

Consultation: Reading Well Books on Prescription for adult common mental health conditions

1. Introduction

As part of its successful [Reading Well Books on Prescription](#) programme (RWBOP), The Reading Agency and the Society of Chief Librarians (SCL) are planning to develop a new book list for adult common mental health conditions, to replace the original English scheme launched in 2013. The decision to refresh the scheme will ensure the titles on the list continue to be relevant and accessible to as wide an audience as possible. Recent lists have worked to improve content and access by including a wider range of formats, material for different levels of reading competence, information and advice as well as book based therapy, and personal insight through the inclusion of relevant fiction and personal stories.

This work will be developed and delivered with relevant health agencies and organisations as well as people with lived experience. Reading Well is a key driver for the Society of Chief Librarians' Public Library Health Offer, a national strategy that promotes the role that libraries can play in promoting the health and wellbeing of local communities.

More information about the Society of Chief Librarians' Public Library Health Offer can be seen here: <http://goscl.com/universal-offers/health-offer/>

1.1 Reading Well Books on Prescription

Reading Well Books on Prescription is delivered by The Reading Agency in partnership with the Society of Chief Librarians with funding from Arts Council England and the Wellcome Trust. The scheme is endorsed by leading national health organisations, works within national clinical guidelines and provides book-based support available from public libraries for a variety of health conditions. It is the first national Books on Prescription programme in England and builds on a model that was first developed in Wales in 2005 by Professor Neil Frude.

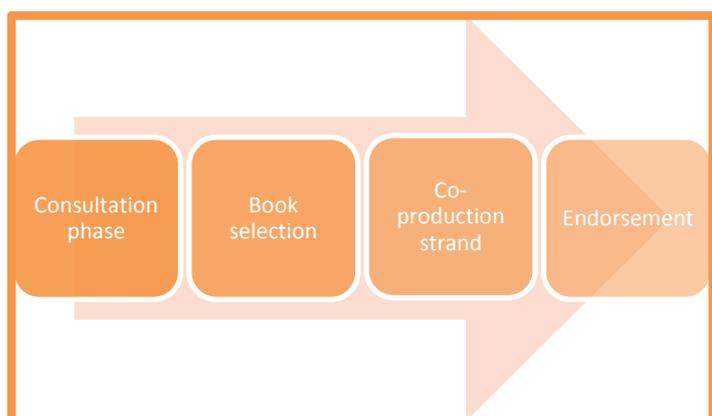
Health professionals can refer people to the recommended reading list of around 25-30 books, but people can also use the scheme independently as the first step to understanding and managing symptoms and seeking help. The programme has been used extensively by GPs and psychological wellbeing practitioners delivering supported self-help for anxiety and depression within Improving Access to Psychological Therapy services (IAPT).

Since the launch of [the first adult mental health list](#) in 2013, The Reading Agency and SCL have developed three additional lists; for [people with dementia and their carers](#) (2015), for [young people's mental health and wellbeing](#) (2016), and for [people living with long term conditions](#) (2017). Through the development of the Reading Well programme, The Reading Agency and SCL have developed a high level of expertise in the development of quality-

assured book lists of health information and support alongside an established and recognised development methodology.

In its first four years, the Reading Well programme has reached over 750,000 people, and resulted in a sharp increase in borrowing of listed titles. Loans of the young people’s mental health list, for example, have increased by 152% compared to borrowings in the previous year. The programme is used regularly by around 5,500 health professionals. The majority of users of the existing schemes are, however, self-referring, usually signposted to the scheme by picking up a leaflet in a library or other community venue. There is also significant evidence of patient benefit emerging. The 2015-16 evaluation highlights that 96% of service users of the existing common mental health conditions scheme found the book they read helpful or very helpful and 90% of service users agreed that the book had helped them to understand more about their condition.¹

1.2 The approach



The protocol established for creating the first Reading Well scheme for common mental health conditions followed a best practice model, driven by professional recommendation and operating within national clinical guidelines. The strategy for gathering evidence to support the selection of specific conditions and titles focused on book-based Cognitive Behavioural Therapy (CBT) as recommended by National Institute for Health and Care Excellence (NICE) guidelines. The original list therefore focused on self-help titles. The approach to book selection has been developed since the launch of the original scheme in 2013 and the footprint of the scheme has been widened to include other types of material including fiction. Further information on this methodology is outlined in section 5.

As a result of learning from previous lists, the involvement of people with lived experience has also become integral to the development process. The development approach for each new book list now includes commissioning an expert partner organisation to deliver an integrated co-production strand of work. This involves people with lived

¹ ['Reading Well Books on Prescription Evaluation 2015-2016'](#), BOP Consulting (2016)

experience, including family and carers, supporting the development of the structure and content of the booklist, as well as the design and marketing approaches of supporting materials.

The development of the co-production strand of work has also informed the inclusion of a wider range of titles and formats such as psycho-education material, graphic novels, memoir and fiction. This approach was endorsed by the scheme's expert panel and the books selected are still subject to a rigorous evidence and acceptability check before inclusion.

Once the list has been completed, it is then shared with relevant professional bodies and charities in order to secure their endorsement of content, approach and supporting resources.

1.3 Partners

Current programme partners relevant to the new list include:

British Association for Behavioural and Cognitive Psychotherapies, British Association for Counselling and Psychotherapy, The British Psychological Society, Mental Health First Aid England, The Mental Health Foundation, Mind, National Association of Primary Care, NHS England through its Improving Access to Psychological Therapies Programme (IAPT), Royal College of General Practitioners, Royal College of Nursing, Royal College of Psychiatrists and YoungMinds.

The full list of partners across all schemes can be seen here: <http://reading-well.org.uk/about>

Partners who represent specific mental health conditions will be invited to support work on the new common mental health conditions scheme. People with lived experience will also be closely involved in its development following a commissioned co-production model. All partners will be credited on relevant leaflets and materials. A list of potential partner organisations is presented in Appendix 1.

Consultation section 1:

Approach to development

1. Do you agree with the current approach for development? Please let us know the reasons for your answer.

Partners

2. Are there any additional organisations with whom we should consult in the development of Reading Well for adult mental health that are not identified in Appendix 1?

Please submit your response at the following link: <https://www.surveymonkey.co.uk/r/MZSJGSF>

2. The consultation

The purpose of this consultation is to map out an appropriate framework for constructing a new Reading Well Books on Prescription list for adult mental health conditions. This will draw on our experience of developing previous lists but will also be informed by the views of experts and service users to make it relevant to the needs of people with mental health conditions and their families. It will focus on the underlying policy framework, the evidence base, and the needs of the potential community of users for the scheme. This consultation process is aimed primarily at health professionals, professional bodies and charities. A parallel consultation process with the library service who will deliver the programme.

Responses to the consultation can be made online at: <https://www.surveymonkey.co.uk/r/MZSJGSF>

3. Classifying mental health

The Oxford English Dictionary defines mental health as a 'person's condition with regards to their psychological and emotional wellbeing'.² This definition of mental health is duplicated across the health sector with little disparity. Mental health charity Mind define mental health as the way you 'think, feel and behave'.³

Both the World Health Organisation and the Department of Health define mental health in a positive context; assuming that if *health* is the antonym of *ill health* it will follow that *mental health* is the antonym of *mental ill health*. This positive positioning of mental health is stressed in the World Health Organisation's definition as contained in its constitution 'Health is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity'.⁴ Similarly, mental health is defined by the Department of Health as a 'positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment'.⁵ More recently, there has been an additional emphasis on wellbeing and positive mental health which has led to the expansion of the Positive Psychology (e.g. Seligman, 2011) movement and interest in developing more preventative approaches to mental health such as facilitating resilience.

3.1 Categorising common mental health conditions

The original Reading Well Books on Prescription list for adult common mental health conditions used the following categories:

- Anger
- Anxiety
- Binge eating/Bulimia Nervosa
- Chronic fatigue
- Chronic pain
- Depression
- Health anxiety
- Obsession and compulsions
- Panic
- Phobias
- Relationship problems
- Self-esteem
- Social phobias
- Stress
- Worry

These categories were agreed according to prevalence and need and on the basis of existing evidence and guidance regarding the efficacy of book based therapy and quality endorsed psycho-information support.

Mental health conditions are usually defined and categorised to enable professionals to refer people to appropriate care and treatment. There is a concern in the mental health field that people are too often treated according to or

² ['Definition of mental health in English'](#), Oxford English Dictionary website [accessed August 2017]

³ ['Mental health problems – an introduction'](#), Mind website (2015) [accessed August 2017]

⁴ ['Mental health: a state of well-being'](#), World Health Organisation website (2014) [accessed August 2017]

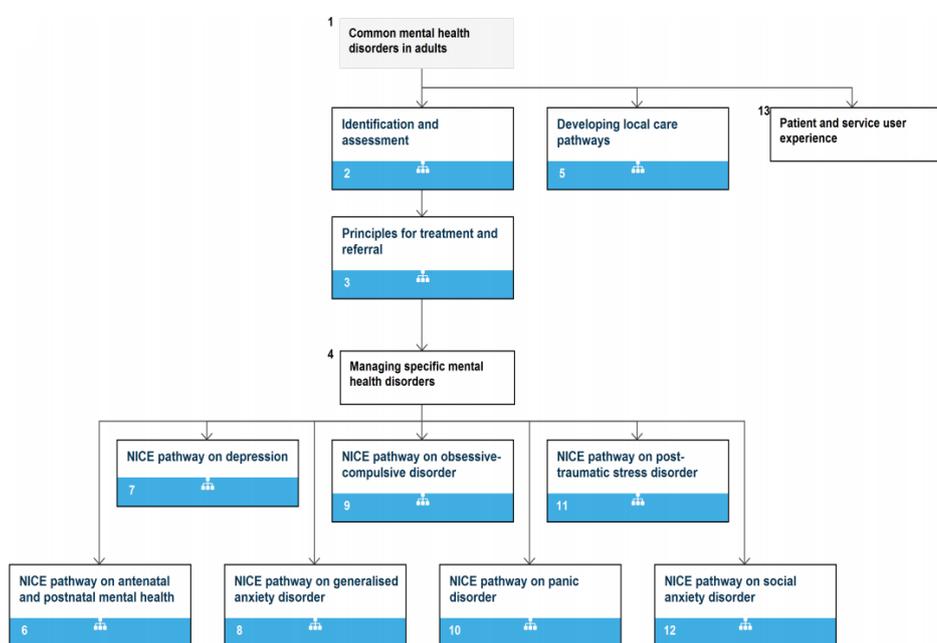
⁵ ['No Health Without Mental Health'](#), Department of Health (2011)

described only by their label,⁶ especially as symptoms are often common to more than one diagnosis.⁷ However, diagnoses still remain the most usual way of dividing and classifying symptoms into groups. Common mental health conditions also tend to be grouped together and considered separately from those conditions which are less common, both in terms of health information and clinical guidance.

The National Institute for Health and Care Excellence (NICE) define common mental health conditions as those that affect more people than other mental health problems and are frequently treated within primary care. The NICE guidelines for common mental health conditions cover anxiety and depression disorders including generalised anxiety disorder (GAD), panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), phobias about specific things or situations and social anxiety disorder.⁸ The NICE flowchart below provides an overview of common mental health conditions in a primary care setting and provides principles for identification and assessment and treatment and referrals.⁹

Common mental health disorders in primary care overview

NICE Pathways



The majority of Mental Health NHS resources are allocated to the treatment of serious and enduring mental health problems. These conditions are usually dealt with within secondary or tertiary care services and include schizophrenia and psychosis, bipolar disorder, personality disorders, recurrent depression and chronic anxiety

⁶ ['What are mental health problems?'](#), Mental Health Foundation [accessed August 2017]

⁷ ['Mental health problems – an introduction'](#), Mind website (2015) [accessed August 2017]

⁸ [Common mental health problems: identification and pathways to care, Clinical guideline \[CG123\]](#), National Institute for Health and Care Excellence (2011) [accessed August 2017]

⁹ [Common mental health disorders in primary care overview](#), National Institute for Health and Care Excellence (2014)

disorders. Although these conditions are less common, they do have major impact on patients' lives and those of their families and carers. They also have a wider impact on the economy creating unemployment, increasing welfare benefits and a rising demand for NHS services and investment.

In order to decide which conditions should be covered on a Reading Well Books on Prescription list for adult mental health conditions, it will be essential to consider clinical guidelines, evidence of acceptability and compatibility with the Reading Well Books on Prescription model and the advice of mental health professional experts. We must also decide on the relative priority of a range of wider considerations. These include:

- Prevalence of condition
- Cost (to the NHS and the wider economy)
- Level of impact on individual caused by conditions
- Absence of other community based support services particular to that condition
- Conditions flagged as high priority by mental health professionals included IAPT
- Public demand for information and support as indicated by current usage of the existing common mental health conditions list and feedback from libraries

With the original list, a decision was taken to focus on common mental health conditions, whereas it may be appropriate that other more serious mental health conditions are also considered for the revised list. This will clearly be a major area for discussion at the Roundtable but we would welcome your views about including serious and enduring mental health problems outlined above in the scheme.

Consultation section 3

Conditions covered on the existing list for adult mental health

1. Which of the conditions covered in the original 2013 book list would you want to see included on the new list (Please tick all that apply)
2. Are there any conditions that you think shouldn't be covered on the new list?
3. Are there any conditions that weren't covered in the original 2013 book list that you would want to see included on the new list?

Factors to consider when deciding conditions covered

4. Which factor(s) do you think should be considered when deciding which conditions should be on the list (please tick all that apply)

Please submit your response at the following link: <https://www.surveymonkey.co.uk/r/MZS1G5F>

4. Policy Framework

Delivery of health services for people with mental health conditions has been a key focus for policy makers, health professionals and charities in recent years. This is due to both an increased demand for mental health services and pressures on funding for health and social care.

Key figures to demonstrate this are as follows:

- It is estimated that by 2030 there will be approximately two million more adults in the UK with mental health problems than there were in 2013¹⁰
- Between 2010 and 2015 NHS funding for mental health fell by 8.25% (£600m)¹¹; however since then the current government have pledged an additional £1billion to mental health services in accordance with the recommendations made in the NHS Five Year Forward View for Mental Health

Alongside the expected increase in people living with mental health conditions and the challenges facing funding for mental health services; there has been a recognisable shift in the past ten years in policy makers' attitude to mental health services. In particular, the Five Year Forward View for Mental Health report has made clear steps to ensuring mental health support is at the forefront of policy discussions and given parity of esteem with physical health services.

Below we summarise our understanding of the scale of the challenge in meeting the needs of people with mental health conditions and the associated costs. We also review the most recent UK developments in policy within this area originating from governments, professional bodies and charities. Based on the evidence, we propose that the current policy framework supports the development of a new Reading Well Books on Prescription scheme for adults with mental health conditions and their families.

4.1 The extent of the problem: statistics and costs

The prevalence of mental health conditions in the UK is high, with approximately one in four people experiencing a poor mental health each year¹² and mental illness representing the largest single cause of disability in the UK.¹³

Key statistics demonstrate the scale of the problem and those it affects:

- 26 percent of adults in England reported having been diagnosed with at least one mental health problem¹⁴

¹⁰ [Key facts and trends in mental health 2016 update](#), Mental Health Network (2016)

¹¹ [Key facts and trends in mental health 2016 update](#), Mental Health Network (2016)

¹² [Adult psychiatric morbidity in England, 2007: results of a household survey](#), The NHS Information Centre for health and social care (2009)

¹³ [The Five Year Forward View for Mental Health](#), Mental Health Taskforce (2016)

¹⁴ [Health survey for England 2014](#), Health & Social Care Information Centre (2015)

- The total cost of mental health problems in England in 2009/10 was £105.2 billion. . The figure includes health and social care costs, lost economic output and the human costs of reduced quality of life¹⁵
- People with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than other people¹⁶
- Every year in the UK, 70 million workdays are lost due to mental illness, including anxiety, depression and stress related conditions. This makes mental illness the leading cause of sickness and absence from work¹⁷
- 9 out of 10 people with mental health problems experience stigma and discrimination¹⁸
- Mixed anxiety and depression is the most common mental disorder in Britain, with 7.8% of the population meeting criteria for diagnosis¹⁹
- Nine out of ten adults with mental health problems are supported in primary care²⁰

4.2 Affected populations

Poor mental health can affect everyone regardless of age, gender, ethnicity or economic background. It is, however, also important to recognise how external factors can affect mental health and result in particular populations being adversely affected. For the development of any Reading Well Books on Prescription scheme supporting mental health it is important to identify these populations in order to ensure both content and delivery are accessible within the universal focus of the scheme. The following factors have been identified as key determinants of poor mental health:

- **Poverty**

Poverty both increases the risk of and can be a causal factor and consequence of mental ill health.²¹A recent report by the Joseph Rowntree Foundation highlights the significant link between poor mental health and poverty demonstrated in studies in a wide range of social contexts over the past half a decade. The report focuses in particular on how poverty results in increased risk factors for schizophrenia, mood and anxiety disorders, and substance or alcohol addiction.²²

- **Unemployment**

There is clear evidence that unemployment has a negative impact on mental health. There is also clear evidence that people with mental health problems are more likely than others to become unemployed. In August 2014, 46.9% of

¹⁵ [The economic and social costs of mental health problems in 2009/10](#), Centre for Mental Health (2010)

¹⁶ [The Five Year Forward View for Mental Health](#), Mental health Taskforce (2016)

¹⁷ ['Statistics about key mental health problems'](#), Counselling directory website (2016) [accessed July 2017]

¹⁸ ['Mental Health Statistics and Facts'](#), Time to Change website [accessed July 2017]

¹⁹ ['Common mental health problems: identification and pathways to care \[CG123\]'](#), National Institute for Health and Care Excellence (2011) [accessed July 2017]

²⁰ [The Five Year Forward View for Mental Health](#), Mental health Taskforce (2016)

²¹ [Psychological perspectives on poverty](#), The Joseph Rowntree Foundation (2015)

²² [Psychological perspectives on poverty](#), The Joseph Rowntree Foundation (2015)

employment and support allowance claimants in England were recorded as having a ‘mental or behavioural disorder’.

The Institute for Work and Health highlight an affected standard of living, insecurity of income, low stigma and self-esteem and loss of social contact as the main increase in poor mental health amongst the unemployed.²³

- **Black and Minority Ethnic (BAME) Communities**

In general, people from black and minority ethnic groups living in the UK are more likely to be diagnosed with a mental health problem and admitted to hospital, to experience a poor outcome from treatment and to disengage from mainstream mental health services leading to social exclusion and further deterioration.²⁴

The Mental Health Foundation indicates that higher levels of poor mental health in BAME communities could be explained by a number of facts including both poverty and racism. They also recognise that it may be because mainstream mental health services often fail to provide services that are acceptable or accessible to non-white British communities and do not meet their cultural needs.

- **Lesbian, Gay, Bisexual, Trans, Queer (LGBTQ) Communities**

People who identify as LGBTQ are recognised as at higher risk of experiencing a mental health problem than the wider population. Findings from the National Institute for Mental Health in England show that LGB people are at significantly higher risk of mental disorder, suicidal ideation, substance misuse and Deliberate Self Harm than heterosexual people.²⁵

Mental health charity Mind indicate a complex set of reasons for an increase in poor mental health in LGBTQ communities linked to discrimination and bullying as a result of homophobia, biphobia or transphobia. Other reasons include experiencing rejection and negative reactions from family members, friends and employers.

- **Long term physical health conditions**

There is clear evidence that long term physical health conditions are linked to an increase in poor mental health. A report by the King’s Fund indicates that people with a long term condition are two to three times more likely to also experience depression, with around 30% of people with a long term condition experiencing some form of mental health problem.²⁶ People with mental health problems are also more likely to experience poor physical health.²⁷

Our Reading Well for long term conditions booklist (<https://reading-well.org.uk/books/books-on-prescription/long-term-conditions>) covers the psychological aspects of living with a long term health condition, but also signposts to the other collections in the supporting print and digital resources.

- **Learning disabilities**

²³ [Issue briefing: Unemployment and mental health](#), Institute for Work and Health (2009)

²⁴ [Black, Asian and minority ethnic \(BAME\) communities](#), Mental Health Foundation [accessed September 2017]

²⁵ [Mental disorders, suicide, and deliberate self harm in lesbian, gay and bisexual people: a systemic review](#), National Institute for Mental Health in England (2007)

²⁶ [Long-term conditions and the cost of co-morbidity](#), The Kinds Fund (2012)

²⁷ [Our communities, our mental health: commissioning for better public mental health](#), Mind (2016)

Learning disabilities charity, Mencap cite that approximately 40% of adults with a learning disability also have a mental health problem. There is also evidence that their mental health problems are often overlooked or underestimated.²⁸

The key reasons identified for the mental vulnerability of this group include the fact that people with learning disabilities are more likely to experience deprivation and poverty, have an increased risk of social exclusion and loneliness, and are more likely to experience negative attitudes from others.

4.3 Policy development: key reports and guidance

Since the Conservative/Liberal Democrat Coalition government in 2010, there has been a clear shift in governmental approach to mental health policy. The public health white paper *Healthy Lives, Healthy People* is recognised as the first public health strategy giving equal weight to both mental and physical health.²⁹ This theme has continued with the current government's 2017 manifesto aim to 'put parity of esteem at the heart of treatment and end the stigma of mental illness once and for all'.³⁰

The shift in policy has also been echoed in changing public opinion around mental health. With campaigns like Heads Together and Time to Change working towards removing the stigma attached to mental health, public understanding and attitudes towards mental health have become far more positive.³¹

As a result, mental health has been the subject of many key health policy reviews and reports from the Government and from the wider sector. We have reviewed key considerations and strategy issues emerging from the main policy reports and key strategies of health bodies and mental health charities in order to identify the relevant policy implications for a new Reading Well Books on Prescription list for adult mental health conditions.

The following priorities are sourced from considering policy from *No Health without Mental Health (2011)* onwards, highlighting recommendations by the Mental Health Taskforce in *The Five Year Forward View for Mental Health (2016)*.

- **Early intervention and prevention**

There is a clear policy consensus that early intervention and prevention is essential to addressing the increasing prevalence of poor mental health across the country. This driver was highlighted in the 2014 government report *Closing the Gap: priorities for essential change in mental health* wherein 'starting early to promote mental wellbeing and prevent mental health problems' appeared as one of four themes under which areas for change were identified.³²

²⁸ [Mental health - research and statistics](#), Mencap, [accessed August 2017]

²⁹ [Healthy Lives, Healthy People: Our strategy for public health in England](#), Department of Health (2010)

³⁰ [Forward, together: Our Plan for a Stronger Britain and a Prosperous Future](#), The Conservative and Unionist Party Manifesto (2017)

³¹ ['Latest survey shows public are less likely to discriminate against people with mental health problems'](#), Time To Change website (2015) [accessed August 2017]

³² [Closing the Gap: priorities for essential change in mental health](#), Department of Health (2014)

The *Five Year Forward View for Mental Health* emphasises the importance of commissioning services that focus on prevention, early intervention, support for self-management and enabling people to get help early to stop mental health problems escalating.³³

Stakeholder organisations also prioritise early intervention and prevention strategies with the Mental Health Foundation advocating strongly for increased understanding on how to prevent poor mental health. They recommend engaging with people with the right expertise in mental health, including experts with lived experience in order to create better public understanding.³⁴

The Reading Well Books on Prescription model is designed to provide prevention and early intervention, self-management support through helpful and quality assured reading. Evidence shows that existing schemes deliver useful support for people taking their first steps in seeking help as well as to patients waiting for psychological therapies treatment.³⁵

- **Removing the stigma around mental health**

Stigma is a proven barrier to recovery for people with mental health problems and tackling it has been a priority of policy over the past ten years. A core objective of the 2011, *No Health without Mental Health* strategy was that ‘fewer people will experience stigma and discrimination’. This has continued to be a key government priority. The current Prime Minister, in a speech earlier this year, promised to ‘take action to tackle the stigma around mental health problems’.³⁶

To support this priority, the government provided funding for the Time to Change initiative, a national programme led by charities Mind and Rethink Mental Illness that aims to reduce mental health stigma and discrimination. Initiatives like Time to Change with their focus on high-profile anti-stigma campaigns that encourage open conversations about mental health are proven to be effective. A report shows that since the start of the project in 2007, there has been an overall 8.3% improvement in public attitudes towards mental health.³⁷

Reading Well Books on Prescription helps to reduce stigma by making mental health support visible and accessible as part of the core offer of the public library and encouraging open conversations about the subject.

- **Improving access to services and support**

A major thrust of government policy in the last decade has been to increase access to psychological therapies within primary care through the Improving Access to Psychological Therapies (IAPT) programme in order to reduce the gap between the number of people with an identifiable mental health problem and those receiving the appropriate treatment. The latest psychiatric Morbidity Survey estimates that only about a third of people with mental health

³³ [The Five Year Forward View for Mental Health](#), Mental Health Taskforce for NHS England (2016)

³⁴ [A New Way Forward](#), Mental Health Foundation (2015)

³⁵ [Reading Well Books on Prescription evaluation 2017](#), The Reading Agency [accessed August 2017]

³⁶ [Theresa May pledges to tackle 'stigma' of mental health but dismisses call for extra funding](#), Independent (2017)

³⁷ [Time to Change](#), Mind [accessed August 2017]

needs are receiving appropriate treatment.³⁸ Reasons include lack of service capacity and stigma. Another significant factor relates to poor mental health literacy which refers to understanding and awareness of mental health problems and the ability to seek appropriate treatments. RWBOP may have an important role in promoting help-seeking and accessing treatment.

4.4 Policy implications for a new Reading Well Books on Prescription for adult common mental health conditions scheme

It is clear that mental health support is a key priority for government health policy, as well as for the sector more widely. This is the result of the high social and economic impact of poor mental health, as well as the stretch to current services. Early intervention and prevention is considered a key driver for change because early help and support can reduce demand for later more intensive support from more expensive services. Overcoming stigma is also a key priority. This policy context provides a clear driver for the development of community based early intervention services for mental health such as Reading Well Books on Prescription. The scheme also addresses the need for high quality information and signposting in order to improve access to support services.

³⁸ [Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014, McManus S, Bebbington P, Jenkins R, Brugha T \(2016\)](#) [accessed September 2017]

Consultation section 4

Statistics and costs

5. Do you agree with our supposition that the outlined statistics and costs support the need for a new Reading Well Books on Prescription list for adult common mental health conditions?

Affected populations

6. Do you agree with the affected populations identified as being more vulnerable to mental health conditions? (poorer areas, the unemployed, BME communities, LGBTQ communities, those with long term conditions, people with learning difficulties)
7. Are there any other populations you would want to be recognised as vulnerable in the development of the scheme?

Priority areas

8. Do you agree with the key policy areas identified that affect the development of a Reading Well Books on Prescription list (removing stigma, early intervention and prevention, access to services and support)?
9. Are there any other areas of policy that you think are important to consider in the development of a Reading Well Books on Prescription list for adult mental health?

Please submit your response at the following link: <https://www.surveymonkey.co.uk/r/MZSJGSF>

5. Clinical guidelines, quality standards and the evidence base.

5.1 Overview of the clinical guidelines and approach used in the Reading Well adult mental health 2013 scheme

As previously detailed, a major effort was made when establishing the English RWBOP for common mental health conditions to ensure that it was informed by the relevant NICE guidance surrounding particular conditions. There was also a strong focus on corroborating research evidence supporting the use of particular books or manuals. A summary of the evidence base is provided on The Reading Agency website.³⁹ Where there was evidence of ineffective or potentially harmful self-help interventions, these conditions (for example Post Traumatic Stress Disorder) were not included on the book list.

The strategy for gathering evidence for the original core RWBOP list for adult common mental health conditions was to support particular self-help books for conditions where they might be beneficial, inclusion relied heavily on recommendations about the use of guided CBT self-help books or self-help groups contained within the relevant NICE clinical guidelines. Given that the majority of books offering CBT self-help were for identified conditions where NICE guidance was available, this ensured that an identifiable and transparent evidence base was deployed. Additional guidance was provided by an expert panel of relevant health professionals. The draft list was also scrutinised IAPT Service Leads and training providers who made further suggestions about adding or excluding titles.

Some books on the core list referred to problems where no specific NICE guidance was available (i.e. anger, relationship problems, self-esteem, sleep, stress and worry). It was, however, acknowledged that there was a need for quality-endorsed guidance relating these everyday problems associated with psychological distress. The books selected were endorsed by professionals and had been subject to evaluation research and scientific scrutiny.

As well as NICE guidance, the development and book selection for recent lists has therefore also been heavily guided by the expertise of the book selection panel, alongside recognition of clinical guidance and current policy. The diverse and comprehensive knowledge and experience of the members of the book selection panel provides assurance on the acceptability of the evidence base behind each of the titles on a list and its acceptability within established clinical guidance.

To summarise, both the methodology and scope of the book selection process, which underpins the creation of any one RWBOP list has developed significantly since the creation of the first list for adult mental health conditions.

5.2 NICE Guidelines and common mental health conditions

There are three sources of NICE guidance, which are relevant to the revision of the book list. First, there has been general guideline for Common Mental Health Disorders (CG123) which was originally published in 2011 and revised in 2014. There are also condition-specific NICE guidelines (e.g. anxiety, bipolar disorder, depression,

³⁹ [Reading Well Books on Prescription evidence base](#), The Reading Agency [accessed August 2017]

psychosis and schizophrenia), which cover the majority of conditions relevant to our list. Finally, there are NICE Quality Standards for the delivery of services. Although these were invaluable in defining the scope of the dementia list, quality standards for mental health tend to focus on specialist services (e.g. postnatal, criminal justice) and are less relevant to revising the CMHCs list. Nevertheless, QS 14 regarding “Service user experience in adult mental health services” highlights and recommends support for service users being able to self-manage their mental health problems. Clearly, this emphasizes the interface between RWBOP schemes, public libraries and community mental health services in promoting self-help and psycho-education.

Self-help approaches are identified for a number of conditions such as anxiety, depression and obsessive compulsive disorder (OCD) where symptoms are either “persistent sub-threshold” or “mild to moderate”. For Generalised Anxiety Disorder, psycho-education and self-help are recommended either facilitated by therapists or within groups, or available as unsupported self-help books or bibliography. Similarly, for mild to moderate panic, individual non-facilitated self-help is indicated. For OCD, self-help is indicated but with either group or telephone facilitated support. Self-help is not indicated for PTSD since it is recommended that patients are directly and immediately referred for formal therapy.

Finally, it should be noted that the guideline recommends “effective engagement with families and carers”, which includes the provision of relevant information.

5.3 Specific NICE guidance underpinning the original 2013 Reading Well Books on Prescription for adult common mental health conditions list

Specific NICE Guidance exists for a wide range of mental health conditions. It should be recognised that some of this guidance (e.g. Bipolar disorder, Psychosis and schizophrenia) were published following the RWBOP adult mental health list in 2013. Generally, they all emphasise the importance of providing good quality information to patients and their relatives from the time of diagnosis onwards. Good quality according to NICE, means individually tailored to the patient’s level of understanding, and designed to be accessible. Providing information is said to improve a patient’s understanding of their condition, which can then help motivate them to control their symptoms through self-management. Indeed, it is argued that good information provision leads to an increase in perceived control over the condition (i.e. self-efficacy) and also better understanding (e.g. health literacy). It also suggests that information sessions and support should be offered on an individual basis to both patients and carers.

For some common mental health conditions, specific self-help (bibliotherapy and psycho-education) psychological interventions are mentioned:

Condition	NICE guideline	Summary
Anxiety	Generalised anxiety disorder and panic disorder in adults: management (CG113) January 2011	Recommends provision of STEP 2 interventions, including non-guided self-help for both GAD and Panic, for mild to moderate presentations.

	Obsessive-compulsive disorder and body dysmorphic disorder: treatment (CG31) November 2005	Recommends structured self-help but with support from groups or over the telephone.
	Post-traumatic stress disorder: management (CG26) _March 2005	Makes no recommendations for self-help but recommends direct referral to formal psychological therapies.
	Social anxiety disorder: recognition, assessment and treatment (CG159) _May 2013	Recommends supported self-help (i.e. CBT-based book) in the form of 9 sessions provided across 3 to 4 months.
Depression	Depression in adults: recognition and management (CG90) , October 2009	Recommends low intensity interventions for people with “persistent sub-threshold symptoms or mild symptoms to moderate”, which includes guided self-help, computerised CBT or behavioural activation. Self-help should be structured over up to 8 sessions, supported by a trained therapist either face-to-face or over the telephone.
Eating disorders	Eating disorders: recognition and treatment (NG69) , May 2017	Recommends for binge eating disorder and bulimia the use of structured and supported CBT self-help groups (4-9 weeks) over 16 weeks. No recommendations are made regarding self-help for anorexia nervosa.
Chronic Fatigue	Chronic fatigue syndrome/Myalgic encephalomyelitis (or encephalopathy): diagnosis and management (CG53) , August 2007	Recommends provision of self-help groups and encouraging patients to self-manage their conditions. Individual CBT is also recommended but no mention is made of either guided or individual self-help. The above mental health problems were included in the original CMHCs list. In addition, there were a number of other topics, which were not subject to <i>specific</i> NICE guidance at that time. These included anger, chronic pain, health anxiety, relationships, self-esteem, sleep, stress, and worry.

5.4 Specific NICE guidance for mental health problems not included on the RWBOP adult mental health list (2013)

Autism spectrum	NICE guideline	Summary
Psychosis and schizophrenia	Autism spectrum disorder in adults: diagnosis and management (CG142) June 2012	Recommends self-help groups and supported self-help for anxiety and depression for people with autism.
Bipolar disorder	Psychosis and schizophrenia in adults: prevention and management (CG178) February 2014	Recommends peer support and self-management, together with face-to-face self-management sessions. Information and support for families and carers is also recommended.
	Bipolar disorder: assessment and management (CG185) September 2014	Recommends self-management and self-monitoring, together with psycho-education groups.
Borderline personality disorder	Borderline personality disorder: recognition and management (CG78) January 2009	Recommends self-management strategies but advises against brief interventions. Suggests peer support groups and peer training for education and support groups for service users, families and carers.
Self-harm	Self-harm in over 8s: short-term management and prevention of recurrence (CG16)	Recommends information for families of people who self-harm, but no guided or individual self-help recommended.

5.5 Summary

The majority of NICE Guidelines originally referred to by the Reading Agency⁴⁰ remain in place and have not undergone any major revisions. However, the current Depression guideline is under review and out for consultation (September, 2017). The draft guideline is largely consistent with the previous guidance as regards self-help. For patients with mild depression, unsupported self-help would appear to offer no or very small benefits, whereas supported self-help yields consistently significant but modest benefits. For anxiety disorders (GAD and panic), there is more support for the benefits of unfacilitated self-help, although supported or facilitated (via individuals or within groups) would appear more effective. Structured, supported self-help across a number of sessions (6-8) either face-to-face or within groups is recommended for some eating disorders (but not anorexia nervosa), OCD, social anxiety and autism spectrum disorders (adults). Self-help is not recommended for PTSD.

NICE Guidelines for Psychosis and schizophrenia (CG178), Bipolar (CG184) and Borderline Personality Disorder (CG78) refer to self-management strategies and the benefits of peer support. In some circumstances, psycho-educational support groups are run by peers who are experts-by-experience and have been trained to facilitate such groups, alongside supervision.

There are a series of NICE clinical guidelines under the heading of mental health (e.g. addictions, antisocial personality, self-harm), which do not *specifically* mention self-help (supported or unsupported) nor psycho-education or bibliotherapy. It maybe that specific self-help titles or manuals have yet to be written and evaluated for these conditions or clinical groups. However, for nearly all conditions, NICE guidelines will recommend the provision of accessible information to service users, families and carers.

5.6 Implications of NICE Clinical Guidance for RWBOP adult mental health book selection

The majority of library users borrowing books from the RWBOP adult mental health list (2013) are “self-referrals”; they have chosen books for themselves from the list and have not been advised or supported by health professional. NICE would suggest that this strategy is most likely to be effective for anxiety disorders. A minority of users (about 20%) borrow the titles on the recommendation of a health professional. Indeed, we would recommend that where possible the use of self-help books should be facilitated by a health professional or a trained peer supporter either individually or within a structured group. RWBOP texts could well be adopted by individuals who are working alongside health professionals (community psychiatric nurses, psychological therapists, and psychological well-being practitioners) or are regularly attending a self-help groups. Similarly, NICE clinical guidelines recommend the provision of information and psycho-education to users, families and carers; RWBOP titles might provide such a source of information, as recommended within the RWBOP lists for dementia and long term conditions.

5.7 Systematic Reviews and Meta-analysis of Self Help Interventions

Since the publication of the RWBOP CMHCs list in 2014, there have been at least 29 systematic reviews and meta-analysis focusing on self-help interventions across a range of conditions including anxiety and depression from the original list but also tackling new conditions such as psychosis, self-harm, perfectionism, wellbeing and PTSD. There

⁴⁰ [Reading Well Books on Prescription evidence base](#), The Reading Agency [accessed August 2017]

have also been several reviews of the effectiveness of interventions such as “Mindfulness”, Positive Psychology and Acceptance and Commitment Therapy delivered in a self-help format. Other pertinent issues include predictors of outcome in self-help interventions, drop out in self-help interventions, negative effects of self-help, use of self-help for university students etc.

Since there is always a delay between the publication of reviews and their take up by NICE in the form of revised clinical guidelines, we will summarise the findings from the various relevant reviews that have been published since 2014. Evidence to support the effectiveness of supported self-help for depression, sometimes provided over the internet, has continued to accrue. Reviews by Andreasen et al. (2014) indicate the equivalence of internet-based CBT to face-to-face treatment, similar to an earlier review by Cuijpers et al. (2010) for guided self-help versus face-to-face interventions. Matcham et al. (2014) have published a meta-analysis demonstrating the effectiveness of guided self-help for depression in patients with physical health problems. Von Stratten and Richards (2015) have also supported the effectiveness of stepped care interventions for depression although they note that the evidence is limited given the widespread recommended use of stepped care within clinical guidelines. Mayo-Wilson et al., in a meta-analysis of treatments for social anxiety identify both self-help and facilitated self-help based on CBT as being effective. Percey et al. (2016) provide an optimistic review of self-help approaches for OCD but suggest that unsupported self-help is associated with high drop outs and failure to engage. Lloyd et al. (2015) have also suggested that internet-based self-help may have a role in reducing perfectionism. There have also been recent reviews for eating disorders (Lancas et al., 2014), binge eating and bulimia (Traviss-Turner et al., 2017; Beinter et al., 2014), and problems with overweight and obesity (Hartman & Boyce, 2015). Similarly, sleep and insomnia have also been the focus recent meta-analyses (Ho et al., 2015; Zachariae, 2016).

Many of these reviews have included self-help interventions but generally speaking these have been internet-based or guided/facilitated. Indeed, there is a recent trend towards self-help being delivered online or by computerized CBT; this raises the role that public libraries might have in supporting digital or internet based self-help. Specific reviews of internet-based self-help in relation to PTSD have also been published (Sijbrani et al., 2016). There have also been several reviews for self-help and peer support for psychosis (Lloyd-Evans et al., 2014; Scott et al., 2015) indicating promising results for structured self-help but limited evidence in favour of peer support. Self-help approaches for self-harm have also been recently reviewed alongside other psychological interventions (Hawton et al., 2016) and deserve further exploration.

There have been several reviews of attempts to promote various interventions within a self-help format (including facilitated and online) and these have covered Acceptance and Commitment Therapy (ACT) (French et al., 2017), Mindfulness and acceptance (Cavanagh et al., 2014; Wasantha, 2017), Positive psychology (Bolier, 2013) and Wellbeing (Weiss, 2016). Generally, these reviews have been promising although there are relatively few studies of good quality and the effect sizes tend to be small to modest. There have also been several papers that have focused on specific aspects of self-help including forms of facilitation (Farrand and Woodford, 2013), drop out from self-help interventions (Karyotaki et al., 2015), deterioration and self-help (Ebert et al., 2016), preferences for therapist directed (guided self-help) versus computerised therapy, bibliotherapy or medication (unguided treatments). With respect to drop outs from treatment and deterioration during self-help interventions, there appear to be two common factors: the lack of guidance or professional support and the possible lower socioeconomic status of patients adopting a self-help approach. Whether the latter is due to poor literacy or computer skills has yet to be

determined but Ebert et al. recommend careful monitoring of patients who might deteriorate whilst undergoing self-help.

Summary

In the four years since the creation of the original adult mental health list, there has been a significant expansion in the use of self-help and internet-based CBT interventions as evidenced by the reviews and meta-analyses cited above. Generally, these reviews support the continued use of self-help materials such as those books on the original adult mental health booklist. The evidence suggests that a range of effect sizes may be achieved depending upon factors such as whether the intervention is supported, the type of condition being targeted, the educational or socio-economic background of the patient etc. The reviews suggest that the range of conditions covered by RWBOP might be possibly enlarged to include mental health problems that were not covered previously (e.g. psychosis, self-harm). Similarly, there are a range of generic interventions designed to be delivered within a self-help format in addition to CBT or relaxation which might also be made available (e.g. ACT, Mindfulness, Positive psychology).

Consultation section 5

10. Do you agree with our summary of NICE guidelines relevant to a RWBOP book list for adult mental health conditions? Please let us know the reasons for your answer
11. Do you agree with our summary of meta-analyses and systematic reviews relevant to a RWBOP list for adult mental health? Please let us know the reasons for your answer
12. If you are aware of any key reviews relevant to a RWBOP list for adult mental health that we have not included please tell us about them here

Please submit your response at the following link: <https://www.surveymonkey.co.uk/r/MZSJGSF>

6. Developing a new Reading Well Books on Prescription scheme for adult mental health

6.1 Function of the scheme

In order to outline the potential of a new Reading Well scheme to support adult mental health it is helpful to consider how the existing schemes - for people with dementia, young people with mental health issues and people with long term conditions - and particularly the original adult mental health scheme are used. The existing Reading Well Books on Prescription schemes services a number of useful purposes which include:

- Provision of general information concerning health conditions for the general public and raising levels of health literacy
- Enhancing awareness and promoting help-seeking for unrecognised/undiagnosed conditions
- Providing self-help books for specific conditions or problems, which can be used by the individual in confidence and without stigma, either unguided or guided by a health professional
- Provision of self-help resources, which may be adopted either within face-to-face or group facilitated therapy and/or education
- Provision of information for relatives and carers
- Support for living well with a diagnosed condition
- Support for understanding the experience from an informed personal/fictional perspective
- Provision of information for non-health care professionals (for example teachers, care workers etc)
- Provision of a non-stigmatised community-based resource for associated meetings/group activities (for example, memory cafes for dementia)
- Provision of signposting to relevant local services and charities through the provision of the user leaflet and Reading Well website, ore through trained library staff and enquiries. It should be noted that over two million user leaflets have been distributed across public libraries across England

6.2 Format of books

The original adult mental health book solely recommends non-fiction CBT based titles. Development of recent lists has recognised that to achieve the goals identified in the above section, a variety of different types of books were recommended by professionals and service users for inclusion on the lists. These include:

- Books that provide general information about a specific condition, ranging from medical and psychological explanations of the condition, prognosis and outcomes, common treatments, way of managing the condition, and more
- Specific self-help books based on a clinical trial or published therapy manual. These may take the form of a traditional book or workbook for completion by the reader
- Books written for relatives and carers about supporting and caring for an individual with a specific condition

- Books written for common problems and difficult experiences (for example sleep, anger, relationships, stress)
- Biographic and fictional accounts of a particular condition which may be written from the perspective of the person with the condition, or from that of a relative or carer

6.3 Access to the book list

As with previous Reading Well Books on Prescription schemes, people will have access to the new adult mental health list through their public library service. Books will be displayed on the open shelves of library branches for anyone to borrow and library staff can also recommend titles to visitors. We would also assume that as with the existing adult mental health list, people will be recommended specific titles from the list by primary care or mental health services.

The book lists will also be accessible to people through the Reading Well website (<https://reading-well.org.uk/books>) which will be signposted to through local authority websites, as well as through the NHS Choices website. The NHS Choices website directs 200-300 users to the Reading Well website every month.

Consultation section 6

Functions of the list

1. Please select three functions from the list that you would consider to be the most important for an adult mental health book list
2. Are there any functions listed that you consider inappropriate for the new list

Format of books

3. Please select all the formats of books listed that you would recommend including within an adult mental health book list
4. Would you recommend including any other types of books not recommended on the list

Please submit your response at the following link: <https://www.surveymonkey.co.uk/r/MZSJGSF>

Appendix 1

Addaction
Alcohol concern
Anorexia & Bulimia Care (ABC)
Anxiety UK
Anxious Minds
BEAT
Bipolar UK
Best Beginnings
British Association of Anger Management (BAAM)
British Association for Behavioural and Cognitive
Psychotherapies
British Association for Counselling and Psychotherapy
The British Psychological Society
British Sleep Society
CALM (Campaign Against Living Miserably)
Carer's Trust
Carers UK
Centre for Mental Health
Citizens Advice
Coalition for Collaborative Care
The Compassionate Friends
Concern Group
Cruse Bereavement Care
Depression UK
Harmless
Heads Together Campaign
Improving Access to Psychological Therapies (IAPT)
Insight Healthcare
Mental Health First Aid England
The Mental Health Foundation
MGET (Men Get Eating Disorders Too)
Mind
MindOut
National Association Patient Participation
National Association of Primary Care
National Suicide Prevention Alliance
National Survivor and User Network
New Horizons
No Panic
OCD Action
OCD UK
PANDAS Foundation
Patients Association
Public Health England
Relate
Rethink Mental Illness
Royal College of General Practitioners
Royal College of Nursing
Royal College of Psychiatrists
Sane
Samaritans
SEED
Self Harm UK
The Shaw Mind Foundation
Together
Turn2Me
Wish