Self-help is no help: negative study results lead to important lessons

Peter Cornish, PhD
Memorial University of Newfoundland, St John's, NL

Elizabeth Church, PhD
Mount Saint Vincent University, Halifax, NS

Terrence Callanan, MD
Cheri Bethune, MD
Lynda Younghusband, PhD
Memorial University of Newfoundland, St John's, NL

Correspondence to:
Peter Cornish;
peteracornish@me.com

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In training mental health professionals in rural areas across Newfoundland and Labrador over the past decade,[1,2] we have learned that practitioners are in need of practical and realistic ways to address the mental health concerns of their patients. In one of our early pilot projects,[3] we noted considerable community interest in accessing a small multimedia mental health library. We hypothesized that a self-help intervention involving bibliotherapy might be an effective means for addressing the high incidence of depression observed by health care providers throughout the province.

CLINICAL TRIAL

We decided to conduct a clinical trial involving a popular and proven self-help book for depression, *Feeling Good: The New Mood Therapy,* by psychiatrist David Burns.[4] The book is a highly regarded self-help program for depression and has been evaluated favourably in controlled research settings.[5] There is a lack of data on this type of intervention in rural practice settings. After receiving funding and ethics approval for our trial, we randomly assigned health professionals to either intervention or control conditions. Despite expressed interest in the study, none of the professionals succeeded in recruiting patients. In follow-up interviews, they explained that many of their patients had low levels of literacy, complex chronic mental health problems and/or were too elderly to participate. Some professionals indicated that by the time they saw patients with mental health concerns, the level of pathology was too severe for participation in the self-help program. As well, several indicated that it was challenging to integrate the self-help program into their practices because of high service demands.

LESSONS LEARNED

When we attempted to publish an account of the negative results of the study, reviewers and editors rejected our submission on methodological grounds, arguing that a different intervention might have garnered greater participation. Fair enough. However, important lessons of interest to practitioners and researchers were learned through this study.

1. Given the high service demands and relatively low staffing levels in rural and remote regions, more structured administrative supports are needed. These could include involving and training community members and support staff in clinics to assist with identifying and preparing potential participants before depression becomes severe.
2. Given the low interest and capacity expressed by patients referred to our self-help program, we suggest that video, computer and telephone-based self-help modules be offered and evaluated in structured community settings where staff are available to assist patients who have low technical or computer literacy.
3. A different self-help approach may be better suited to rural Canadians. Over the past decade, innovative self-administered, Internet-based approaches have been developed and piloted in the United Kingdom and Australia for increasing access to

mental health resources for professionals and patients. Educational and self-help websites with varying levels of complexity have been launched in both countries.[6,7] In the UK, an approach called "stepped care" has been advocated as a more efficient method for mental health care.[8] Interventions range from watchful waiting, whereby a deliberate monitored delay of several weeks is allowed to enable spontaneous recovery, to intensive inpatient medical care.[8] Brief screening assessments for mental health can be administered repeatedly during this period to assess for any changes in mental health. As the name implies, stepped care allows for a triage system of interventions graded by complexity, intensiveness and cost.

4. Guided self-help may be more appropriate for rural and remote populations. For example, hybrid Internet cognitive behavioural therapy programs, which include weekly telephone or email follow-up, are showing positive results in studies conducted around the world, including a program based at the University of Regina.[9] A stepped care system including guided online self-help would require training and organizational support from centralized health authorities. There may also be a need to partner with local libraries to encourage e-health literacy in the general population. Resources for patients and providers considering self-help for depression in rural and remote areas are summarized in Box 1.

CONCLUSION

Although our rural clinical trial turned out to be no help at all, lessons learned from it could be useful in helping patients with mental health issues who live in rural areas.

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Box 1. Resources for improving access to self-help materials for patients and health care providers in rural and remote areas

Patients

Increase availability of psycho-educational resources in the community:

- Pamphlets
- Videos (e.g., WebMD Depression tv, www.webmd.com/depression/depression-tv)
- CDs and MP3 files
- Websites (e.g., BluePages, bluepages.anu.edu.au)

Ensure books are not too text-intensive:

- *Mind Over Mood*[10]
- *Mindfulness and Acceptance Workbook for Depression*[11]
- *Overcoming Depression One Step at a Time*[12]
- Audiobook versions of the above

Offer various levels of structure and guidance:

- Weekly telephone or email check-up
- Assign simple behavioural activation homework
- Arrange for a public speaking event on depression

Encourage access to Internet self-help format:

- The MoodGYM Training Program, https://moodgym.anu.edu.au
- Include Internet training
- Involve local library that provides Internet access

Providers

Obtain technology for waiting room mental health screening and psycho-education:

- Computer tablets
- Internet terminal
- Health promotion video screens

Support staff training:

- Mental health screening
- Psycho-education
- Self-help
- Computer tablets and Internet technology

Train providers in stepped care:[8]

1. Watchful waiting
2. Psycho-education
3. Bibliotherapy
4. Computer-based e-health
5. Group therapy
6. Individual therapy
7. Medication
8. Inpatient care

Lobby for access to therapist-assisted self-help program:

- Online Therapy USER, www.onlinetherapyuser.ca
- Beating the Blues US, www.beatingthebluesus.com
- CyberPsyc, cyberpsyc.com

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