

Institution: University of Glasgow (UofG)		
Unit of Assessment: UoA 4 (Psychology, Psychiatry and Neuroscience)		
Title of case study: Self-accessed cognitive behavioural therapy resources benefit UK and international users with low mood, anxiety and stress		
Period when the underpinning research was undertaken: 2000–2018		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s): (1) Prof Chris Williams (2) Prof Jill Morrison (3) Prof Alex McConnachie	Role(s) (e.g. job title): (1) Professor of Psychosocial Psychiatry; Honorary Senior Research Fellow (2) Professor of General Practice (3) Professor of Clinical Trial Biostatistics	Period(s) employed by submitting HEI: (1) 2000–2018; 2018–present (2) 1990–present (3) 1996–present
Period when the claimed impact occurred: August 2013–present		
Is this case study continued from a case study submitted in 2014? Yes		
<p>1. Summary of the impact Mental health services are under pressure from global increases in depression and anxiety disorders. UofG therefore developed Living Life to the Full (LLTTF), a low-intensity, cost-effective, accessible tool for self-managed or guided cognitive behavioural therapy (CBT). Offered in various learning formats, LLTTF delivers immediate and long-term improvements in mood, wellbeing and coping skills. Since August 2013, individual and community uptake has grown in the UK and internationally, with LLTTF adopted for national roll-out in Canada. LLTTF has also been adapted for specific user/age groups (children, young people, postpartum mothers, older adults, health workers, non-English speakers) and circumstances (dental anxiety, caregiving, COVID-19, chronic illness).</p>		
<p>2. Underpinning research The World Health Organization found that, by 2015, 322 million people worldwide were living with depression and 264 million with anxiety disorders, equivalent to increases of 18% and 15%, respectively, from 2005. Consequently, mental health services have struggled to keep pace with the rising number of requests to help manage these conditions. As highlighted in our REF2014 impact case study, research led by Prof Chris Williams has addressed this need by delivering evidence-based CBT in a community setting, thereby increasing access to psychotherapy for individuals affected by low mood, anxiety and stress.</p> <p>The ‘Five Areas’ approach to delivering CBT From 2000, Williams developed ‘Five Areas’, his user-friendly method to deliver self-accessed CBT [3.1]. Users work through a checklist to determine how low mood or anxiety affects them across five areas of their life: people and events around them; thinking; feelings; physical symptoms; and behaviour. This approach was originally outlined in a series of books providing a structured educational guide that could be used and understood by both patients and practitioners. The first book ‘<i>Overcoming depression and low mood: a five areas approach</i>’ (<i>ODLM</i>) was published in 2001, with updated editions in 2006–2014 [3.2].</p> <p>Refining the Five Areas approach Since publication of <i>ODLM</i> [3.2], Williams has continued to refine the Five Areas content in response to feedback from professional users (e.g. clinical mental health teams). He has added new books, as well as DVD and online formats, that address issues such as depression among young people and in the postpartum period (2001–present). Such development has ensured that the content, structure and language of the Five Areas approach can be easily understood by both healthcare practitioners from various specialties and users with a broad range of cognitive abilities. For example, classic CBT terms such as ‘selective abstraction’ and ‘negative automatic thoughts’ were replaced with ‘seeing life through dark-tinted glasses’ and ‘unhelpful thinking’, respectively, in the fourth edition of <i>ODLM</i> [3.1, 3.2]. The second edition of this book (2006) had an average reading age of 12.6 years, which was lower than that of most other widely recommended self-help books for depression (13.1–15.4 years) [3.3]. This is an important consideration given that 16% of the UK adult population has a reading age of less than 11 years. Williams therefore worked to tailor Five Areas materials to the target population</p>		

(e.g. use of 'everyday' language) [3.3]. **Williams, Prof Jill Morrison and Prof Alex McConnachie** evaluated the efficacy of providing *ODLM* workbooks to 203 adults in a primary care setting (2004–2007), with brief support from an individual without mental health expertise. After 4 months, 43% of participants in the *ODLM* group had recovered, compared with 25% of those who received usual care (e.g. antidepressant medication) [3.4]. This study was the largest randomised controlled trial (RCT) to date of a book-based CBT resource.

Training the trainer

Introduction of guided self-help CBT approaches into clinical services requires specialised staff training. The 'train the trainer' model for *ODLM* was developed in 2011 as part of the Structured Psychosocial Interventions in Teams (SPIRIT) programme led by **Williams** [3.5]. Created to train mental health practitioners in Glasgow, SPIRIT has since informed the training approach for international programmes (e.g. Canada, Ireland).

Living Life to the Full (LLTTF)

LLTTF is an evolution of *ODLM*, with the language and look of the resources radically altered by the use of colour, illustrations and reduced text to communicate key elements (2004). Variants of LLTTF resources were developed and evaluated for specific users (e.g. children with dental anxiety). **Williams, McConnachie and Morrison** conducted an RCT evaluating use of the LLTTF classes and website in community settings. This approach reduced depression, anxiety and impaired social function at little additional cost to health services (2018) [3.6]. Their findings have been replicated in independent evaluations (see section 4).

3. References to the research

1. **Williams C**, Garland A (2002) [A cognitive-behavioural therapy assessment model for use in everyday clinical practice](#). *Adv Psychiatr Treat*;8:172–179 (doi:[10.1192/apt.8.3.172](#)).
2. **Williams C** [Overcoming depression and low mood: a five areas approach](#). Hodder Arnold, London, 2001 (2nd ed. 2006; 3rd ed. 2009; 4th ed. 2014), ISBN 9781444183771. [available on request from HEI]
3. Martinez R, Whitfield G, Dafters R, **Williams C** (2008) Can people read self-help manuals for depression? A challenge for the stepped care model and book prescription schemes. *Behav Cogn Psychother*;36:89–97 (doi:[10.1017/S1352465807004067](#)).
4. **Williams C**, Wilson, P, **Morrison J**, [...], **McConnachie A et al.** (2013) [Guided self-help cognitive behavioural therapy for depression in primary care: a randomised controlled trial](#). *PLoS ONE*;8:e52735 (doi:[10.1371/journal.pone.0052735](#)).
5. **Williams C et al.** (2011) Training the wider workforce in cognitive behavioural self-help: The SPIRIT (Structured Psychosocial Interventions in Teams) training course. *Behav Cogn Psychother*;39:139–149 (doi:[10.1017/S1352465810000445](#)).
6. **Williams C**, [...], **McConnachie A**, [...], **Morrison J** (2018) Community-based group guided self-help intervention for low mood and stress: randomised controlled trial. *Br J Psychiatry*;212:88–95 (doi:[10.1192/bjp.2017.18](#)).

Grants:

- **Williams C** (PI): Chief Scientist Office 'An evaluation of the effectiveness of structured cognitive behaviour therapy self-help materials delivered by a self-help support worker within primary care' (CZH/4/61); GBP110,850; April 2004–June 2007.
- **Williams C** (PI): Chief Scientist Office 'A randomised controlled trial of a community-based group guided self-help intervention for low mood and stress' (CZH/4/738); GBP249,605,96; July 2012–January 2014.
- Marshman Z (PI; University of Sheffield), **Williams C** (Co-I): NIHR Research for Patient Benefit 'Development of a guided self-help cognitive behavioural therapy resource for the reduction of dental anxiety in young people aged 11–16 years' (PB-PG-1111-26029); GBP230,662; November 2013–November 2015.

4. Details of the impact

The Five Areas/LLTTF approach [3.1–3.6] has revolutionised how people access help for depression and anxiety disorders by providing self-managed or guided CBT in a choice of learning formats (book, DVD, online, class). Since August 2013, Five Areas/LLTTF has broadened its reach geographically (**impact 1**) and to specific age/user groups (**impact 2**).

Impact 1: Expanding geographic reach of the Five Areas/LLTTF approach*Continued uptake within the UK*

A 2017 survey indicated that LLTTF was the most recommended e-therapy for stress, anxiety or depression among NHS England Mental Health Trusts (47.1%) and Improving Access to Psychological Therapies teams (49.2%) [5.A]. Copies of the ‘Overcoming...’ series and LLTTF course book are available to patients for loan at libraries in England and Wales via the ‘[Reading Well](#)’ books on prescription scheme (over 445,000 users) [5.A]. One recipient highlighted the benefits: “*When I got my book prescription, I was scared. Recovery is not easy, in fact it's really hard work — but the book and my GP's support has made me accepting of the condition I have, and has given me an understanding of what is happening in my brain*” [5.A].

Global reach of Five Areas/LLTTF content and resources

During August 2013–March 2020, users worldwide accessed Five Areas/LLTTF through books (814,475 paper copies sold; 1.8 million published to date); DVDs (41,000 sold); and the [LLTTF](#) website (over 100,000 registered users and an average of 2.25 million hits daily) [5.B].

Williams has also created a suite of ‘[Moodzone](#)’ podcasts—commissioned and hosted by the NHS—covering various aspects of depression and anxiety (collectively viewed 1,366,941 times) [5.B]. Practitioners and supporters can access a range of free and licensed training resources based on SPIRIT [3.5] via the [Five Areas](#) website.

Uptake in Canada

Activities in Canada are highlighted here as an exemplar of how the Five Areas/LLTTF approach has promoted international uptake of self-accessed CBT. It was first used by the Canadian Mental Health Association (CMHA) in the province of British Columbia (BC) as ‘[BounceBack](#)’. The CEO of CMHA BC states: “*Our intention was to identify a program that would follow a structured and solution-focused approach like CBT and teach skills to help identify and change patterns of thinking and behaviour causing or maintaining symptoms of distress. In our literature review, the self-help materials developed by Professor Williams at the University of Glasgow stood out. Recommending programs that have proven to be effective was critical in motivating our choice to work with Professor Williams; his published studies helped convince both current and potential funders and participants of the interventions’ credibility*” [5.C].

Data collected from *BounceBack* during 2008–2014 demonstrated a 68.5% recovery rate among 25,338 people with mild-to-moderate depression (with or without anxiety) [5.D]. The success of the Five Areas/LLTTF approach at the regional level supported uptake across Canada. LLTTF was formally adopted by CMHA as its flagship programme for national roll-out in 2014, with this organisation holding the exclusive Canadian licence [5.D]. User groups with unique challenges related to stress and resilience who have benefitted include men with substance abuse issues; prisoners; survivors of natural disasters; indigenous people; multilingual groups; and military veterans and their families. CMHA used video testimony to highlight the experience of one LLTTF user who appreciated the “*skills rather than pills*” focus of the programme [5.D]. Another user emphasised the value of the in-person element: “*The social connection was also important. Each time someone missed a session, we could feel the absence had left a void. I loved this weekly meeting when I knew that I would feel good and that I would be able to share my thoughts*” [5.D].

Training and LLTTF-related materials are provided in a community setting through 220 CMHA affiliates, community partners and strategic partners in 100 locations across all 10 Canadian provinces and one territory [5.E]. CMHA has translated LLTTF materials into French (Canada’s second largest language group; as ‘*Vivre sa vie, pleinement*’), Cantonese, Mandarin, Arabic, Farsi, Spanish and Punjabi. Since 2014, CMHA has trained 400 facilitators/coaches; delivered 686 courses; supported approximately 20,000 people (online or in classes) via primary care referral or self-referral; and sold 93,984 LLTTF booklets [5.E]. The cost benefits of LLTTF in the Canadian setting are highlighted by the CEO of CMHA BC: “*CBT is not publicly funded in*

Canada in the vast majority of cases so being able to have research-tested CBT-informed services available at no or little cost has been a significant offering here” [5.C].

Impact 2: Addressing mental health needs for specific age and user groups

Children and young people

The LLTTF Schools Programme (‘LLTTF for Young People’ and/or ‘My Big Life’) has been available to pupils in all secondary schools across Devon since 2016. An evaluation of 283 pupils showed that for those with pre-existing low levels of well-being, “overall well-being increased to a statistically significant degree after participating in the programme” [5.F]. This programme has also run in North Lanarkshire (2018–2019); Renfrewshire (2019–2020); Suffolk (2019–2020); Stockport (2016–2017); Bradford (2017); and Milton Keynes (2017).

Furthermore, LLTTF was commissioned to participate in a pilot project conducted by the Scottish Association for Mental Health in Aberdeen, Glasgow, Lothian and Stirling. During February 2019–February 2020, 330 [high school pupils](#) and 450 [primary school pupils](#) received age-appropriate LLTTF course materials delivered by their teachers and/or other school staff as part of this pilot study [5.F]. LLTTF for Young People has also been adopted by CMHA, as well as by the Irish mental health charity AWARE for use across Ireland and Northern Ireland.

Dental anxiety

Williams worked with Prof Zoe Marshman (University of Sheffield) to develop and test content for an LLTTF adaptation addressing childhood dental anxiety (‘Your teeth, you are in control’) [5.G]. Course materials are available for free online from [LLTTF](#); however, the following items have also been purchased: guide for children (2,465, including 500 in Taiwan and 100 in Norway); message to dentist proforma (5,140); resources for parents (1,835); and resources for dental professionals (444). Since 2016, training events have been held for 960 dental professionals in the UK and 1,500 internationally (Australia, Chile, Egypt, Ireland, Kuwait, Lebanon). Translations of the message to dentist are available in Spanish, Arabic, Mandarin, Norwegian, Persian, Welsh, Urdu and Turkish; the parent summary is available in Mandarin; and the course booklet is available in Norwegian, Mandarin and Arabic [5.G]. Norwegian guidelines for *Your teeth, you are in control* were published in 2018 [5.G].

Postpartum mothers

New mothers can experience increased rates of depression and anxiety. To address this problem, CMHA launched a tailored class-based version of LLTTF (‘[Enjoy Your Baby](#)’), which was developed by **Williams** and perinatal expert Dr Michelle Haring (North Shore Stress & Anxiety Clinic, Vancouver). A pilot study of *Enjoy Your Baby* was conducted in 2014–2015 among 60 new mothers [5.H]. Scores for depression and well-being were improved after the intervention, with 92% of the women agreeing that the course had helped them. The key learning experiences for participants were hearing from their peers (67%); sharing their own examples (54%); and practising skills with a partner (46%). The Canadian programme was adapted and run in Wales as a 2-year *Enjoy Your Baby* pilot study, offered in English and Welsh via the mental health organisation Two in Mind (Mind Cymru) and funded by the Welsh government [5.H]. Evaluation of the Welsh programme demonstrated that 77.3% of participants had reduced symptoms of anxiety and 73.9% had reduced symptoms of depression. *Enjoy Your Baby* is hosted online by LLTTF as a free-access course. The LLTTF resource is also highlighted in the ‘*Bump, Baby & Beyond*’ book distributed to every new parent and practitioner in Wales [5.H]. Funding for a Finnish translation and RCT of ‘*Enjoy Your Bump*’ was awarded in collaboration with Prof Katri Räikkönen-Talvitie at the University of Helsinki ([NCT04069091](#), January 2020–September 2023).

Older adults

In 2014–2015, CMHA conducted an LLTTF pilot study in Ontario among 375 older adults (age ≥50 years) [5.I]. Participants reported improvements in psychological and social factors (measured using a quality-of-life scale) immediately after the 8-week intervention and at 3 months later. Approximately 75% of participants reported learning new skills for coping with stress; 62% had improved mood; and 65% had met new people. One participant articulated these benefits: “It also gave me hope. At my age you often feel like things will never change

and that you should be happy with what you've got. But I realized that you can just change one thing to feel happier [...] that I can still learn things and that I am not alone. My life is not dull so I have hope that positive things will still happen" [5.D]. The Ontario study also identified the stresses of caregiving as a particular challenge for this age group; therefore, CMHA has provided an LLTTF adaptation for caregivers aged older than 55 years [5.I].

COVID-19

In April 2020, a free LLTTF course was offered to support UK health and social care workers dealing with the COVID-19 pandemic [5.J]. This resource was endorsed by the Royal College of GPs, the Royal College of Emergency Medicine, the College of Paramedics and the Association of Ambulance Chief Executives. In Scotland, the National Wellbeing Hub ([PROMIS](#)) also recommends LLTTF. Other [COVID-19 resources](#) were made available to the wider public via the LLTTF website (e.g. domestic abuse; moving out of lockdown).

Chronic illness

LLTTF provides [tailored courses](#) for people experiencing chronic pain and those diagnosed with diabetes, as well as a general package ('*Reclaim Your Life*') for anyone living with long-term illness. In 2019, an agreement was signed with Public Health England for the content of a LLTTF diabetes course to be delivered in leaflet form as part of a package for all people in England diagnosed with type 2 diabetes.

5. Sources to corroborate the impact

[PDFs uploaded for all items, unless indicated otherwise]

- A. Continued uptake in the UK: (1) *BMJ Open* 2017;7:e014844 ([doi:10.1136/bmjopen-2016-014844](https://doi.org/10.1136/bmjopen-2016-014844)). See Table 1; (2) Reading Well statistics (Telegraph, 2015) and [case study](#).
- B. Global reach of Five Areas/LLTTF resources: (1) Registered LLTTF users (August 2013–March 2020); (2) NHS Moodzone statistics for podcasts on [low mood and depression](#); [anxiety control training](#); [sleep problems](#); [low confidence and assertiveness](#); and [unhelpful thinking](#) [YouTube audio links]; (3) Five Areas book and DVD sales.
- C. Statement from the CEO of CMHA BC.
- D. Uptake in Canada: (1) [Evaluation report](#) for *BounceBack* (*BCMJ* 2019;61:25–32); (2) CMHA [brochure](#) referencing Williams as the creator of LLTTF (p.3); (3) Video testimony ('[Gary's story](#)'; also available on [Vimeo](#)); (4) CMHA BC annual report [2017–2018](#). See p.17–18 (*BounceBack*) and p.20–p.21 (LLTTF, with user testimony).
- E. Canadian user statistics: (1) Collated data from CMHA; (2) *BounceBack* fact sheet; (3) CMHA national reports for [2015–2016](#) (see p.7) and [2016–2017](#) (see p.7).
- F. School pupils: (1) [Project and evaluation report from the East Devon Secondary School Partnership](#). LLTTF cited throughout, with UofG cited in section 3.1; (2) Data from the Scottish Association for Mental Health pilot study.
- G. Dental anxiety: (1) Programme development (*JDR Clin Trans Res* 2017;2:23–37; [doi:10.1177/2380084416673798](https://doi.org/10.1177/2380084416673798)); (2) Purchasing/training data; (3) Translations of the message to dentist, e.g. Spanish; (4) Norwegian guidelines (2018).
- H. Postpartum mothers: (1) CMHA *Enjoy Your Baby* pilot evaluation (2014–2015); (2) Report for the Welsh pilot study of *Enjoy Your Baby* (2015); (3) *Welsh Bump, Baby & Beyond* book. See section on postnatal depression (p.171).
- I. Older adults: (1) CMHA [Older adults living life to the full: an Ontario pilot project](#) (2014–2015); (2) CMHA [Coping with caregiving](#) for adults aged ≥55 years.
- J. COVID-19: Information sheets for (1) [UK health/social care workers](#); (2) [ambulance staff](#).