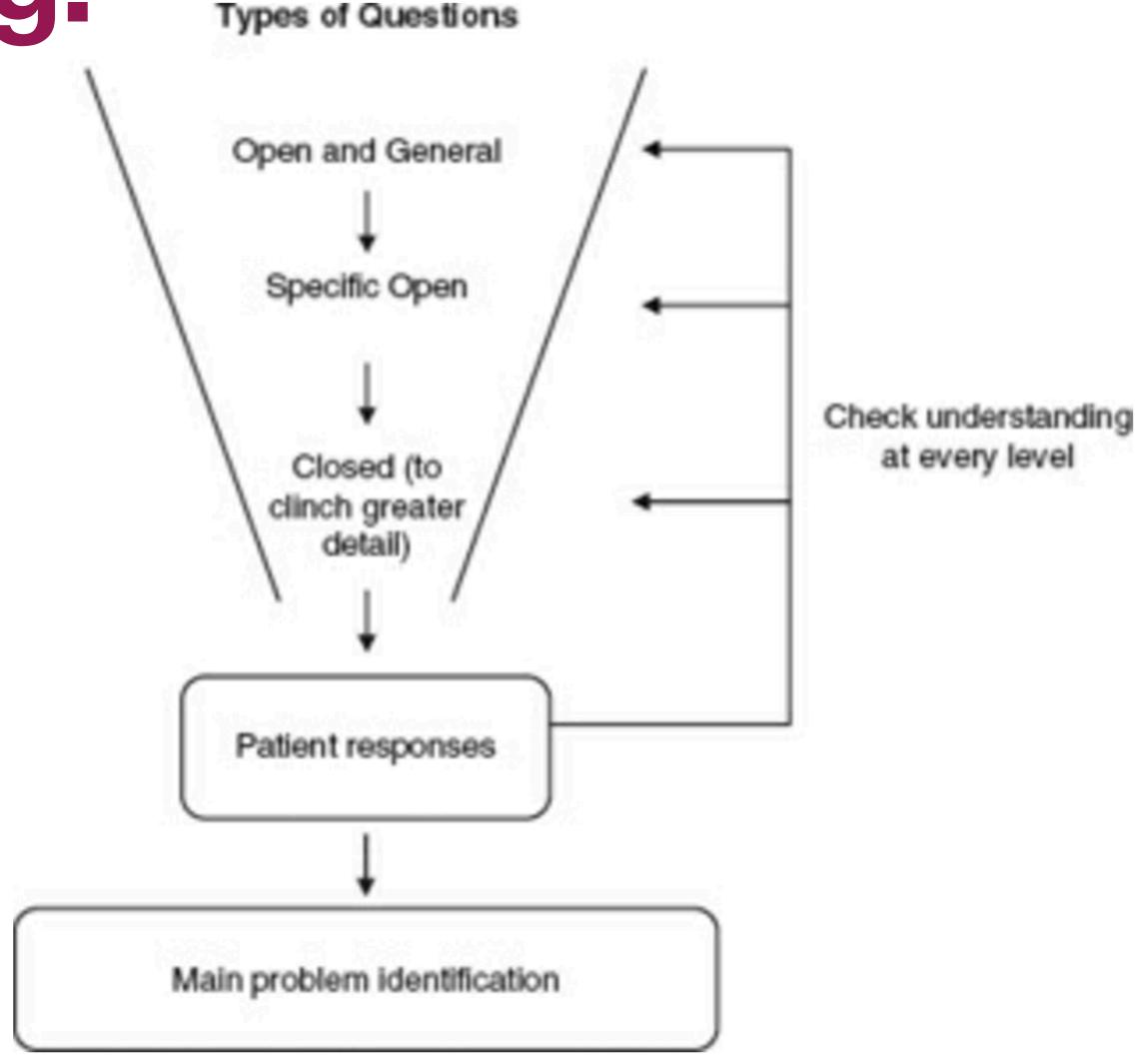
Can you tell me a bit more about...

Can you say a bit more about...



3. Information gathering: The funnelling method

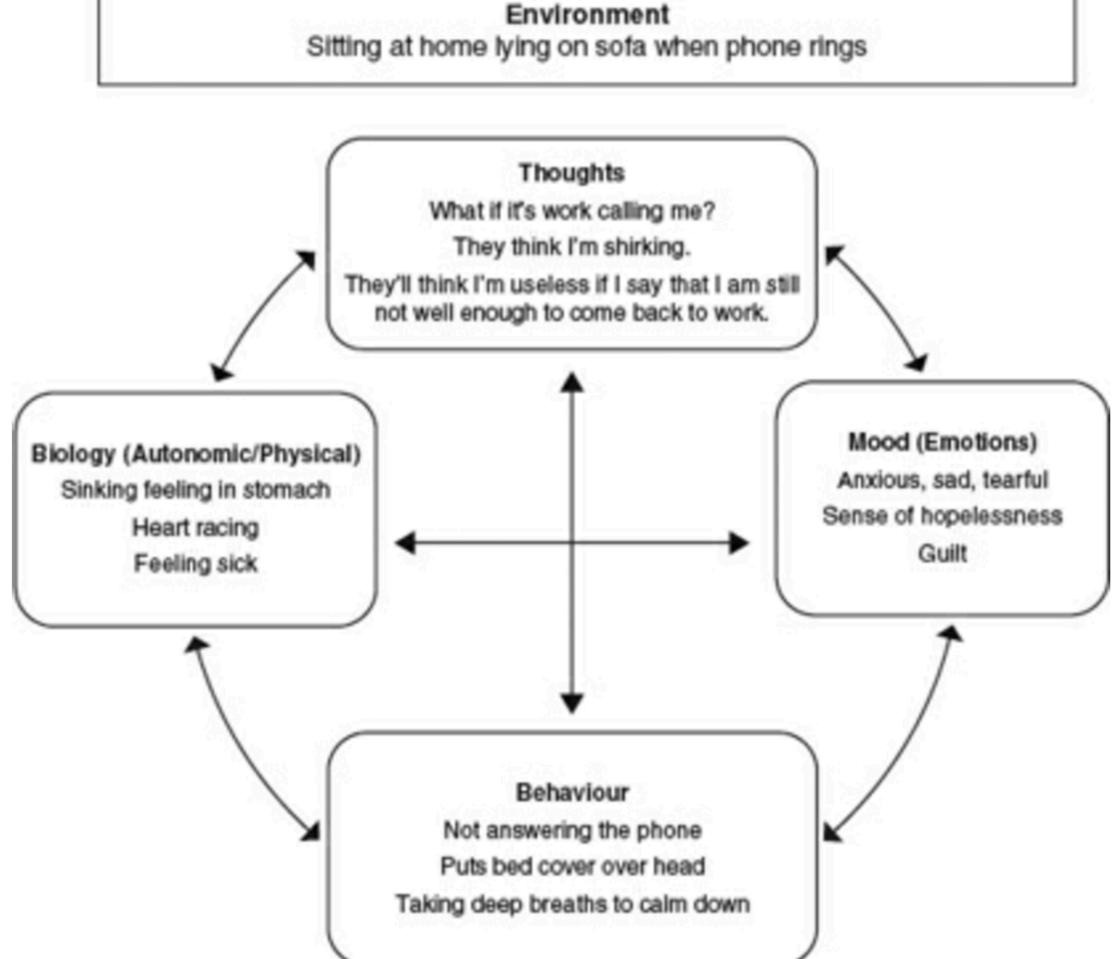
- 1. Open & general: four Ws
- 2. Open & specific
- 3. Closed (frequency, intensity, duration, triggers)
- How often do you feel depressed like this?
- How long does it usually last?
- On the scale from 0-10, how intense is the feeling (of depression/guilt/grief)?
- What factors tend to trigger it?



3. Information gathering: specific example

Describe the last time you felt depressed like this...

- emotional symptoms
- behavioural symptoms
- cognitive symptoms
- physical symptoms



[3. Information gathering: contextual information]

- triggers, onset, progress, impact on daily life
- other current mental health treatments
- previous mental health treatments
- other current physical health treatments
- employment status
- alcohol, drug, caffeine consumption
- + Routine Outcome Measures



[Routine outcome measures]

- completed at baseline and every week of intervention
- checking whether our intervention is helping you
- can always explain results
- research support

<u>psychsurveys.com</u> <u>DeePsy.cz</u>

Problem	Recommended measure	Number of items	Cut-off score	Reference
Depression	PHQ-9	9	10 and above	Kroenke et al. (2001)
General anxiety	GAD-7	7	8 and above	Spitzer et al. (2006)
Phobias	Phobia scales	3	4 and above on any item	Marks and Matthews (1979)
Functioning	Work and Social Adjustment Scale (WASAS)	5	N/A	Mundt et al. (2002)

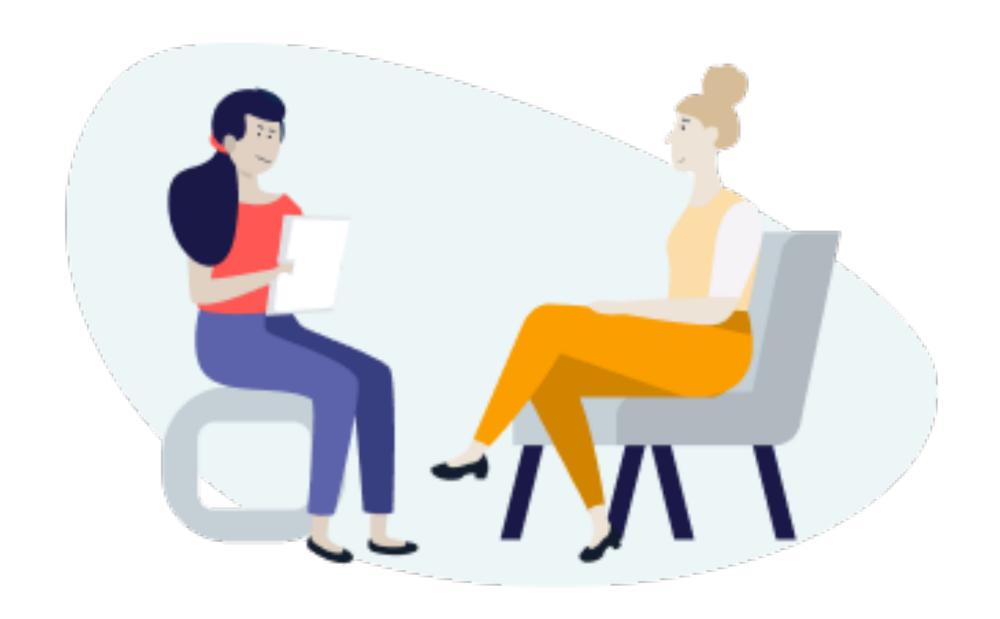
Problem	Recommended measure	Number of items	Cut-off score	Reference
Agoraphobia	The Agoraphobia- Mobility Inventory (MI)	52	Above an item average of 2.3	Chambless et al. (1985)
Generalised anxiety disorder	Penn State Worry Questionnaire – Short (PSWQ)	16	45 and above	Behar et al. (2003)
Health anxiety	Health Anxiety Inventory – Short Week Version (SHAI)	18	15 and above	Salkovskis et al. (2002)
Obsessive compulsive disorder	Obsessive Compulsive Inventory (OCI)	42	40 and above	Foa et al. (1998)
Panic disorder	Panic Disorder Severity Scale (PDSS)	7	8 and above	Shear et al. (2001)
Post-traumatic stress disorder	Impact of Events Scale (IES) – Revised	22	30 and above	Creamer et al. (2003)
Social anxiety disorder	Social Phobia Inventory	19	19 and above	Connor et al. (2000)

- suicidal ideation
- intent
- plans
- action
- prevention

- ideation:

Do you ever have thoughts of taking your own life?

Have you ever felt this way in the past?



- intent:

Have you ever thought about how you would take your own life?

How often do you have thoughts of killing yourself?

How easily can you put these thoughts out of your mind?

How strongly do you believe that you would act on these thoughts on the scale 0-10?

- plans

Have you made any plans to act on these thoughts?

Have you acted on these thoughts in the past?

- actions

Have you taken any steps towards taking your own life?

What access do you have to things that you could use?

What did you use when you attempted this in the past?

- prevention

What's keeping you going at the moment?

Who do you turn to when you need someone to talk to?

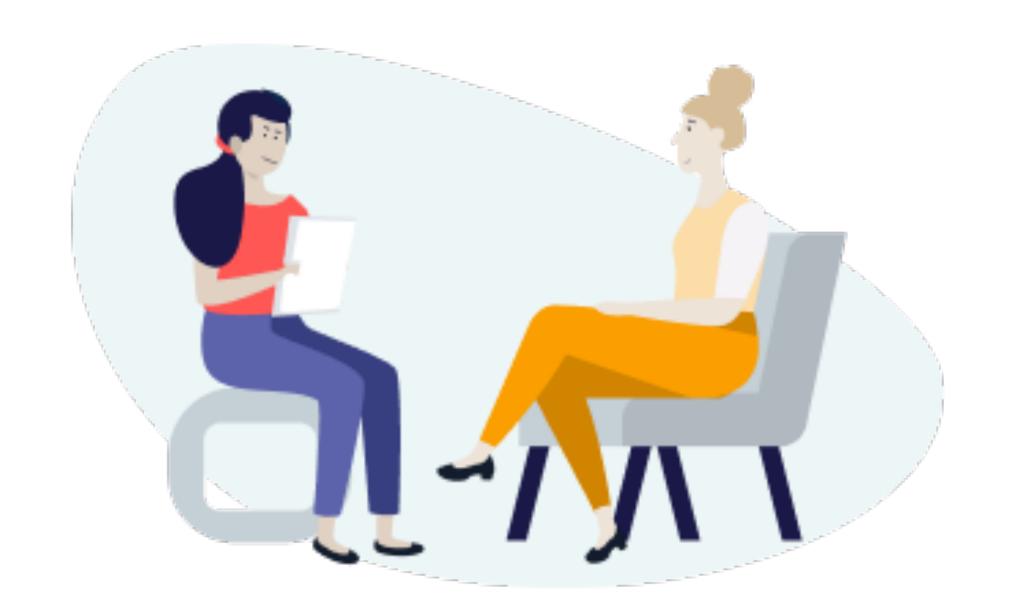
What stopped you from taking your own life in the past?

5. Start of behavioural activation

- not like traditional talking therapy, more of a "doing therapy", where we will focus on how you spend your time

- well supported by research evidence for people with low mood

- try to approach it like an experiment



The impact of low mood or depression

BEHAVIOURAL

Doing things
differently or not
doing the things
you used to do,
eating more or
eating less



PHYSICAL

Tiredness, problems sleeping, crying, losing or gaining weight, problems concentrating, being irritable

THOUGHTS

Tend to be negative or unhelpful, such as feeling guilty, thinking you are useless, thinking the worst





You feel low and down, distressed, ill and have low motivation



You feel worse

You do fewer activities



You experience less fun and pleasure and have even less of a sense of achievement.



Your energy levels begin to get even worse, you have poor sleep, difficulties concentrating and your general health worsens





Behavioural

Write in here the things you have stopped doing or now do differently





Thoughts

Write in here the specific types of unhelpful thoughts that go through your head



Physical

Write in here the physical changes you have noticed



What Do You Want to Get Out of Treatment?

Today's Date						
Item 1						
I can do this now (circle a number):						
0	1	2	3	4	5	6
Not at all		Occasionally		Often		Anytime

Today's Date						
Item 2						
I can do this now (circle a number):						
0	1	2	3	4	5	6
Not at all		Occasionally		Often		Anytime

Today's Date						
Item 3						
I can do this now (circle a number):						
0	1	2	3	4	5	6
Not at all		Occasionally		Often		Anytime

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
	What							
D	Where							
Morning	Who							
Š	What							
	Where							
	Who							
	What							
o	Where							
Afternoon	Who							
Afte	What							
	Where							
	Who							
	What							
_	Where							
Evening	Who							
Eve	What							
	Where							
	Who							
nts								
nme								
So								

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.



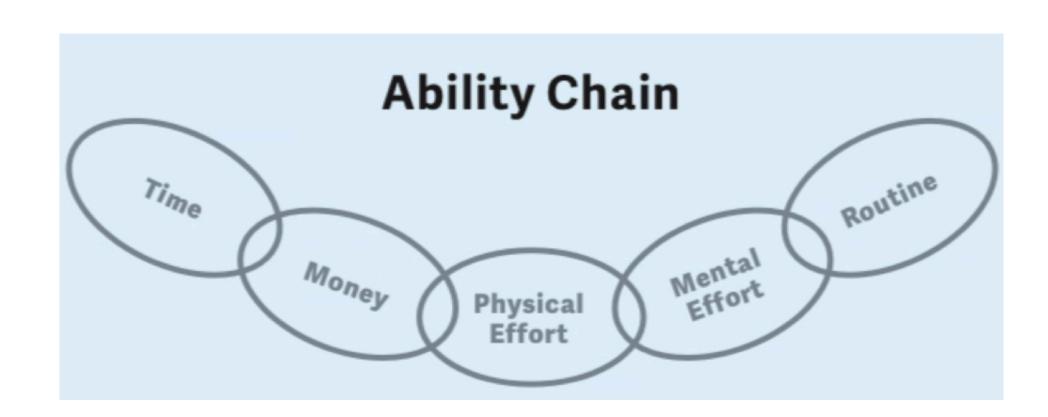
Worksheet B: Organising activities by how difficult they are



Least difficult	Medium difficult	Most difficult

Breaking tasks into smaller steps

- what makes it hard to do?
- time steps (5min, 10min, 1h)
- component steps (read 1 page, tidy 5 items, write 2 sentences of email)
- starter steps (just put on running shoes, just open up laptop)
- can somebody help you/do the task with you?
- can somebody keep you accountable?





STEP 4 : PLANNING

Planning activities for the week using My Next Steps Diary.



My Next Steps Diary

		Monday	Tuesday	Wednesday
	What			
D	Where			
ri Š	Who			
Morning	What			
	Where			
	Who			
	What			
Ē	Where			
Afternoon	Who			
\fter	What			
1	Where			
	Who			
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	Where			
ing	Who			
Evening	What			
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Comments				
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There are a few additional helpful tips on planning your activities

- If possible try to plan your activities on different days, spreading them over the week. Do not try to overload yourself on one particular day and have nothing on other days.
- Be as specific as possible when describing your chosen activities. As with the My Starting Point Diary try to include 'What' you are planning to do, 'Where' you are planning to do it and 'Who' you are planning to do it with.

Thursday	Friday	Saturday	Sunday