



# Self-help interventions for mental health problems

This paper summarises findings of a review of research evidence about self-help interventions for people with mental health problems (Lewis, Anderson *et al.*, 2003).

The review was carried out between October 2001 and September 2002.

The research was commissioned by the Department of Health's Policy Research Programme. (See also 'About the study', page 6.)

*Putting research evidence within your reach*

**Self-help approaches are increasingly popular with the general public. Self-help materials can be used at any time and need not interfere with work or family commitments. They do not require access to professionals, and they spare users the embarrassment that seeking formal help on a mental health problem can sometimes create. They can also be used to build upon the therapeutic work offered by health care practitioners.**

Interest in the role of self-help is growing among policy-makers. The National Service Framework (NSF) for Mental Health (DH, 1999) emphasises the importance of accessibility, public education and the timely availability of simple treatments suitable for use in the community. In primary and secondary care, too, there is increasing scope for self-help as a means to empower patients, to make interventions more accessible and available, and to make more efficient use of professionals' time. Accordingly, it is important for those currently or potentially involved in self-help interventions to understand the range of materials and to be able to assess available evidence for what works or shows promise in this area.

## Key findings

### What is self-help?

The term 'self-help' tends to be applied loosely and interchangeably with other terms such as 'self-management', 'self-instruction', 'self-care' or 'psycho-educational' interventions. For the purposes of the study, self-help approaches are characterised by two particular features:

- They require either no or only 'minimal' practitioner input.
- They include instruction on how users can improve their skills to cope and manage their difficulties. In short, they can result in improved skills of self-management.

It should be recognised that much use of self-help approaches occurs outside the health service, and self-help is widely used by individuals and those based within self-help organisations.

Self-help involves more than providing information; it is a structured approach requiring users to act on advice provided within the material. Self-help materials can be stand-alone or used as an adjunct to more intensive psychotherapy or medication.

Source: Lewis, Anderson *et al.*, 2003

For explanations of technical terms see also NIMHE's 'Word Bank' at [www.nimhe.org.uk](http://www.nimhe.org.uk)

### Cognitive behaviour therapy (CBT)

CBT is a short-term, problem-focused psychosocial intervention. It has a significant evidence base for effectiveness across a wide range of mental health difficulties.

The basis of CBT is that what people think affects how they feel emotionally and also alters what they do.

CBT adopts a collaborative stance and is in some ways a self-help form of psychotherapy. The patient/client learns new skills of self-management that they will then put into practice in their daily lives.

### Type and focus of self-help interventions

#### Self-help books

Most recent self-help interventions are delivered in a written format and are widely available through bookshops, libraries and the internet. **Nearly all the better-quality evidence relating to self-help books was gathered in the context of studies of interventions based on cognitive behaviour therapy (CBT) approaches.** Many recent CBT-based materials use an interactive, workbook format, e.g. study modules, questionnaires, structured activities and feedback on progress. Many contain case vignettes and worksheets that can be easily photocopied or removed, and are written for a modest reading age. They thus contrast with many older books which are less immediately eye-catching, use dense text and are often for a higher reading age. These latter, however, have the advantage of being smaller in size and thus more discreet as well as portable.

#### Audio- and videotapes

The study found relatively little evaluation of audio- or videotape self-help materials when used alone. In the main they were used as a supplement to written materials. These methods would appear to be more acceptable to people who do not read very much. No studies were found about preferences of format, but it is likely that different people will have preferences for different ways of presenting materials.

#### Computer-based and multimedia packages

There is increasing interest in the use of computers to administer CBT self-help packages. Some packages are multimedia, including video clips as well as providing forms and questionnaires. **Evidence for their use was encouraging though perhaps not sufficient to recommend widely.** A computerised format may be suitable for those not keen on working through books or who have lower levels of literacy. However, many may lack access to multimedia computers though they can be made available in GPs' surgeries or public libraries. Computers may best be seen as another way of providing access to self-help materials.

- **Service users should be encouraged to discuss self-help materials they are using with the professionals they consult**
- **Professionals should routinely ask about their use**

- **Results are encouraging that self-help materials probably benefit some users**
- **More needs to be known about which groups of people might benefit from particular kinds and formats of self-help materials**
- **Within the context of the health service, it is probably safer to recommend self-help materials only if their use can be supported by a health care professional as part of a planned package of care**

### Self-help groups

There are examples of innovative models of using self-help materials within self-help groups. But there was little evaluation of self-help groups or the use of self-help materials in self-help groups for mental health problems. Some studies fell outside the inclusion criteria with regard to minimal practitioner input (see 'What is self-help?'). Nevertheless, **self-help groups are interesting and potentially important methods of delivering self-help interventions.**

Studies had virtually nothing to say about the work of self-help groups, who attends them or their relationship with statutory services. Many groups may be providing unstructured support but some may also be using self-help materials. Further research into the contribution of self-help groups would usefully complement more formal evaluation of self-help materials.

### Self-help for severe mental illness

Few written or other materials on self-help were found for people with schizophrenia or bipolar disorder. There has been increasing interest in studying CBT approaches for both schizophrenia and bipolar disorder and it is likely that there will be increasing interest in developing self-help materials in these areas too. The potential value of self-help interventions is worth further investigation for:

- people with severe mental illness in self-help groups, particularly those often in contact with services and familiar with group approaches
- carers, especially carers of people with more severe disorders (see Standard 7 of the NSF (DH, 1999)).

### What conclusions can be drawn?

#### Evidence of reported benefits in some areas ...

Most studies reported a significant benefit from self-help materials, based on CBT approaches, for depression, anxiety, bulimia nervosa and binge eating disorder. However, the clinical benefits observed might have been due to the monitoring and support people received during the study.

#### ... but a lack of evidence in others

A relatively limited range of interventions has been studied. No empirical study of self-help interventions was found for people with schizophrenia or bipolar disorder. Likewise, the role of self-help groups in delivering self-help materials has not been studied. Many self-help materials not based upon CBT have not been formally evaluated, despite widespread sales and anecdotal evidence suggesting that some users find them useful.

#### Models underpinning materials

Almost all self-help materials that had been evaluated were based upon CBT. Other approaches identified were self-monitoring and therapeutic writing. Self-help approaches appear to fit less well with psychodynamic approaches which place much more emphasis upon the therapist as agent of change.

#### A foundation for stepped care

Stepped care attempts to mimic the usual clinical approach in which more acceptable interventions are given first, leading on to more expensive or more complex approaches only if the patient has not responded to the simpler approach (Katon *et al.*, 1999). Self-help interventions would seem to be a very useful foundation for a stepped care approach and could be integrated at different levels of a clinical service.

### Increasing professional awareness

Experienced cognitive behavioural therapists are enthusiastic advocates of self-help materials, but professionals less familiar with this model tend not to use them. Professional reluctance may result from lack of awareness but also from lack of confidence about CBT and the self-help approach. However, in-depth knowledge of CBT is not required to discuss materials, and some of the basic skills and concepts used will be familiar to non-specialists from their everyday work, e.g. developing management plans and encouraging work on problems between sessions in the person's own time.

### Recommending materials

Evidence is lacking to support unqualified recommendation of self-help materials. Moreover, the possibility that materials might cause harm – e.g. through inappropriate use or by putting off users from seeking professional help – has not been studied. While any risk is likely to be relatively remote, it is probably safer to recommend self-help materials only if:

- they have been based on evaluated methods – such as CBT
- their use can be monitored by a health care professional
- alternative therapeutic options can be recommended if self-help proves unacceptable or ineffective.

## Gaps in research

A strong message from the review is that despite the quantity of research that has been carried out, many studies identified have been severely limited and poorly executed. There are now some important questions to be addressed by further research. The review identified the following gaps and weaknesses in the literature:

- **Small size of trials** leading to an increased possibility of publication bias, unsuccessful randomisation and wide confidence intervals.
- **Poor reporting quality** of trials and inappropriate analysis. Hardly any studies met the CONSORT criteria (Moher *et al.*, 2001) for reporting randomised trials.
- **Unrepresentative sampling**. For example, it may be impossible to generalise from studies of students to patients. Students are familiar with the idea of independent study; self-help approaches may be much less acceptable to patients and be more poorly adhered to.
- **Lack of independent evaluation**. Most materials have been evaluated by those who devised them.
- **Limited scope**. Interventions studied were almost all based on CBT for anxiety, depression, bulimia nervosa or binge eating disorder. There is little or no evidence on which component of the self-help intervention might help users or whether the cognitive, behavioural, problem-solving or any other elements are critical.
- **Degree of additional guidance required**. There is an absence of data on the degree of additional guidance from a health care practitioner required for any clinical benefit or on the best way to train practitioners.
- **Assessment of 'health warnings'**. There has been no systematic investigation of the possibility that self-help materials might be harmful when used without clinical supervision.
- **Assessing cost-effectiveness** of the widespread adoption of self-help materials, e.g. whether investment in self-help reduces practitioner contact time.
- **Predicting who will benefit and how**. Information is lacking about the clinical or sociodemographic characteristics that might be associated with a good response to a self-help approach.

## Recommendations

### For practitioners, managers and service users

- Practitioners need to have an increased awareness of the potential benefits and limitations of self-help materials for mental health problems. This awareness is particularly important for primary and secondary health and social care staff who do not have specific CBT skills.
- Service users should be encouraged to discuss self-help materials they are using with the professionals they consult, and professionals should routinely ask about their use.
- Brief training on the use of self-help materials should be available to primary and secondary health and social care staff and the new graduate mental health workers recommended by the NSF. The effectiveness of self-help training packages should be evaluated.
- Practitioners and managers should actively engage with self-help groups in the voluntary sector in order to provide effective guidance and support to service users on choice and use of self-help materials.
- Recommendations for specific self-help materials should be based upon the best evidence available and objective criteria. This would also enable new materials to be assessed critically in terms of likely benefits and limitations.

### For research

- Further research is needed to establish what level of guidance is required to provide optimal use of self-help materials.
- Research also needs to be in touch with practice in self-help groups, including user-led groups and others, by working in partnership with voluntary sector agencies.
- There is a particular need to investigate (e.g. through a pragmatic trial based in primary care) the cost-effectiveness as well as the effectiveness of self-help materials addressing the problems of depression, anxiety and eating disorders.
- Any study of this kind should be large and ideally be carried out independently of those involved in the development and promotion of materials, or designed to minimise any opportunities for bias.
- Further development and evaluation of self-help interventions for people with bipolar disorder, schizophrenia and anorexia nervosa are also required.
- More needs to be known about the characteristics of people who are willing and able to follow and complete a self-help course – and to benefit from this. Likewise, more needs to be known about which media different people prefer. Better knowledge could enable practitioners and self-help groups to assess which groups of people might benefit from particular kinds of self-help materials.
- More also needs to be known about the nature of the 'active' ingredients in self-help materials and whether self-help based upon models other than CBT might be effective.
- Qualitative studies could offer scope to assess how users rate materials in terms of accessibility, ease of use and perceived benefits and the barriers for professional use.
- Studies could also evaluate specific learning approaches of materials. Self-help materials increasingly use instructional design methods but their application in this context has yet to be assessed.
- A stepped care model may be of particular benefit in evaluating materials.
- All evaluations should include an analysis of cost-effectiveness.



For further information about the study please contact:

**Professor Glyn Lewis**  
Division of Psychiatry  
University of Bristol  
Cotham House  
Cotham Hill  
Bristol BS6 6JL  
[Glyn.Lewis@bristol.ac.uk](mailto:Glyn.Lewis@bristol.ac.uk)

**Ms Liz Anderson**  
Division of Psychiatry  
University of Bristol  
Cotham House  
Cotham Hill  
Bristol BS6 6JL  
[E.J.Anderson@bristol.ac.uk](mailto:E.J.Anderson@bristol.ac.uk)

**National Institute for Mental Health in England (NIMHE)**  
Blenheim House  
West One  
Duncombe Street  
Leeds LS1 4PL  
[www.nimhe.org.uk](http://www.nimhe.org.uk)

NIMHE is part of the Modernisation Agency at the Department of Health

This and other expert briefings on mental health research are available as PDFs from: [www.nimhe.org.uk/expertbriefings](http://www.nimhe.org.uk/expertbriefings)

*Self-help interventions for mental health problems*

*Putting research evidence within your reach*

### About the study

The study examined and summarised evidence from published literature (both UK and international), as well as a variety of materials and resources, evaluating self-help interventions for people with mental health problems.

The study had three main aims:

- to systematically review and identify materials on self-help interventions for mental health problems
- to describe and classify existing English-language self-help interventions for mental health problems. These were classified along the following dimensions:
  - professional involvement (time and training requirements)
  - process (the nature of advice or therapy given and expectations of user)
  - diagnosis or symptom
  - medium of delivery (book/audiotape/video/CD-ROM etc.)
  - any basis in psychological theory and what theory
  - description (length, language difficulty)
  - availability
- to review the literature that has evaluated self-help interventions for mental health problems in relation to the following outcomes:
  - clinical symptoms
  - costs
  - quality of life
  - acceptability to users.

A search of systematic reviews identified 344 potential papers of which seven fulfilled the criteria for inclusion in the study. The chosen reviews were all conducted within an eleven-year span (1990–2001). Of these, three were UK-based. All seven reported or concluded that there were significant benefits for self-help on clinical outcome when compared to treatment as usual. Despite this finding, there were significant limitations in all reviews.

Several additional searches addressed particular areas where previous reviews might have omitted published articles, in order to include all randomised control trials (RCTs) and observational studies (OS) (i.e. non-randomised) where no RCTs could be found. Specific searches were also carried out of self-help groups and qualitative studies. Of the 1159 studies identified, those which met the inclusion criteria were, by conditions: bipolar disorder (n=4) and schizophrenia (n=40); generalised anxiety disorder (RCT n=31; OS n=2); panic disorder (RCT n=4; OS n=1); depression (RCT n=2; OS n=3); eating disorders (RCT n=2; OS n=5); and obsessive compulsive disorder (n=1).

In order to investigate types of self-help materials more likely to be purchased and used, and to determine which were the most popular, a search was carried out of selected voluntary organisations' websites, publishers' lists recommended by a panel of experts, local bookstores' best-selling publications and the Amazon.co.uk website. Several dozen resources were identified and examined and are described in the full report.

### Further information

*Self-help Interventions for Mental Health Problems* (April 2003)

Glyn Lewis<sup>1</sup>, Liz Anderson<sup>1</sup>, Ricardo Araya<sup>1</sup>, Rodney Elgie<sup>2</sup>, Glynn Harrison<sup>1</sup>, Judy Proudfoot<sup>3</sup>, Ulrike Schmidt<sup>4</sup>, Deborah Sharp<sup>1</sup>, Alison Weightman<sup>5</sup>, Chris Williams<sup>6</sup>

<sup>1</sup>University of Bristol, <sup>2</sup>Gamian Europe, <sup>3</sup>University of New South Wales, <sup>4</sup>Institute of Psychiatry, University of London, <sup>5</sup>University of Wales College of Medicine, <sup>6</sup>University of Glasgow

A 137-page review and analysis of the research literature and self-help materials for mental health problems

### References

Department of Health (DH) 1999. *National Service Framework for Mental Health*. London: Stationery Office. Available at: [www.doh.gov.uk/nsf/mentalhealth.htm](http://www.doh.gov.uk/nsf/mentalhealth.htm)

Katon, W., von Korff, M., Lin, E., Walker, E., Simon, G. and Bush, T. 1999. 'Collaborative management to achieve treatment guidelines: impact on depression in primary care', *JAMA*, 273, 1026–31

Lewis, G., Anderson, L., Araya, R., Elgie, R., Harrison, G., Proudfoot, J., Schmidt, U., Sharp, D., Weightman, A. and Williams, C. 2003. *Self-help interventions for mental health problems*. Report to the Department of Health R&D Programme

Moher, D., Schulz, K.F. and Altma, D.G. for the CONSORT Group 2001. 'The CONSORT statement: revised recommendations for improving the quality of reports of parallel-group randomised trials', *Lancet*, 357, 1191–94. Available from the CONSORT site at: [www.consort-statement.org](http://www.consort-statement.org)