Beating the Blues the online way

BtB, a sophisticated, free CBT-based e-therapy programme for GPs and their patients, is showing good results

Mental health

Malcolm Falconer and Bruce Arroll

E-therapy has been of immense benefit to patients with mental health issues. And people who live in remote locations or have limited access to face-to-face therapy may find e-therapy particularly beneficial. However, even those who can easily access personal therapy can find it helpful. This would seem to contradict the premise behind therapy, which says the therapeutic relationship has primacy in helping people change. Engagement is seen as a key indicator when it comes to therapy success. So, given this, why does e-therapy work?

Progressing at the user's own pace

When people present with mental health problems they are often below par when it comes to concentration and paying attention. It is estimated only 10 per cent of what a therapist says to a patient is retained by the patient – hence, the importance of information hand-outs and homework in therapy. E-therapy factors in this attention deficit problem because the information is processed at individual users' pace, so they can rehearse and refresh, by pausing or going back through the program, when they lose track.

E-therapy comes in many forms, including "free-to-view" sites such as depression.org, which is largely informational but also includes the immensely helpful tools on JK's Journal – former All Black and depression spokesperson John Kirwan's "journal". These are therapeutic, particularly with regard to behavioural activation.

Beating the Blues or BtB (which is free in New Zealand) is a cognitive behavioural therapy (CBT) based e-therapy program. It is a comparatively expensive, structured program of eight sessions in which a person must be enrolled by being given a "blue prescription". But BtB is currently being funded by the Ministry of Health and made available to all GPs and other qualified clinicians through Manage My Health (www.managemyhealth.co.nz).

Doctors have to register themselves, after which they can issue patients with blue prescriptions which will allow them to access and undertake the BtB program.

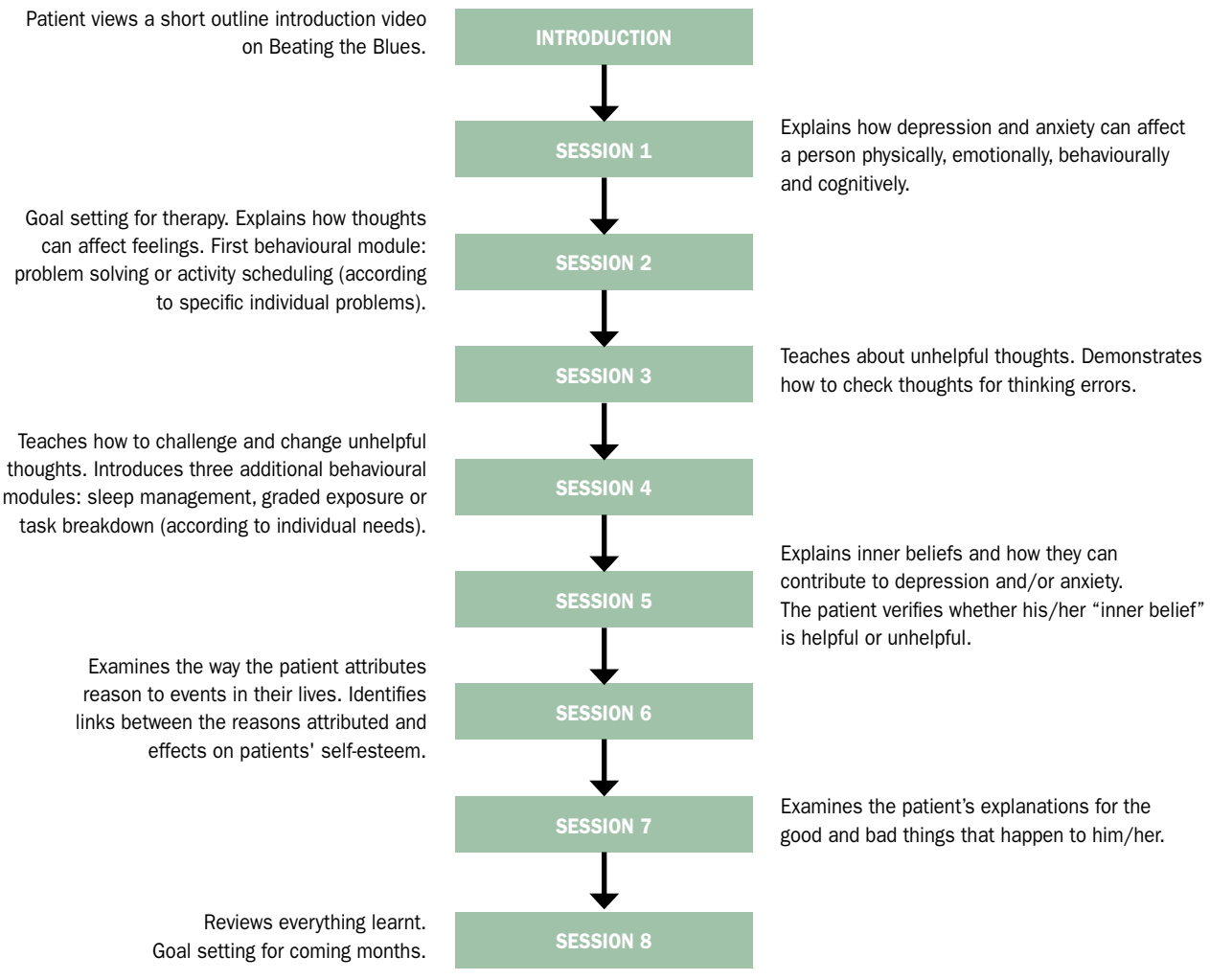
A UK trial, conducted by Judy Proudfoot and colleagues, used a randomised control comparison of patients who had treatment as usual (TAU) with a group who had BtB only.[1] They found those who had received BtB showed significantly greater improvement in depression and anxiety compared with the TAU group by the end of treatment (two months) and at the six-month follow up.

Symptom reduction was paralleled by improvements both in work and social adjustment. Overall, the team's findings indicated this mode of therapy may have wide applicability in general practice. It could be offered either as an adjunct to pharmacotherapy or to those patients who refuse drugs. Furthermore, the results indicate the effects of BtB are independent of the baseline level of depression. BtB was as effective with mild depression as with severe depression.

The BtB programme – how it works

Beating the Blues is an eight-session program and begins with the five-part CBT model that formulates and conceptualises the mood disorder (not just depression, but anxiety, adjustment disorder, grief and any other mild to moderate condition).

www.beatingtheblues.co.nz – program structure



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In face-to-face therapy, as with Beating the Blues therapy, this is extremely helpful for people suffering mental distress. To break the mess of confusion they are experiencing into its environmental, physiological, behavioural, cognitive and emotional components helps the person "make sense" of what they are going through.

This CBT explanation is the basis of the first three to four sessions of BtB. The patient is spoken to through voice prompts throughout the session. The program is also interspersed with video vignettes of other patients talking about their situation. The program is extremely helpful as either a stand-alone option or in conjunction with face-to-face therapy.

Once a person progresses past the formulation section, the program then offers some activity scheduling, in the mid-sessions, followed, in the later sessions, by some in-depth core belief and cognitive restructuring. This work uses terminology that may differ from some CBT current terminology but is nonetheless user-friendly and uses layperson's language that can be easily understood. In the funded brief face-to-face therapy sessions that are available it would be rare for a therapist to be able to offer the depth and scope of therapy offered in the later BtB sessions.

Each session takes approximately 50 minutes for patients to complete. You can't go forward to a new session before completing the previous one. Patients can go back to previous sessions, but to go forward they have to work through the structured program.

Guidelines for GPs enrolling patients in BtB

The Ministry of Health and the BtB national governance group have developed some guidelines for GPs wanting to enrol patients in BtB. These are as follows:

1. As is the case with all contact with health services, a suitably qualified clinician must retain oversight of the patient throughout his or her engagement with the service. In primary care this is usually the GP.
2. In the context of prescribing e-therapy, a "suitably qualified health practitioner" is defined as one who is sufficiently qualified and experienced to diagnose and manage anxiety and depressive illnesses of mild to moderate severity. In practice, this could be a primary mental health practitioner or a practice nurse who has been delegated this task under a GP's authority.
3. Enrolling a patient in e-therapy must be carried out by a person acting as the person's clinician or on the explicit delegated authority of a qualified health practitioner. In practice, this could be a GP, a primary mental health practitioner (clinician) or a practice nurse, or a primary mental health practitioner acting in a care coordination role, but only if the person is suitably qualified, as defined in "2" above.
4. Oversight of the patient's progress throughout the e-therapy process is to be maintained by the patient's suitably qualified health practitioner (again as in "2" above).
5. "Delegations" enacted to provide these services are to be recorded in the patient's notes.
6. PHOs or practices will decide which locum staff have authority in respect of the use of e-therapy (patient enrolment plus ongoing oversight), and these staff members will record their involvement in the patient's notes, as above.

Basically, the program is designed for patients with mild to moderate conditions. This is defined as a depression PHQ9 (patient health questionnaire) score of below 15, or a Kessler 10 score of below 30. There is ample evidence in the published research to demonstrate that for depression and anxiety, and other mood disorders, CBT, in combination with an SSRI (selective serotonin reuptake inhibitor) or other antidepressant medication, produces better outcomes than either on its own.

Once a GP has gone through the mildly time-consuming process (about 15 minutes on average) of enrolling as a BtB provider, the process of enrolling a patient on BtB is very quick. Most PHOs have people trained to offer some initial training to GPs and to help them through the process.

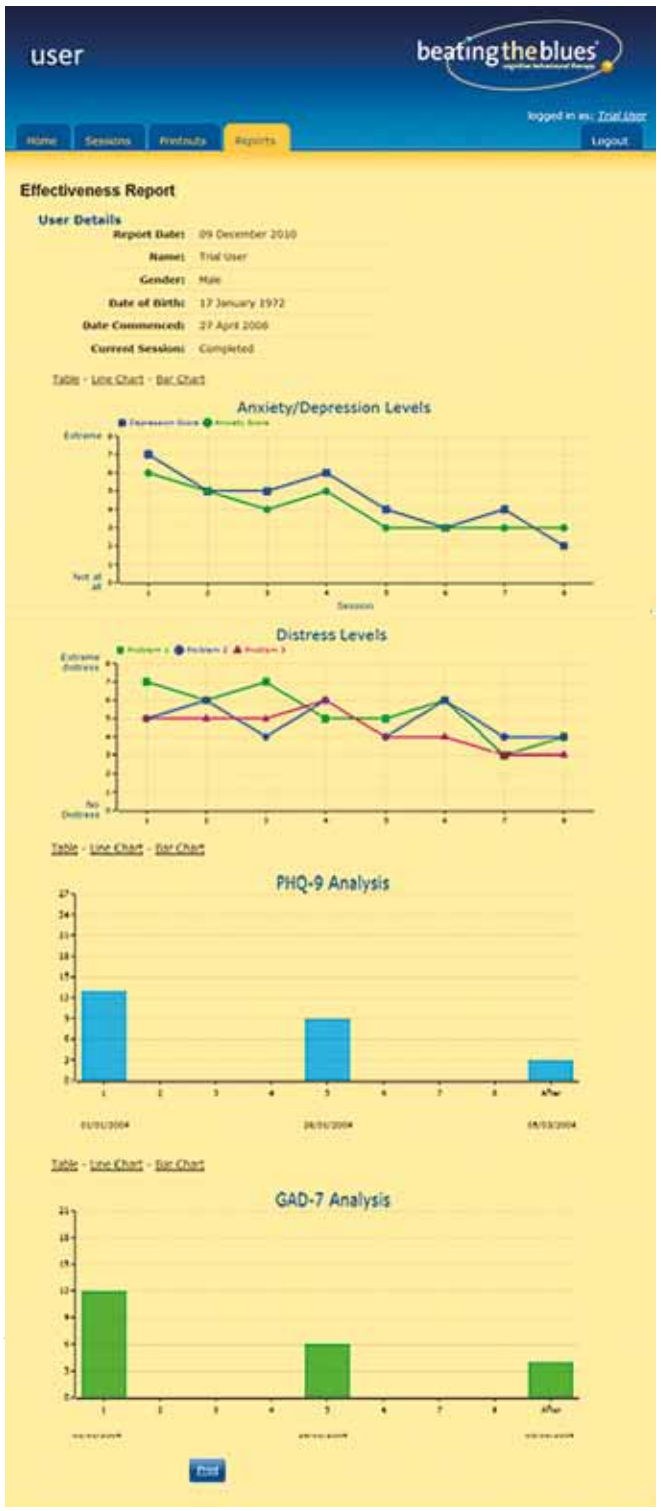
Keeping track of patients' progress

Once the GP is enrolled as a provider, and has enrolled a patient on the program, the benefits become obvious. The GP can track a patient via reports on Manage My Health – see "The Program".

A GP can track if a patient is improving or deteriorating while on the program. As part of sessions 1, 3, 5 and 8 the patient completes a PHQ-9 and a GAD-7 (generalised anxiety disorder) questionnaire. At these junctures, the patient also completes a suicide screen.

Beating the Blues has a module which alerts GPs to patients with high suicidal ideation. If the patient is having some suicidal thoughts, he or she will be asked about their severity and, if this indicates a risk, will be stopped on the program and a screen will pop up with some helpline contacts. The GP will also receive an email alert advising the patient is at some degree of risk.

This issue has caused some concern for GPs who make the assumption this means they will become a pseudo crisis service. This is not the case. The crisis teams for the various DHBs have a statutory responsibility to monitor risk, and if the GP has not given the patient these contact numbers it may be incumbent on the GP to do so at this point.



Screen grab from the BtB website showing tracking of a patient's progress.

BtB is similar to prescribing SSRIs in this regard – and when it comes to many other comparisons. Patients can become suicidal while on a course of medication and the GP may or may not hear about it. With BtB, the GP does hear about it. I (Malcolm) have prescribed more BtB prescriptions than any other individual in the country since the program was rolled out 18 months ago, and I'm convinced the program is worthwhile.

Those who complete BtB report astounding results

As stated, BtB uptake shows similarities to trends in prescribing medication for depression. Many people don't get their prescription filled, ie, they don't activate it. Many people also don't complete the course, ie, they stop when they feel good again. A few people quit and even fewer have suicidal thoughts while on the course. This is the nature of mood disorders. However, those who do complete BtB report astounding results. Those who don't either deteriorate or they get better and move on, and you don't hear from them again.

The ministry's rollout of BtB is halfway through its initial trial. To have a previously expensive program freely available to GPs to prescribe to their patients represents a great addition to the arsenal available to combat the debilitating effects of mood disorders. I urge those GPs who have not trialled BtB to see if it can benefit their patients. I am sure you will discover, as I have, the benefits are worth the minute or two of time involved in generating a Blue prescription.

If you have any problems getting enrolled by your PHO primary mental health service or coordinator, contact Andy Whittington at Medtech: awhittington@medtechglobal.com

The Beating the Blues website address is: www.beatingtheblues.co.nz

Reference

1. Proudfoot J. et al. Computerized, interactive, multimedia cognitive-behavioural program for anxiety and depression in general practice. *Psychol Med* 2003 Feb;33(2):217–27.

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Beating the Blues: national usage summary

	Percentage of Blue prescriptions activated
Not Activated	42 per cent
Activated	58 per cent
Not Started	12 per cent
Session 1	38 per cent
Session 2	24 per cent
Session 3	18 per cent
Session 4	13 per cent
Session 5	10 per cent
Session 6	8 per cent
Session 7	7 per cent
Session 8	3 per cent
Quit	0.8 per cent

Source: Ministry of Health, 2012

The BtB programme features a GP alert for when a patient is at risk of suicide, but this doesn't mean doctors will become a pseudo crisis service