BIBLIOTHERAPY

Neil Frude

“Books – the medicines of the soul”

(Written over an ancient Egyptian papyrus library)

“Come, and take choice of all my library, and so beguile thy sorrow”

William Shakespeare

Titus Andronicus

(Act IV, Sc1, 1.34)

The use of high quality self-help books written by experienced therapists that guide the reader through a therapeutic process – often CBT-based

BIBLIOTHERAPY 1:

Manualised self-therapy

Strong scientific evidence of effectiveness

BIBLIOTHERAPY 2:

Use of fiction, poetry etc.

Strong anecdotal evidence of effectiveness
According to the WHO, mental illness now accounts for over one quarter of "years lived with disability" (YLD) worldwide.

Depression accounts for more YLD than any other illness – psychological or physical.

At any one time, around 1/6 of the adult population (UK) has a diagnosable psychological problem.

In Wales, that equates to 425,000 adults at this point in time (and circa 55,000 children).

Mostly Mild to Moderate and 90% of cases are treated exclusively in primary care.

1 in 4 consultations in primary care have a mental health component.

There are two effective approaches to treating psychological distress – the pharmacological and the psychological.

There has long been concern at the very high (and sharply rising) numbers of prescriptions for antidepressant drugs (across the UK, and especially in Wales).

"Adult Mental Health Services for Wales: Strategy Document" (September, 2001)

A 10-year strategy for provision of mental health care in Wales.
Psychological treatment techniques are appropriate in many conditions managed in primary care but are often unavailable because of a lack of trained staff.

... users in the primary care setting have shown a keen interest in the application of effective psychological therapies either as an alternative or a supplement to medication.

Responding to evidence of large increases in antidepressant prescribing in Wales, a WG spokesman said recently that the government expected GPs to use their clinical judgment in deciding treatment ...

... and to use NICE guidelines which recommend that psychosocial interventions should be considered as an alternative to antidepressants.

Surveys have shown that many patients would prefer psychological help for their emotional problems — and this is widely recognised in Mental Health Strategy policy documents.

But unfortunately there is very limited availability of psychological therapy. So, despite the fact that such therapy can be highly effective, its actual impact on the population is TINY.

**THE MENTAL HEALTH CONTEXT**

**Epidemiology vs. Resources**

So individual therapy cannot work as the main way of providing therapy

**THE IMPACT FACTOR**

\[ \text{Impact} = \text{Effectiveness} \times \text{Reach} \]

- **How effective** is the therapy?
- **How many people** does it reach?

**MUCH more emphasis has been placed on effectiveness than on reach**

\[ \text{Impact} = \text{Relief of Suffering} \]

**DELIVERING PSYCHOLOGICAL THERAPY**

- Face to face individual therapy
- Computer based therapy
- Group therapy
- Email therapy
- Bibliotherapy
- Web based therapy

**BIBLIOTHERAPY CAN BE HIGHLY EFFECTIVE**

100s of studies

- Cochrane reviews
- NICE evaluations
- Systematic reviews
- Meta-analyses

**BIBLIOTHERAPY CAN BE HIGHLY EFFECTIVE**

Meta-analyses of bibliotherapy for depression:

- Cuipers (1997) Bibliotherapy is “… no less effective than group or individual therapy”

- Den Boer *et al.* (2004) Bibliotherapy is “… as effective as professional treatment of relatively short duration”

**BIBLIOTHERAPY CAN BE HIGHLY EFFECTIVE**

13 published meta-analyses

(and a meta-meta-analysis) have demonstrated substantial effects of CBT-based bibliotherapy for a range of common psychological problems including depression, panic disorder, social anxiety and binge eating disorder
BIBLIOTHERAPY EFFECTS AND DELIVERY MODE

Farrand and Woodford, 2013
Systematic Review of 49 studies of CBT self-help books
(3 contact levels)

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HOW CAN WE EXTEND REACH?

Bibliotherapy can be **highly** effective (and **EXTREMELY** cost-effective)

So we need find some way of making sure that Bibliotherapy has extensive **REACH** so that it can have substantial **IMPACT**

DELIVERING BIBLIOTHERAPY (WHOLESALE!)

Effective ‘PRODUCT’

*Bibliotherapy – Quality self-help books*

An effective implementation **STRATEGY**

An effective delivery **SCHEME**

DELIVERING BIBLIOTHERAPY (WHOLESALE!)

BRIEF C.V.

1970 - Qualified as Clinical Psychologist

1970 - 2000 - Cardiff Uni – Academic Career
(included teaching UG clinical psychology)

(included 2 days p.w. CMHT)
DELIVERING BIBLIOTHERAPY (WHOLESALE!)

Effective ‘PRODUCT’
Bibliotherapy – Quality self-help books

An effective implementation STRATEGY
Books on Prescription

An effective delivery SCHEME
Cardiff BoP scheme (2003)

“Books on Prescription”

BOOKS ON PRESCRIPTION STRATEGY

The BoP strategy allows a cascading of expertise (writing and recognition of highest quality books) from mental health specialists to Primary Care (90%)

The strategy allows GPs and others in primary care to recommend specific self-help books with confidence

BOOKS ON PRESCRIPTION STRATEGY

The selected books present self-help adaptations of clinical treatments of proven effectiveness

Their use represents a substantial shift towards client self-management and client empowerment

BOOKS ON PRESCRIPTION STRATEGY

BoP involves a “joined up system” that makes use of the existing infrastructure and readily available resources – doctors, libraries, books

It employs a familiar clinical “device” – the “prescription”

BOOKS ON PRESCRIPTION STRATEGY

STRATEGY → WORKING SCHEME

The very first implementation of the BoP strategy as a working SCHEME happened in Cardiff in 2003
Having worked out how a BoP scheme might work, I first approached the Chief Librarian in Cardiff and was invited to ‘pitch’ the idea to the local Library committee – they agreed, in principle, to support a scheme.

50 psychologists and counsellors were surveyed to identify books they would recommend for people with mild to moderate mental health problems. Shaped into a structured list – 14 categories, 35 books.

The list of 35 self-help books addressed common emotional issues, including: depression, anxiety, social phobia, panic, anger, stress, low self-esteem, OCD, eating disorders and the aftermath of sexual abuse.

“May we have a debate on innovative practices in the NHS, in particular the Cardiff book prescription scheme ... It is a world first and worthy of being rolled out across the rest of the UK”

Won several awards (RCGP innovation award) and considerable publicity – an article in the British Medical Journal attracted a lot of interest and many requests to print the Wales list. Similar schemes began to emerge.

Following the success of the Cardiff BoP Scheme, the Welsh Assembly Government funded Book Prescription Wales. This was launched in 2005 and attracted considerable international attention. It was then emulated in a number of countries.
Launched in July 2005, 2400 Prescriber Packs were distributed to potential prescribers. Copies of all of the books on the list were provided to each of the 400 public libraries in Wales.

‘Prescribers’ soon extended beyond GPs to include counsellors, nurses, psychologists, psychiatrists, health visitors, midwives, etc. Used in prisons, psychiatric wards, drug and alcohol centres, job centres, voluntary organisations, etc.

Annual borrowings of listed books averaged around 30,000 per annum until recent years. 3/10 of the most frequently borrowed non-fiction books were from the list. Special audio versions in Welsh were produced for 4 of the books.
In the first papers (2002), I suggested that BoP could expand to other fields including...

Child mental health

Chronic physical health conditions
(10 chronic physical health conditions account for 50% of NHS expenditure)
MLA SURVEY OF BoP SCHEMES IN ENGLAND

MLA survey (2011) found that over 100 BoP schemes were running in England.

Different lists, modes of delivery, operating strategies, etc. etc.

Called for cooperation and major strategic integration.

READING WELL BoP SCHEME

England now has 3 Book Prescription schemes –

*Adult M.H. – 2014*

*Young People M.H. – 2016*

*Self-Management of Chronic Physical Conditions*

In 2015, 180,000 books included in the English national scheme were issued by public libraries.

HEALTH PARTNERSHIPS

Surveyed current library activities and stock
Reviewed evidence and clinical guidelines
Consulted widely with professionals and SUs
Organized consultation events
Created a broad-based book selection panel
Co-created the final list with involvement of “people with lived experience”

READING WELL BoP SCHEME

Developed by the Reading Agency

Funded by Arts Council England

Supported by Wellcome

RW BoP PROCESS OVERVIEW
**READING WELL BoP SCHEME**

Scheme developed for people with dementia, carers and those worried about their memory.

It provides information and advice, practical support, personal stories, and a range of activities (including pictures).

**READING WELL BoP FOR DEMENTIA**

- Arthritis
- Bowel conditions
- Breathing difficulties
- Diabetes
- Heart disease
- Stroke

**READING WELL BoP FOR CYP**

Target: 13-18 year olds

35 titles over 12 areas

Common mental health conditions e.g. anxiety and depression, and difficult life issues such as bullying.

Includes self-help books, information and advice and also fiction and personal stories.

**READING WELL SCHEME FOR YOUNG PEOPLE**

**READING WELL BoP EVIDENCE (END 2015)**

- Reach: 445,000 people
- Over 2 million leaflets distributed
- 100% increase in loans of AMH titles
- 346% increase in loans of dementia titles
- 6,500 prescribers use the scheme regularly
READING WELL BoP EVIDENCE (END 2015)

- Positive feedback on the scheme
- Increased recognition of library health role
- 73% self referral rate
- £1 national cost average

USER IMPACT - MENTAL HEALTH

- 90% of users said books helped them understand their condition
- 85% more confident managing symptoms
- 55% said that symptoms had improved

USER IMPACT - DEMENTIA SCHEME

- 92% found the scheme helpful
- 79% said it helped them care for someone with dementia
- 73% said it helped them to understand the condition
- 67% said it increased their knowledge of sources of help and support

MEANWHILE IN WALES ...

Sadly the BPW scheme (revised in 2011) is now virtually defunct

Prescription pads and other materials have run out

SCL wrote to WG in 2014, alerting them to the situation

RA offer of free use of Dementia Scheme received no reply

MEANWHILE IN WALES ...

HOWEVER ...

Talks have begun with interested parties including SCL and WG

There is a lot of enthusiasm ‘on the ground’

Hopefully we will see a reincarnation of BPW

ANTIDEPRESSANT PRESCRIPTIONS

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ADVANTAGES OF BIBLIOThERAPY

BIBLIOThERAPY IS AN EFFECTIVE TREATMENT
IT IS HIGHLY COST-EFFECTIVE
IT CAN BE WIDELY DELIVERED –
   POTENTIALLY HAS EXTREME ‘REACH’

ADVANTAGES OF BIBLIOThERAPY

Many people prefer psychological treatment
Increases sense of personal empowerment
More immediate effects than AD meds
No rebound effect when treatment ends
Lower relapse rates

ADVANTAGES OF BIBLIOThERAPY

No appreciable adverse side effects
No adverse interactions with meds
No significant contraindications
No danger of overdose
Safe in pregnancy!!!

ADVANTAGES OF BIBLIOThERAPY

“The user’s voice”
Limitations of bibliotherapy
   (including social inclusion issues)
Cost-effectiveness
Referral routes (including self referral)
Extension to wellbeing and prevention

ADVANTAGES OF BIBLIOThERAPY

Group-based self-help reading
The MH benefits of
   (e.g. RA Mood Boosting fiction / poetry)
      ... general reading
      ... shared reading (e.g. Reader Org.)
      ... creative writing
Other MH aspects of library use

TOWARDS THE FUTURE ...

www.neilfrude.com
**BoP SCHEMES - LIMITATIONS**

Not a panacea – ‘One size’ will not fit all

But many people **will** be helped by this ‘off the peg’ approach

SO – It deserves a place in the spectrum of care

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**BoP SCHEMES - LIMITATIONS**

Limitations – People

Literacy (inc. English as 2nd language)

Motivation

Sensory handicaps, etc.

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**BoP SCHEMES - LIMITATIONS**

Limitations – Clinical issues

Some conditions / situations are:

- Too critical
- Too severe, etc.

... or are simply outside the clinical range of the scheme

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**Books on Prescription – COST-EFFECTIVENESS**

Quality bibliotherapy is significantly **effective**

And **BoP COSTS** are **VERY** low (£1)

If ‘conscientious use’ = 50% and effectiveness of CU is 40% - **Unit Cost per Effective Treatment (UCET) = £5**

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**Books on Prescription – COST-EFFECTIVENESS**

**High Cost-effectiveness**

**Potentially Very Wide Reach**

**and High Potential Impact**
Books on Prescription – COST-EFFECTIVENESS

Compare the £5 UCET for BoP with IAPT
(IAPT = 50% effect and £750 cost = £1500)

Nov. 2015 – 44.8%

Computerised CBT 58.4%
Interpersonal psychoth. 53.9%
CBT 44.1%
(Cost-effectiveness not provided)

Books on Prescription – COST-EFFECTIVENESS

UCET ratio BoP : IAPT (CBT) 1: 300

Highly predictable – 2003 emails

Of course, this huge UCET advantage
for BoP is greatly reduced if
“guided self-help” is used

Evidence on “added value”?

POTENTIAL FUTURE DEVELOPMENTS

Social issues (e.g. debt, loneliness)

Enhancement of general wellbeing
and happiness

Raising emotional intelligence –
particularly the skills of
emotional self-regulation

COMMENTS FROM USERS

“I can feel my confidence coming back
after reading this book”

“When I read the book,
I found myself thinking –
‘yeah, that relates to me’”

COMMENTS FROM PROFESSIONALS

“Using a self help book can help
patients to see things differently

It can help them to do things
themselves … So it can help
to empower patients”