

CASE STUDY: SUPPORTED COMPUTERISED COGNITIVE BEHAVIOUR THERAPY (cCBT)

There has been a significant increase in the size of the NHS workforce at Central Manchester Foundation Trust (CMFT) over recent years, and a subsequent increase in demand for individual counselling and psychology sessions. As a result the time spent waiting for an appointment has also increased for staff. As one response to this situation, the Staff Support Service at CMFT undertook a pilot project to deliver guided computerised cognitive behavioural therapy (cCBT), with facilitated support, to individuals with anxiety and/or depression.



Cognitive Behavioural Therapy (CBT), an approach already used by therapists in the Staff Support Service Department (counselling and psychology), aims to challenge negative beliefs, and restructure these with beliefs that are more adaptive. This helps the individual develop problem-solving skills and coping mechanisms. Supported cCBT allows staff to access self-help CBT material, whilst also receiving facilitated support from a practitioner with strong psychological understanding and communication skills, who can facilitate the use of such materials. Those using the programme are asked to attend a combination of face-to-face and telephone appointments over the course of eight weeks, during which the facilitator acts as a guide; answering questions and providing help in completing worksheets where required.

The region's previous strategic health authority, NHS North-West, provided support in evaluating the effectiveness of this programme (details of which are provided in Appendix 1). After completion, most participants still felt that they would benefit from attending face-to-face counselling or psychological treatment sessions; however, the majority of individuals reported developments in their understanding of their difficulties, alongside a reduction in their symptoms of depression or anxiety.

Key Outcomes

- Fourteen individuals have completed the full cCBT programme, and completed questionnaires before, during and after the course. Results indicate that participants' mood, anxiety levels, work and social adjustment generally improved after completion.
- Whilst the majority of people felt they would still benefit from further individual counselling or psychological interventions, they believed that they had positive outcomes from the cCBT and five participants (36%) said they no longer felt the need for such interventions.
- Workbooks completed by clients alongside the computerised course were well received, with clients reporting that the booklets aided their understanding of their own experiences of anxiety and/or depression, helped them confront their fears head on, stopped them bottling everything up and gave them a platform to speak about their experiences to friends and family.

- Clients also found other tools beneficial, such as individual worksheets and a worry diary, and reported that face-to-face appointments were of value as they provided time to ask questions, and to complete the worksheets with the facilitator if they were finding it difficult to implement them.

Background

Staff Support Service

Central Manchester Foundation Trust (CMFT) is a large, inner-city, tertiary acute trust, employing over 12,000 people on one central site, as well as in community settings and off-site hospitals. CMFT's Staff Support Service is a confidential self-referral service, linked to Occupational Health, which aims to provide support for the workforce in a number of ways. The service founded in 1996, comprises 1.7 whole time equivalent therapy staff (qualified in counselling and clinical psychology). It offers individual counselling and psychology sessions, group sessions following work-related incidents, training workshops on managing stress, building resilience, and support with mental health issues. It also works with teams and departments to minimise stress and carry out stress risk assessments.

Computerised CBT

CBT is an intervention which is broadly recognised as alleviating symptoms in a wide range of individuals who are experiencing levels of anxiety and depression (NICE 2006). Computerised CBT (cCBT) is quite widely available in places such as public libraries yet review evidence (NICE 2006, Schneider 2012) suggests relatively high drop-out rates. Anecdotal evidence from professional colleagues working in the field suggested that, by providing professional support and guidance in using the materials, individuals would be more likely to complete the programme.

Key Aims

The key aim of this pilot was to look into the effectiveness of cCBT as an aid to psychological wellbeing. Not all of those referring themselves to the service will benefit from taking part in cCBT. It is indicated for those experiencing anxiety and depressive symptoms in particular.

A secondary aim is to reduce numbers waiting for counselling or psychological interventions, if symptom improvements lead them to decide that they no longer need professional support.

Key Stages of Set-up

April - July
2013

- Evidence around cCBT as an intervention was reviewed, materials and evaluation measures identified, and the project designed based on these findings

August
2013

- A 'treatment pathway' and record systems were designed

September
2013

- Occupational Health nurse with certificate in CBT was unable to continue from September 2013 so an Assistant Psychologist (Band 4) was recruited in November

November
2013

- Supervising psychologist introduced the on-line materials and booklets to the Assistant Psychologist, who then ensured their familiarity with the programmes

November
- April
2014

- Suitable participants were identified from the waiting list and sent invitations with explanation of the programme

April 2014
onwards

- Following the initial pilot it was decided to continue to offer this resource for a further eight months as an admin vacancy left funds available

- A new group of clients are now invited to participate each month. For administrative efficiency, people referring to the Staff Support Service are grouped and invitations are sent out monthly, according to the month in which the referral to the service was received. Due to varying response rates to invitations, there are different numbers of clients beginning the course each month

How it Works

Programme Process

1. Self-referral forms are checked, by the Assistant Psychologist, for those participants who wish to take part in the cCBT programmes.
2. cCBT is offered primarily to those stating anxiety/ depression as a reason for referral.
3. Individuals are then contacted by post, with the offer of a place.
4. Programmes usually run over the course of eight weeks, including three set face-to-face appointments which are at the beginning, mid-term and end of the programme, and two set telephone appointments in between each face-to-face appointment. Adjustments are made for those individuals unable to complete the booklets within the specified timeframe. At an initial meeting, the most suitable programme for the individual is selected from a list of programmes on the Centre for Clinical Intervention's website.
5. The individual is encouraged to complete the workbooks in the programme, with the facilitator acting as a guide. All facilitation is provided by the assistant psychologist with supervision from the consultant clinical psychologist.
6. Throughout the course, the individual is offered a combination of face-to-face and telephone appointments. These appointments provide the opportunity to; ask questions about themes raised in the booklets, express any concerns, work through some of the worksheets with the facilitator; and to provide any feedback on the modules.

Evaluation Methods

At face-to-face appointments during the pilot, clients were asked to complete a set of outcome measure; three mood-related outcome measures. The first measure was the PHQ-9 which measures low mood, the second was the GAD7 which is a rating of anxiety, and the third is the Work and Social Adjustment Scale which measures the individual's ability to function in various aspects of their life e.g. at work and in home activities. All individuals were asked to complete these questionnaires pre-programme (Time 1) and post-programme (Time 3), and some also completed these questionnaires mid-programme (Time 2). The questionnaires acted as a measure of the individual's mood, providing the facilitator with information on any changes.

Resources

NHS North West provided resources for the temporary employment of a Band 4 assistant psychologist for an initial six months, costing approximately £9,500. Other costs for equipment, printing, administration, and supervision, were covered within existing resources and [computerised CBT materials were available free](#); specific costs for which have not been quantified.

Key Challenges

The main challenge of the project occurred when deciding the appropriate timeframe in which to complete the programme. It was soon realised that the service would need to be extremely flexible when determining the length of time between appointments and the number of appointments given. Allowances in the time frame were necessary so as not to add an extra pressure to individuals who are already experiencing high levels of stress and anxiety. The service therefore, adjusted the length of supported intervention according to the individual. This was due to:

- **work/home life pressures** - individuals complete the booklets at different paces - due to differing work demands and home life pressures. Therefore some individuals attended appointments without having completed the planned amount of material. This was often due to an unexpected increase in workload, or other unforeseeable circumstances, so an extra appointment was required. Some clients, who were not off work due to sickness, were able to complete the workbooks during working hours. Others completed them in their own time. There is no allocated work time for this, though employees are entitled to attend the Staff Support Service within working hours.
- **differences in approach** - some individuals find it advantageous to go over the same booklet multiple times. One individual expressed that completing the booklets sometimes added to her anxiety as she felt that it was her responsibility to complete them. She was therefore advised that there was no deadline and asked to complete them at her own pace.
- **sickness absence** - many appointments had to be rearranged when participants were off work due to illness. As individuals completing the cCBT programme are often experiencing high levels of stress, this is not uncommon.
- **putting skills into practice** - some clients reported difficulty putting learned skills in to practice. In these situations, the facilitator used face-to-face appointments to work through materials with the individual in order to improve understanding. This approach has been beneficial in improving the application of skills learned.

Key Learning

The main theme raised throughout the project is the benefit of understanding personal experiences and the nature of depression and anxiety. There are also clear benefits of realising that many people have and do experience such symptoms.

This has been the case for the majority of people completing the programme, though for some, the self-help materials have not been suitable for their situation. The skills have

been harder to put into practice when feelings of stress and anxiety are particularly heightened. Therefore, cCBT has not been offered as an alternative to counselling or therapy, but more of a starting point that provides a foundation for further exploration of experiences.

The workbooks help individuals to make sense of their experiences and realise that they are not uncommon, whilst providing a platform for them to share their concerns with family members/ work colleagues. With other services, such as counselling, they may be more able to use the coping skills taught in the programme.

Sustainability

The Staff Support Service is continuing to offer cCBT to suitable individuals referring themselves to the service, who are still given the option of continuing to wait for face-to-face counselling or psychological treatment after completing the cCBT programme. This currently forms part of a range of supplementary resources for employees, including 'Books on Prescription' and a range of specialist booklets from Manchester Public Mental Health library.

Next Steps

- The pilot will be reviewed in the context of the Trust's Health and Wellbeing Strategy, to come to a decision about continuous funding of this support. Relevant factors will be cost benefits of cCBT compared with usual pathways for counselling and psychological treatment (including CBT) as well as accessibility experienced by participants, given that waiting times for face-to-face interventions are still long (between two and twenty weeks).
- An alternative model will be considered: offering brief assessment consultations over one to four sessions, followed by supported self-help.
- Follow-up data about symptom change would also clarify how lasting the reported improvements are for staff.
- The sickness absence records of participating individuals have not been investigated as of yet. They will be considered if the programme continues to further add to the evaluation data.

Supporting Material

- Appendix 1: Outcome Measures
- Appendix 2: Treatment Pathway & Record Systems

Further Information

The following cCBT modules are available from the [Australian Centre for Clinical Interventions \(CCI\)](#) for on-line use or as printable workbooks:

- Assert Yourself: Improve Your Assertiveness (10 modules)
- Back from the Blue: Coping with Depression (9 modules)
- Facing your Feelings: Overcoming Distress Intolerance (4 modules)
- Improving Self-Esteem: Overcoming Low Self-Esteem
- Panic Stations: Coping with Panic Attacks
- Other related topics

Another self-care manual entitled 'Anti-depressant Skills at Work' can also be found [here](#) with further guidance material about mental health at work accessible from this [Canadian University website](#).

Other relevant websites

- www.bupa.co.uk/individuals/health-information/directory/c/cbt-cognitive-behavioural-therapy
- www.cambsmentalhealthinfo.nhs.uk
- www.cci.health.wa.gov.au
- www.comh.ca/antidepressant-skills/work
- www.kpchr.org/feelbetter
- www.livinglifetothefull.com/elearning
- www.mentalhealth.org.uk/help-information/podcasts
- www.moodcafe.co.uk

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