

<b>Institution:</b> University of Huddersfield		
<b>Unit of Assessment:</b> 3		
<b>Title of case study:</b> Enabling Healthcare Practitioners to Prevent Relapse and Support Self-management for People with Depression and Anxiety		
<b>Period when the underpinning research was undertaken:</b> 2004 to 2018		
<b>Details of staff conducting the underpinning research from the submitting unit:</b>		
<b>Name(s):</b>	<b>Role(s) (e.g. job title):</b>	<b>Period(s) employed by submitting HEI:</b>
Mike Lucock	Professor of Clinical Psychology	9/2001- present
Kath Padgett	Head of Division, Mental Health & Learning Disability	4/1996-4/2009
Serena Bartys	Principal Research Fellow in Work and Health	10/2009-present
<b>Period when the claimed impact occurred:</b> 2016-2020		
<b>Is this case study continued from a case study submitted in 2014?</b> No		
<b>1. Summary of the impact</b>		
<p>Common mental health problems, such as anxiety and depression, affect one-in-six people in any given week. Research from the University of Huddersfield (UoH) has led to the development and provision of a new and effective Self-Management After Therapy (SMaT) intervention in Barnsley, Bradford and Cumbria and informed evidence-based health workforce training with the Self Help Access in Routine Primary Care (SHARP) resource. SMaT led to low relapse rates (11% after four months) and improved longer term recovery in people with depression. SHARP has been used to train over 100 healthcare practitioners per year, across Yorkshire and Humberside, to provide more effective support for people with anxiety and depression.</p>		
<b>2. Underpinning research</b>		
<p>Anxiety and depression are common mental health problems, which often co-exist with physical conditions, causing disability worldwide. Relapse rates after recovery are high, up to 90%, and depression and anxiety are often experienced as long-term problems. It is therefore important to train healthcare practitioners to provide effective self-management support and relapse prevention. Relapse prevention interventions are in short supply, leaving a gap in care provision for people with common mental health problems. In 2014 only 36% of people in England living with common mental health problems were receiving treatment, most of which was with antidepressants. Although this is improving, the development of briefer, more accessible relapse prevention and self-management support is needed.</p>		
<p><b>Lucock</b> is Professor of Clinical Psychology (at UoH since 2001), in the Centre of Applied Research in Health (CARH). <b>Padgett</b> was the Head of the Mental Health and Learning Disability Division (at UoH 1996 to 2009). <b>Bartys</b> is Principal Research Fellow in Work and Health in CARH (at UoH since 2009).</p>		
<p>Since 2004, Lucock has conducted research showing that brief self-help interventions delivered by healthcare practitioners, not trained in mental health or psychological therapies, are feasible and effective for patients with mild to moderate common mental health problems [3.1, 3.2]. Padgett contributed to the design and write up of [3.2]. This research informed the development of the evidence-based Self Help Access in Routine Primary Care (SHARP) training programme and self-help materials.</p>		
<p>Lucock was a clinical advisor on a systematic review, led by the University of York and funded by the National Institute of Health Research's Health Technology Assessment (HTA) Programme in 2012 [3.3]. Findings showed that the development of brief, low intensity interventions to prevent relapse in depression had been very limited. Professor Lucock has a track record in developing and evaluating self-help interventions for common mental health problems and provided expertise, contributing to identifying search terms, interpreting the findings and writing the report. The gap in brief, evidence-based, relapse prevention interventions stimulated the development of the SMaT</p>		

intervention, a new approach to self-management support to reduce relapse in patients with depression.

Lucock was a co-investigator on a subsequent longitudinal cohort study, carried out between 2012 and 2015, which provided further justification for the development of a brief relapse prevention intervention. It investigated relapse and remission rates after low intensity cognitive behavioral therapy (CBT) interventions in an Improving Access to Psychological Therapies (IAPT) service and showed high relapse rates amongst patients: 38% at four months, 42% at six months and 53% at one year [3.4]. 70% of these relapses occurred in the first four months after treatment ended which highlighted a 'window of opportunity' for relapse prevention. The development of a new intervention began with a consultation with service users in the Barnsley IAPT service in 2015, which confirmed how patients with depression and anxiety struggle to stay well after therapy. One said, "I know what to do (to stay well) but when I'm down I just don't do it". Lucock led work to develop the SMARt intervention to address the gap in services identified in the research, and to support self-management and sustained behaviour change to prevent relapse after psychological therapy for depression. This work, funded in part by the National Health Service (NHS) Research Capability Funding from the West Yorkshire Clinical Commissioning Groups, has followed Medical Research Council guidelines for developing and evaluating complex interventions. Collaborators included NHS IAPT services with input from Psychological Wellbeing Practitioners (PWP), patients, and Bartys, who interviewed service users and PWPs for the development of the intervention, collated their feedback and contributed to a further publication [3.5]. SMARt has been implemented through the IAPT Practice Research Network in the North of England, which Lucock co-founded [3.6].

Lucock led the evaluation of the SMARt intervention. The SMARt intervention is important because it adds a brief relapse prevention intervention to current service provision. It is provided by PWPs working in IAPT services, who are not accredited psychotherapists, but are trained to provide face-to-face and telephone guided self-help for anxiety and depression. The SMARt intervention consists of one face-to-face session with patients, followed by three monthly 30-minute telephone follow up sessions. Implementation intentions (IMPS) are used in the sessions to enable patients to continue to do the things that help them to stay well and to prevent relapse. The use of IMPS to bridge the 'intention-behaviour gap' is well established from extensive previous research in health-related behaviours, such as doing more physical activity, but had not previously been applied to the self-management of depression. It involves identifying plans which link a specific cue, or situation, to a response, often in the form of an "if...then" plan. Feedback from patients and PWPs suggested that the intervention was feasible, acceptable and could help patients to stay well after therapy. Patients confirmed the value of setting their own plans, in the form of implementation intentions, and the importance of support from PWPs and sharing plans with others [3.5].

### 3. References to the research

- [3.1] **Lucock**, M., Kirby, R., and Wainwright, N. (2011). A Pragmatic Randomised Controlled Trial of a Guided Self-Help Intervention Versus a Waiting List Control in a Routine Primary Care Mental Health Service, *British Journal of Clinical Psychology*, 50(3), 298-309. [DOI:10.1348/014466510X520231](https://doi.org/10.1348/014466510X520231)
- [3.2] **Lucock**, M.P., **Padgett**, K., Noble, R., Westley, A., Atha, C., Horsefield, C., and Leach, C. (2008) Controlled clinical trial of a self-help for anxiety intervention for patients waiting for psychological therapy. *Behavioural and Cognitive Psychotherapy*, 36, 541-551. [doi.org/10.1017/S1352465808004591](https://doi.org/10.1017/S1352465808004591)
- [3.3] Rodgers, M., Asaria, M., Walker, S, McMillan, D., **Lucock**, M and Harden, M. (2012) The clinical effectiveness and cost-effectiveness of low-intensity psychological interventions for the secondary prevention of relapse after depression: a systematic review. *Health Technology Assessment*, 16 (28). [doi.org/10.3310/hta16280](https://doi.org/10.3310/hta16280).
- [3.4] Ali S, Rhodes L, Moreea O, McMillan D, Gilbody S, Leach C, **Lucock** M, Lutz W & Delgadillo J (2017) How durable is the effect of low intensity CBT for depression and anxiety? Remission and relapse in a longitudinal cohort study. *Behaviour Research and Therapy*, 94, 1-8. [doi.org/10.1016/j.brat.2017.04.006](https://doi.org/10.1016/j.brat.2017.04.006)

[3.5] **Lucock, M., Barty, S.,** Cupac, J., Delgadillo, J., Denton, C., Gaines, S., McMillan, D., Prestwich, A. & Stebbings, R. (2018). Using implementation intentions to prevent relapse after psychological treatment for depression - the SMARt intervention, *Behavioural and Cognitive Psychotherapy*, 46(5), 626-632. [doi.org/10.1017/S1352465818000255](https://doi.org/10.1017/S1352465818000255)

[3.6] **Lucock, M., Barkham, M., Donohoe, G., Kellett, S., McMillan, D., Mullaney, S., Sainty, A., Saxon, D., Thwaites, R. and Delgadillo, J.** (2017). The role of Practice Research Networks (PRN) in the development and implementation of evidence: The Northern improving access to psychological therapies PRN case study. *Administration and Policy in Mental Health and Mental Health Services Research*, 44(6), 919-931. [doi.org/10.1007/s10488-017-0810-5](https://doi.org/10.1007/s10488-017-0810-5)

Evidence of research quality: The underpinning research was published in high-quality, impactful international peer-reviewed journals. Reference 3 was a systematic review commissioned by the Health Technology Assessment (HTA) Programme of the National Institute for Health Research and led by the Centre for Reviews and Dissemination, University of York.

#### **4. Details of the impact**

The SMARt intervention [3.5] and evidence-based [3.1, 3.2] SHARP training and website [5.1], developed by the UoH in collaboration with other organisations, has reduced relapse rates in patients with depression and anxiety; led to positive transformation in mental health services; and increased healthcare practitioners' capacity and skills.

#### **Reduced relapse rates in patients with depression and anxiety**

Depression and anxiety scores were available for 107 patients in three IAPT services who received the SMARt intervention - 44 from a clinical trial and 63 from two IAPT services which incorporated SMARt into their treatment pathway in 2019 and 2020. Of the patients who started the SMARt intervention, between 11% and 13% relapsed by four months [5.2], compared to 38% in patients in an IAPT service that did not provide the SMARt intervention [3.4].

This reduction in relapse rates is corroborated by an improved patient experience in recovery. As part of the clinical trial designed to test the SMARt intervention, 16 patient participants were interviewed about what aspect of the intervention contributed to their effective self-management and relapse prevention. These were reported in the evaluation report [5.2], which was co-authored by the IAPT practitioners. Patients emphasised that feeling supported by the PWP was fundamental in their recovery: "It wasn't like 'get lost' at the end of treatment...it gives you confidence, to know you're not on your own...a lifejacket: someone to remind you that you can cope" (patient, aged 83, Cumbria); "I've always crashed again and for a time, I was expecting to crash again, you know, but I was doing very well and I think the follow-up phone calls and discussions helped me to, you know, it wasn't just like right, that's it, you're feeling better, end of..." (patient, aged 58, Cumbria). The importance of plans and routine was also emphasised: "I'm focusing on what I'm going to be doing the next day more and I'm sticking to it, like I've got a routine now, where I tended not to have...I'm obviously not as lethargic and tired" (patient, aged 55, Barnsley). This response from patients was mirrored by the PWPs themselves. A PWP [5.2] said: "because people can relapse so easily, well so commonly, I thought it was really good to have something they could focus on to kind of really, really, really characterise what helps them stay well".

#### **Positive transformation in mental health services**

Health professionals were enabled to support the self-management of depression and anxiety. The SMARt intervention helped people stay well after recovery from depression and increased capacity and skills obtained from the SHARP training and website [5.1], which provided a platform for self-help support leaflets, accessible directly to the public and to support healthcare practitioners in their routine work with patients.

The SMARt intervention has been incorporated into treatment pathways by providing it to patients who met the IAPT recovery criteria after acute stage interventions for depression, demonstrating its importance in establishing long terms benefits to patients, and reducing re-referrals and demand on the service [5.2]. The Bradford Clinical Commissioning Group (CCG) asked the MyWellbeing College in Bradford (an IAPT service) to provide the SMARt intervention directly as

a result of a presentation by Lucock in 2016 to the CCG and Bradford District Care NHS Trust (BDCT) service managers [5.3]. This led to funding for Lucock to provide local versions of the training, client manuals and a training workshop for PWP in 2018. The Clinical Lead for BDCT, said: “for the first 20 clients who started the intervention...only two experienced a relapse by the end of the intervention period...This compares very favourably to a recent study of relapse rates in a neighbouring IAPT service” [5.3]. Further PWPs were trained in the Bradford service in January 2020 to allow them to expand provision.

The SMARt intervention had been incorporated into three IAPT services (Bradford, Barnsley and Cumbria) up to December 2020, and 52 PWPs had been trained to provide the SMARt intervention. A treatment manual and client manual were provided to each service and a material evaluation agreement was signed by the services to allow them to use the manuals and provide anonymised outcomes to contribute to ongoing evaluation of relapse rates. The treatment manual is available to healthcare practitioners globally through registration on the SHARP website. Two services reported plans to expand their provision. The Clinical Lead for the BDCT said: “we see this intervention as an important part of our provision to help our clients to stay well after therapy and prevent relapse and re-referral into our service, and plan to continue to expand provision so that we can offer the intervention across the whole of our locality” [5.3]; the Clinical Lead for the Cumbria First Step service across two teams based in Kendal and Barrow said: “we are currently planning to repeat the training so that PWPs who are new to the service can also offer the intervention” [5.4]. In September 2020, the same Clinical Lead informed Lucock that the service had extended the provision by offering SMARt to those in recovery following interventions for Generalised Anxiety Disorder (in addition to depression).

#### **Increased capacity and skills in mental health practitioners**

The research has increased the capacity of health services and upskilled practitioners, to provide self-help support for people with common mental health problems in a range of healthcare settings and across professional groups.

A clinical trial of SMARt included interviews with 8 PWPs. These interviews confirmed that the intervention increased their capacity to provide guided self-help via face-to-face and telephone sessions and added to their toolkit of interventions and behaviour change techniques [5.2]. This was also verified by the clinical leads “it also gives them another therapeutic approach to use in their work with clients” [5.4]. The same clinical lead also highlighted that using SMARt had resulted in a more balanced caseload for PWPs: “it fits well with their role and training. They have also said it provides some balance to their caseload in that they see people who are recovered and well, not just those who are experiencing problems” [5.4]. An analysis of patients’ IMPS, compared to the acceptable criteria for implementation intentions, showed that PWPs were effective in delivering the SMARt intervention in practice and interventions were delivered consistently and as planned [5.2]. Of 289 IMPS recorded and assessed for 64 patients, 78% were consistent with the SMARt criteria [5.2], indicating high treatment fidelity. This information was fed back to the services in the evaluation report [5.2] to highlight a specific way in which the intervention can be improved in the future.

SMARt theories, clinical strategies and research evidence were incorporated into the clinical training programme for three cohorts (60 trainees) of IAPT high intensity psychological therapists [5.5] in the Sheffield IAPT Programme, of the University of Sheffield. These therapists are now implementing their learning in psychological therapy services in Yorkshire and Humberside.

Lucock used the results from his research showing that brief self-help interventions delivered by healthcare practitioners, not trained in mental health or psychological therapies, are feasible and effective for patients with mild to moderate common mental health problems [3.1, 3.2] to develop the evidence-based SHARP training programme and self-help materials, based on CBT and available on the Self Help Access in Routine Primary Care (SHARP) website [5.1]. The training was originally developed for primary care practitioners, but due to its relevance to a range of healthcare settings, was expanded to enable healthcare practitioners to support patients living with depression and anxiety outside primary care.

The SHARP training was delivered as ‘training the trainers’ to 10 Sheffield Physical Health and Psychological Wellbeing (IAPT) dual-trained practitioners in 2016, as part of a Yorkshire and Humber Health Education regional project testing an innovative way to integrate the delivery of physical health and mental health services. The practitioners included community nurses, community physiotherapists and an occupational therapist. In addition, a therapy assistant, Sheffield City Council community support worker and two independent researchers (who carried out the evaluation) also attended. An independent report [5.6] on this training and its impact showed ratings (out of 5 where 4=very good; 5=excellent) of 4.8 overall, 4.8 for relevance to their roles, 4.5 for usefulness to their roles, and 4.6 for using SHARP with patients. A follow up in October 2016 [5.6] reported that physiotherapists had delivered SHARP training to practitioners working in the Sheffield Teaching Hospitals NHS Foundation Trust (STH) Integrated Musculoskeletal Services and training had also been delivered to staff within the SHARP Burns and Plastics Department at STH and the STH Active Recovery Stroke Team. Further planned training was described and it was stated in the report [5.6] that: “SHARP is now informing related work being undertaken with the Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Yorkshire and the Humber Mental Health and Comorbidities Theme within Sheffield”.

The SHARP training and self-help materials to increase capacity and skills in healthcare practitioners are available on the SHARP website [5.1] and IAPT Practice Research Network website [5.7]. The SHARP website was accessed by 1842 UK users and 263 international users between February and November 2020 with up to 500 users accessing the website each day [5.8]. A two-page leaflet [5.9] was added to the SHARP website in March 2020 called “Using plans to maintain your mental health and wellbeing”, which describes in lay terms how implementation intentions can be used in easy-to-understand language, making the approach available to the public. The SHARP website was updated in 2018 to be compatible with handheld digital devices and the research-derived training resources were updated in 2019.

The Sheffield IAPT Programme of the University of Sheffield incorporate theories, clinical strategies and research evidence related to SHARP into the clinical training programme for IAPT PWPs (> 100 per year) [5.5] and train those PWPs to use the materials available via the SHARP website as part of their clinical casework. There is evidence that the training is achieving its objectives of increasing capacity and skills in mental health practitioners - 550 people from the Yorkshire area used the SHARP website between February and November 2020 [5.8].

#### **5. Sources to corroborate the impact**

[5.1] SHARP website [www.primarycare-selfhelp.co.uk](http://www.primarycare-selfhelp.co.uk)

[5.2] SMARt evaluation report co-authored with services. “An evaluation of the Self-Management After Therapy (SMARt) intervention in Improving Access to Psychological Therapies (IAPT) Services”.

[5.3] Testimonial, Clinical Lead, Bradford District Care NHS Trust

[5.4] Testimonial, Clinical Lead, South Cumbria Partnership NHS Foundation Trust.

[5.5] Joint factual statement from the IAPT Programme Director and Research Director, Clinical Psychology Unit, University of Sheffield.

[5.6] Sheffield Physical Health and Psychological Wellbeing (IAPT) Project. Report on SHARP ‘Training the Trainers’ Event. September 2015.

[5.7] IAPT Practice Research Network <https://www.iaptprn.com/publications.html>

[5.8] Google analytics report on the SHARP website – February 2020 to November 2020

[5.9] “Using plans to maintain your mental health and wellbeing” leaflet