LIBRARIES AND BIBLIOTHERAPY FOR MENTAL HEALTH

Neil Frude

BIBLIOTHERAPY

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

BIBLIO THERAPY

BIBLIO THERAPY 1:

- Manualised self-therapy
- Strong scientific evidence of effectiveness

BIBLIO THERAPY 2:

- Use of fiction, poetry etc.
- Strong anecdotal evidence of effectiveness

THE MENTAL HEALTH CONTEXT

According to the WHO, depression is now responsible – worldwide – for more “years lived with disability” (YLD) than any other illness – psychological or physical

THE MENTAL HEALTH CONTEXT

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

And this is also the case for 1/10 (UK) children of school age

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

1 in 4 consultations in primary care has a mental health component
TREATING PSYCHOLOGICAL DISTRESS

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

PHARMACOLOGICAL TREATMENT

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).

TREATING PSYCHOLOGICAL DISTRESS

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ANTIDEPRESSANT PRESCRIPTIONS

Surveys and a large meta-analysis (McHugh et al., 2013) have shown that many patients would prefer psychological help for their emotional problems — and this is widely acknowledged in Mental Health Strategy policy documents.

NATIONAL ASSEMBLY FOR WALES – 2001

“A... 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”

NATIONAL ASSEMBLY FOR WALES – 2016

A research briefing acknowledged that clients and leading mental health charities were unhappy with the level of provision of psychological therapies. 62% of GPs and primary care staff said that lack of access to psychological treatment was a major impediment to delivering good mental health care.
Despite the fact that psychological therapy can be highly effective, its actual impact on the population is tiny. This reflects the very limited availability of psychological therapy. Few of those who might benefit actually receive any form of psychol. treatment.

Epidemiology vs. Resources

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

Impact = Effectiveness x Reach

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

MUCH more emphasis has been placed on effectiveness than on reach

(Impact = Relief of Suffering)

100s of studies
Cochrane reviews
NICE evaluations
Systematic reviews
Meta-analyses

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”

They concluded that self-help treatment is as effective as face-to-face therapy (and BBT is HIGHLY cost-effective)
BIBLIOThERAPY CAN BE HIGHLY EFFECTIVE

BUT IT HAS RELATIVELY LITTLE IMPACT

HOW CAN WE INCREASE THE IMPACT?

BY EXTENDING THE REACH

WE NEED A WHOLESALE DELIVERY STRATEGY

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 STRATEGY

The BoP strategy allows a cascading of expertise from mental health specialists (those who write and select quality books) to Primary Care health professionals (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 patient self-management and patient 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

<table>
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<tr>
<th>QUALITY OF AVAILABLE BOOKS</th>
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THE CARDIFF BOOK PRESCRIPTION SCHEME

Having had the idea of a BoP scheme, I first approached the Chief Librarian in Cardiff and was invited to ‘pitch’ the idea to the local Library committee – and they agreed, in principle, to support an experimental BoP scheme.

BOOKS ON PRESCRIPTION STRATEGY

**QUANTITY OF AVAILABLE BOOKS**

(Amazon UK figures)

<table>
<thead>
<tr>
<th>Self-help DEPRESSION</th>
<th>&gt; 10,000</th>
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<tr>
<td>Self-help ANXIETY</td>
<td>&gt; 10,000</td>
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<tr>
<td>Self-help SOCIAL ANXIETY</td>
<td>&gt; 2,000</td>
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<tr>
<td>Self-help PANIC</td>
<td>&gt; 1,000</td>
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<tr>
<td>Self-help OCD</td>
<td>&gt; 1,000</td>
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BOOKS ON PRESCRIPTION STRATEGY

**STRATEGY WORKING SCHEME**

The very first implementation of the BoP strategy as a working SCHEME happened in Cardiff in 2003.

THE CARDIFF BOOK PRESCRIPTION SCHEME

I then surveyed 50 psychologists and counsellors to identify books they would recommend for people with mild or moderate mental health problems. The results were structured into a 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

**THE CARDIFF BOOK PRESCRIPTION SCHEME**

**COMMENTS FROM USERS**

“I felt 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”

**BOOK PRESCRIPTION WALES**

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

**THE CARDIFF BOOK PRESCRIPTION SCHEME**

**BOOK PRESCRIPTION WALES**

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

Won several awards (RCGP innovation award)

Also 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
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.

Borrowings of the listed books averaged around 30,000 per annum in the first 4 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 (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

Developed by the Reading Agency in Partnership with the SCL
Funded by Arts Council England
Supported by Wellcome
England now has 4 Book Prescription schemes –

**Adult M.H. – 2013**  **Dementia – 2015**

**Young People M.H. – 2016**  .. and ...

**Chronic Physical Conditions – 2017**

Since the initial launch in June 2013, over 850,000 books included in the project have been issued by public libraries in England.

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**READING WELL BoP SCHEME**

**READING WELL BoP FOR DEMENTIA**

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 picture-based).

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**READING WELL BoP FOR YOUNG PEOPLE**

**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.

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**NATIONAL PARTNERSHIPS**

[List of partners and logos]
**READING WELL – CHRONIC CONDITIONS**

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

**CHRONIC CONDITIONS – PARTNERS**

- BABCP  British Heart Foundation
- BPS  British Lung Foundation
- Carers Trust  Carers UK  Diabetes UK
- The IBS Network  Mind  MHF
- Public Health England  The Stroke Association
- Royal Colleges of ... GPs ... Nurses ... Psychiatrists

**READING WELL BoP SCHEME**

- Self-referral – (libraries more active)
- Focus on partnerships
- Focus on sponsorship
- More active SU involvement
- Regular independent evaluation

**READING WELL BoP EVIDENCE (END 2017)**

- Reach: 780,000 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

**USER IMPACT – ADULT MENTAL HEALTH**

- 90% of users said scheme was either ‘helpful’ or ‘very helpful’
- 74% more confident managing symptoms
- 68% said that symptoms had improved as a result of reading the book
USER IMPACT – DEMENTIA

❖ 96% found the book ‘helpful’ or ‘v.h.’
❖ 65% said it helped them to better understand the condition
❖ 73% said it increased their knowledge of sources of help and support

USER IMPACT – YOUNG PERSONS SCHEME

❖ 96% found the book helpful in dealing with emotional difficulties
❖ 77% felt that the book provided useful information and advice
❖ 59% said the book helped to boost their confidence

BOOKS ON PRESCRIPTION – POTENTIAL

BIBLIOTHERAPY IS AN EFFECTIVE TREATMENT
AND IT IS HIGHLY COST-EFFECTIVE
AND IT CAN BE WIDELY DELIVERED
SO HAS THE POTENTIAL FOR EXTREME ‘REACH’

BOOKS ON PRESCRIPTION – POTENTIAL

So …

Why do only 10% GPs KNOW ABOUT the scheme?
(100% of GPs know about antidepressants)

Why do < 5% of GPs USE the scheme?
(100% of GPs prescribe antidepressants)

THE MEDICATION ADVANTAGE

EVERY GP prescribes antidepressants
OF COURSE
… so given the evidence of effectiveness, cost-effectiveness, and patient preference, why doesn’t EVERY GP also prescribe books?

THE MEDICATION ADVANTAGE

Pharma spends £66 million per annum on UK advertising / marketing of antidepressants
**THINKING SYSTEMICALLY**

Biological OR Psychological OR Social interventions can all take some of the ‘load’ or ‘pressure’ off a bio-psycho-social system that is dangerously “overloaded”

**ADVANTAGES OF BIBLIOThERAPY**

Many people prefer psychological treatment

Increases sense of personal empowerment

More immediate effects than AD medication

No rebound effect when treatment ends

Lower relapse rates (teaches ‘skills for life’, EQ)

**ADVANTAGES OF BIBLIOThERAPY**

No appreciable adverse side effects

No adverse interactions with medication

No significant contraindications

No danger of overdose

Safe in pregnancy!!!

**ADVANTAGES OF BIBLIOThERAPY**

Can help people ...

... to understand their condition

... to explain their condition (script)

... to support their own recovery

... to enhance their wellbeing

... to reduce the risk of relapse

**BIBLIOThERAPY – PROCESSES INVOLVED**

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<thead>
<tr>
<th>Psychoeducation</th>
<th>Normalization</th>
<th>Realistic reassurance</th>
<th>Realistic hope</th>
<th>Motivation boosting</th>
<th>Cognitive techniques</th>
<th>Behavioural techniques</th>
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<td><strong>EFFECTS</strong></td>
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<td>Raises self-efficacy</td>
<td>Empowers</td>
<td>Promotes “growth mindset”</td>
<td>Increases resilience</td>
<td>Raises EQ</td>
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**BIBLIOThERAPY – EXAMPLE – OBSESSIONS**

Unwanted and intrusive thoughts are very common indeed

Almost everyone has such thoughts

They are often violent, pornographic, shocking and highly distressing

Such thoughts are not deliberate actions
BIBLIOThERAPY – EXAMPLE – OBSESSIONS

They do not reflect “true desires”
They are not a prelude to evil actions
Trying to suppress unwanted thoughts will typically strengthen them
You cannot switch these thoughts off
It’s best to accept them and just carry on
And the thoughts will then weaken

BIBLIOThERAPY – LIMITATIONS

Limitations – People

Literacy (general – or specific language)
Motivation
Sensory handicaps
etc.

BIBLIOThERAPY – LIMITATIONS

Limitations – Clinical issues

Some clinical conditions ...
are too critical or too complex
or too severe, etc.
... or are simply outside the clinical range of the scheme

Books on Prescription – COST-EFFECTIVENESS

Quality bibliotherapy is significantly effective
And BoP COSTS are VERY low (£1)

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

Books on Prescription – COST-EFFECTIVENESS

Unit Cost per Effective Treatment

Traditional 1:1 psychology £ 3000
IAPT (50% effect / £750 cost) £ 1500
Anti-depressant medication £ ???
“Books on Prescription” £ 5
BIBLIOTHERAPY vs. TAU

<table>
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<tr>
<th>Symptom relief</th>
<th>Cost effective</th>
<th>Preferred</th>
<th>Recovery</th>
<th>Relapse</th>
<th>Resilience</th>
<th>Self empowerment</th>
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NATIONAL ASSEMBLY FOR WALES – 2016

62% of GPs and primary care staff said that lack of access to psychological treatment was a major impediment to delivering good mental health care.

ENHANCING WELLBEING BY READING

BIBLIOTHERAPY 2

Wellbeing enhancement through reading ...
... novels, poetry, memoirs, etc.

Entertaining | Energizing | Comforting
Distracting  | Uplifting  | Amusing
Stimulating  | Inspiring  | Encouraging

SOME BENEFITS OF READING

Broadens Experience

Increases general knowledge
Provides “virtual travel” through time and space to other periods, other cultures
... “virtual meetings” – we ‘meet’ ...

Miss Read, Mr. Darcy, Bertie Wooster

SOME BENEFITS OF READING

Promotes Active Engagement

Offers a Positive Way of Escaping

Provides Emotional Stimulation

SOME BENEFITS OF READING

Increases Emotional Intelligence (EQ)

Helps us to understand other people’s feelings, and our own – books can help us to find joy and meaning, and also to deal with fear, anger, guilt and loss

Such education can promote wellbeing and can help people to survive adversity
ENHANCING THE IMPACT OF READING

- Reading aloud groups
- Bookclub discussions
- "Meet the author"
- Researching background
- Read other books by author
- Read other books in the genre
- Write an on-line review

ENHANCING WELLBEING BY LIBRARY USE

- Safe spaces, stimulating spaces, signposting spaces, social spaces

2012 report by SCL (Wales)

"... public libraries are uniquely placed in the heart of the community to provide a range of health, wellbeing and social benefits and opportunities. Libraries bring people together"

ENHANCING WELLBEING BY LIBRARY USE

Safe spaces, stimulating spaces, signposting spaces, social spaces

2012 report by SCL (Wales)

"They are also vital in reaching out to more hard to reach and vulnerable people ... to those who are housebound, those living in rural areas and those less able to afford to pay for services"

INCREASING GENERAL WELLBEING

Based on a review of the evidence, the UK Gov. Foresight Report “Mental Capital and Wellbeing” (2008) concluded that:

“Achieving a small change in the average level of wellbeing across the population would produce a large decrease in the percentage with mental disorder”

INCREASING GENERAL WELLBEING

Wellbeing

Increasing general wellbeing will lead to a very significant reduction in mental health problems

YOUNG PEOPLE’S MENTAL HEALTH

Epidemiology (NICE and Young Minds)

1 in 10 children and young people aged 5 – 16 yrs. have a diagnosable psychol. disorder (average 3 children in every class)

Nearly 80,000 CYP in the UK have severe depression (10% are under 10 years old)
**THE LONG-TERM COSTS**

A high proportion of children who experience mental health problems will continue to have MH problems in adulthood – especially if untreated

- 50% of long term mental health problems begin by the age of 14 years
- 75% of long term mental health problems begin by the age of 18 years

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**“OUR CHILDREN DESERVE BETTER”**

*CMO’s annual report (published 2013)*

“The case for early intervention is underpinned by sound science and sound finance”

“We need to help young people to develop strategies to enable them to respond effectively to life’s challenges – to help them to develop resilience”

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**THE ECONOMY OF EARLY INTERVENTION**

![Return on Investment (ROI)](chart)

- Child
- Adolescent
- Adult

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**THE FUTURE OF BIBLIOThERAPY**

“I had a dream” ...

... that effective psychological help (prevention, treatment, recovery) could be made available to many more people who could benefit from such help – that much wider delivery was possible

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**THE FUTURE OF BIBLIOThERAPY**

“I had an idea” ...

... that one way of achieving this was to use bibliotherapy and libraries

(but I also had a nightmare – that there might be a ‘fatal flaw’)
“Librarians as health practitioners”

Technological developments will certainly revolutionize healthcare. Expertise will increasingly reside in artificial systems, but for some time these systems are likely to need a human interface.

“The Therapy without therapists”

As well as relieving mental health symptoms, information-based interventions can ...

- Enhance wellbeing
- Build resilience
- Aid recovery
- Prevent relapse

“I have another dream” ...

... that the full potential of bibliotherapy and digital interventions to prevent and treat mental health issues, to support recovery and to enhance wellbeing, will be recognized by those who have the power to change things.

... that every physician is aware of effective BBT / digital resources and uses these...

... that people recognize their library as a primary source of help for their health...

... and that specialist librarians, aided by AI, become front line health practitioners.

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