Beyond efficacy to national implementations of net-therapy: Public health perspectives

ISRII Panel Paper   Charlottesville   *4', 11 Oct 07*

-qualified therapists tend to be scarce worldwide

-patients can improve as much when therapist time is saved by delegating most therapy tasks to computer-aided cognitive behaviour therapy (CCBT) on the net

-such netCCBT is tailored to patient input, unlike automated net-education (e-books)

National Health Service in England & Wales speeds population-wide delivery of netCCBT by regulating approval, funding & implementation

-approval agency is NICE *(National Institute for Clinical Excellence – like FDA in USA)*

-funding rules are set by a 2nd agency

-implementation is guided by a 3rd body

1st netCCBT that NICE recommended for healthcare authorities nationally

-Feb 06: `(use) *FearFighter* as an option for delivering CBT in the management of **panic** and **phobia**` `..for stepped care of **anxiety** ... in primary, secondary and community care`

*(NICE also approved **Beating the Blues** for **depression**, used on stand-alone computers, now being piloted on internet)*

-took 12 years & $millions from start of development to multiple clinical trials to getting each product approved

National rules are a mixed blessing for netCCBT

-NICE approval speeds spread of its funding

BUT

-spread of its use is slowed when another national agency sets conflicting rules e.g. too-long screening

$\rightarrow$ *equivalent of 1865 `Red Flag Act' which*

crippled the advance of self-propelled steam cars