

## Mental Health Self Help Guides.

### Report on distribution and use of self help guides in Manchester 2003-5

#### Summary

Over a period of nearly two years, 51,315 mental health self help guides have been distributed in Manchester. Evaluation shows that nearly all guides have been distributed as part of one to one contact by professionals. This implies a targeted distribution to about one in eight of the city's population over 15 years old.

The guides have been used by 164 organisations with various functions and have been especially popular in primary health care settings/general practice.

Of those who responded to evaluation questionnaire,

- 98.5% said the guides supported their professional involvement with individuals
- 36.6% said that *many* individuals who used the guides reported they were useful
- 38% said that *some* people who used the guides reported they were useful
- 22.5% said that some people who used the guides reported they were *very* useful
- 95.6% said they would use the guides routinely in future
- 70.4% said they would find it useful to have training in the further use of self help materials
- 71.8% said they would find it useful to have general mental health training

The guides are cost effective on a cost per copy basis comparable with similar literature. Recommendations in this report are concerned with decision making about future distribution of the guides.

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## **Introduction.**

Self help approaches to improving mental health are becoming increasingly valued and this is becoming recognised in local and national mental health policy.

“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 professionals.” (*National Institute for Mental Health in England, Expert Briefing*)

Such techniques are also finding a context in mental health service provision, for example in the graduate worker roles in primary care and the development of a “stepped approach” to managing depression.

The self help guides used here were written by Newcastle, North Tyneside and Northumberland Mental Health NHS Trust who agreed freely to their dissemination in Manchester. They also seem to be extensively used in other parts of the country, being available on the Trust’s website,

<http://www.nnt.nhs.uk/mh/content.asp?PageName=selfhelp>

The guides are based on an interactive approach, i.e. there are exercises that readers can go through, rooted in cognitive behavioural therapy principles, i.e. that it helps people to examine how their feelings and responses are related to how they think about themselves and their relation to the world.

“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” (*National Institute for Mental Health in England, Expert Briefing*)

Four of these guides were piloted for use in Manchester up to August 2003 and evaluation of their use showed a great deal of enthusiasm on the part of professionals in a number of settings for continuation and extension of their distribution.

The publication and distribution of 11 titles in Manchester proceeded with financial support from each of the three Manchester Primary Care Trusts and was managed by Manchester Public Health Development Service. Distribution continues at the time of writing.

Two titles have each been translated into four other languages these will be evaluated separately (see appendix 2).

## **Titles published and distributed in Manchester**

- Depression and Low Mood. A Self Help Guide.
- Panic. A Self Help Guide.
- Controlling Anger. A Self Help Guide.
- Shyness and Social Anxiety. A Self Help Guide.
- Sleep Problems. A Self Help Guide.
- Bereavement. A Self Help Guide.
- Post Traumatic Stress. A Self Help Guide.
- Stress and Anxiety. A Self Help Guide.
- Obsessions and Compulsions. A Self Help Guide.
- Post Natal Depression. A Self Help Guide.

- What is Post Natal Depression? An information leaflet.

Distribution was accompanied by Department of Health booklet, “Choosing Talking Therapies”

Some of these have been used in greater volumes than others. The most commonly used by far is “Depression and Low Mood”. Guides on panic, anger, sleep, stress and anxiety, bereavement and post natal depression have been taken up in roughly equally large volumes. The lesser demand for guides on obsessions and compulsions and on post traumatic stress is an indication that these conditions are perhaps less common rather than that the guides are less effective for those who need them.

## **Publication and Distribution**

The guides were printed locally in stages in order to benefit from economies of scale by bulk printing, but also to gauge demand and avoid having unused stock. See below for costs of publication.

Sample copies were distributed with order forms to likely users across the city with an emphasis on general practice and primary care. Many agencies found out about the guides by word of mouth.

Orders were supplied free of charge.

Orders were made by a very wide range of agencies (see appendix 1) in varied sectors.

Many agencies made repeat orders, a useful indication that the guides were in active use.

Geographical distribution across the city was fairly even,

Central Primary Care Trust area, 13,836

North Primary Care Trust area, 16,552

South Primary Care Trust area, 10,326

Citywide and non specific agencies, 10,601

Those making orders were all professional agencies referred to hereafter as “distributors”.

## **Evaluation Method**

Distributors were asked, in the order form, whether or not they would be willing to participate in evaluation. This was intended for use in an interview format evaluation.

In the event, an interview format could not be pursued owing to lack of time.

A questionnaire was circulated to all distributors. 71 of 147 (48%) of forms were completed and returned.

## **Evaluation Results**

### **1. Passing the Guides on.**

We asked how distributors passed guides to people who need them. The key finding sought here was whether the guides were distributed haphazardly, for example, put on public display, or whether their use was targeted at individuals likely to benefit from them.

Of the 71 distributors who replied, 24 said they used public display/help yourself as a means of distribution. Of these, only 5 did not also use the booklets on a one to one basis. Of these, two were libraries. Several (12) of those using public display in combination with one to one distribution commented that the experience indicated that one to one distribution was more effective.

61 of the 71 (85.9%) distributors who replied use the guides as part of a one off contact with individuals.

43 of the 71 (60.5%) distributors used the guides through contact with individuals over several sessions.

98.5% of distributors who replied said the guides supported their professional involvement with individuals.

Comment by respondents most commonly showed how distributors used the guides to support their one to one engagement with individuals, usually over a number of meetings, “Very useful to focus on during follow up appointments. Some patients found they did not need to see a counsellor following use of self help guides.”

*G.P.*

“An excellent aide memoire for after the sessions or as an aide to the consultation – reinforces some of the advice given when patient could have forgotten.”

*Health Visitor*

“Allows people to have access to information when at home – provides ongoing education and reinforces that things can get better.”

*A&E Liaison Nurse*

“Used as part of our stress management help for those with HAD scores above 10. Assessing and support to people over several sessions had better results than one off session.”

*Cardiac Rehabilitation Nurse*

“I found it very useful to reinforce work done within sessions. Guides provide patient with easy to follow instructions between sessions.”

*Primary Care Mental Health Practitioner*

“Better if you saw the client a few times to explain how to use the book to help.”

*Youth Access Team*

“Guides support professional involvement – very much so. Publications helped to reinforce discussions in consultations”

*Occupational Health Unit*

“Clinicians found it very helpful to go through the guides over sessions. Also very helpful to be able to give to people unlikely to come back”

*Community Alcohol Team*

“Working through sections of the guides with patients is useful as you can help them to understand the content more and motivate them to do the activities set – gives patients a rationale for interventions.”

*Primary Care Mental Health Team*

“Very good through Expert Patient Programme courses and EPP network.”

*EPP Co-ordinator*

## **2. Satisfaction of People Given Self Help Guide by Distributors**

This evaluation has no direct feedback from people who were given a guide by the distributors. This would be useful research but is beyond the capacity of this investigation. Distributors were asked in the evaluation questionnaire to gauge their impression of whether individuals in receipt of a guide found it useful. Responses to this

question were affected by whether or not distributors had opportunities for feedback from users.

26 (36.6%) of distributors said that *many* people had reported that they found the guides useful

27 (38%) said that *some* people had reported that they found the guides useful

16 (22.5%) said that some people had reported that the guides were *very* useful

14 (19.7%) had received no comment.

*N.B. Some respondents will have reported in more than one of these categories*

Comment on how the guides have been received included,

“Many people found they were useful and reduced need for prolonged contact and medications.”

*G.P. Practice*

“On the whole people found them useful and easy to understand. We see many people who find this useful.”

*Health Visitor*

“For those with no understanding or insight to their problem they were very useful.”

*Primary Care Mental Health Team*

“There is often little leaflets about such topics therefore this is the first time seen by clients.”

*Health Visitor*

“Been a very positive response to these guides.”

*Counsellor*

“Clients able to absorb information at their own pace.”

*Occupational Health Nurse*

“Very user friendly. Most definitely had positive feedback from all individuals.”

*A&E Liaison Service, Mental Health and Social Care Trust.*

“Easy to read, relates well to problems experienced and advice given is useful and practical and can be tailored to individuals and sessions available.”

*Primary Care Mental Health Team*

“Particularly good feedback on social anxiety one.”

*Youth Access Team*

“There is a restriction due to language for whom I can use the leaflets.”

*G.P. Practice*

“Those who actively read and used the guides reported that they had educated them and been useful.”

*Primary Care Mental Health Team*

### **3. Use of the Guides in the Future**

95.6% of respondents to the questionnaire said that they would use the guides routinely in the future. This finding is supported by the high rate of repeat orders from distributors.

### **4. Training about Self Help and Mental Health for Organisations Using the Guides**

The questionnaire asked distributors whether they would find it useful to receive training in the further use of self help materials and/or general training for mental health.

50 (70%) respondents said they would find training in further use of self help materials useful.

51 (71%) respondents said they would find more general training in mental health useful. Two categories of agency responded to these questions most often.

Replies from General Practices showed an equal demand for self help training and general mental health training. Some questionnaires have been completed by G.P.s and others by other practice staff. A tentative picture is of a need for training in further self help techniques for G.P.s and other clinical staff and more general training for other practice staff.

“If I could find the time.”

*G.P.*

“Too many time constraints on general practitioners.”

*Practice Manager*

“Because I don’t have the time (to train in self help approaches) but resource in the practice would be great.”

*G.P.*

There were many responses to these questions by Health Visitors with the great majority citing a need for both forms of training. Ordering for guides amongst Health Visitors showed an emphasis on those about post natal depression but this is not especially reflected in comments about training need.

“Mental health is an area most health visiting team members feel more training is needed”

“We work with many people with mental health problems. Then (i.e. with self help training) we could provide universal support as a team.

“Particularly multi agency training- including staff from mental health services.”

“(Training) would aid the process of explaining the guides to people.”

“This is the area I, as a community practitioner, find lacking in terms of support, services, training, education, written info etc. This is a surprise as mental health issues are a huge problem in Manchester.”

“Very little mental health training available. Post natal depression very important.”

“Health visitors find it increasingly difficult to access mental health services for adults on caseloads.”

*Comment from Health Visitors*

A number of mental health specialists said that, although they would not need training themselves, it should be available to other primary care staff.

Responses from a wide range of other agencies were overwhelmingly in favour of both forms of training (rather than one or the other). There was a good representation here of agencies dealing with physical ill health.

“Short courses on techniques for managing conditions would be useful.”

*Counsellor, Hospital Ante Natal Department.*

“(Training) to ensure the right approach is used when introducing the material.”

### *Heart Failure Service*

“Looking for courses to enable us to cater for students and staff, especially for crisis and early intervention.”

### *Learning Support for Students*

“Especially following NICE guidelines on depression and anxiety which advocate bibliotherapy and guided self help.”

### *Day Unit for Older People*

“In cardiac rehabilitation anxiety and depression, post event, is a key area we need to address.”

### *Cardiac Rehabilitation Unit*

## **5. Other Comment**

Respondents were given space on the questionnaire for free comment. Here is a selection.

“If the post natal depression guides were being re-written they should refer to perinatal or ante-natal depression as well, as women depressed ante-natally do not think these guides are necessarily relevant to them.”

*Counsellor, Ante Natal Department.*

“What about guides for younger people/children?”

*Youth Access Team*

“Some have too much text and would benefit from being simplified and cut down.”

*Primary Care Mental Health Team.*

“G.P.s need easier access to counsellors or support groups. Self help guides are useful as a stop gap and maybe the only treatment needed for mild mental health problems.”

*G.P.*

## **Costs**

Some of the costs of distribution are direct and measurable, e.g. printing. Other costs are hidden, principally management and administration costs within the Manchester Public Health Development Service.

Calculation by direct costs is variable, depending on the size of the print run, as there are large economies of scale to be had with printing in larger numbers. The publishing described here has been in runs of 2,000 or 5,000 copies. Smaller runs have been dictated by the need to trial certain titles, distribution of less commonly used guides and limitations to storage capacity.

Average cost per copy for a 5,000 run is about 17 pence. For a 2,000 it is about 24 pence.

This compares very favourably with the cost of buying in literature on similar topics published elsewhere. For example, MIND information booklets can be bought for 60 pence each when ordering over 1,000, and Mental Health Foundation information booklets at 50 pence.

## **Conclusions**

1. The guides have proved popular and useful for many agencies in the city, filling a gap in the availability of information about mental health and promoting support for self management for mental health problems. Distributors are keen to carry on using them.

2. There is particularly heavy use of the guides in primary health care settings.
3. The guides are used by distributors mostly as part of one to one contact with individuals and often as an aid to engagement over several sessions. The use of the guides should be seen as complementary to a variety of approaches to care, support and clinical intervention.
4. The guides are likely to be useful to those to whom they are given by distributors.
5. The popularity of the guides for such a wide range of agencies is an indication that mental health is recognised as important in many settings and that there is potential to develop further mental health support in such non specialist settings.
6. There is a perceived need for training, in many different settings, about mental health generally and about promoting self management techniques in particular.
7. The publication of the guides is cost effective in comparison with alternatives. It is not possible to estimate cost effectiveness by reference to the impact of the guides on the mental health of end users, the general health economy in Manchester or the wider social costs of mental ill health.
8. The management and administration of publication and distribution of self help guides at the current rate is only just sustainable within current resources in the Manchester Public Health Development Service.
9. It is possible that demand in Manchester may peak with intensive distribution to date, but, then again, it may continue at a high rate.
10. There is demand for translated versions of the guides and they are appropriate for translation.
11. There is demand for published self help guides in other areas outside of Manchester
12. Manchester's experience, as reported here, has relied on the free collaboration of the original publishers in the North East. Translation and audio reproduction has shown the mutual benefits of collaboration on principles of free exchange.

## **Recommendations**

1. This evidence of the popularity and usefulness of these publications in Manchester, and indications of similar need elsewhere, should lead to a consideration that publication and distribution should be undertaken on a national basis, perhaps by the Department of Health.
2. In the meantime, a decision needs to be made about future local distribution, how it is funded and managed.
3. It would be worth investigating adaptation of guides for better targeting of particular population groups, e.g. young people. The guides' originators have been looking at adaptation of guides for appropriate use by prisoners.
4. Further research into the benefits of the guides for individuals should be undertaken, including how their use relates to other interventions. It would be useful to link local research with the broader body of research about self help techniques and their relationship to other interventions. Research could also be usefully linked to the dissemination of self help style literature to the general public through Manchester's Health Matters project.
5. The strong indications of training need indicated in this evaluation should be followed up with closer assessment.

6. The future pilot distribution of translated self help guides, with audio versions, should be noted with a view to potential for wider distribution.
7. Further country wide collaboration should continue and be further developed on the principle of free access to information and free exchange of development.

## Appendix 1

### **Distributing Organisations**

All distributors supplied are in Manchester.

1. **General Practice.** Supplies were ordered by 58 practices of a total of 107 in Manchester.
2. **Health Visitors.** Orders came from 26 teams. It is not possible to discern where these are supplies for teams or individuals.
3. **Primary Care Mental Health Teams.** The three Manchester teams are the biggest distributors of the guides.
4. **Other NHS Services.**
  - Community Alcohol Team
  - Expert Patient Programme Co-ordinators, North & Central PCT
  - Cardiac Rehabilitation Team, Manchester Royal Infirmary
  - Intensive Care Unit, Follow Up Service, Manchester Royal Infirmary
  - Central Manchester Children's Hospital
  - Community Nutrition Service
  - Manchester Public Health Development Service
  - PACE Project (physical activity on referral, North PCT)
  - Ante Natal Department, North Manchester General Hospital
  - Heart Failure Specialist Nurse, North Manchester General Hospital
  - Rheumatology Department, North Manchester General Hospital
  - Risk Management Midwife, St Mary's Hospital
  - Dietetic Department, Wythenshawe Hospital
  - Youth Access Team (CAMHS Directorate)
  - Paediatric Nurse, Charlestown Road Health Centre
  - Surestart Nursery, Collyhurst
  - Homeless Families Service, Rusholme Health Centre
- **Manchester Mental Health and Social Care Trust**
  - Peri Natal Community Psychiatric Nurse, Mother and Baby Unit
  - Community Mental Health Teams
  - Psychology Departments (North, South and Central)
  - A&E mental health liaison service, North Manchester General Hospital
  - A&E mental health liaison service, Manchester Royal Infirmary
  - Bridges Day Unit (for older people)
  - SAFE team (self harm service)
  - SAFIRE service, North Manchester General Hospital
  - Occupational Therapy, Wythenshawe Hospital
  - Mental Health Inreach Team, Manchester Prison

- **Voluntary Sector**
  - 42<sup>nd</sup> Street (for young people)
  - African and Caribbean Mental Health Service
  - Admiral Nursing Service (specialist dementia nursing)
  - Alzheimer's Society
  - BESS Counselling
  - Chinese Health Information Centre
  - Having A Voice
  - Lesbian and Gay Foundation
  - Manchester Project
  - North Manchester Women's Aid
  - Pathways, Arts for Health Project
  - Respect for All (Counselling)
  - St. Luke's, Ardwick
  - The Roby, Longsight
  - Zion Centre, Hulme
- **For Employers**
  - Occupational Health Dept, Co-operative Group
  - Health, Safety and Welfare, Corporate Personnel, Manchester City Council
  - Occupational Health Dept, Manchester City Council
- **Educational**
  - Brookway High School
  - Student Support, Manchester College Arts and Technology (MANCAT)
  - Access to Nursing, MANCAT, Moston College
  - Occupational Health Dept, School of Nursing, Manchester University
- **Other**
  - K Wing, HM Prison, Manchester
  - South Manchester Healthy Living Network

## Appendix 2

### **Translations of the Self Help Guides**

The need for translated versions of these guides was identified early on in the pilot distribution. The need was predicted and the methods informed by local research in 2002 (*Mental Health Information Needs of Black and Ethnic Minority Communities in Central Manchester, a report on research into the views of service users and providers by Rohina T. Ghafoor, copy available from Manchester Public Health Development Service*).

The process of translation was initially supported by Central Manchester PCT and subsequently by North and South PCTs.

Order forms for self help guides in English asked distributors whether they would use translated versions and which were the most important languages for their customers. South Asian languages (Urdu, Punjabi, Bengali, Gujarati and Hindi) were by far the most requested. Arabic was the next most common, followed, in order, by Chinese, French, Somali, Farsi, Lithuanian, Malaysian, Vietnamese, Japanese and Braille.

The Manchester NHS Interpreting Project, formed to support use of primary care services, commissioned the initial translations, and devoted time to work with this service

in testing the usefulness of translations with potential users. This has been a very long process and publication is being finalised at the time of writing.

Translations chosen in the first instance were,

- “Depression and Low Mood” in Urdu, Somali, Arabic and Bengali
- “Stress and Anxiety” in Urdu, Somali, Arabic and Hindi.

First drafts of translation texts were first tested with focus groups fluent in the relevant language and then discussed with community groups from local communities speaking the relevant language and preferably with some experience of mental health problems either personally or within their family/community. This process was intended to reveal any flaws in the use of concepts about mental health in the context of cultures where English may not be the main language. It was also used to test appropriateness of design. Work in translation has been shared with Sheffield PCT who have used them as a basis for producing audio versions on CD, enabling us to distribute both written and audio versions in the future. Translations will be made available through the internet and internet availability of audio versions will be explored. (see some of Sheffield’s work in this area at <http://www.soundshealthy.nhs.uk/> . This material is also being tried at touch screen computer points in public places).

Distribution and use of translated guides in Manchester will be evaluated and reported separately.

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