

Developing a theory based internet intervention for persistent and relapsing depression

Stuart Linke

Honorary Research Fellow

Research Department of Primary Care and Population
Health

University College London

Consultant Clinical Psychologist

Camden and Islington Foundation NHS Trust

What is persistent and relapsing depression?

- Repeated Depressive Episodes
 - Severe low mood
 - Anhedonia and loss of interest
 - Eating disturbance and weight loss or gain
 - Disturbed sleep (early morning wakening, initial insomnia, frequent awakenings and poor quality)
 - Fatigue
 - Lethargy, low levels of activity
 - Low self esteem, hopelessness, poor self-worth
 - Impaired concentration
 - Suicidal thoughts and ideas; increased risk of suicide attempts and death
- Double Depression – Chronic dysthymia punctuated by Depressive episodes

How big is the problem?

- Major Depressive Disorder (MDD) affects 3 million people in the UK
- Risk for repeated episodes exceeds 80%
- Patients experience an average of 4 lifetime episodes of 20 weeks duration

Treatment/Management

- Medication
 - Antidepressants - repeat and multiple prescriptions)
 - Anxiolytics
- Psychological Therapies
 - Supportive psychotherapy and counselling
 - Tavistock study of psychoanalytic psychotherapy
 - Medium or long term Cognitive Behaviour Therapy
 - Behavioural Activation
- Social Support
- Enhanced Care (case manager role)
- Self Care

Computerised Cognitive Behaviour Therapy

- In UK most popular programmes are:
 - Beating The Blues
 - Living Life to the Full
 - Mood Gym
- Questions about
 - Acceptability
 - Effectiveness
 - Cost (licence, premises and facilitation)

Beating the Blues™ HELPING YOU TODAY

Elaine is a single parent who found life very difficult. CBT helped her to work on her anxiety and depression and to start tackling her problems. She now feels much better.



- Helping you learn practical, life-long skills to feel better and stay better
- Easy-to-use, confidential, self-help computer programme
- 8 weekly sessions
- Progress at your own pace
- Access Personal Case Studies in the programme

Andrew, a teacher in his mid 20's, became depressed for no apparent reason. He fell behind with his lessons preparation and marking, and found it increasingly difficult to control his classes. All of this put a strain on his relationship with his girlfriend.



How do I get to use Beating the Blues™? A step-by-step guide:

1. You can access Beating the Blues™ through a referral from your GP or Health Worker.
2. You will then call your Beating the Blues™ Centre to book your first session.
3. At the first session you will watch an introductory Video which will give you background on the programme and tell you more about anxiety and depression.
4. At your next visit you will be able to begin your weekly sessions by working on the computer.
5. The programme is easy to use and the cues on screen will guide you through the process.
6. You can progress at your own pace and book your sessions to fit with your schedule.
7. Your session is confidential. At the end of each session both you and your GP will get a report to help monitor your progress.

For more information about Beating the Blues™ contact:

© Copyright Ultracore 2006. Beating the Blues™ February 2006 Ref: STB/LI/08/01

Patient Information Leaflet

Stressed? Feeling down? Unable to cope?



beating the blues™
cognitive behavioural therapy

Helping you to **get better & stay better**

Beating The Blues

- 15 minute introductory video
- Clinical vignettes
- Designed for 8 x 1 hour sessions
- Homework and weekly progress reports

- Often has facilitated access

Living Life To The Full - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites RSS Print Mail News Groups


Address http://www.livinglifetothefull.com/index.php?section=module&umod_seq=226267&mod_seq=118&mods_slide=1 Go

Living Life to the Full

...helping you to help yourself

Step 1 of 10 next >> close [x]

About the Course



Welcome to the **Living Life to The Full** Course : **Is This Course for You?**

The **Living Life to The Full** modules have been designed to be easy to navigate so that you can take the course at your own pace.

This **'Introduction Module : About the Course'** is presented in the same way as other modules within the course. Working through this initial module will give you an idea of how the course is structured and presented. The Course has been designed using sound, video, cartoons and text.

Navigation Tips: Please click the **"next >>"** link (at the top of the page) to move forward through the package, and use the **"<< previous"** link to re-read a previous page. You can end a particular module by closing the module and clicking the **Close [x]** link at the top right. **NB:** When you log back in you can resume a module at the same point, so you don't have to do the whole module in one sitting.

[Accessibility Policy](#) | [Copyright Policy](#) | [Contact Us](#) | [Privacy Policy](#)
© Copyright 2005 Living Life to The Full. All rights reserved.
Hosted, Developed and Supported by Mirata Ltd.

Done Internet

Start My Computer Depression intervention Microsoft PowerPoint - [c... Living Life To The Full ... 17:05

Overcoming Depression – 5 areas approach

Chris Williams


- Understanding why we feel as we do.
- Practical problem solving skills.
- Using Anxiety Control Training relaxation.
- Overcoming Reduced activity .
- Helpful and Unhelpful behaviours.
- Using Medication effectively.
- Noticing unhelpful thoughts.
- Changing unhelpful thoughts.
- Healthy living - sleep, food, diet and exercise.
- Staying well

MoodGYM: Welcome - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites

Address <http://moodgym.anu.edu.au/welcome/new/splash> Go



the MoodGYM

TRAINING PROGRAM / Mark III

MoodGYM goals

MoodGYM aims to:

- Help you identify and overcome problem emotions
- Show you how to develop good coping skills for the future so that you can enjoy good mental health

next »

Done Internet

Start My Computer Depression intervention Microsoft PowerPoint - [c...] MoodGYM: Welcome -...

16:31



Logged in User: Stuart (Logout) | [Change Password](#) | [Print View](#)

[← Back](#)

[MY PROGRAM](#)

 **Self-help**

[e-couch Self-help](#)

[e-couch Toolkits](#)

[Go back to...](#)

 [Beat Depression Armchair](#)

[Take me to...](#)

 [Workbook](#)

e-couch self help toolkits

Here are the e-couch self help toolkits. Each toolkit contains a range of tools to help you **manage and prevent depression**. These tools teach helpful ways of thinking that will help you to overcome depression now and in the future. These tools will also help you to practice ways of living your life and relating to people that leave you less vulnerable to depression.

You can work through these toolkits in any order, and come back at any time. The exercises in the toolkits will become available in your workbook as you go. You can access your workbook from the left-hand menu link.

Click on the toolkit you would like to review or try next.



 **Found New Hardware** 

Your new hardware is installed but might not work properly until you reboot.

There is a risk that these programmes are being used for the wrong client group.



Islington **NHS**
Primary Care Trust



Feeling low or depressed?
Feeling **anxious** and worried?
Finding it hard to cope?

Computerised Cognitive Behaviour Therapy (CCBT) can help you!

- ✓ Learn practical, life long skills to feel better from low mood or anxiety and to stay better.
- ✓ Easy to use, confidential, self-help computer-based programme.
- ✓ No computer skills necessary.
- ✓ 8-9 weekly sessions which you can follow at home or at local venues in Islington with support on hand.

We have two programmes available **free of charge**:
Fear Fighter can help with anxiety and phobias.
Beating the Blues can help you to overcome low mood.

If you are interested in receiving help to try one of the programmes please ask your GP, or you can contact:

Steve Rock, Graduate Primary Care Mental Health Worker
Phone: **07775 860 354**
Email: steve.rock@islingtonpct.nhs.uk

Date produced: September 2008
www.islingtonpct.nhs.uk

Plan to develop and evaluate a new theory based intervention

- Following a similar process to other projects at UCL
 - Learning from the literature
 - Learning from clinical experience
 - Learning from users and potential users
 - Learning from experts and non professionals
 - Learning from process evaluation and iterative development
 - Learning from the data

Intervention Components

- tailored information
- behavioural interventions (behavioural activation, physical exercise)
- CCBT derived from metacognitive approaches
- compassionate mind voice
- “chronic cognitive triad”
- peer support
- GP communication and support

GP

Communications Module

Tailored
Information

Medication

Nutrition

Support services

Behavioural interventions

Behavioural Activation

Exercise

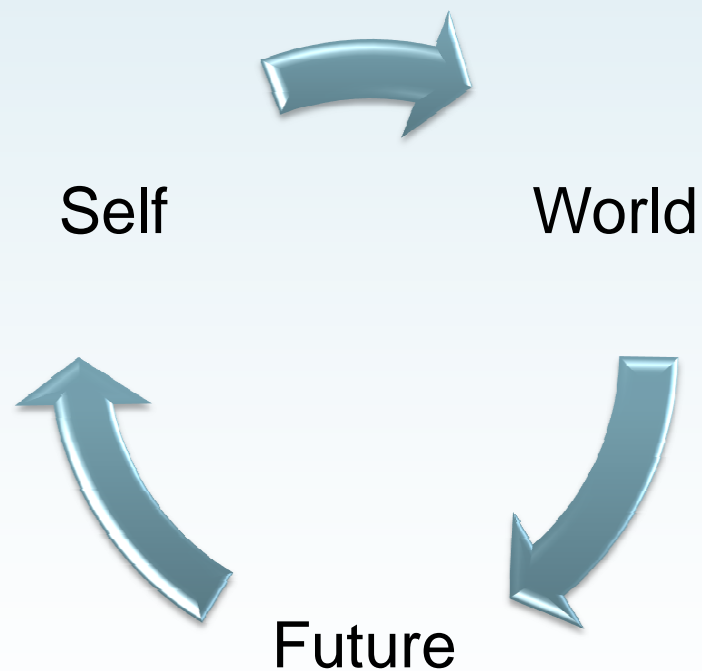
Peer support (moderated)

Chatroom, listserve,
facebook, "psychspace"

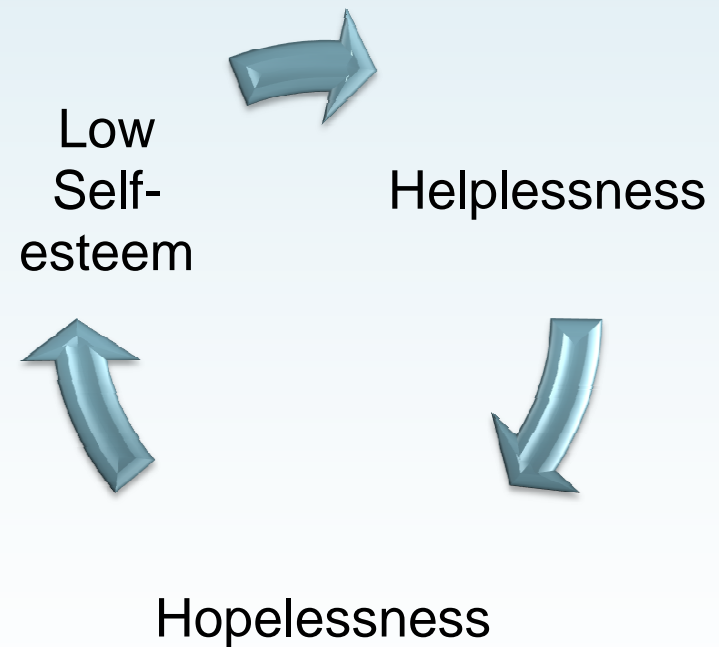
Psychological
Interventions

CBT for Chronic Depression (Moore and Garland)

Standard cognitive triad



Chronic cognitive triad



Current Work – Qualitative Study comparing 3 different ways of understanding depression

Laura Haigh

Chris Barker

Stuart Linke

Focus Groups

- Traditional CBT
- Medical/Biological
- Compassionate Mind

Cognitive Behavioural Therapy or 'CBT'

One way of understanding depression is to think about how the way we think affects how we feel and what we do.

Research shows that when we are depressed, we often have distorted and negative thoughts about ourselves and our lives in different situations, and that this affects what we feel and how we behave, and keeps the depression going.

CBT can help you to identify these common thinking errors, and help you to change them.

CBT also helps us to see how our: **Thoughts, Emotions, Behaviours & Physical sensations** are all linked

Compassionate Mind Training

Sometimes our life experiences **activate** parts of our brain associated with depression, anxiety and stress and **suppress** parts of our brain which allows us to be kind, understanding and soothe ourselves when we feel distressed

- Because we can feel threatened and lonely we can become very down on ourselves, **criticizing** or bullying ourselves
- *This approach stresses that* our brains can go into depressed states if we feel overloaded or over stressed and threatened – it is a kind of hide in the back of the cave. So getting depression is not our fault at all but arises from the stresses we are under
- So it follows that criticizing ourselves, and focusing on our fears can make our threat feelings worse, whereas learning to be kind, gentle and understanding with ourselves can give our brain a chance to heal and recover.

Biology

Research has shown that some people have an imbalance in neurotransmitters in the brain which may cause depression. When people are depressed, they may notice biological changes such as sleep disturbance, loss of appetite and lack of energy.

- It is possible that these biological processes explain your depression
- Medication can help to redress the imbalance in neurotransmitters and so have a positive effect on your mood
- This may lift your depression and help you to feel stronger if you and your GP find a medication which works well for you.

Some quotes

CBT

- “if I could control my thoughts, I would”

Compassionate Mind

'this would draw me in....make me more likely to want to read on and use a programme like this'

Biological

'rubbish....even though I know ADM works, if i was depressed now i wouldn't like this it doesnt acknowledge my feelings

Conclusions and Questions

Application of principles derived from relevant literature and experience may be of benefit and improve acceptability of CCBT

BUT

Will people who are currently depressed use such an Intervention?

