FINAL REPORT:
READING WELL BOOKS ON
PRESCRIPTION SCHEME FOR
ADULT COMMON MENTAL
HEALTH CONDITIONS

Examining acceptability, impact and scheme
delivery preferences for end users and library services

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Executive Summary

This report is an impact evaluation of Reading Well Books on Prescription Scheme for Adult Common Mental Health Conditions (CMHC), commissioned by the Reading Agency and Society of Chief Librarians. Specifically, the evaluation examined the acceptability, impact and scheme delivery preferences for end users and library services. The evaluation is based on survey data received from 15 Reading Well Books on Prescription Scheme for Adult CMHC users between July 2016 and February 2017, in addition to semi-structured interviews undertaken with 4 scheme users, 10 members of library staff and a focus group with a further 12 members of library staff.

- Across 22 library authorities supporting recruitment into the evaluation, 11,985 leaflets, 232 posters and 415 paper recruitment packs were distributed to a total of 197 libraries. A total of 11 authorities successfully recruited at least one survey respondent.

- 20 survey responses were received; however 5 responses were excluded from analysis due to not borrowing titles on the Reading Well Books on Prescription Scheme for Adult CMHC, resulting in 15 survey responses included within the analysis. The majority (n=13) of surveys were completed online and recruitment via social media (n=6) was the most successful recruitment method.

- The majority of respondents were female (n=12); White British (n=12) working full time (n=7), educated to postgraduate level (n=8) with a mean age of 47.

- 13 different self-help titles were borrowed from the Reading Well Books on Prescription Scheme for Adult CMHC, with the majority of loan titles (67%) targeting anxiety difficulties.

- Only three end-users were receiving current psychological support from a health professional, however 12 (80%) has previously received psychological support from a health professional prior to borrowing a self-help book.
A total of 8 (53%) end-users reported they would be willing, or maybe willing, to receive support for using a self-help title from an NHS professional, with a further 9 (60%) being willing, or maybe willing, to receive support from a volunteer within the community. Those respondents willing, or maybe willing, to receive support from a volunteer within the community, reported a preference for support to be provided when help was needed (n=6; 67%) and delivered face-to-face (n=6; 35%) or via email (n=4; 24%). In terms of face-to-face support, a preference was reported for support to be delivered in a community setting (n=5; 38%) or a GP practice setting (n=4; 31%) as opposed to a mental health service (n=2; 15%).

In total, 4 end-users of the Reading Well Books on Prescription Scheme for Adult CMHC were recruited from three library authorities to participate in the semi-structured interviews. Qualitative data highlighted the scheme was an accidental find for end-users, with end-users reporting they came to engage with the scheme to learn more about their mental health difficulties. Significant benefits were reported concerning engaging with the scheme. Specially, the scheme was considered accessible being located in library settings, with end-users reporting benefits regarding the anonymity of the scheme and affordability. End-users felt the scheme normalised mental health difficulties and assisted them in developing techniques and coping strategies to manage their emotional difficulties. Further, all end-users would recommend the scheme to others. End-users also reported ideas for future scheme improvement, for example, the provision of support for using titles, expansion of the scheme titles available and wider scheme promotion in wider health and community settings to improve scheme reach.

A total of 10 library staff members were recruited from 8 library staff authorities across England. Library staff reported variations in how the Reading Well Books on Prescription Scheme for Adult CMHC was implemented and funded across regions, alongside reporting a need for further guidance concerning scheme implementation and promotion. Library staff saw the promotion of the scheme an essential part of
their roles, seeing clear benefits for both the wellbeing of end-users and for the library in terms of developing relationships with wider health service and community organisations. The anonymity of the scheme was reported as a significant benefit, alongside the library being a non-medical setting, possibly encouraged end-users who may not yet have sought help from a health professional. Some perceived limitations included the reduced interaction with end-users through the use of self-service machines and difficulties working with GPs to promote the scheme. Library staff felt the provision of titles in languages other than English and the introduction of titles with lower reading ages may further enhance scheme reach. Additionally, the provision of support to end-users of scheme via volunteers with the community was reported as a further way of enhancing the scheme.

• A focus group was held with 12 members of library staff from South Gloucestershire. Themes mirrored those generated through library staff interviews. Significant benefits of the Reading Well Books on Prescription Scheme for Adult CMHC included libraries being a familiar and neutral setting, thus increasing accessibility for end-users. Further benefits were reporting regarding scheme anonymity as well as titles improving the wellbeing of end users. In line with the semi-structured interviews, library staff reported difficulties concerning reduced interaction with end-users due to self-service machines, as well as difficulties promoting the scheme with other providers such as GPs. Recommendations also reflected those reported in library staff interviews, including expansion of the title list, provision of support to end-users and the development of stronger relationships with health and community organisations to further extend scheme reach.

Recommendations

• Future commissioned research may look to consider more assertive recruitment strategies (for example face-to-face recruitment within community settings). However, the use of such strategies would require increased funding.
• The Reading Agency and Society of Chief Librarians may wish to examine updating the Reading Well Books on Prescription Scheme for Adult CMHC list and investigate alternative ways of increasing accessing to titles in languages other than English, lower reading ages and larger print, for example, via the provision of electronic titles.

• Existing guidance concerning Reading Well Books on Prescription Scheme for Adult CMHC promotion provided by the Reading Agency and Society of Chief Librarians may need to be further formalised or existing guidance promoted more effectively to support library authorities further promote the scheme.

• Although the anonymity of the Reading Well Books on Prescription Scheme for Adult CMHC was reported as a significant benefit, the provision of the scheme in highly discreet areas of the library may be limiting scheme access and, albeit unintentionally, may serve to re-inforce mental health stigmas. As such, further consideration may be required to where scheme are placed, alongside staff training in mental health awareness.

• Volunteer support for end-users within the community may further enhance the effectiveness of the Reading Well Books on Prescription Scheme for Adult CMHC for end-users, as well as further enhance library services essential providers of community support and information. Suggestions are provided concerning possible models of implementation and funding.

• Further funding and resources to support the Reading Well Books on Prescription Scheme for Adult CMHC implementation and promotion may reduce variations in scheme promotion and implementation across local authority regions and subsequently improve equity of access for end-users.
1. Introduction

1.1 Prevalence of common mental health conditions
Mental health difficulties, such as major depressive disorder, anxiety disorders and alcohol and substance use disorders are common, with a 29.2% lifetime prevalence rate globally (Steel et al., 2014). Common mental health difficulties such as depression negatively impact on quality of life, social and leisure activities, relationships and workplace productivity (Cuijpers, Beekman, & Reynolds, 2012). Indeed, mental health difficulties contribute to 7.4% of worldwide disease burden and are the leading cause of years living with disability (Whiteford et al., 2013). Furthermore, globally an estimated US$2·5-8·5 trillion of lost economic productivity is caused due to common mental health difficulties, with costs predicted to double by 2030 (Bloom et al., 2011). Given the increasing burden of mental health difficulties it is essential effective and cost-effective interventions are implemented, for both treatment and prevention (Whiteford et al., 2015). However, WHO World Mental Health (WMH) data (Kessler et al., 2009) demonstrates that globally only between 2 to 18% of people experiencing common mental health difficulties access evidence-based treatments (Wang et al., 2007).

1.2 Barriers to access
Worldwide, there is great disparity between the burden of common mental health difficulties and investment into the implementation of accessible evidence-based interventions (WHO, 2014). This ‘treatment gap’ (Demyttenaere et al., 2004; Thornicroft & Tansella, 2014) is partially a result of poor service provision (Karlin, 2015). However, there are numerous other barriers to help-seeking experienced by people with mental health difficulties (Thornicroft, 2008) further contributing to this treatment gap. Such barriers include anticipated or real discrimination, lack of knowledge of symptoms, lack of awareness of available treatment options and prejudice against people with mental health difficulties (Henderson, Evans-Lacko, & Thornicroft, 2013). Further barriers include a preference for symptom self-management (van Beljouw et al., 2010) or symptom misattribution (Tanskanen et al., 2011). Indeed, 55% (Andrews, Henderson, & Hall, 2001) to 65% (Spiljker et al., 2001) of people with depression choose not to seek help from available mental health services.
1.3 **Self-help: A solution**

A potential solution to address the treatment gap is the provision of CBT provided in a self-help format, a solution currently being implemented into mental health services globally (Gyani et al., 2013; Pilgrim & Carey, 2012; Rebello et al., 2014; Vis et al., 2015). CBT self-help interventions communicate CBT specific techniques in the form of written books or manuals, online, audio or smartphone applications as opposed to delivery by a therapist (Farrand & Woodford, 2013; Ridgway & Williams, 2011). Furthermore, written CBT self-help books, as used in Books on Prescription schemes, is recommended by NICE guidelines (NICE, 2004; NICE, 2006; NICE, 2009a,b) for depression and some anxiety conditions and demonstrated to be effective across a range of common mental health difficulties (Farrand & Woodford, 2013).

1.4 **Reading Well Books on Prescription Scheme**

The Books on Prescription model was first developed for patients presenting with mild-to-moderate depression or anxiety within primary care, with GPs or other health professionals providing a prescription to access a self-help book from public libraries (Frude, 2005). Later developments maintained the original book lists, however patients were referred to self-help clinics within GP practice, assessed by a paraprofessional mental health worker and when suitable ‘prescribed’ a book from the Books on Prescription Scheme with ongoing support provided (Farrand, 2005; Farrand et al., 2009; Farrand, Duncan, & Byng, 2007). Since implementation of the Improving Access to Psychological Therapies Programme in England (IAPT; Clark, 2011), psychological wellbeing practitioners (PWP) have been able to refer people to the Books on Prescription scheme and provide support if required (Farrand & Woodford, 2010). However, an evaluation on Books on Prescription Schemes in the UK identified a lack of consistency and standardisation across different library service Books on Prescription schemes (Furness, 2012). As such, funding from Arts Council England’s Libraries Development Initiative to the Public Libraries Health Group was provided in order to establish a standardised national Reading Well Books on Prescription Scheme for Adult CMHC (Furness, 2012).
Since the launch of the Reading Agency and Society of Chief Librarian’s Reading Well Books on Prescription Scheme for Adult CMHC in 2013, 600,000 individual end-users have accessed materials across this and subsequent health lists (BOP Consulting, 2016). The CMHC scheme is available in 93% of library authorities, with a 30% increase in loans of list titles since the scheme was launched in 2013. However, loan figures have seen a gradual decline since mid-2015 (BOP Consulting, 2016). Although, it should be acknowledged that the recent launch of the Reading Well Books on Prescription for Young People (Shelf-Help) in 2016 and Reading Well Books on Prescription for Dementia in 2015 may have resulted in library authorities focusing financial and staff resources on the promotion of these newer schemes (BOP Consulting, 2016). A recent evaluation of the Reading Well Books on Prescription Scheme for Adult CMHC between April 2015 and March 2016 indicated that 35% of end users were referred by health professionals, such as GPs and PWPs, with the remaining 65% self-referring (BOP Consulting, 2016). Such findings, support initiatives made by IAPT commissioned mental health services to encourage self-referral to enable patients to bypass primary care, potentially further increasing access for harder to reach populations (Clark, 2011; Clark et al., 2009).

Books on Prescription schemes have been found to have significant benefits, including being free to use (Neville, 2014), and providing an alternative to antidepressant medication (Robertson et al., 2008). Further, Books on Prescription schemes have the potential to reduce waiting lists for traditional psychological services delivered by mental health professionals (Robertson et al., 2008). Additionally, these schemes are delivered in the community and anonymous, thereby having the potential to overcome resistance to use statutory mental health services. Building on the success within England, similar schemes have also been introduced in New Zealand (Carty et al., 2016) and Ireland (Neville, 2014). Data from the recent Reading Well Books on Prescription Scheme for Adult CMHC evaluation suggests the majority of users find the books helpful or very helpful (96%), providing them with a deeper understanding of their mental health difficulties (90%) and increasing confidence in symptom management (81%) (BOP Consulting, 2016).
However, evaluations of Books on Prescription schemes undertaken in the UK (Robertson et al., 2008) and New Zealand (Carty et al., 2016), have also identified some difficulties and uncertainties. To encourage engagement, users and prescribers both wanted shorter and less-complex texts given the potential for literacy level to impede engagement within Books on Prescription schemes (Neville, 2014). However, currently a number of self-help books for common mental health problems have reading ages above the national average with complex structures, making it difficult for users to follow (Martinez et al., 2008; Richardson, Richards, & Barkham, 2008). Additionally, little is known about how users define and perceive self-help, with some studies identifying differences between user and professional definitions (Pratt et al., 2009). As such, user expectations regarding the use of self-help materials and those held by professionals may vary (Farrand & Woodford, 2010). Furthermore, little is known concerning user attitudes and preferences towards providing support for people using Books of Prescription schemes alongside ways in which support could be provided (Farrand & Woodford, 2010). Finally, there is currently limited qualitative research examining the acceptability and perceived benefits to mental health and wellbeing amongst those using the Books on Prescription scheme (Chamberlain, Heaps, & Robert, 2008).

1.5 Wider societal / community benefits

Given the impact of mental health conditions on individuals and society as a whole (Summergrad, 2016; Whiteford et al., 2015) it is essential that all service developments meet the needs of both those with mental health conditions as well as the general population (Patel et al., 2016). Indeed, improvements in mental health also have the potential to lead to improved participation in wider social and community activities and participatory roles (Chisholm et al., 2016). Bibliotherapy based services may therefore not only reach users engaged in mental health services but also those with briefer transitory needs (Cuijpers, 1997), thereby benefiting the wider general population. Furthermore, research suggests Books on Prescription schemes not only benefit users, but also the wider local community (Carty et al., 2006). For example, library services report greater involvement with mental health initiatives in the wider community, solidifying their role as
public service providers (Neville, 2014). However, currently the wider societal and community benefits of Books on Prescription schemes remain poorly understood.

Additional potential relevance to Reading Well Books on Prescription Scheme for Adult CMHC is related to evidence suggesting that the effectiveness of CBT self-help across depression and several anxiety disorders increases when some form of face-to-face, telephone, or e-mail guidance is provided (Andersson & Cuijpers, 2009; Farrand & Woodford, 2013; Gellatly et al., 2007). As part of the IAPT programme in England such support is predominantly provided by Psychological Wellbeing Practitioners. However, recent evidence suggests similar types of support can also be provided by non-professionals in the community, such as trained voluntary members of charitable organisations, without negative impact upon acceptability and effectiveness (McClay et al., 2015; Williams et al., under review). By facilitating the delivery of community-based support within Books on Prescription schemes, the Reading Agency may therefore be able to extend the reach of the scheme. This may enable a greater number of people currently underserved by the IAPT programme to gain access to self-help books. For example, the large number of people who prefer to seek support for self-help resources from the voluntary sector rather than formal health care providers (Jorm et al., 1997; Hanson et al., 2015). Additionally, by facilitating community-based support, the Reading Agency has potential to increase the ‘reach’ of the Reading Well Books on Prescription Scheme for Adult CMHC to people within the community who may otherwise struggle to engage with using the self-help books. Research has also suggested that access to the Books on Prescription scheme may be further widened by extending prescribing outside of health professionals to include local voluntary agencies (Robertson et al., 2008). Investigating alternative methods of providing Reading Well Books on Prescription Scheme for Adult CMHC, such as through facilitating support from volunteers in the community, as well as examining benefits of Books on Prescription schemes for the wider community in greater depth, may therefore be of benefit when informing further developments.
1.6 Overall evaluation aims

The aim of this evaluation is to examine the acceptability, preferences for future delivery and impact of the Reading Well Books on Prescription Scheme for Adult CMHC for end-users and participating libraries. The majority of aims are informed by the Invitation to Tender for Reading Well Books on Prescription Evaluation (2016), with additional aims explored to inform possible external funding applications.

With respect to the Reading Well Books on Prescription Scheme for Adult CMHC, the evaluation aims to identify:

1) Ways in which end-users came to engage with the scheme.**
2) Reasons for using the scheme.**
3) Acceptability of the scheme for end-users.**
4) How the scheme is used.**
5) How self-help titles are used.**
6) Ways of improving scheme delivery for end-users in the future.
7) The acceptability and impact of the scheme from the perspective of libraries.**
8) General uptake of the scheme in local communities.
9) Library and user attitudes and preferences towards support for the use of the self-help books within the community by non-mental health professionals (e.g., volunteers).
10) Future directions to improve scheme delivery to further enhance provision.

(** = directly addresses an aim as specified in the tender document)

2. Methods

A series of studies were conducted encompassing:

(i) A brief survey (paper or online) at the time of borrowing a title from the scheme, administered to adult end-users of the Reading Well Books on Prescription Scheme for Adult CMHC.

(ii) Semi-structured interviews with a sub-sample of participants after borrowing a title from the Reading Well Books on Prescription Scheme for Adult CMHC.

(iii) Semi-structured interviews with library staff (n=10).
(iv) A focus group with 12 library staff.

2.1 Participants

2.1.1 Reading Well Books on Prescription Scheme for Adult CMHC end-users
Scheme users were aged 18 years or over and self-identified current end-users of Reading Well Books on Prescription Scheme for Adult CMHC. End-users would only be excluded if they had a hearing impairment which would prevent participation in an interview conducted over the telephone.

2.1.2 Library staff
Library staff were eligible to participate if they were a staff member of a Library Authority participating in the study, had involvement in the Reading Well Books on Prescription Scheme for Adult CMHC and were aged 18 years or over. Library staff would be excluded if they had a hearing impairment which would prevent participation in an interview conducted over the telephone or participation in a focus group.

2.2 Recruitment

2.2.1 Scheme end-user recruitment
Reading Well Books on Prescription Scheme for Adult CMHC users were recruited through libraries within selected Library Authorities across England using a variety of strategies:

(i) Staff within participating libraries handed a study invitation pack to end-users of the Reading Well Books on Prescription Scheme for Adult CMHC when books were borrowed from the library. The study invitation pack included: (i) study invitation letter; (ii) study invitation sheet; (iii) informed consent form; (iv) reply slip for those also interested in participating in the semi-structured interviews; (v) a paper based survey and link to an online survey for those who would prefer to complete the survey online; and (vi) a freepost envelope, allowing potential participants to respond to the study team.

(ii) Posters and leaflets were printed and sent to all participating libraries for display around the library. These posters and leaflets encouraged potential participants to contact the research team for further information about the evaluation. If interested in participating they were sent a study invitation pack.
(iii) Leaflets advertising the study were also directly placed in Reading Well Books on Prescription Scheme for adult CMHC titles. Again, allowing potential participants to contact the research team for additional information, and if interested in participating, they were sent a study invitation pack.

(iv) Libraries running ‘Reading Well Reading Groups’ were provided invitation packs to distribute information about the evaluation to users participating in these groups.

(v) Upon consultation with librarians, the research team made visits to a ‘Mental Health Group’ and ‘Wellbeing Workshop’ with study invitation packs to discuss the study with potential participants. This enabled potential participants to ask questions or queries about the study prior to participation.

(vi) All participating libraries were also asked to publicise the study and online survey regularly via Facebook, Twitter and their newsletters.

2.2.2 Library staff recruitment

Library staff were recruited through participating libraries of the Reading Well Books on Prescription Scheme for Adult CMHC:

(i) All library staff supporting the study were initially contacted about potential participation in the evaluation by the researcher via email and telephone.

(ii) Library staff interested in participation were subsequently sent a library staff study invitation pack that included: (i) a study information sheet; (ii) informed consent form; (iii) a freepost envelope enabling the librarians to respond to the research team.

(iii) Librarians that returned a consent form to the research team were contacted to organise an interview over the telephone with a total of 10 librarian interviews conducted.

2.2.3 Library staff focus group recruitment

(i) Library staff interested in participating in a focus group were sent a library staff study information pack including: (i) a study information sheet; (ii) informed consent form.

(ii) Library staff who returned a completed consent form were contacted by the research team to organise the focus group.
2.3 Data collection

Both quantitative and qualitative methods (survey; semi-structured interviews; focus group were used) with all data collected between July 2016 and February 2017.

2.3.1 Survey

Quantitative data were collected using a comprehensive survey (see Appendix A) designed by the research team to identify the general demographic background of the scheme end-users. The survey could be completed by participants online or by using a paper based version of the survey. The following data were collected: a) demographics; (b) details of the book borrowed; (c) how end-users came to access the scheme (professional or self-referral); (d) current and past mental health treatment; (e) willingness to use psychological therapies provided by the NHS; (f) use of the scheme as unsupported self-help or as part of supported treatment; (g) previous use of the scheme; (h) previous general library use. This data was collected alongside that examining the attitudes of users to (i) receiving support for scheme use within the community from non-mental health professionals (e.g., volunteers); (ii) preferences for support delivery and (iii) potential community benefits such as the facilitation of social inclusion.

2.3.2 Semi-structured interviews with Reading Well Books on Prescription Scheme for Adult CMHC end-users

Qualitative data were collected using semi-structured interviews over the telephone with end-users of the scheme. A topic guide (see Appendix B) was developed to explore the acceptability of the scheme; end-users journey through using the scheme and how the scheme may be improved in the future. The topic guide examined: (a) how end-users came to engage with the scheme; (b) the experience of using the Reading Well Books on Prescription Scheme for Adult CMHC; (c) the impact of using the scheme on the mental health difficulty the end-user was seeking a book for; (d) past and present health service use for mental health conditions; (e) how the book was used; (f) general impressions of the book (relevancy; likes, dislike, ease of reading); (g) how the delivery of the scheme could be improved (for example provision of support by non-mental health professionals / volunteers within the community).

2.3.3 Semi-structured interviews with library staff
Semi-structured interviews were conducted with library staff within participating Library Authorities over the telephone. A topic guide (see Appendix C) was developed to explore the acceptability and the impact of the scheme from the perspective of the libraries and impact on local communities and how the scheme could be improved in the future. The topic guide examined: (a) librarians’ impressions of the usefulness of the scheme (for end-users, the library and the wider community); (b) what could be done differently to improve the scheme; (c) feasibility of supporting the scheme; (d) quality and efficacy of partnerships with mental health departments, charities and third-sector organisations; (e) attitudes towards voluntary or community organisations providing support to people whilst they were using the self-help title they have borrowed from the library service.

2.3.4 Focus group with library staff
The research team also ran a focus group with library staff in a participating South West Library Authority. The focus group aimed to examine the findings from interviews with library staff and end-users, especially concerning attitudes towards voluntary or community organisations providing support to people whilst they are using the self-help title they have borrowed from the library service.

2.4 Procedure
2.4.1 Reading Well Books on Prescription Scheme for Adult CMHC end-users
Further to employing the recruitment strategies listed above, participants responded to the study information pack by; (i) returning the paper based survey via a freepost envelope in the post; (ii) completing the survey online; (iii) participants completing the survey indicated to the research team whether they would be happy to be contacted about participation in the semi-structured interview by either providing their contact details online or through returning the reply slip. Participants who were interested in taking part in the qualitative interviews were contacted by the researcher via email or telephone to organise a time for the interview to be conducted over the telephone. All participants were interviewed six weeks after engagement with the scheme, allowing the researcher to examine the acceptability of the self-help title they borrowed. Three of the four interviews were confidentially transcribed by an external agency, and one interview was transcribed by the researcher. All interviews were transcribed verbatim.
2.4.2 Library staff interviews
The research team spoke to representatives of each library authority to provide brief information regarding the library staff interviews, which was followed up with an email providing further information. The library authority representative emailed their staff team with information about the interviews and methods to contact the research team. Library staff interested in taking part in the study contacted the research team and were sent a library staff study invitation pack including: (a) study information sheet and (b) informed consent form. The invitation pack also included a freepost envelope to allow participants to respond to the study team. Those librarians who returned a consent form to the researcher were contacted to organise an interview over the telephone.

2.4.3 Library staff focus group
One library authority based in the South West was approached regarding participation in a focus group. Library staff within the authority were sent a library staff study invitation pack including: (a) study information sheet and (b) informed consent form. Those library staff who returned a consent form will be contacted by the researcher to organise the focus group.

2.5 Data analysis
All interviews and focus group data were digitally recorded and notes were taken by the researcher. All qualitative data were analysed using a thematic analysis approach (Braun & Clarke, 2006). The use of thematic analysis allowed the researchers to identify patterns of meanings across the dataset. The analytical process comprised: (i) familiarising self with the dataset; (ii) generating initial codes; (iii) searching for themes; (iv) reviewing themes; (v) defining and naming themes; and (vi) producing the report. A qualitative data analysis software package, NVIVO10 (QSR International, 2012) was also used to facilitate the management and analysis of all data derived. To establish rigour, initial themes and subthemes were discussed with a second researcher during multiple research meetings to reach agreement and further refine theme development. Additionally, disconfirming cases were actively sought to increase trustworthiness regarding data interpretation (Patton, 1999). To improve transparency of analysis, verbatim extracts of data are presented within the results, alongside descriptions of each theme (Elliot, Fischer, & Rennie, 1999).
2.6 Ethical considerations

2.6.1 Participation in the interviews and focus groups
Taking part in interviews involves time and commitment. Some of the discussions may be personal and some people may find it upsetting to discuss issues related to their use of self-help material. Participants were informed that they do not have to discuss anything they do not wish to. The researcher is trained in conducting qualitative interviews, including conducting interviews with vulnerable populations and therefore trained to make sure they are sensitive to participants’ feelings and managing possible distress.

2.6.2 Data protection and confidentiality
All data collected as part of the study was kept confidential. Data collected from the surveys was entered into an EXCEL spreadsheet kept separate from participant name and contact details. All participants were allocated a unique research ID numbers, with contact information and unique research ID numbers kept in a separate EXCEL spreadsheets. All paper records were anonymised and kept in a secure locked filing cabinet.

2.6.3 Digital audio recordings
All qualitative interviews and focus groups were recorded with audio files uploaded onto a secure university server and immediately deleted from audio devices. Audio files were stored using participant ID numbers, with data only accessible to the research team. All transcripts made of interviews and focus groups omitted all personally identifiable data and were also stored on a secure University server.

2.6.4 Participant payment
The following prize draws will be conducted at the end of the study:

(i) Prize draw for scheme end users who completed survey, 3 winners £20 book token.
(ii) Prize draw for scheme end users who completed the interviews, 3 winners £20 book token.
(iii) Prize draw for librarians who completed the interviews, 3 winners £20 - high street voucher.
2.6.5  Risk management

Risk of suicide and self-harm was not formally assessed during the evaluation as no measures of depression were administered during the course of the study. However, during interviews it was possible that participants may have disclosed information pertaining to suicidality of self-harm. In the event of risk disclosure, researchers were trained to initiate the standard Mood Disorders Centre (University of Exeter) risk protocol and inform the participant’s GP. There were no occasions of risk disclosure during the course of the study.
3. Results

3.1 Library authority recruitment

A total of 22 library authorities were recruited to assist with advertising the evaluation of the Reading Well Books on Prescription Scheme for Adult CMHC through leaflet distribution, posters, paper recruitment packs and posting the online survey via social media (Facebook and Twitter). The number of leaflets, posters and paper recruitment packs distributed to each library authority by the research team is illustrated in Table 1 below.

<table>
<thead>
<tr>
<th>Library Authority</th>
<th>Number of Libraries (supporting recruitment)</th>
<th>Leaflets Sent</th>
<th>Posters Sent</th>
<th>Paper Recruitment Packs Sent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brighton</td>
<td>8</td>
<td>240</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central Bedfordshire</td>
<td>8</td>
<td>480</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cheshire</td>
<td>12</td>
<td>700</td>
<td>25</td>
<td>50</td>
</tr>
<tr>
<td>Cheshire East</td>
<td>15</td>
<td>900</td>
<td>25</td>
<td>75</td>
</tr>
<tr>
<td>Devon</td>
<td>6</td>
<td>300</td>
<td>20</td>
<td>60</td>
</tr>
<tr>
<td>Dorset</td>
<td>4</td>
<td>280</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dudley</td>
<td>13</td>
<td>955</td>
<td>52</td>
<td>25</td>
</tr>
<tr>
<td>East Riding of Yorkshire</td>
<td>20</td>
<td>600</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gloucester</td>
<td>6</td>
<td>360</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hampshire</td>
<td>2</td>
<td>240</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medway</td>
<td>16</td>
<td>1,020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norfolk</td>
<td>12</td>
<td>800</td>
<td>40</td>
<td>50</td>
</tr>
<tr>
<td>Sandwell</td>
<td>3</td>
<td>180</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South</td>
<td>13</td>
<td>950</td>
<td>26</td>
<td>50</td>
</tr>
<tr>
<td>Gloucester</td>
<td>8</td>
<td>480</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staffordshire</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stockport</td>
<td>16</td>
<td>960</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>Suffolk</td>
<td>3</td>
<td>180</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surrey</td>
<td>5</td>
<td>270</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td>8</td>
<td>480</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Redbridge Culture</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wakefield</td>
<td>13</td>
<td>850</td>
<td>26</td>
<td>30</td>
</tr>
<tr>
<td>Westminster</td>
<td>6</td>
<td>420</td>
<td>12</td>
<td>30</td>
</tr>
<tr>
<td>Worcestershire</td>
<td>Unknown</td>
<td>250</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>197</strong></td>
<td><strong>11,895</strong></td>
<td><strong>232</strong></td>
<td><strong>415</strong></td>
</tr>
</tbody>
</table>

Table 1: Distribution of advertisement material to participating library authorities
Overall, 11,985 leaflets, 232 posters and 415 paper recruitment packs were distributed to a total of 197 libraries. Library authorities and individual libraries were also asked to Tweet and Facebook adverts for the evaluation and link to the online survey. Unfortunately, it was not possible to report the exact numbers of Tweets and Facebook posts placed during the course of the evaluation within the resources available.

3.2 Scheme end-user survey

3.2.1 Recruitment

Between August 2016 and February 2017, a total of 20 survey responses were received. Of these responses, five participants had borrowed book titles not included in the Reading Well Books on Prescription Scheme for Adult CMHC (Essential Poems from the Staying Alive Trilogy – Neil Astley; Type 2 Diabetes Exercise Plans; ‘Mindfulness’; Overcoming Worry – Frank Meares; The Anxiety Toolkit – Alice Boyles) and were therefore excluded from the analysis. As such, a total of 15 survey responses were included in the final analysis.

As can be seen in Table 2 on the following page, the majority of surveys were completed online (n=13; 87%) with the greatest number of responses being recruited via Twitter (n=4; 27%), Facebook (n=2; 13%) and by members of library staff (n=2; 13%). In total, 11 out of the 22 library authorities supporting the evaluation (50%) successfully recruited at least one survey respondent.
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online</td>
<td>13</td>
<td>87%</td>
</tr>
<tr>
<td>Paper Questionnaire</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>Twitter</td>
<td>4</td>
<td>27%</td>
</tr>
<tr>
<td>Facebook</td>
<td>2</td>
<td>13%</td>
</tr>
<tr>
<td>Member of library staff</td>
<td>2</td>
<td>13%</td>
</tr>
<tr>
<td>Leaflet</td>
<td>1</td>
<td>7%</td>
</tr>
<tr>
<td>E-newsletter</td>
<td>1</td>
<td>7%</td>
</tr>
<tr>
<td>Unknown</td>
<td>5</td>
<td>33%</td>
</tr>
<tr>
<td>Library Authority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norfolk</td>
<td>3</td>
<td>20%</td>
</tr>
<tr>
<td>Dudley</td>
<td>2</td>
<td>13%</td>
</tr>
<tr>
<td>Rutland</td>
<td>1</td>
<td>7%</td>
</tr>
<tr>
<td>Bedfordshire</td>
<td>1</td>
<td>7%</td>
</tr>
<tr>
<td>East Riding of Yorkshire</td>
<td>1</td>
<td>7%</td>
</tr>
<tr>
<td>Hampshire</td>
<td>1</td>
<td>7%</td>
</tr>
<tr>
<td>Dorset</td>
<td>1</td>
<td>7%</td>
</tr>
<tr>
<td>South Gloucester</td>
<td>1</td>
<td>7%</td>
</tr>
<tr>
<td>Devon</td>
<td>1</td>
<td>7%</td>
</tr>
<tr>
<td>Bristol</td>
<td>1</td>
<td>7%</td>
</tr>
<tr>
<td>Kensington and Chelsea</td>
<td>1</td>
<td>7%</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>7%</td>
</tr>
</tbody>
</table>

Table 2: Recruitment Characteristics

### 3.2.2 Participant characteristics

The majority of participants were female (n=12; 80%), mean age 47 years (range 22-83), working full time (n=7; 47%), White British (n=12; 80%) and educated to postgraduate level (n=8; 53%) (see Table 3 on the following page).
Table 3: Participant Characteristics

To examine level of deprivation associated with the area of residence of each survey respondent, English Multiple Deprivation Percentiles (DCLG, 2015) were calculated based on postcode. English Multiple Deprivation Deciles are an overall calculation of level of deprivation within an area based on indicators including income, employment and education and used as a proxy measure of the socio-demographic background for respondents. The lower the deprivation decile, the more deprived the area, ranging from 1 for the most deprived areas to 10 for the least deprived areas. As can be seen in Figure 1 (on the following page), whilst the greatest percentage of respondents resided in the least deprived areas, it is also evident that the Reading Agency Books on Prescription Scheme was also accessed by respondents in the most deprived areas.
3.2.3 Scheme titles

A total of 13 different self-help book titles were borrowed by the 15 survey respondents, with four participants reporting borrowing two or more titles from the scheme (see Figure 2 on the following page). ‘Feel the Fear and Do It Anyway’ (Susan Jeffers) was the title borrowed the largest number of times (n=8). When categorising self-help titles borrowed by mental health difficulty, it was interesting to note that 16 (67%) title loans targeted anxiety 5 depression (21%), and 1 (4%) binge eating disorder and relationship difficulties (note, sample sizes larger than total survey sample size due to some end-users borrowing multiple titles).

Figure 1: Deprivation deciles for survey respondents
Figure 2: Reading Well Books on Prescription Scheme for Adult CMHC titles borrowed
Participants found out about the Reading Well Books on Prescription Scheme for Adult CMHC from a variety of sources (Figure 3) with the majority being informed about the scheme via a poster in their local library (n=5; 28%).

Figure 3: How respondents heard about the Reading Well Books on Prescription Scheme for Adult CMHC

3.2.4 Current psychological support

At the time of borrowing the book from the Reading Well Books on Prescription Scheme for Adult CMHC, three (20%) participants were also currently receiving psychological support from a health professional, two were receiving individual face-to-face CBT delivered by a therapist, with one receiving counselling and one support for use of a self-help book from a Psychological Wellbeing Practitioner.

3.2.5 Past psychological support

A total of 12 80% (80%) of participants had previously received psychological support from a health professional, prior to borrowing a self-help book. The majority of participants (n=8; 67%) had received counselling in the past (see Figure 4 on the following page).
Only two participants had neither accessed past or current professional support for emotional difficulties. Reasons for not accessing past or current professional support included: not having any current or past emotional difficulties (n=1); preferring to be supported by family or friends (n=1).

![Type of past health professional support](image)

Figure 4: Type of past health professional support

### 3.2.6 Support for the Reading Well Books on Prescription Scheme for Adult CMHC title

Only one participant was currently receiving support for the self-help title borrowed and reported receiving support from a library staff member in regards to choosing the self-help title.

As see in Figure 5 on the following page, six (40%) participants reported they would be willing to receive support for using the self-help title from an NHS health professional, with a further two (13%) reporting they might be willing to receive support from an NHS health professional. A further five (33%) reported they would not be willing to receive support from an NHS health professional (missing data n=2). Reasons, when reported, for not being willing to receive NHS health professional support included: poor past NHS support (n=1);
Waiting lists (n=1); scheme titles not needed support (n=1); lack of confidentiality (n=1) and not finding the self-help titles helpful (n=1).

![Willingness to receive support by an NHS professional to use the scheme title](chart.png)

**Figure 5**: Willingness to receive support by an NHS professional to use the scheme title.

Participants were also asked whether they would be willing to receive support from a volunteer within the community for the scheme title. As can be seen in Figure 6 below, the majority of respondents identified themselves as ‘Willing’ or ‘Maybe Willing’ (n=9; 60%) to receive support from a volunteer within the community. Of those ‘Unwilling’ to receive support, only one respondent reported a reason, relating to lack of trust since receiving previous poor treatment through the NHS.
Figure 6: Willingness to receive support by a community volunteer to use the scheme title

Respondents who were ‘Willing’, or ‘Maybe Willing’, to receive support for using a scheme self-help title were also asked how often they would want support to be provided (n=9). As seen in Figure 7 below, the majority of respondents (n=6; 67%) reported a preference for support ‘When help is needed’, with a preference for ‘Weekly’ support (n=2; 22%) and ‘Monthly’ (n=1; 11%) reported less frequently.
Figure 7: Preferences for frequency of support for the scheme title

With respect to the support format, whilst choice across a range of formats was expressed, face-to-face (n=6; 35%) and email (n=4; 24%) featured most prominently, representing the situation commonly experienced across many IAPT services (see Figure 8 below).

![Bar chart showing preferences for frequency of support](image-url)

<table>
<thead>
<tr>
<th>Format of Support</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face-to-face: Individually</td>
<td>35%</td>
<td>6</td>
</tr>
<tr>
<td>Email</td>
<td>24%</td>
<td>4</td>
</tr>
<tr>
<td>Telephone</td>
<td>18%</td>
<td>3</td>
</tr>
<tr>
<td>Face-to-face: Group</td>
<td>12%</td>
<td>2</td>
</tr>
<tr>
<td>Facetime</td>
<td>6%</td>
<td>1</td>
</tr>
<tr>
<td>Skype</td>
<td>6%</td>
<td>1</td>
</tr>
</tbody>
</table>

Figure 8: Preferences for format of support for the scheme title

Interestingly, with respect to the preferred location to provide face-to-face support in the use of the self-help title borrowed from the Reading Well Books on Prescription Scheme for Adult CMHC, community settings (n=5; 38%) was most commonly reported, with the convenience of having support provided in a local GP practice also identified (n=4; 31%). Of interest, preferences to have support provided in offices of a mental health service (n=2; 15%) were less commonly identified (see Figure 9 on the following).
Figure 9: Preferences for location of face-to-face support for the scheme title
3.3  **Scheme end-user interviews**

A total of 4 participants were recruited from three library authorities across England. Selected individual participant characteristics, with pseudonyms and age bandings provided to ensure confidentiality are reported in Table 4.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Book borrowed</th>
<th>Geographical location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sila</td>
<td>40-45</td>
<td>The Relaxation and Stress Reduction Workbook (Martha Davis)</td>
<td>North-West England</td>
</tr>
<tr>
<td>Sally</td>
<td>21-25</td>
<td>Mind Over Mood: Change How You Feel By Changing the Way You Think (Dennis Greenberger &amp; Christine Padesky)</td>
<td>Midlands</td>
</tr>
<tr>
<td>Chloe</td>
<td>40-45</td>
<td>Manage Your Stress for a Happier Life (Terry Looker &amp; Olga Gregson) and Overcoming Anxiety (Helen Kennerley)</td>
<td>Midlands</td>
</tr>
<tr>
<td>Lucy</td>
<td>45-50</td>
<td>Feel the Fear and Do It Anyway (Susan Jeffers)</td>
<td>South West England</td>
</tr>
</tbody>
</table>

Table 4: Participant characteristics

Three major themes – ‘Engaging with the scheme’; ‘Benefits of engaging in self-help’ and ‘Limitations and future improvements’ with sub-themes emerged from the analysis (see Table 5 on the following page).
3.3.1 **Major theme 1: Engaging with the scheme**

A prominent theme emerging from the interviews centred on how participants came to discover the scheme. As each participant approached the topic in a nuanced manner, the subthemes capture variability with respect to how end-users came to be engaged with the scheme.

**Subtheme: “It was an accidental find”**

All participants reported seeking some form of self-help to understand more about their own experiences of common mental health problems and/or develop an understanding on behalf of others with such experiences. However, for three participants (Sally, Sila and Lucy) the scheme was an “accidental find” after visiting their local library:

“I went to the local library. They had a wellbeing section. I just saw that there were lots of good books. Then I realised that they were on a stand that was part of the scheme.” (Sally)

“I wasn’t actually aware of the scheme at all until I happened to come across the book, so I don’t know the other books they stock that are all under the scheme. Um, and they don’t seem to advertise it particularly.” (Lucy)
However, serving as a disconfirming case, Chloe reported that engaging with the scheme was both personal and professional and she had prior knowledge of the scheme due to her regular visits to the library:

“And so I run some sessions at our local library. And they will often put, you know when we’ve got a course coming up they’ll put up books on mindfulness. They’ll put up books on mental health. And quite often I’ll have a look at them. Or see something else that takes my interest. So, it’s sort of part professional, part personal really.” (Chloe)

**Subtheme: Learning about oneself**

This theme explores how valuable it was for participants to invest time in themselves and truly understand their experiences with common mental health problems:

“I quite like to learn about myself and ways of understanding my mood. I went specifically to that section to look for something. There were loads on different things and I thought it’s probably worth having a look. That’s why I got it out really. I’ve had depression for a long time. That was it as well, but I like learning about it and how to help that condition as well.” (Sally)

“Um, when I look back at my childhood and my early sort of life, and the legacy of that, something I really still carry and have to remind myself regularly to overcome. That’s why I keep reading books like this (laughs).” (Sila)

The books not only supported Sally and Sila in learning about low mood and anxiety, but also served to facilitate help-seeking from a mental health professional by raising their awareness that additional support was warranted:

“I read through the books and then I booked on this cognitive behavioural therapy to take it further. I think the book made me aware that I needed further help if you know what I mean.” (Sila)

3.3.2 **Major theme 2: Benefits of engaging in self-help**

The benefits of engaging with the scheme were described by all participants. This theme captures the varying degrees to which the scheme assisted in engagement, choice and empowerment to manage their emotional difficulties.

**Subtheme: The Triple-A-Engine: Accessible, Anonymous and Affordable**
All participants supported the concept of the Triple-A-Engine (Cooper, 1998); relating specifically to the scheme being ‘Accessible, Anonymous and Affordable’. ‘Accessibility, Anonymity and Affordability’ made the scheme more attractive, especially given that it was provided within a neutral and non-threatening environment.

“Yes. They were just like in a certain area with lots of other books on similar topics. They weren’t in the middle of the library where everyone could see you getting one out either. It was quite a nice location. ... Yes. It’s good no one else really knows what you’re borrowing. I like to have a quick flick through the book rather than pay £8, which you can’t afford. I think having a physical copy of something rather than just reading on the Internet feels different as well.” (Sally)

“I think it’s more accessible. People who are worried about going to their doctor about something they can get it <the self-help book> out confidentially. No one is going to judge them and they can read it in their own time and look at different ways of understanding it themselves, before they maybe go and get help”. (Lucy)

The added benefits of the scheme being free, and therefore, cost-effective were further highlighted:

“Yes, they are easy to access, yes. I think they have a display with some of the books on. I suppose it depends, they kind of alternate what the displays are. But sometimes they have displays. It was good, because it didn’t cost anything. And it was more, you know, you got more choice and more variety. You can take as many books as you want to and you know, take them back if they were not for you, you could dip into them and find out what was, you know, get out of them what you want and then take them back. Yeah. Yeah. It is cost effective, because it doesn’t cost anything.” (Sila)

Given Chloe’s experience running workshops within the library, she further affirmed her thoughts on benefits of utilising self-help books to supplement limitations in service delivery within health care:

“Well quite useful. One of my concerns is though that this is the sort of ... one remove way of helping people. Now I appreciate that doctors have limited time. But my experiences personally and professionally is that there’s a big difference between doing something with an individual and reading about it in a book. And that books are useful if there’s nowhere else to turn.” (Chloe)

Accessibility was further enhanced through providing the scheme within a library setting:

“I think a library is a good setting. I think libraries are not threatening places. I think most people feel comfortable stepping into a library. I think you know if you’re
looking at a more clinical setting or somebody’s home, then there are a whole load of other issues arise.” (Chloe)

However, at times accessibility for some potential scheme users was also felt to be limited by titles being patronising and too simple:

“I don’t know. I think it’s because I know quite a lot already. Sometimes when I read them it’s written as if you have no understanding of life at all. It’s just too simple. I want to be a bit more challenged by them.” (Sally)

**Subtheme: Choice and empowerment**

A prominent benefit of the Reading Well Books on Prescription Scheme for Adult CMHC identified by all four participants was choice and empowerment over how they engaged with the titles. In particular, it was noted how choice was facilitated with respect to using the books alongside the ability to use them at their own pace:

“I think it’s good because it’s done on your own. You can choose whether you can do them or not, rather than someone saying you have to read this book. Sometimes it’s a bit annoying. It’s my own choice and take my own time over it.” (Lucy)

Participants also discussed how the titles were empowering through providing an understanding of their emotional difficulties alongside advice and techniques to use to manage their difficulties:

“There wasn’t a lot of technical information and I think nowadays the books have got a lot better in a more user-friendly way. I mean years ago it was just lots of information and stuff and no practical help really. I think at first it <the self-help title> gives you an initial understanding and yeah practical advice” (Sila)

“It was more just to see if there was some simple, some techniques that I wasn’t familiar with. To inform my knowledge.” (Chloe)

**Subtheme: Normalisation of mental health**

Participants also reported how the self-help titles help to normalise the emotional difficulties they were experiencing:

“I like that they are quite clear. They’re not too complicated to read. They are written in normal language. I think you can easily relate to them and apply them. I think they’ve helped me to understand certain conditions better. Also, to normalise them a little bit. There is a lot of stigma and stuff. Having books out in the library
makes it seem a bit more normal. Other people will obviously want to look at them as well”. (Sally).

Reference was made to the stigma associated with mental health difficulties and how the books helped to overcome this stigma, in particular through identification with the case studies adopted in the self-help title:

“They <the self-help title> always tend to give you case studies and you think that, that is a little bit of me and this one is a little bit of me and I have been through that. Or I am doing that and perhaps if I try that as well then that might help.” (Sila)

Subtheme: Recommending scheme to others
All participants reported that they would, or already have, recommended the scheme to other people. Specifically, participants reported recommending the books to others due to their own positive experiences using the books for personal reasons, or in the case of Lucy, to support others experiencing mental health difficulties:

“I would recommend it <the self-help books> because I found them helpful and there is a wide range so it can help lots of different people.” (Sally)

“I usually tell people if they mention something, I say why don’t you go to the library and have a look and see if there is a book and like books on, they call it and I tell them what it is now, to go and have a look and if they don’t see what they want to ask the library to see if they can get it in for them from one of the other libraries maybe.” (Sila)

“I would, I have already told someone about it. I met someone on holiday last year who I am keeping in touch with, she is a trainer of mindfulness and I have regular communications with her. She is with the NHS in Scotland and she trains others on mindfulness and I told her about a couple of websites I have used and I told her about this project.” (Lucy)

3.3.3 Major theme 3: Limitations and future improvements
A predominant theme emerging from the data was the perceived limitations experienced by the end-users of the scheme. While the scheme itself had been beneficial in supporting participants to understand common mental health conditions, participants also described limitations of the scheme and improvements that can potentially be implemented for scheme end-users in the future.

Subtheme: Benefits of additional support
All participants concurred with the view that they could have benefited from the provision of wider support when using the books that could have provided additional practical tools they may have not otherwise been exposed to with the books alone:

“That would be quite good actually. A reading group. Then you can discuss whether you have done it right. To know how other people are getting on with it and whether they have found it helpful. Maybe they could suggest ways that they’ve taken something from the book and implemented it into their lives that I haven’t done.” (Sally)

“Yes, <support> would have helped. Just having, I think a support network that is on the same wavelength and wants to address the same issues.” (Lucy)

Having a source of support would have potentially helped to enhance clarity on sections covered in the self-help title that may not be understood, as well beneficial in addressing wider difficulties experienced, such as with concentration:

“I think sometimes it would, it is better to go through it with someone else. Yes, sometimes I find it difficult to concentrate. And that is why I think sometimes it is good when you have got someone else to talk it through with. If you got you know, some point of contact where you could get extra support, either telephone maybe, doesn’t necessarily have to be face to face. It can be telephone support. Or email I suppose if people are on email.” (Sila)

**Subtheme: Wider choice of titles**

Most participants reported that the current list was outdated, and the introduction of a wider range of books could potentially enhance further engagement. For example, the provision of additional volumes of books on depression and/or anxiety may enable individuals to develop a greater knowledge of the common mental health conditions they are experiencing. One participant (Sally) also commented on the limited availability of the titles over the last few months specifically regarding the Reading Well Books on Prescription Scheme for Adult CMHC. Whilst acknowledging that other Reading Well schemes (such as the dementia scheme) had increased the range of wellbeing titles available, she felt there should be a wider range of titles specific to adult common mental health difficulties.

“I think over time, because I’ve got <scheme titles> out for a few months, there are less books now than there was. There is more about dementia. That’s really good but it feels as though there is not enough choice anymore.” (Sally)
“I think it would be good to have a little bit of a bigger range. Once you’ve read a couple then some of them do repeat themselves a bit. Things that are a little bit different or are on specific topics like motivation rather than just a motivation chapter in a depression book.” (Sally)

Subtheme: Promotion in wider sectors

Given the majority of participants found the scheme accidentally, recommendations highlighted the need to promote the scheme more widely in other settings:

“I think it would be good if they <the self-help titles on the Books on Prescription scheme> were advertised more in doctor’s surgeries and stuff. I would have never have known about them unless I went into the library. I think it would be more useful for the general public to know about it, because it’s a really good scheme.” (Sally)
3.4 Library staff interviews

A total of 10 members of library staff were recruited from eight library authorities across England. Four major themes—‘Operational aspects of the scheme’; ‘Promoting Books on Prescription’; ‘Perceived barriers’; ‘Improving the scheme’—with subthemes emerged (Table 6).

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<td>All librarians described promotion of the scheme as an integral part of their role. They discussed various ways in which they continue to promote the scheme to potential end-users and the impact of social media.</td>
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<td>Notwithstanding benefits to the Books on Prescription scheme for participants; all librarians discussed the perceived barriers that have occurred during scheme operation. This theme explores some of the difficulties observed and experienced by librarians with regards to technology and working with other providers.</td>
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Table 6. Major themes and subthemes from library staff interviews
3.4.1 Major theme 1: Operational aspects of the scheme

A striking theme emerging from the interviews focused on how and when the scheme was implemented, and how differences in implementation potentially impacted the long-term direction of the scheme itself.

Subtheme: Distinctions in implementation

All librarians reported varying degrees to which the scheme was implemented within their respective libraries. Scheme implementation also varied among libraries within the same library authority, for example, promotion of the scheme would vary between different library services:

“Yes, the way our library is set up we have four localities that take charge of different projects for the whole area. And they essentially issue us with the resources and the information that we need. And then we judge in our individual libraries how best we will promote that . . . .” (North West England)

In addition, the length of time library authorities had been supporting Books on Prescription varied, with some libraries having their own lists prior to the Reading Agency and Society of Chief Librarian’s national scheme:

“We were one of those library services that were involved from about 2007 I want to say. Maybe earlier than that, 2005 actually I think or maybe even 2004. But kind of early on in my time in <library authority name> we were involved in a regional scheme that was less ambitious but actually quite similar. So, I’ve worked with books on prescription for a long time and in that first phase we were collecting data on who was prescribing back in the day, whereas now we don’t do that so much.” (South West England)

Subtheme: Funding

An emerging theme was how funding impacted the consistency of scheme promotion across library authorities. Whilst most authorities have made the scheme within their local communities a priority without any additional funding, lack of funding limited the extent to which authorities could promote the scheme within other community and healthcare settings:

“The only funding we have received originally was from our Public Health Partners who gave us the money to buy the prescriptions or the publicity material and the prescriptions. We used our own book fund to purchase books and then originally the
Public Health colleagues delivered the prescriptions to the GP surgeries for us”. (Midlands, 1)

Conversely, only one county reported receiving good financial support to promote the scheme:

“Second thing is that we were fortunate to get good funding and support from <County> Public Health which basically funded us to have a full list in every library across 50 libraries for three years for the first three schemes. So we were given the supporting resources. So, we had quite good financial support. I mean £15,000 per list.” (South West England)

**Subtheme: Guidance to support the scheme**

Most libraries had piloted their own scheme prior to it becoming formalised by the Reading Agency and the Society of Chief Librarians. However, beyond the initial use of leaflets and posters, library staff reported that there has been no specific guidance that could be used to enhance continued promotion of the scheme:

“I don’t think we have. We used the website, the Reading Agency Reading Well one. We’ve had the packs that come out with all the leaflets and posters and everything. Apart from that I don’t think we’ve had any other specific guidance”. (Midlands, 2)

Interestingly, the Reading Agency and the Society of Chief Librarians provide a free online training module and free online resources, including a downloadable library toolkit to support scheme implementation. As such, this finding may be due to local autonomy regarding the delivery of the scheme and local interpretation of the guidance available.

**3.4.2 Major theme 2: Promoting Books on Prescription**

All librarians described promotion of the scheme as an integral part of their role. They discussed various ways in which they continue to promote the scheme to potential end-users alongside the impact of utilising social media.

**Subtheme: Impact of promotion (Reaching out to wider community)**

Parallel to the responses derived from the focus group data, all librarians agreed with the view that reaching out to the wider community was essential when promoting the scheme.
The impact of promotion has led to the development of collaborative working across primary health care, community and voluntary sectors. Again, highlighting how libraries are a flexible space with a wide range of resources to support wellbeing:

“Whenever we do coffee mornings in the library we try and have an array of leaflets and bookmarks out to promote it to people attending. And we try to tie it in with other events and activities that we run as well if we think it’s relevant.” (North West England, 2)

**Subtheme: Promotion through social media**

As technology advances, libraries reported using social media as a key platform for scheme promotion. Social media was reported by library authorities as a way to connect with their local communities and provide updates on titles and the scheme more widely:

“Yes, we do put posters up on Twitter and on Facebook to remind people that we operate the scheme, that we have it available”. (North West England)

**Subtheme: Subtle promotion accounting for anonymity**

A theme emerging from the data was the ‘subtle promotion’ across libraries enabling current and potential participants of the scheme to remain anonymous, even within the library. Specifically, libraries reported displaying the scheme stand in discreet areas of the library to enhance user anonymity:

“We have a permanent stand in a rather discreet area in our adult non-fiction section near to the health books, so that people can easily move between them, because we’ve found that the anonymity element is the thing that people like the most about it. So, we did do, during the launch of it, we did an interior promotion where we had it more prominently in the library. And then we moved it across so that people would adapt to it being where it is.” (North West England, 1)

“Well we have the permanent display so that’s got posters all around it so people can actually see it and make a bee line for it if that’s what they’re looking for. It’s very visible whilst still being discreet”. (North West England, 2)

**Subtheme: Contemporary ways of engaging with community**

Library authorities reported introducing novel ways to promote the scheme and engage their local communities. While World Mental Health Week was a common time reported whereby the scheme is promoted more than usual, some libraries also reported other extensions to the scheme such as “poems on prescription”: 

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“We have got leaflets up in the library; there are certain spikes in the year like Mental Health Sport, Mental Health Day that we use to promote the schemes that way by doing displays and things like that. We also have the emergency poet occasionally. The emergency poet turns up in her 1960s ambulance and writes a poem on prescription for people with mental health and so we have that nearly every year to be truthful. So we promote, again, as part of mental health week anything like that including all the books”. (Midlands, 1)

“We go out into the community at Out Reach Events and promote our services including Books on Prescription and all Library services and that is really the main ways we work with them <the community>. We attend health events and things like that and we have, in the Midlands, Health Information Week in July where we invite people from the Health Services, and I am going to use the broader sense of that, to come into the Library, so we work with them in that way”. (Midlands, 2)

Subtheme: Enhancement of library service

All library staff discussed the added value of the Reading Well Books on Prescription Scheme for Adult CMHC within their respective libraries. It is apparent the scheme is well received by both library staff and scheme users. Library staff made reference to how the scheme enhanced the core service of libraries by providing end-users with a neutral and non-medicalised space to work on their wellbeing:

“Staff have been very supportive of it. I mean it helps that the resources have been purchased for us essentially so it means the staff, everyone knows and the staff know that it’s not come from our core budget. But I think in some places its helped lead to a change in, you know, kind of a sense of mission in what the public library is there for.” (South West England, 1)

Subtheme: Prescription vs. self-referral

Library staff reported scheme end-users accessed the scheme through both prescriptions completed by GPs and self-referrals. In some case library staff reported the importance of being able to engage with the scheme anonymously, for example, some end-users would take a leaflet away on the scheme and titles will be reserved online. Furthermore, some library staff felt end-users may not have yet sought help from a health professional regarding their emotional difficulties, highlighting the importance of the library being a non-medicalised setting. However, other end-users are open to speaking to library staff regarding their prescription for a title, or the scheme more generally:
“We’ve found that a lot of them <end-users> are coming in with GP referrals. And they come up to us at the desk and say, my GP has told me that I should come and find these books here and that you should have them and things like that. ... And we’ve also found a lot of people like to have a browse but also take the leaflet and go away. And because we have an online reservation system that people can do at home on our catalogue, we have actually found that a lot of people, we watch them take a leaflet and go. But then we’ve noticed that books have been coming in that are Books on Prescription books so they’ve obviously reserved them.” (North West England, 2)

3.4.3 Major theme 3: Perceived barriers

Although there are benefits to the Reading Well Books on Prescription Scheme for Adult CMHC for both end-users and libraries, all library staff across the country discussed perceived barriers that have occurred during scheme operation. This theme explores some of the difficulties observed and experienced by library staff with regards to innovations of technology and working with other providers.

Subtheme: Limitations of technology advancements

Technological changes affecting the way in which libraries operate, particularly the use of self-service machines, was reported as a limitation. Specifically, library staff reported self-service machines diminished interaction with end-users as well as reducing visibility concerning how many end-users had been provided with a physical prescription from a health professional:

“So when we used to have the prescriptions handed in I could say how many we had and I could find you the statistics because I used to do an end of year report. But now I don’t see any at all so we have none, unless somebody comes in and hands the prescription in, and even then, I don’t see them because they give the prescriptions back. Because people can just come in off the street, come into a library and choose a book and if they know where they are going, they go to the self-serve machine and they don’t have to interact with a member of staff if they don’t want to”. (Midlands, 1)

However, it is important to note that although self-service machines were discussed as a limitation, benefits of self-service machines to ensure end-user anonymity were also highlighted by end-users and library staff.

Subtheme: Working with other providers
All library staff discussed the difficulties working with partner providers, especially GPs. Whilst library staff empathised with GP surgery time constraints, there was limited, or in some cases, no contact with GPs regarding signposting and/or referring end-users to the scheme. As such, library staff reported there may be many users who are not aware of the scheme due to lack of GP referral:

“Again, some GPs seem to not be aware of the process or maybe not fully agree with the process, I am not sure. But we’ve found from talking to the people from our partner groups as well, they’ve found similar things. Some GP surgeries are really big on promoting and signposting to other places and some aren’t as keen. So that’s definitely one barrier. There could be a whole audience of people that aren’t being reached because their GP is not referring. But equally with the self-referral sometimes I think there’s a risk that people, it sounds really awful, but some people might read the information and panic because they’ve not had the discussion with a GP or a health professional”. (North West England)

3.4.4 Major theme 4: Improving the scheme

The scheme has been a national success since it was formalised by the Reading Agency and the Society of Chief Librarians in 2013. However, it is clear improvements to make the scheme more accessible to potential end-users could enhance its readership. This major theme explores the recommendations for improvement made by library staff.

Subtheme: Title specific improvements

Library staff reported a number of book specific improvements that they felt could enhance the scheme for end-users. Consistent with focus group findings, library staff felt titles should be provided in languages other than English:

“We have some people that aren’t English coming in here. We need to think about people whose first language isn’t English as well. That’s my only concern. Every other customer is either Polish or Spanish. We’ve got lots of immigrants”. (East Anglia 2)

Furthermore, library staff reported concerns regarding the high reading age of a number of scheme titles and felt additional titles with lower reading ages should be introduced:

“One of the things that comes up with some professionals we work with, they’ve asked if any of the books are available in other languages. It’s been commented on quite a lot as well that the books are quite kind of a high reading level and that’s
come up if there’s anything that would be more suitable maybe for somebody that maybe is dyslexic or you know doesn’t have that reading level.” (East Anglia, 1)

**Subtheme: Benefits and limitations of community volunteers**

Library staff reported that the provision of support to end-users of the scheme by community volunteers would enhance the scheme. However, several libraries reported limitations they felt could potentially hinder the implementation of community support. Such limitations included the provision of private separate space within the libraries to maintain confidentiality and the need for training:

“Not all libraries might not have a private space that they would need. Most of the libraries have an area that you can use, but they are not always completely separate. That might be an issue in terms of privacy. I suppose people might feel a bit awkward about promoting it in that kind of sense. You don’t want people to think you’re making an assumption about them.” (Midlands, 2)

**Subtheme: Improvements – providers and social inclusion**

All librarians reinforced the importance of developing the scheme further in the form of running community based sessions and extending the list of providers. Examples included running read groups and further online promotion of the scheme on other organisations websites. Furthermore, libraries reported the importance of libraries in promoting social inclusion, for example libraries being the only source of human contact for some of their users:

“We have found with a lot of people that the library might be the only contact that they have with somebody in a day; like we are part of people’s regular routine they will come in the library every day even if it is just to read the paper and have a chat.” (North West England, 2)
### 3.5 Library staff focus group

A total of 12 members of library staff, specifically Health Champions, were recruited from South Gloucestershire library authority. South Gloucestershire library authority trained a member of staff in each library to become a Health Champion. Specifically this training included developing an understanding of common health difficulties library users may experience and to notice potentially opportunities to improve the wellbeing a health of library users they may have contact with.

Four major themes – “Engaging with the scheme”, “Promoting the scheme”, “Perceived barriers”, “Improving the scheme” – with subthemes emerged (see Table 7 on the following page). The main themes generated were consistent with those generated in the individual interviews with library staff.
## Major themes and subthemes emerging from the library staff focus group

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<td>Breaking barriers to mental health&lt;br&gt;Save the NHS money&lt;br&gt;Self-development&lt;br&gt;Accessible and anonymous&lt;br&gt;Library as a neutral environment</td>
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<td><strong>Promoting Books on Prescription</strong>&lt;br&gt;Library staff described varying degrees to which they promote the scheme for potential users. A majority of librarians stated they had introduced and promoted their own version(s) of the scheme, before it became formalised and augmented by the Reading Agency.</td>
<td>Impact of promotion&lt;br&gt;Prescription vs. self-referral&lt;br&gt;Innovative ways of promoting scheme</td>
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<td><strong>Perceived barriers</strong>&lt;br&gt;While there were added benefits to the Books on Prescription scheme for end-users, library staff discussed the limitations and perceived barriers of operating the scheme. This theme captures some of the barriers observed by library staff when working with other providers, and limitations of the scheme on behalf of potential end-users.</td>
<td>Limitations of technological advances&lt;br&gt;Barriers for potential end-users&lt;br&gt;Difficulties working with other providers</td>
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<td><strong>Improving the scheme</strong>&lt;br&gt;While scheme implementation has been a success nationally, it appears some improvements to make it more accessible to potential end-users are warranted. This major theme explores the recommendations for improvement from the operationally defined roles of library staff.</td>
<td>Book specific improvements&lt;br&gt;Improving through introduction of community volunteers&lt;br&gt;Providers and social inclusion</td>
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Table 7. Major themes and subthemes emerging from the library staff focus group

### 3.5.1 Major theme 1: Impact of Books on Prescription Scheme

A salient theme that emerged from the focus group centred on how library staff conceptualised the impact of the scheme from the perspective of both their role as library staff and perceived benefits for end-users.
**Subtheme: Breaking barriers to mental health**

All library staff reported they had observed the reduction of stigma and barriers in accessing mental health support as a result of progressing the Reading Well Books on Prescription Scheme for Adult CMHC initiative. Consistent with the library staff interviews, focus group participants cited the neutral and non-medicalised library setting as being important to improve access to support for people with common mental health difficulties:

> “People with mild to moderate mental health issues need somewhere preferably neutral, sometimes non-medicalised, that they like to go to for information.”

The familiarity of the library setting was also cited as a possible reason behind improving access for end-users.

> “<The library> is somewhere they’re familiar with, they can just wander in. There are books on a whole range of different subjects and I think if you’re not feeling too great, if you’re familiar with an area then you’re more confident about going and using it.”

**Subtheme: ‘Saving the NHS money’**

Saving the NHS money was viewed as a significant advantage of the Reading Well Books on Prescription Scheme for Adult CMHC. This benefit not only extended to the NHS, but also to scheme users themselves. For example, library staff mentioned end-users may save money on drug prescriptions if they are using a scheme title instead of medication.

> “…And also, we’re saving the NHS money because obviously if we’re sort of like saying use a book and they pick up tips from the book they’re not perhaps taking medication from the system that costs money.”

**Subtheme: Accessible and anonymous**

Library staff reported the success of the Reading Well Books on Prescription Scheme for Adult CMHC was attributable to its accessibility. Specific examples included the provision of extended loan periods and free reservations. In addition, the anonymity of the scheme was cited as improving accessibility, in particular end-users being able to use a prescription as proof of ID:

> “And I think also we were allowed to use the prescription as the proof of ID if they didn’t have a card before, to get around that to minimise the barriers.”
Further, anonymity was achieved by end-users’ ability to check titles out using the self-service machines:

“It can be anonymous. Nobody knows what you’re looking for. We’ve got machines that they can use that they don’t even need to bring it up to us.”

Furthermore, some library staff felt the anonymous nature of the scheme may facilitate access to further support for end-users, thereby acting as a first step to formal help-seeking.

**Subtheme: Self-development**

Although library staff had to take on additional tasks to support the Reading Well Books on Prescription Scheme for Adult CMHC, they reported the introduction of ‘health champion roles’ had enabled them to approach potential users of the scheme with more confidence. While library staff acknowledged, they are not therapists and/or counsellors, training in mental health had provided them with the self-assurance to signpost and discuss mental health more openly with end-users:

“The health champion role started. It’s just being given the confidence to approach people really. Being in the library environment we get a lot of people come in who start sharing their sort of you know personal problems with you and if you’ve got some knowledge where to signpost them to help. So, that’s really what our role is. It’s just enhancing what we already do. I mean other staff at our branch aren’t health champions but it wouldn’t stop them talking to somebody and you know if they started to confide in them that they had mental health issues or something.”

**Subtheme: Library as a neutral environment**

Library staff felt that end-users viewed the library as a “neutral” and ‘non-threatening’ environment. In addition, library staff reported end-users trusted library staff for support and advice:

“But people seem to trust library staff. They come to us because as I say, the doctor has diagnosed this, what do I do next and the doctor sent them on their way so you’re there trying to pick up the pieces. Okay, well we could try this or let’s refer you to this group and so a lot of people do trust us completely.”

### 3.5.2 Major theme 2: Promoting Books on Prescription

All library staff described the varying degrees to which they continue to promote the scheme for potential end-users. A majority of the library staff stated they had introduced
and promoted their own version(s) of the scheme, long before it became formalised by the Reading Agency and the Society of Chief Librarians.

**Subtheme: Innovative ways of promoting scheme**

Promotion of the scheme was reported an integral part of the library staff role. A number of innovative ways of promoting the scheme were discussed, including radio broadcasts, attending wellbeing events and advertising the scheme in the local community, including schools, health centres and amongst other community projects in the local area:

“It’s spreading outwards so it’s including schools, health centres, the community projects, next door the hall, they have all sorts of things happening there and it’s trying to bring it all together. We’ve got sports pound as well in our area now. Lady who runs that is based in our library one day a week so she’s often there promoting sports pound.”

Social media was also reported an essential way of reaching out to the local community, allowing library staff to promote services community members may not associate within the library.

**Subtheme: Impact of promotion (Reaching out to wider community)**

Library staff reported that wide community promotion of the scheme had assisted in developing relationships and partnerships with various public sector organisations ranging from community projects to local schools. As such, library staff felt services in the wider community no longer thought of the library as only a place to borrow books, but as an integral part of the local community, providing access to information and support, thereby increasing the relevancy of libraries to the local community:

“Yeah, I think it makes, will make library services seem relevant to different people, maybe people who might think of a library as just a novel borrowing service.”

**Subtheme: Prescription vs. self-referral**

While there are added benefits to both physical prescriptions and self-referral, it appeared a large number of end-users opted to use self-referral when accessing the scheme. This further supports importance of the anonymous nature of scheme in improving access.
However, library staff also reported difficulties in not being able to assess if a user had been signposted to the scheme without the presence of a physical prescription:

“I’ve not seen any prescriptions coming in for ages.”

3.5.3 Major theme 3: Perceived barriers
While there were added benefits to the Reading Well Books on Prescription Scheme for Adult CMHC for end-users, all librarians discussed the limitations and perceived barriers of operating the scheme. This theme captures some of the barriers observed by librarians when working with other providers, and limitations of the scheme on behalf of potential end-users.

Subtheme: Difficulties working with providers
Similar to the interviews with library staff, library staff in the focus group raised difficulties working with partner providers, especially GPs. Consistent with the library staff interviews, the busy nature of the GP role was recognised however this led to difficulties being able to liaise with GPs, especially concerning communicating messages about end-users:

“But having mentioned GPs, that is probably the hardest group, if you think of them as a group, because their structures and our structures don’t overlap at all and they are in a world of their own and incredibly busy and that is quite difficult so if we want to get messages to GPs, I think it’s quite difficult. So that has to go through the health networks and the official communication through to GPs so I’d say that was a difficult one.”

Subtheme: Limitations of technological advances
While there are added benefits of the advancements in technology, it appears that progress can also be a hindrance. For example, the use of self-service does not allow for ‘human interaction’ and to an extent serves to reinforce less value in human workers (i.e., the library staff):

“I don’t think we’ll ever know <potential scheme users> because they can come in and do it themselves now. We’re going to reduce staffing as well and they can come in and use their own machine. So, we’re never going to be able to pick up on the fact that somebody has got this X and Y wrong with them or that’s the wrong book you’ve got or can I introduce you to this book, this book is not really going to be helpful.”
Subtheme: Barriers for potential end-users

The advantages of the scheme for end-users has been promoted and discussed in much depth since its launch. However, it is apparent the scheme itself can pose barriers for those who could benefit from engaging, especially those who are unable to read and where English is not their first language. In addition, some library staff felt the titles of the books including specific mental health labels may also act as a barrier to access for some users:

“Some people might not be able to read. Especially the language barrier full stop anyway.”

“Those titles, just because, even though there’s lots of work being done on it, at the moment especially it’s still stigmatised isn’t it, it’s still if you pick up a book with depression and you think everyone can see the word on there.”

3.5.4 Major theme 4: Improving the scheme

While scheme implementation has been a success nationally, it appears that some improvements to make it more accessible to potential end-users are warranted. This theme explores the recommendations made for scheme improvement.

Subtheme: Book specific improvements

Library staff reported a number of book specific improvements, discussing various ways in which the books can be updated and how subtle changes can help influence a wider readership. Library staff felt some titles were now out of date. Large print, audio versions and the provision of titles in multiple languages were also reported as potential ways to enhance the scheme. In order to reduce the amount of physical stock required to increase the number of titles on the scheme, downloads were suggested as a further solution:

“So, the multiple language kind of stuff might be available as download rather than and you could help someone to download it onto like a podcast or something like that so you wouldn’t necessarily have stock of you know twelve different languages or twenty languages, but if it was available as a download you could download it onto a device and say, there you go.”

Subtheme: Improving through introduction of community volunteers

Providing support for those engaging with the scheme can potentially increase motivation and allow for end-users to continue engagement without the presence of a professional.
While library staff agreed this would be a novel way of increasing access, they also discussed the feasibility of implementing such a structure and the prospective difficulties that may occur. The main limitation of employing a volunteer structure is lack of funding and training support for staff. Library staff also acknowledged they are not psychologists and this could create some confusion that would need to be clarified prior to support for book titles being introduced:

“It could be a service that would help because I mean it’s a bit like someone who wants to give up smoking or lose weight or whatever, you start off with really good intentions and motivated but a little bit further down the line the motivation goes. If you’ve got somebody that you can go to and you build up a bit of rapport with, it might just be what you need just to kind of maintain the motivation. I mean with the library staff obviously, it would be funding it and having the time as well.”

Subtheme: Improvements – providers and social inclusion

All library staff supported developing stronger relationships with providers and extending the list of providers in the near future. It appears that social inclusion is equally fundamental when improving the scheme, one participant asserted that:

“If you walked in the waiting room in the GP practice just next door, there wouldn’t be anything about it and there potentially could be posters saying, you can get information about such and such at the library. I’m not even sure that mental health professionals or GPs are actually promoting the service or saying that it’s an option when they provide information about a diagnosis such as depression.”

Of particular interest were suggestions to provide support to end-users whilst still protecting the anonymity of the scheme for end-users. For example, this included organising support activities whilst the library is closed:

“Support could be provided on a day the library is closed. We do that quite a lot with different groups and different activities when the library is closed.”

4. Limitations of the evaluation

A key limitation of the evaluation concerns the limited sample size recruited for both the survey (n=15) and qualitative interviews with end-users (n=4). As such, caution needs to be exercised before generalising the findings to wider Reading Well Books on Prescription Scheme for Adult CMHC users. However, notwithstanding this limitation, it is important to consider that difficulties with recruitment of end-users potentially reflect the population
typically engaged with the Reading Well Books on Prescription Scheme for Adult CMHC. This is especially likely given that a consistent theme across the survey, interviews with end-users, library staff and the focus group was the importance of the scheme being anonymous and confidential. As such, difficulties with recruitment potentially reflect the attitudes and preferences of scheme-users, especially regarding a desire not to be identified and anonymity maintained. Indeed, there may be the potential that Reading Well Books on Prescription Scheme for Adult CMHC end-users represent a different population to those people with mental health difficulties actively engaged in health services. This potentially highlights that the Reading Well Books on Prescription Scheme for Adult CMHC may be accessing an otherwise very difficult to reach population.

5. **Key recommendations and considerations arising from the evaluation**

On the basis of the data collected to support this evaluation, the following key recommendations and areas for consideration by the Reading Agency and Society of Chief Librarians are proposed. This list however is not exhaustive and the Reading Agency and Society of Chief Librarians may well identify several others based on their particular foci of interest.

**Recommendation One**

*Future Research:* Limited evaluation funding resulted in a reliance on non-assertive recruitment methods and subsequently a dependence on end-users responding to adverts. Assertive recruitment approaches (for example, researchers recruiting people face-to-face and embedding themselves in community settings) typically results in improved recruitment rates and may have resulted in more successful recruitment. In addition, there was some indication that library authorities differed in their level of investment to support the evaluation. For example, some library authorities actively and repeatedly posted the online survey on Facebook and Twitter, whereas other library services did not.

**Recommendation Two**

*Book list expansion:* All of the scheme end-users and majority of library staff expressed the opinion that the existing book title list should be expanded. Recommendations include
updating scheme titles perceived to be out-of-date, increasing the number of books currently on the list, including books with lower reading ages and large print, introducing books in different languages to promote a wider readership and the inclusion of audio books. It is recognised it may be impractical for library services to manage and pay for larger book lists, however it was suggested expansion of the list could be achieved through the provision of electronic titles, for example, providing electronic titles in different languages.

**Recommendation Three**

*Guidance on scheme promotion in the community:* Implementation of the scheme appears to vary widely nationally, especially concerning scheme promotion within the local community. It is important to note that the Reading Agency and the Society of Chief Librarians provide a free online training module and a variety of online resources, including a downloadable library toolkit, to support scheme implementation. As such, national variation in implementation may reflect the autonomy provided to local library authorities regarding scheme implementation. Additionally, local authorities may differ in their interpretation of the guidance available. As such, further consideration concerning whether the adoption of a more unified and/or standardised approach with formal guidelines, as opposed to allowing for more local autonomy, may be required to ensure equity of scheme implementation across localities. However, it is also important to consider whether the Reading Agency and the Society of Chief Librarians need to promote the existing guidance more effectively. Further, for a majority of the end-users, the scheme was an ‘accidental find’, highlighting the need for more information about the initiative through promotion in wider sectors, such as GP surgeries, health and community centres, and even the workplace to increase scheme visibility.

**Recommendation Four**

*Scheme promotion with libraries:* Linked to the scheme being an ‘accidental find’ for most end-users is that some libraries were placing the scheme in highly discreet areas of the library to protect confidentiality and anonymity. However, making the scheme too discreet within libraries, may actually be limiting access to the scheme for people who may be
otherwise happy to use it. As such, a further recommendation is that additional consideration regarding the positioning of the scheme within libraries should be undertaken. In particular, such consideration could be given to the potential that by making the position of the scheme too discreet within the library may actually serve to re-inforce further stigmatisation of mental health. Although it is clear this is not the intention of library staff, this may reflect a lack of knowledge and awareness concerning mental health and may highlight the need for additional staff training in terms of mental health awareness and support in how to discuss mental health issues if required.

**Recommendation Five**

*Volunteer support for scheme titles:* The idea of end-users being supported by a volunteer in the community was generally well received by survey respondents, end-user interviewees and library staff. Clear benefits were identified concerning support enhancing motivation, problem-solving and further increasing social inclusion for end-users. For libraries, clear additional benefits were identified concerning further enhancement of library services as more than just the providers of books, but an essential agency in the provision of local community information and support. As such, the provision of volunteer support for scheme users may highlight a significant opportunity for the library service.

Indeed, evidence suggests supported CBT self-help can be delivered by non-professionals in the community, such as trained voluntary members of charitable organisations, without negative impact upon acceptability and effectiveness (McClay et al., 2015; Williams et al., under review). Further, research would suggest some people prefer the provision of support through voluntary organisations, as opposed to more formal healthcare settings (Jorm et al., 1997; Hanson et al., 2015). Support may be provided by volunteers in a number of locations (for example, the library service, other community organisation settings or end-user homes) and be delivered in a variety of different formats (for example, over the telephone, face-to-face either individually or in groups, or via email). Of key importance however is ensuring those volunteers supporting the book titles have been trained in the necessary competencies to support CBT self-help. Further, regular supervision of volunteers would be required, provided by someone with both expertise in supported CBT self-help and clinical supervision. Community based organisations and
groups best suited to provide volunteer support may differ between localities and as such it is difficult to provide specific guidance concerning what a volunteer supported scheme might look like. Such a range of possibilities would need to be discussed between library authorities and potential volunteer organisations to ensure any model of volunteer support adopted would fit within governance and funding arrangements. It is out of scope of this current evaluation to provide specific guidance on how such a scheme could be funded given the wide variation in different community based volunteer support models that could be adopted, coupled with likely regional variations in both potential community organisation partners identified and models of delivery.

Alternatively, supported CBT self-help is currently delivered under the Improving Access to Psychological Therapies programme (IAPT) within England. CBT self-help materials are guided and supported by trained psychological wellbeing practitioners (PWP) who have specialise postgraduate level training in supporting CBT self-help materials. Provision of IAPT services ranges from delivery through the NHS or alternatively clinical commissioning groups (CCGs) may commission IAPT services to any qualified provider (AQP) (for example, Virgin Care Services Limited). As such, the provision of support to end-users of the Reading Well Books on Prescription Scheme for Adult CMHC may be further facilitated through the formalisation of relationships with local IAPT services. Furthermore, there are current proposals to develop apprenticeship level PWP training, with discussions currently being led by the British Psychological Society. This workforce development may also represent a possibility concerning the provision of a supported Reading Well Books on Prescription Scheme for Adult CMHC within library services.

**Recommendation Six**

**Funding:** To further extend the reach of the Reading Well Books on Prescription Scheme for Adult CMHC across all library services financial incentives may need to be provided. Only one county had been provided with extra funding and resources to support the scheme, which may have impacted the amount of time spent on promotion and implementation. As such, additional funding may help ensure standard implementation and promotion across all authority areas and reduce variations. It is acknowledged raising local funding is difficult, however one library authority (Devon) were able to successfully develop relationships with
local Public Health partners to gain financial support for scheme implementation and promotion. As such, additional funding to support further promotion and implementation of the scheme may be achieved through Public Health grants to local authorities. Other examples might include Arts Council England or the Nationally Lottery Fund.

6. References


Appendix A: Scheme User Survey

Thank-you for taking the time to look at this questionnaire. Alternatively, you can fill in an online version by following this link: https://survey.ex.ac.uk/readingwellsurvey

Consent and Agreement to Participate (Please tick)

| I understand that the information I have provided will be confidential to the research team |   |
| I understand that my responses will be kept anonymous |   |

If you have any questions please contact the study researchers, Dr Joanne Woodford on 01392 725780 or J.Woodford@exeter.ac.uk or Dr Manpreet Dhuffar on m.dhuffar@exeter.ac.uk.

Part One: Understanding a little bit about you...

a. What is the name of the book you borrowed? (Please specify – if unsure, please refer to the list attached to the back of this questionnaire)

Book Title: ........................................................................................................................................................................

Book Author(s): ...................................................................................................................................................................

b. How did you find out about the Reading Well Books on Prescription Scheme? (Please tick the option that most applies)

<table>
<thead>
<tr>
<th>The Reading Agency website</th>
<th>Local press (please specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poster in my local library</td>
<td>Referred to by health professional</td>
</tr>
<tr>
<td>Leaflet in my local library</td>
<td></td>
</tr>
<tr>
<td>I didn’t know about the scheme.</td>
<td></td>
</tr>
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</table>
c. Postcode of residence: _____ _____ _____ _____ _____ _____ (please note that this information will not be used to contact you)

d. What is your gender? ..............................................................................................................

e. What is your date of birth: ___ (day) ___ (month) ___ ___ ___ ___ (year)

f. Employment status (Please tick all that apply)

<table>
<thead>
<tr>
<th>Working – full time</th>
<th>Full time carer</th>
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<tr>
<td>Working – part time</td>
<td>Full time homemaker</td>
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<tr>
<td>Student</td>
<td>Unemployed</td>
</tr>
<tr>
<td>Retired</td>
<td>Volunteer</td>
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<tr>
<td>Disability</td>
<td>Long term sick</td>
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g. What is your ethnic group? Choose one option that best describes your ethnic group or background (Please tick)

<table>
<thead>
<tr>
<th>White</th>
<th>Asian / Asian British</th>
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<tbody>
<tr>
<td>English / Welsh / Scottish / Northern Irish / British</td>
<td>Indian</td>
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<tr>
<td>Irish</td>
<td>Pakistani</td>
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<tr>
<td>Gypsy or Irish Traveller</td>
<td>Bangladeshi</td>
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<tr>
<td></td>
<td>Chinese</td>
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<td></td>
<td>Any other Asian background, please describe</td>
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<tr>
<th>Mixed / Multiple ethnic groups</th>
<th>Black / African / Caribbean / Black British</th>
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<tr>
<td>White and Black Caribbean</td>
<td>African</td>
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<tr>
<td>White and Black African</td>
<td>Caribbean</td>
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<tr>
<td>White and Asian</td>
<td></td>
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<tr>
<td>Any other Mixed / Multiple ethnic background, please describe</td>
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<th>Other ethnic group</th>
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<tr>
<td>Arab</td>
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h. Highest level of education completed (Please tick)

| Postgraduate (e.g., PGCert; PGDip; MSc, MA; PhD) |  |
| University degree (e.g., BA; BSc) |  |
| College/6th Form (e.g., BTEC; A-levels) |  |
| Secondary school (e.g., GCSEs; O-levels) |  |
| None |  |

Part Two: Some questions about the book(s) you borrowed...

a. Were you referred to the scheme by a health professional?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>I’d prefer not to say</th>
</tr>
</thead>
</table>

If yes, please tick the option that best describes the health professional you were referred by (if you were not referred by a health professional please go to question b)

<table>
<thead>
<tr>
<th>GP</th>
<th>Psychotherapist</th>
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<tbody>
<tr>
<td>Psychological Wellbeing Practitioner</td>
<td>Community mental health nurse</td>
</tr>
<tr>
<td>Psychologist</td>
<td>Other (Please specify)</td>
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</tbody>
</table>

b. Are you currently receiving support for an emotional difficulty from a health professional (e.g., a psychologist, therapist, counsellor)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>I’d prefer not to say</th>
</tr>
</thead>
</table>

If yes, what form of psychological support are you currently receiving? (Please tick the option that best described the support you are receiving)

<table>
<thead>
<tr>
<th>Support for use of a self-help book or computer programme</th>
<th>Group therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual face to face CBT with the therapy delivered by the therapist, not a book or computer programme</td>
<td>Other (please specify)</td>
</tr>
<tr>
<td>Counselling</td>
<td></td>
</tr>
</tbody>
</table>

c. Have you previously received support for a psychological difficulty from a health professional (e.g., a psychologist, therapist, counsellor)? (Please tick)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>I’d prefer not to say</th>
</tr>
</thead>
</table>

If yes, what form of psychological support did you previously receive? (Please tick the option that best described the support have previously received)
Support for use of a self-help book or computer programme | Group therapy
---|---
Individual face to face CBT with the therapy delivered by the therapist, not a book or computer programme | Other (please specify)
Counselling | |

d. If you have *not previously* or *currently* sought support for an emotional difficulty from a health professional, what were your reasons for choosing *not* to seek support? (Please tick all that apply)

| Reason | |
---|---|
I do not have any current or past emotional difficulties | Stigma or embarrassment
To remain anonymous | I don’t like talking about personal or emotional difficulties with others
I didn’t know where to go for support | I’d rather be supported by family and friends
Long waiting lists | Lack of time
I would rather work through my difficulties on my own than seek outside help. | Other (Please specify)

e. Are you receiving any support to use the specific self-help title you have borrowed from the library? (Please tick)

| | |
---|---|
Yes | No

If yes, who is providing this support? (Please tick the option(s) that best describes the support you are receiving)

| Professional | |
---|---|
Psychological Wellbeing Practitioner | Family member or friend
GP | Reading group
Psychotherapist | Other (Please specify)

**Part Three: Additional support**

Some research suggests that providing support to people using self-help books can help improve the effectiveness of the self-help approach. Support can help people overcome common difficulties that might be experienced when using the book. However, some people prefer to use self-help books by themselves.
Support can be provided by lots of different types of people. For example, by a health professional or by people from groups within the community (e.g., libraries, charitable organisations, volunteer organisations) who have received specific training in providing support for people using self-help books. Support can also be provided in lots of different ways. For example, by email over the telephone or in groups.

Next, we would like to ask you a few questions about what sort of additional support you might be willing to receive.

a. Would you have been willing to receive support from a health professional within the NHS to support you to use the self-help title you have borrowed? (Please tick)

<table>
<thead>
<tr>
<th>Yes</th>
<th>Maybe</th>
<th>No</th>
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If your answer is **NO**, please provide any reasons as to why this would not be something you would be willing to do.

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Yes | Maybe | No
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If your answer is **NO**, please provide any reasons as to why this would not be something you would be willing to do.

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If your answer is **MAYBE**, please provide any reasons as to what would *make you more likely* to want to receive support from a *trained volunteer* within a *community based organisation*.

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c. If you have answered *yes* or *maybe* to being willing to receive support to use the self-help title please answer the following questions:

How *often* do you feel it would be helpful to receive support when using the self-help title? (Please tick all that apply)

<table>
<thead>
<tr>
<th>Weekly</th>
<th>When help is needed</th>
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<table>
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<tr>
<th>Fortnightly</th>
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<th>Monthly</th>
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How would you like to be supported? (Please tick all that apply)

<table>
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<tr>
<th>Email</th>
<th>Telephone</th>
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</table>
If ‘face to face’ support would be preferred _where_ do you think this support should provided? (Please tick all that apply)

<table>
<thead>
<tr>
<th>In your GP practice</th>
<th>My home, over the telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health centre offices</td>
<td>My home, face-to-face</td>
</tr>
<tr>
<td>Community setting (please specify)</td>
<td>Other (please specify)</td>
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If there is further information that you would like to share with us, please use the section below for these comments.

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Appendix B: Scheme User interview topic guide

Thank you for agreeing to take part in the Reading Well Books on Prescription study. The interview will last for approximately 45 minutes. There are no right or wrong answers to the questions during the interview, please just try to explain your thoughts and experiences surrounding the Reading Well Books Scheme in the best way possible. You can withdraw at any time during the interview and if you require clarification on any of the questions, please feel free to ask me at any time point. Everything you disclose in the interview will be confidential, unless you share information concerning significant risk of harm to yourself or others, in which case the information may be fed back to your doctor or a health professional.

The purpose of today’s interview is to develop a better understanding of your views on the Reading Well Books on Prescription Scheme. I am interested in your experience of using the scheme and the impact it has had on your well-being. I am also interested in how we might be able to improve the scheme in the future. Understanding of how acceptable and helpful the scheme was for you will help us to develop better self-help schemes in the future.

1. Can you tell me about how you came to use Reading Well Books on Prescription Scheme?
   Prompts:
   a. How did you come to know of the scheme? (Local library; Reading Agency website; current evaluation, other)?
   b. Did you have some knowledge of the Reading Well Books on Prescription Scheme before borrowing the self-help title?

2. How did you come to hear about the specific title your borrowed?
   Prompts:
   a. Reading well scheme; library; health professional recommendation; recommendation from family /friends; browsing in the library; other.
   b. Did you have some knowledge of the title being part of the “Reading Well Books on Prescription Scheme” before borrowing the self-help book?
3. What were your reasons for borrowing the title?

Prompts:
   a. Recommended by family member, friend, doctor etc.
   c. Is anyone supporting you to use the book or are you planning to seek support from someone to use the book?
   d. If someone is supporting you, how are you being supported? E.g., individual support; group setting; library reading group?
   e. If you are not receiving support, do you feel having someone to help you use the book may be helpful?

4. Can you tell me a bit why you thought the self-help title might be helpful to you?

Prompts:
   a. To understand more about a specific mental health disorder?
   b. To improve wellbeing?
   c. Relapse prevention / help to stay well further to psychological therapy?
   d. Self-help book content
   e. How to use the book; what demands might be placed on you to use the book

5. Can you tell me about how you have used the self-help title you borrowed?

Prompts:
   a. Read the whole title or “dipped in and out”? Chunks? Specific chapters only? If you did not read the whole title, can you tell me a bit about why?
   b. What exercises did you manage to carry out? What was helpful and unhelpful about these exercises?
   c. What encouraged you to use the self-help title? E.g., reminders, deadlines, support from someone?
d. Did you experience any difficulties when using the self-help title? (Language; exercises; motivation; lack of time)

e. If the user did experience difficulties: - what might have helped you overcome some of these difficulties?

f. How did you make time to use the title with other life commitments you may have?

6. What were your general impressions of the self-help title you borrowed?

Prompts?

a. How relevant was the title to your situation?

b. What did you like about the self-help title?

c. What did you dislike about the self-help title?

d. How appropriate was the language used in the book? (explore attitudes around mental health specific language e.g., ‘depression’ ‘anxiety’) What language might be more appropriate? What are your thoughts around using language such as ‘living well’ or ‘making more out of’? What are your thoughts around focusing on more everyday problems such as ‘sleep’ or ‘loneliness’?

e. How did you find the format and layout of the self-help title?

f. How easy was the self-help title to understand?

g. Was there anything you feel could have improved your experience of using the book? E.g., support from someone else, being part of reading group

7. In what ways, if any, do you feel the self-help title has helped you?

If so: Prompts?

a. Improvement / change in health condition

b. Confidence in managing health condition

c. Improved understanding of health condition

If not: Prompts?

d. What suggestions do you have that might make the self-help title more helpful?
8. [I want to now explore the role of the library] Can you tell me about your experience of using the “Reading Well Books on Prescription Scheme” through your library?

Prompts:

   a. What benefits are there to the scheme being provided through the library?
   b. Easy to access?
   c. Confidentiality?
   d. Choice of self-help titles available?
   e. Can you tell me a bit about your thoughts on the scheme being called “Books on Prescription”? What language might be more appropriate?
   f. Have you borrowed more titles from the scheme? Have you borrowed more titles from another Reading Well list? Have you borrowed more general titles from your library?
   g. Did use of scheme result in you using any other services library offers – i.e. other books, groups, seeking other info etc.
   h. What benefits might there be to your community by providing scheme through the library service?

9. Would you recommend the “Reading Well Books on Prescription Scheme” others?

If yes: Prompts?

   a. In what ways would you recommend the scheme?

If not: Prompts?

   a. If not, explore why not. Do you have any recommendations for ways in which the scheme could be improved?
   b. A wider range of self-help titles?
   c. Additional support from non-mental health volunteers to help with motivation or problem solve difficulties wen using the book?

10. Finally, I’d like to spend a little time talking about support for mental health difficulties. Some research suggests providing support to people using self-help books can improve the helpfulness and effectiveness of self-help books for people. Support can be
provided by lots of different types of people – professionals or by people from community
groups who have received training in providing support for self-help titles on the scheme to
help people maximise use. It can also be supported in lots of different ways – by email,
telephone, face-to-face or in groups. Do you feel providing support for your use of the self-
help book through the “Reading Well Books on Prescription Scheme” would be helpful? If so
in what ways:

Prompts:

a. Is support something you feel might be helpful?
   If not, explore why not

b. What kind of support would you generally want when using a self-help title?

c. Where and when would you want this type of support to be provided?

d. What sort of person or people do you think would be suitable to provide this
type of support?

e. Explore responses from the questionnaire study regarding attitudes towards
   receiving support within the community from non-mental health
   professionals.
   If not, why not?

Many thanks for all of your time and help with this interview today. Understanding your
experience of using the scheme and ways to could be improved will help us develop better
self-help schemes in the future.
Appendix C: Library staff interview topic guide

Thank you for agreeing to participate in the Reading Well Books on Prescription for Common Mental Health Conditions evaluation. The interview will last for approximately 45 minutes. There are no right or wrong answers to the questions during the interview, please just try to explain your thoughts and experiences about the scheme within your library in the best way possible. You have the right to withdraw at any time during the interview and if you require clarification on any of the questions, please feel free to ask me at any time. Everything you disclose in the interview will be confidential.

The purpose of today’s interview is to develop an understanding of your thoughts regarding the Reading Well Books on Prescription Scheme for Common Mental Health Conditions. I am interested in your experiences of implementing and supporting the scheme itself and the impact you feel the scheme has had on users, your library and also the wider community. I would also like to talk about ways the scheme might be improved in the future.

1. Can you tell me a bit about how the Reading Well Books Scheme has been implemented in your library?

Prompts:

a. When did you implement the scheme and why? (reserve ‘why’ for more senior staff).

b. What funding have you received to support the scheme? In what ways has this funding supported the implementation and ongoing support of the scheme?

c. What guidance has helped you to implement the scheme? E.g., branding, guidelines to promote the scheme, FAQs, library staff handbook; local launch pack.


e. Signposting people to the scheme

f. Provision of help/advice/contacts for further support
g. Have you offered any sorts of concessions to help increase use of the scheme? If so what offered e.g., simplified library joining; extended loans; fine waivers.

h. If not would this be helpful? In what ways?

2. Can you tell me a bit about the main groups of providers you work with who recommend the scheme to potential end users?

Prompts:
   a. GPs; IAPT services; charities; third sector agencies; mental health trusts; community mental health nurses; private therapists/counsellors.
   b. In what ways do you work with these providers?
   c. What barriers/difficulties do you experience when working with other providers? What might help support you to overcome these barriers/difficulties?
   d. Do you feel this list of prescribers would benefit from being extended? If so what other organisations or networks that could be added to your current list of prescribers in your local areas?

3. Do you feel the scheme has enhanced your library service?

If so in what ways

Prompts:
   a. Supporting the wellbeing of people living in the local community
   b. Promotion of local library services in community; Building relationships with health, third-sector and charitable partners
   c. Promotion of other library wellbeing services e.g., mood-boosting novels and poetry; reading groups.
   d. Increase in library membership
   e. Increase in library loans for list titles; increases in general book loans
   f. Funding
   g. Libraries roles in the wider community

If no benefits perceived, please explore further.
4. In your opinion, do you think the end users (clients) have benefitted from using the scheme? 
If so in what ways.
Prompts:
   a. Understanding mental health difficulties
   b. Management of symptoms/difficulties
   c. Engagement with the local community
Other
If not why not.

5. In what ways do users tend to access the scheme?
Prompts:
   a. Self-referral. Are there any benefits to self-referral for end users? Any benefits to self-referrals to the library service? What help do you provide users to obtain a book on the scheme?
   b. Physical prescriptions from healthcare providers. Are there any benefits to self-referral for end users? Any benefits to self-referrals to the library service? What are these? What factors might act as a barrier to users accessing the scheme via physical prescriptions?

6. Do you feel anything could be done differently to help improve the scheme for end users?
If so prompts:
   a. Advertisement/promotion
   b. Language and scheme presentation: Acceptability of the word ‘prescription’; a move away from diagnostic categories such as ‘depression’ and ‘anxiety’: Explore where using more positive language e.g., ‘Living Well’; ‘Making More’; ‘Living Better’ or alternatively a move to common everyday problems e.g., ‘sleep’; ‘loneliness’. In what ways might a change in language increase access/make the scheme more accessible?
c. Development of partnerships with further health professional organisations: explore which organisations

d. Development of partnerships with community and third sector organisations: explore which organisations

e. Choice of self-help titles available

f. Volume of self-help titles available

g. Availability of support provided for use of books to end user

h. Linking scheme to other groups available within the library service (may need Reading Agency to offer suggestions as prompts)

Next, I’d like to spend a little time talking about support for end users who are accessing the Common Mental Health Conditions scheme. Some research suggests providing support to people using self-help books can improve the effectiveness of self-help books for people and help to overcome common difficulties that may be faced when using the books alone. Support can be provided by lots of different types of people – health professionals or by people from community groups who have received training in providing support for self-help titles on the scheme to help people maximise use. It can also be supported in lots of different ways – by email, telephone, face-to-face or in groups.

Some people who would like support for the mental health difficulties prefer not to receive support through traditional healthcare providers e.g., their GP or mental health services. Instead, they would prefer to be supported by voluntary or community organisations.

Therefore, one potential way of improving the scheme, would be for voluntary or community organisations to provide support to people whilst they are using the self-help title they have borrowed from the library service.

7. Can you tell me about how your library service might be able to support such a scheme?

Prompts:
a. What support would the library service need to help users access such a scheme through a voluntary or community organisation? E.g., Training; funding; advertisement/promotion

b. How might volunteers help support the scheme?

c. Do you have examples of where volunteers have already contributed to the scheme?

d. How could volunteers take on wider roles in library services in the future that will benefit the scheme?

e. Any benefits might such a scheme have for end users? (e.g., social exclusion; bypassing traditional mental health services)

f. Any benefits might such a scheme have for your library service?

g. Any benefits might such a scheme have for your local community?

h. Any difficulties might your library service experience in providing support to such a scheme? How might these difficulties be overcome?