The Wales Mental Health in Primary Care

(WaMH in PC)

Bursaries 2003

Name of Applicants: Steve Cottrell

Subject: Web Based Approach to Self Help

Background

The principal applicant has designed and constructed a pilot web site for the self-help and supported treatment of mild to moderate anxiety and depression. There exists a body of knowledge suggesting that accessing supported multimedia treatments via the Internet can be just as clinically effective for some people as can more conventional face-to-face psychological treatments. Although initial consultation has provided new, clear directions for the future development of the resource, changes in work role have meant progress on the site has not proceeded beyond an initial draft. Why make self-help resources available through the Internet? Many people still fail to seek assistance with mental health problems due to the stigma associated with mental health treatment. Some go without help because accessing conventional services is often just too difficult, especially for single parents, those living in rural areas or for people who work nights or difficult shift patterns. As resources become increasingly focused on services for those with severe and enduring problems, the needs of those people who may require less intensive input, or who are amenable to a more self-directed means of help can be neglected. A Potential solution Drawing upon some resources already in place, and with the support of colleagues, the author was able to lay down the foundations for a web based approach to self-help which had several significant advantages over pre-existing work. Although some work has already been carried out by for-profit companies developing multimedia self-help programmes for anxiety, stress and for depression, these efforts tend to be limited because: ƒá They are primarily distributed by CD-ROM ¡V if they were on the Internet, they would risk being copied, so would lose their ability to generate income! ƒá Because they are not usually web-accessible, they are limited in the amount of interactivity they can provide, and development costs are high. Updates and revisions take time to produce and distribute. For this reason, most existing work is licensed on a cost-per-treatment basis, which can become prohibitively expensive. NHS takeup of such a costly resource has been slow, resulting in these treatments being available primarily to those with the means to pay for them! Development costs are high - development teams typically comprise of clinicians and web designers - this can increase the cost and slow the process of development. This is often reflected in the quality and presentation of some of the existing material. The principal applicant is both an experienced clinician and a (slightly less experienced!) designer / developer, so can progress more quickly and at less cost. The team also have access to the latest research findings relating to clinical effectiveness, and such updates can be made quickly and easily to a centrally distributed (via the Internet) resource. The resource we are proposing to develop has many advantages over other approaches: There is minimal cost - development costs so far have been met personally by the principal applicant. A range of resources and treatment approaches will be available (all existing resources focus on one aspect only - e.g. depression or anxiety or stress). The web site is divided into sections for self-directed

therapy and for therapy supported by a clinician (accessed by pass code), so may be used in a number of different ways. This may change as the site develops into a resource primarily for self-help. Many of the materials are downloadable, and can be used as stand-alone treatment packages for clients receiving more conventional treatments, or to help practitioners implement proven treatment packages. The site can be updated with new content in minutes. It is highly interactive, clients are able to use the on-line assessments to monitor and record their therapeutic progress. Flexibility - the programme is designed for the Internet, CD-ROM, touch-screen kiosk technology and as a paper manual-based approach. The completed resource may be delivered in any, or all, of the above formats. Multi-language support - the service can be made available in any language at low cost Clinicians have access to a range of up-to-date resources they are able to use with new and existing clients Initial consultation with service users, peers, conference presentations, the NHS legal department and professional colleagues from the International Society for Mental Health On-Line has been positive and has provided a clear focus for future development of the site. The site requires no computer literacy or expertise to operate. Purpose and aims of application To take the initial outline site at www.outreach-online.com, and: Take the anxiety treatment algorithm beyond its current phase of development, by involving service users in its refinement and development for dissemination over the Internet, and by CD-ROM and bound paper manuals. Develop depression, occupational stress, relationship, loss and psychological wellness programmes. These programmes will utilise a range of approaches, including bibliotherapy, and a modified psycho-educational and cognitive-behavioural approach. All packages will be supported by audio-visual and multimedia enhancements, known to help keep clients productively engaged with the material. Research the acceptability and effectiveness of the service. Explore the infrastructure necessary for the provision of outreach-online within an NHS Trust, CMHT and Primary Care setting (clinical and administrative). Explore the service interface with existing community and in-patient services. Research the possibility of a wider adoption and provision of the service, and the requirements to enable this to take place. Refine the concept of the site in view of wider consultation, likely to result in the development of an enhanced self-help resource What would be done during the course of the bursary? Software development Refine existing facilities and develop new resources (as above). This would involve considerable treatment planning, programme modelling and programming in JavaScript, Flash„§ and Hyper Text Mark-up Language (HTML). We would also explore the possibility of using Active Server Pages (ASP) to develop a database-driven version of the site. This may simplify the sites overall development. Particular emphasis would be placed upon the development of low-bandwidth video to support the treatment resources. Future development of the site would be carried out by the CMHT, using PRINCE2 project management methodology. Consultation We would begin a programme of user and staff consultation around the following issues: How acceptable is the service to clinical staff and to service users? Do the ergonomics of the site allow rapid and unrestricted access? Where might the site be made accessible and how? e.g. libraries, GP surgeries (using touch-screen technology?), waiting areas, CMHT's. How might we assess ongoing development and maintenance costs? Research How clinically effective is the site? (compared to treatment as usual) - planning and conducting a comparative study, possibly using a Controlled Trial. Does the service work better for some clients than others. How might we identify those most likely to benefit from the service? Explore different ways of facilitating interactivity - e.g. supporting clients through email, brief face-to-face contact or by ¡¥phone while working through outreach-online. Develop a users manual and training approach to help familiarise staff with the system. This would also help develop a more consistent approach across the local mental health service to the treatment of common mental health problems (As the

resource is available on the Internet, it is potentially open to all. Feedback from the NHS legal department and NHS Direct Wales has suggested steps necessary to manage the legal, ethical, moral and professional implications of this level of accessibility).

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National Institute for Clinical Excellence: The clinical effectiveness and cost effectiveness of computer cognitive behaviour therapy for depression and anxiety: Health Technology Appraisal in Progress: http://www.nice.org.uk/cat.asp?c=20012 To contact the main contributor directly simply email Steve Cottrell.