Guided Self Help

REPORT: A pilot of guided self help for people over 65

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Written by Helen Galliard, May 2014

Older Adult Guided Self Help - Pilot Summary

Pilot Aim
The service aimed to offer older adults (aged 65+) with mild to moderate depression or anxiety guided self help to see if it improved mental health.

What did the service offer?
- A 4-session model of guided self help (GSH) was provided by a trained worker using cognitive behavioural therapy techniques.
- Participants were assessed, a map of their difficulties discussed, materials provided and support with these given.
- Follow up sessions allowed progress to be reviewed.

Evaluation
- A total of 14 older adults were referred to the service, with 12 (72%) opting in and 9 completing 4 sessions of GSH.
- Overall, outcome measures indicated that all 9 individuals experienced a reduction in levels of anxiety and depression.
- Overall, participants reported that they found the service useful in improving their wellbeing.

'It's been really helpful and I feel like I have some control over my anxiety attacks now.
Service User.

Focus Groups & GP Feedback
GPs identified that the main barrier to older adults receiving support for was lack of knowledge about what it may involve. Many GPs noted that physical health challenges in this population could be a barrier.
Older adults themselves identified barriers to seeking help including: accessibility of services, knowledge of what guided self help entailed, physical and sensory difficulties and stigma around discussing mental health issues.

'I wish this had been around when I was going through some difficulties last year.'
Focus Group Attendee.

'I am glad to know this service exists.'
GP Respondent.

Future Recommendations
Ideally older adults would be able to receive a GSH services in the future. This is especially important in light of the lack of equality across adult and older adult mental health service provision.

Introduction

Guided self-help (GSH) can be defined as a psychological treatment, where the client is given psychological treatment materials and works through them more or less independently (Cuijpers and Schuurmans, 2007; Marrs, 1995). Individuals are encouraged to use step-by-step instructions on how to apply a treatment procedure to themselves. Materials may be written down in book or worksheet format, or be made available through other media, such as online, via television, video or audio materials.

Guided self-help can be distinguished from other self-help interventions by the support provided by a therapist to a client when working through treatment. The support given in GSH is primarily facilitative in nature, and is meant to support the patient in working through the treatment materials. Interaction between client and therapist may take place through face-to-face contact, telephone, email, or any other communication method. An important distinction between GSH and face-to-face treatment is the amount of contact, which is minimized in GSH services.

While GSH has been used extensively within adult age services, there is a dearth of research using this approach with adults over 65, despite depression and anxiety being common problems in this age group.

Project Funding & Delivery

Edinburgh Voluntary Organisations Council awarded third party funding to Health in Mind from the 'Change Fund – Voluntary Sector Resilience Fund'. This enabled Health in Mind to employ a part-time Research & Delivery Worker from 18th December to 31st May 2014[1].

The Research & Delivery Worker role included 4 main objectives:

1. To research the barriers to accessing GSH by older people[2] via focus groups and questionnaires.
2. To promote and raise awareness of the older adult GSH service among Edinburgh GPs.
3. To deliver short-term GSH to 8 older people in Edinburgh over a 4-month period.
4. To produce a report for use by Health in Mind, NHS Lothian and the Resilience Fund (funding body).

[1] The original project plan was to run from August 2013 to March 2014 (8 months). The project ran between December 2013 to May 2014 (5 months) so project targets were amended.
[2] Older people are defined as those over 65 years of age.

The present report fulfils the last objective, and provides data on the other three as evidence of their completion.

The Worker recruited (and the author of this report) is a qualified Clinical Associate in Applied Psychology[3] with experience of working with older adults within an NHS Lothian psychology service.

An experienced NHS Lothian Clinical Associate in Applied Psychology provided supervision of clinical work during the project.

Guided Self Help Background Information

Health in Mind began to offer a guided self help (GSH) service for adults in Edinburgh in 2009, since then over 2,000 people have accessed the service. This citywide service continues in 2014, funded by NHS Lothian and delivered by Health in Mind. It is now an embedded part of mental health service provision within adult mental health primary care, comprising of a low intensity, evidence-based psychological intervention within a matched / stepped care approach.

Within this approach, evidence-based treatments are offered that match an appropriate level of treatment to the presenting severity of an individual's difficulty. Treatment options for mild to moderate depression and anxiety form part of NHS Lothian's integrated pathway. GSH is based on using cognitive behavioural therapy (CBT) approaches to supporting people in learning to manage their difficulties.

The GSH service involves a Guided Self Help Worker working with an individual to:

- Identify concerns and goals for all sessions
- Understand difficulties and how they are affecting the individual
- Introduce a range of self help materials and provide guidance on how to use them effectively
- Monitor and review the use of the materials and support the individual to make positive and practical changes.

Following funding being obtained, the Health in Mind Guided Self Help (Older Adults) project was able to trial GSH with those over 65, offering a service between January and May 2014.

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[3] To qualify as a Clinical Associate in Applied Psychology requires an undergraduate degree in psychology plus completion of the University of Dundee/ University of Stirling / NHS joint MSc in psychological therapy in primary care. This MSc includes training in the delivery of cognitive behavioural therapy and research methods.

The Pilot Project Service

The older adult service, as with the adult service, offered individuals over 65 (who were mainly referred by their GP) up to 4 x 60 minute sessions face-to-face using appropriate materials provided by an experienced worker. Sessions during the pilot were provided either at Health in Mind at 40 Shandwick Place, or at Leith Community Treatment Centre.

Initially, promotional material (see Appendix 1) was sent to GP surgeries across the city (78 in total). Information was given about referral criteria, including that individuals needed to be over 65, able to use written and audio materials, and have mild to moderate presenting issues of depression or anxiety (see Appendix 2 for further details).

Information about the service aimed at older people themselves and details for GPs including referral information was uploaded onto the RefHelp website (www.refhelp.scot.nhs.uk). This site is designed to be used by GPs and other health professionals regarding how to refer to services across NHS Lothian, including mental health services.

Participants could be referred to the service with mild to moderate depression (based on a PHQ-9 score of 14 or less and GP's clinical judgement) and / or anxiety. The pilot service was however not suitable for people with very high levels of anxiety / depression or more complex mental health difficulties.

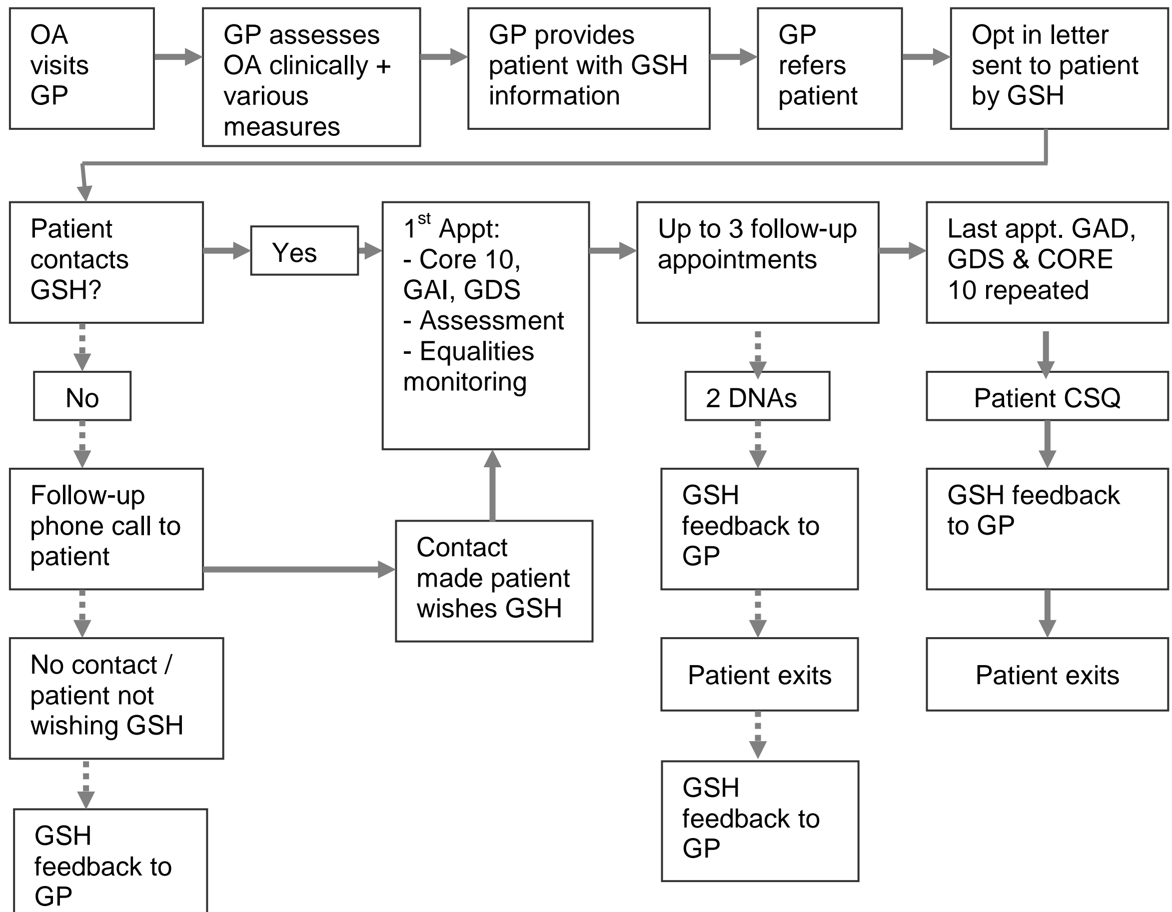
During the course of the pilot, participants were assessed using outcome measures appropriate to older adults, namely the CORE 10, the Geriatric Depression Scale and the Geriatric Anxiety Inventory. This information in conjunction with a service satisfaction survey provided information on the efficacy of the service.

Feedback from GPs was also sought as well as interviews with Health in Mind staff, older adults themselves and those who work with older adults in the Voluntary and Statutory sector.

The remainder of this report covers the information gathered and outcomes found during the pilot project. The information in the Appendices is very detailed, however the information is summarised in the remainder of the report.

Guided Self Help (Older Adult) Service Flowchart

The older adult Guided Self Help service was set up to mirror the adult GSH service. The participant journey is outlined below:



Documents
- GAI & GDS questionnaire pre / post
- CORE 10 questionnaire pre / post
- Equalities monitoring form
- Client satisfaction questionnaire
- Referral form

Tools for storing data
- Excel spreadsheet
- Client files paper copy

Reporting
- Equalities data
- Number of people who have completed therapy
- Pre and post GAD, GAI and CORE10 to measure individual outcomes
- Number of no-contacts
- Number of people who do not complete therapy
- Number of people prescribed anti-depressants
- Which GP surgeries have referred and numbers of referrals

Research & Policy Context

The question of whether depressed and anxious clients are capable of applying a cognitive behavioural intervention to himself or herself, with only minimal support from a therapist, has been examined for more than 40 years (e.g. Kahn and Baker, 1968; Hogan and Kirchner, 1968; Watkins and Clum, 2008). Many randomized controlled trials and meta-analyses have shown that guided self-help (GSH) is effective in reducing depression, panic disorder, phobias and other anxiety disorders (Cuijpers, 1997; Gellatly et al., 2007; Gregory et al., 2004; Hirai and Clum, 2006; Menchola et al., 2007; Spek et al.,2007).

However, the majority of this research has been conducted with adults. As part of the 'Integration of Health and Social Care: Reshaping Care for Older People' (NES, 2012), the vision is to value older people, ensure that that they are heard and that they are supported to enjoy full and positive lives. The aim is to redesign services that increase the range of support available.

Within this context, mental health services are an important source of support. Guided self help could potentially be an important part of stepped care mental health services for older adults experiencing mild to moderate mental health difficulties. This is especially important in aiming to provide the same psychological support available within adult mental health services in accordance with the UK Equality Act 2010.

The range of causes of depression and anxiety in older people can be more diverse than in younger adults, which means that treatments that are effective in younger people may not be effective in older adults. Therefore, it is important to study the effects of treatments specifically in the older adult population in order to make them as effective as possible.

In 2012, in England Mid Essex NHS, as part of the Increasing Access to Psychological Therapies programme (IAPT), a report on providing psychological interventions to older adults was published (Beechend et al., 2012). A Senior Psychological Wellbeing Practitioner was recruited to raise mental health awareness in people over 65 to GPs and deliver a range of interventions. They found that the older adults who underwent psychological interventions improved their anxiety and depression with an average of 2.4 treatment sessions (with a range of 1 to 12 sessions). IAPT services usually include a range of treatment options from providing information, guided self help and longer term CBT.

Although older adult referrals were increased by 10% during this project, one of their findings was that low numbers of older adults were referred by GPs, due to the reluctance of this client group seeking help. This emphasised the importance of educating GPs and other statutory and voluntary sector staff to make referrals.

In Scotland, 'The Challenge of Delivering Psychological Therapies for Older People' report (Scottish Government, 2011), also highlight that older adults are less likely to seek or be referred for psychological treatment. This may have contributed to the inequality of service provision, and if access is to be improved then this needs to be fully understood.

Many barriers are related to stigma, age discrimination and professionals not understanding that psychological support is an option or can be helpful for older adults. The view that anxiety and depression are a 'normal' part of ageing is focused on by this government report. Following on from this, it is noted that a primary barrier is the lack of available services.

The report goes on to outline a service model for psychological therapies for older people, including evidence-based self-help approaches such as guided self help. The report notes that there is considerable potential for such a low intensity intervention.

Within this context, providing initial evidence for the effectiveness and utility of guided self help for older adults is important. The present report goes some way to providing initial information on this specific intervention,

Staff Interview Results

The Health in Mind Guided Self Help team was interviewed in January 2014 to gather their views on working with older adults. 4 staff were Guided Self Help Workers, 1 was a Team Leader.

Following each interview, the Research & Delivery Worker documented the comments and showed these to the worker to ensure the information was accurate. The information was then collated and this qualitative feedback is included in Appendix 2.

A semi-structured interview format was used, with each worker being asked the following questions:

- Have you had experience working with older adult clients?
- Is there anything you would be / are concerned with in working with this client group?
- What do you think might (or has been) be difficult?
- What would be the same as working with an adult population?
- What do you think the barriers are to older adults using the GSH service?
- Do you think there are any adaptations to the existing GSH service that would help in working with older adults?
- Is there anything else you'd like to add?

The qualitative feedback is included in Appendix 2. It is helpful to summarise this feedback into the following main themes:

Theme 1: Physical health problems were seen as a barrier to older adults in receiving guided self help.

Theme 2: Older adult's lack of knowledge about psychological therapy can be a barrier to older adults seeking such help.

Theme 3: Staff were concerned about their own lack of knowledge in working with older adults.

Theme 4: Older adults may require more time for guided self help.

GP Survey Results

The GP Survey was sent out in January 2014 to 78 GP surgeries in Edinburgh. GPs were able to complete the survey online via SurveyMonkey or by hard copy, returned in an SAE. 15 responses were returned, an overall return of 12%.

The full results of the survey are presented in Appendix 3. It is helpful to summarise the feedback into the following main themes:

Theme 1: Physical health problems are a barrier to older adults in receiving psychological therapy, including guided self help.

Theme 2: The stigma of mental health can be a barrier for older adults in accepting support.

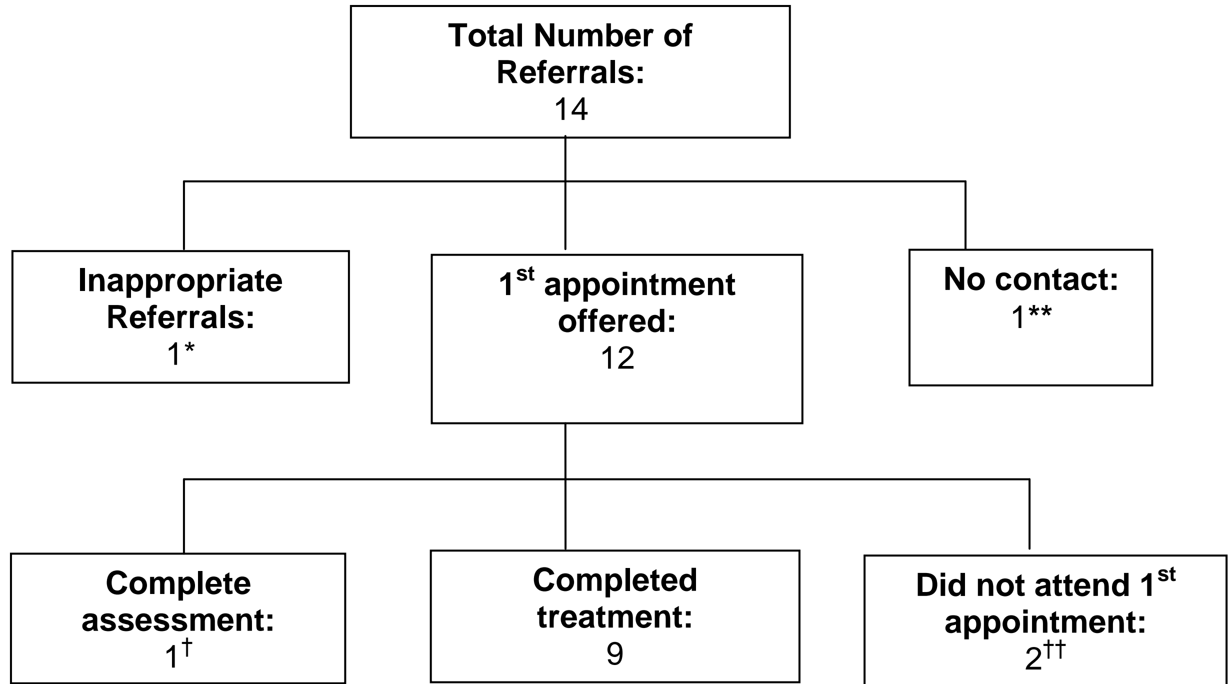
Theme 3: Lack of knowledge about psychological therapy can be a barrier to older adults seeking such help.

Theme 4: There is a lack of psychological services for older adults, especially for mild to moderate difficulties.

Guided Self Help Outcome Results

Referrals

The following is based on referrals received between 15th January - 16th May 2014 from 12 GP practices, 1 private counsellor and 1 voluntary sector referral.



*Individual had severe visual impairment.
**Individual also referred to NHS Psychology Services and subsequently seen by them as appropriate due to severity of difficulties.
†One participant was found to be much improved at assessment, and did not require follow up.
††One participant was due to receive a hip replacement, so was unable to attend appointments. The other was unable to finalise attending an appointment before the end of the project duration.

It is of note that the DNA rate was very low across the duration of the pilot, with only 2 appointments of the total of 37 being designated as person cannot attend. For the 2 participants unable to attend (each first appointments), one was due to a physical health difficulty (an impending hip operation).

Demographic Information

The average age of participants was 71. Out of 14 referrals, 8 were female, 6 were male. All of the participants were Caucasian. 80% were taking antidepressants, as prescribed by their GP.

Outcome Measures

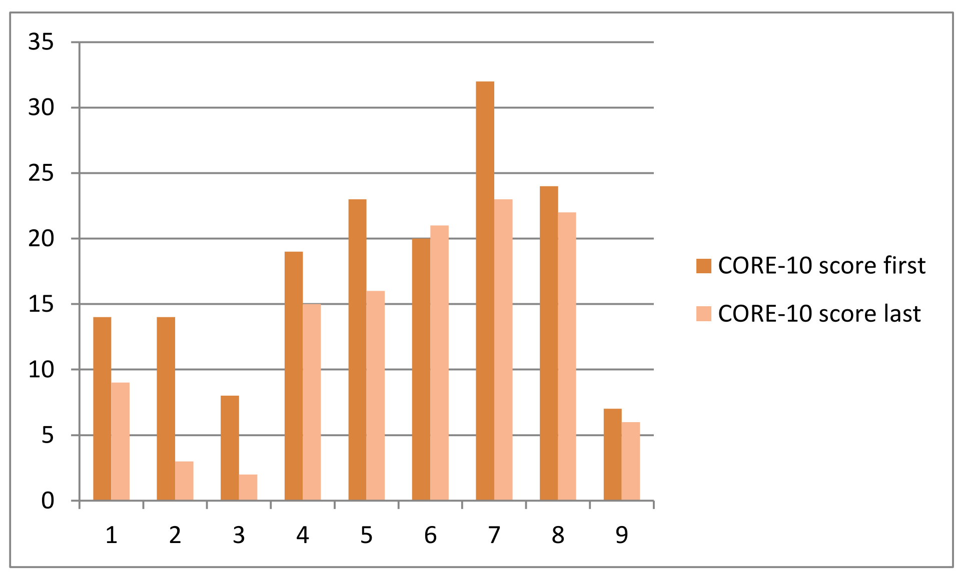
Participants were assessed using outcome measures appropriate to older adults: the Clinical Outcomes in Routine Evaluation (CORE), Geriatric Depression Scale and Geriatric Anxiety Inventory (the short forms of each were used in this pilot). These measures are designed to be straightforward to administer, and have been assessed as reliable and valid to screen wellbeing, anxiety and mood in an older adult population.

The before and after scores for each measure are detailed below.

Overall Wellbeing: CORE-10

The CORE-10 measures subjective wellbeing, problems/symptoms, functioning and risk. It is designed to be used at the beginning and end of a psychological intervention to measure change.

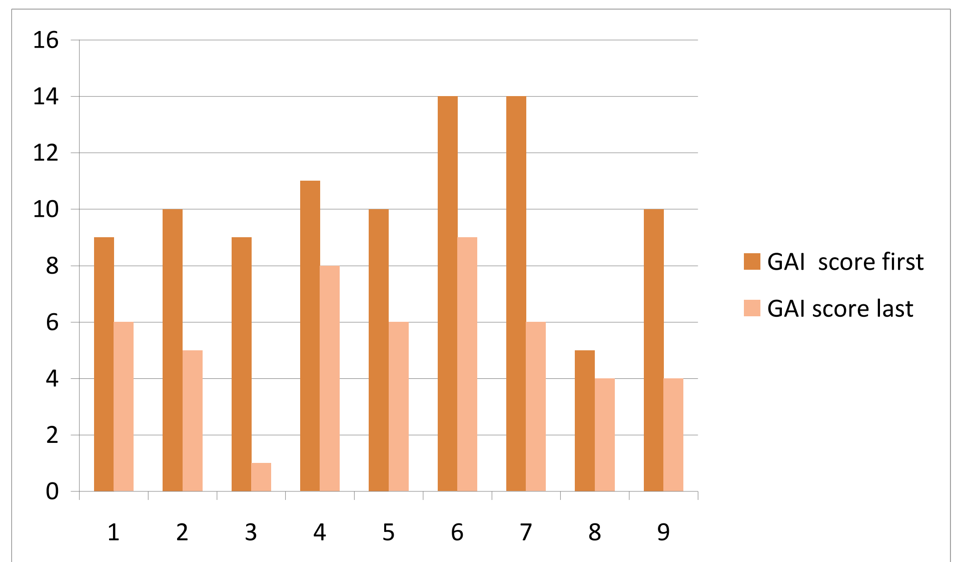
A CORE-10 score of 10 or below denotes a score within the non-clinical range and of 11 or above within the clinical range (Barkham et al., 2012).



- 8 out of 9 participants had a reduced CORE-10 score, indicating an improvement in overall wellbeing.
- The average reduction was 5 points.

Anxiety: GAI

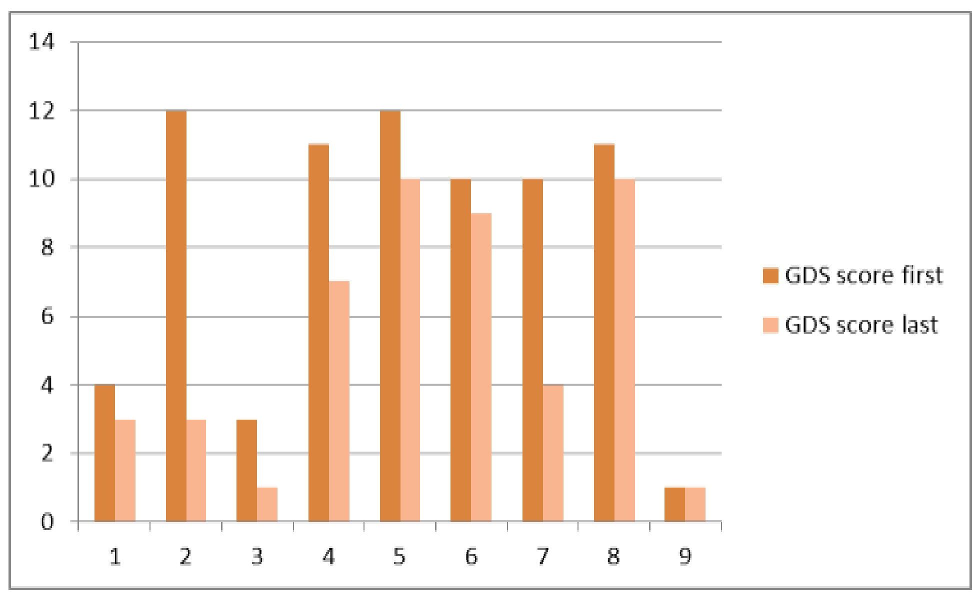
A GAI score of 7 or below denotes a score within the non-clinical range, and 8 or above within the clinical range (Panchana et al., 2007).



- All participants had reduced levels of anxiety.
- The average reduction in scores was 5 points.

Depression: GDS

A GDS score of 5 or more is suggestive of depression. A GDS score of 10 or over points is almost always indicative of depression (Sheikh et al, 1985).



- All participants either reduced or (in one case) maintained their GDS scores.
- The average reduction in scores was 3 points.

Participant Evaluation

A standard service evaluation survey form was revised by the GSH team in February 2014 to reflect the service provided. Appendix 8 shows the feedback from the surveys completed by the older adults participating in the pilot older adult GSH service.

Forms were offered to the 9 clients who completed 4 appointments, 8 filled in a form. Clients who did not attend or did not respond to further contact cannot be canvassed for their views. We were therefore unable to determine their reasons for not continuing or their experience. Participants could complete a hard copy form at the end of the final session, or were provided with a form plus an SAE by the GSH worker at the final session.

Overall, participants were happy with the service provided, rating it as meeting their needs. Comments included participants were able to gain control over their difficulties and that they valued the opportunity to discuss how they felt with the worker.

Focus Groups

Four focus groups were held, comprising of 18 older adult participants in total. Each group were given a presentation on the guided self help service pilot, including an illustration using a case study (see Appendix 6).

Two general questions were then asked to stimulate discussion:

- What would prevent older adults from seeking guided self help?
- What might aid older adults to seek guided self help?

The feedback from the 4 groups is detailed in Appendix 5. It is helpful to summarise this feedback into the following themes:

> **Theme 1:** Making services as user friendly as possible is very important.
>
> **Theme 2:** It is important that workers are trained in supporting older adults who may have had very different life experiences than themselves.
>
> **Theme 3:** Physical health problems are a barrier to older adults in receiving psychological therapy, including guided self help.
>
> **Theme 4:** Lack of knowledge about psychological therapy and where to access services can be a barrier to older adults seeking such help.
>
> **Theme 5:** The issue of privacy was seen as important.

Conclusions & Future Recommendations

Based on the outcomes of the pilot outlined above, it can be concluded that Guided Self Help can be of use for older adults and is a feasible intervention for those presenting to their with mild to moderate depression and anxiety.

Some limitations of the project are worth noting, however. Due to the short duration of the project, it took a month to begin to receive referrals following promotion of the service. This limited the number of participants who could be referred to the GSH service.

Finally, across the feedback from the Guided Self Help staff, GPs and older people themselves via the focus groups, the following overall themes were identified. Suggestions on helping overcome these issues are also included.

BARRIERS TO USING GSH	POTENTIAL SOLUTION
Physical health problems were seen as a primary barrier to older adults in receiving guided self help.	Services for older adults need to be accessible, operating at times suitable for older adults and in places that are easily accessible via public transport and to those with mobility difficulties.
Lack of knowledge about psychological therapy and where to access services can be a barrier to older adults seeking help.	Information about available services can be promoted to relevant professionals, including GP surgeries, and to older adults themselves. Roadshows on service provision can be helpful as can promotional information about a service. Linking to groups that already exist in the community are a helpful way of doing this, especially when they include case studies.
There is a lack of psychological services for older adults, especially for mild to moderate difficulties.	Within services operating with limited resources, staff can be trained to be aware of the issues affecting older adults and the benefits of psychological approaches to this client group.
Making services as user friendly as possible is very important. Older adults may require more time for guided self help and stigma may be a barrier.	Recognition of mental health difficulties in older adults is under reported, awareness for professionals is helpful in giving older adults space to discuss their mental health difficulties.

Table 1: *Barriers to older adults using guided self help and potential solutions.*

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Appendix 1: Older Adult Guided Self Help Leaflet (A5)

Guided Self Help

For older adults

What do we do?

We provide support and information to men and women over 65 who are experiencing mild to moderate depression and/or anxiety.

We supply self help materials to help older adults tackle the problems associated with depression and anxiety, over the course of four sessions with a trained Guided Self-Help worker.

How can I access guided self help?

You can be referred through your GP service. You will then be invited to an initial appointment to discuss the materials that will be most helpful, and three follow-up appointments will support you in using the materials.

Get in touch with us for more information:

Call **0131 225 8508** or e-mail **helen.galliard@health-in-mind.org.uk**

We look forward to hearing from you!

www.health-in-mind.org.uk
Health in Mind is a charity registered in Scotland: SC004128

Appendix 2: Guided Self Help (Older Adults) Referral Form

NHS Lothian

Edinburgh Older Adult Guided Self Help Service

GP TO COMPLETE - REFERRAL FOR GUIDED SELF HELP (Older Adults)

Last Updated: January 2014

Referrer Details	**Patient Details** (must be complete)
Name: Practice: Date of Referral:	Name: D.O.B. Address: Mobile:

EXCLUSION CRITERIA – do not make a referral to this service

If the answer is YES to any of the following this is **NOT** an appropriate service:

- Under 65? (**Refer to Adult Guided Self-Help Service**)
- Recent or current self-harm?
- Recent or current suicidal ideation?
- Misusing drugs or alcohol?
- Primary problem relationship issues?
- Main issue PTSD/OCD?
- Seen for similar problems by the service within the last year?

The patient does not meet any of the exclusion criteria:	
Presenting problem (s): **Duration of problem(s):**	
Depression? PHQ9 / HADS score: (please circle which measure was used) **Cut-off scores:** <15 = Ok 15 + = not appropriate	**Anxiety? GAD7 / HADS score:** (please circle which measure was used) **Cut-off scores:** <15 = Ok 15+ = not appropriate
DASS 21 score: (please circle if this measure was used) **Cut –off scores:** <15 = Ok 15 + = not appropriate for **each component of scale** Please attach copy of the DASS **you have completed** for our reference	

Access issues - please give details e.g. mobility, hearing, literacy, translation	

Previous or current contact with mental health services?	**Yes**	**No**
(e.g. counselling, CPN, psychiatry)		
If **yes**, please state **details, dates, duration** and **outcome**		
Is the patient currently on **antidepressants**? If yes give details please:		

Please note forms will be returned if not completed fully – Thank you
Send referrals to address or fax below – please do not send to both

Guided Self Help Service (Older Adults): Health in mind, 40 Shandwick Place, EH2 4RT Tel: 0131 225 8508 Fax: 0131 220 0028

Appendix 3: Staff Interview Feedback

<table>
<tr><th>Worker</th><th>Responses</th></tr>
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Worker 1 noted little previous experience with older adults, but had worked with a few. GPs weren’t referring older adults, and the ones that have come through have often been inappropriate (e.g. there presentations are too severe or complex to be effectively addressed using guided self help).
Worker 1 has been working as a guided self help worker for a few years with experience including working in a neurological setting with people with Alzheimer’s disease and dementia.
Worker 1 also works with another voluntary organisation as a counsellor and has done limited work with older adults there. Challenges have included gauging motivation levels, cultural differences, that older adults may be more challenging to engage (idea of getting on with things and not seeking help as a generational belief), older people’s expectations about change, that establishing a rapport with older adults may be more of a challenge.
Older adults may have less experience with the concept of mental health services and what these comprise of and may feel a worker should tell them what they need to do – that workers are prescriptive. Gaining a collaborative relationship may be more of a challenge.
We discussed self-efficacy and ideas about change being possible and older adult’s views on things perhaps not being changeable.
Differences in older adult guided self help work as opposed to adult age work may include:

Cultural differences
Social class
‘stiff upper lip’ attitude
That therapy is a self-indulgent activity
There may be a stark contrast between men and women in older adult service users, men may be more hesitant to use GSH and it may be more of a challenge to gain insight due to shame and stigma if seeing a worker.
Women may have more losses to cope with due to women living longer

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○ Social support and isolation is more of an issue in this client group.
○ Grief work may be more prevalent.

Physical health problems will be more of an issue for older adults.
As older adults may have more experiences to draw on, this can be useful in terms of comparison with prior life challenges that they have coped with.
Work may focus on bolstering support via prior connections e.g. motivation to do things people previously enjoyed and to give support in asking for help.
Older adults may be more likely to expect that a professional can ‘fix’ them, in explaining the collaborative nature of the service it may be that motivation is reduced – how can I do this myself? Also, is it worth the effort for an unclear outcome?
Changes to GSH for older adults may include:

○ Particular importance of assessment, perhaps need longer due to longer life histories
○ Less may be more, e.g. fewer materials, keeping things simple.
○ Work may need to be more directive.
○ Structure may be more helpful in directing work.
○ Focus on specific exercises, rather than broad guidance e.g. from the Moodjuice booklets.
○ GPs often prescribe medication – polypharmacy when people have physical health difficulties also.
○ GP attitudes about change may lead them not to refer.
○ Vies of older adults themselves may lead them to decide it’s too late to change so what’s the point.

Flexibility of number of sessions may be helpful, e.g. longer for those with sensory impairments or where assessment takes longer than an hour.

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<tr><td>2</td><td>
Worker 2 noted she has done some work with older adults during her time as a guided self help worker. She has worked with people with a history of mental health difficulties, who have had prior treatment using a different therapeutic approach to CBT, e.g. modes of therapy
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<table>
<tr><td></td><td>used 40 years ago.
Working with older people has thrown up issues around perceptions of what mental health care has been in the past e.g. at a local mental health hospital and preconceptions about treatments such as ECT. Work has sometimes focused on present day talking therapies as opposed to long-term medicalised treatments.
Sometimes older adults have struggled to get to grips with understanding CBT, and can often focus on other people being worse off than they are which may be due to feeling as if they should be able to cope with their distress.
Sometimes it can feel as if you are having to ‘sell’ CBT as something that might help more than you might with younger adults who have more psychological knowledge.
Often work focuses on losses or transition e.g. retirement as well as relationship difficulties especially during transitions. Health and concern about future health has also been a focus.
The GSH model can be challenging for this client group due to the focuses often being different, materials not being specifically for the issues older adults face. Also the time limit of 4 sessions can be difficult when people have a long duration of experiencing difficulties.
Establishing a good therapeutic alliance may be more difficult due to the small number of sessions. It would be good to have flexibility to offer extra appointments when necessary.
Adaptations that could be helpful for older adults are specific materials and those in language that is helpful i.e. not patronising.
Barriers may be that older adults can see that therapy signifies a personal failure coupled with a cultural attitude of stoicism. Isolation and knowing about guided self help as an option may also be an issue. Normalising work is therefore important.
Issues may focus on health anxiety and physical health challenges, bereavement, loss, not having children, menopause etc.</td></tr>
<tr><td>3</td><td>As a new worker, most of the work is challenging at the moment, Worker 3 hasn’t had any specific training on working with older adults (OAs) although has worked with this client group.
Difficulties with this client group include sensory difficulties e.g. visual impairments, where Worker 3 would refer to an appropriate service</td></tr>
</table>

<table>
<tr><td></td><td>e.g. Deaf Counselling Service, as currently GSH cannot support people with such difficulties.

• Worker 3 noted increasing referrals for people who do not speak English as a first language; interpreters can be difficult to organize in practice unless there is someone in-house who can help.

• Worker 3 noted their own attitude / expectations about older adults and her own expectations, e.g. working with a computer literate older adult who they had initially assumed wouldn't use a computer.

• Worker 3 noted issues that may also be challenging included OAs and antidepressant use, where people have had difficulties for a long time, potentially older adults having dealt with their difficulties themselves and a reluctance to ask for / receive help, preconceived expectations that GSH won't be helpful, lack of knowledge about CBT, potential severity of symptoms and complexity of difficulties.

• May also be difficulty in getting appropriate GSH materials suitable for OAs e.g. many mention work or difficulties more relevant to younger people. May lead to OAs thinking material is not relevant or helpful to them. More tailored information is probably required.

• Get Up & Go magazine is helpful in terms of signposting and relevant activities for OAs.

• Worker 3 noted that OAs may make assumptions about her ability or knowledge due to the age gap, assumptions may be made about her own life experience and ability to empathise with experience of OAs. Assertiveness might be more challenging for with an older adult, and it may take a bit more to demonstrate competence in providing GSH.</td></tr>
<tr><td>4</td><td>• Worker 4 noted she has done some work with older adults, mainly people in their 60s and 70s and one 89 year old who was suffering from panic attacks. Worker 4's impression is that more people in the older adult age range experience anxiety as opposed to depression

• Some of the differences in working with older adults include the focus on psychoeducation and socialisation to guided self help as older adults might not have as much experience of psychology interventions than younger adults.

• Older adults can require more directive support, and tend to be more agreeable to suggestions from a worker. The therapist is often treated as more of an expert and may expect direct advice. In addition, the pace may need to be slower with older adults.</td></tr>
</table>

	• In terms of training, Worker 4 had attended one lecture while at university on CBT with older adults, but nothing else aside from that. • The course of the work includes the same elements as it would with adult age people, namely assessment, goal setting and session planning. Similarly, homework completion is often an issue and can be due to difficulty regarding motivation. • In terms of adapting the service for older adults, appointment flexibility would be helpful e.g. shorter appointments using more tailored materials for older adults, accessible buildings for those with mobility difficulties and within community venues may be of use. • Although Worker 4 has enjoyed the work with older adults, they were aware of a generational gap between themself and older adults she has worked with. • Barriers may also include GP attitude about mental health difficulties being a factor of getting older and from older adults themselves asking for help and support with mental health issues.
5	• Worker 5 has some experience of working with older adults, although CE noted that until this project GSH hasn't included provision to older adults and as a result the team lack experience in this area. • When Worker 5 has worked with OAs, materials could be problematic in that they often do not reflect the experiences in later life such as retirement and loss. • Where there is a large difference in age between a worker and a service user, this could be potentially challenging. This has been reflected by younger staff in the GSH service working with adults, and the gap would be widened if providing GSH to older adults. • Worker 5 reflected that their experience of working with older adults had included being challenged by older people in terms of her experience and ability to support them. This has been a challenge, and workers may need to work to reassure people about their experience and ability to understand. • In Scotland there are generation issues to take into account, including stoicism, fear of therapy, chronic difficulties and considerations of social class and socioeconomic status. Isolation and dealing with death and loss may be more common.

*Information has been slightly edited to preserve worker anonymity.

Appendix 4: GP Survey Feedback

15 responses were returned, a return of 12%. Results are detailed below:

1**. Please indicate which Medical Practice you are based at:**
Referrers were based at: Ladywell Medical Centre Stockbridge Health Centre St Leonard's Medical Centre Eyre Medical Practice Liberton Medical Centre Links Medical Centre Pilmeny Development Project Worker Allander House CMHT Leith Walk Surgery Inchpark Surgery Private Psychotherapist Davidson Mains Medical Centre Crewe Medical Centre Firrhill Medical Centre
2**. Please indicate how frequently you see older adult patients over 65 who are experiencing either depression or low mood:**
Infrequently - 1 Sometimes - 6 Frequently - 8
3**. As a rough percentage, how many older adults that you see with mild mental health difficulties do you think would be willing to engage in a guided self-help service?**
Between 10 – 30% - 8 Between 40 – 60% - 6 Between 70 – 100% - 1
4**. What, if any, barriers do you think there might be to older adults opting in to guided self-help?**
Can't think of any – depends how described to them. Stigma of mental health issues. Communication problems, e.g. hearing. Frequent association with cognitive problems. Getting to your office (transport issues). Not wanting to be labelled as depressed.

Fear, stigma re. mental health. Cognition.

Transport/mobility, motivation, sensory loss issues (hearing/eye sight)

Transport, accessibility

Visual and hearing impairment, literacy, not always as accepting of mental illness than younger generations. Co-existing illnesses e.g. dementia

Perception of frailty and weakness, fatigue, transport problems.

Low confidence to try something new. Cognitive impairment and concentration problems where provided? Travel may be an issue.

1. Literacy, 2. Memory Problems, 3. Mobility/ability to travel, 4. Motivation

Cognitive impairment. Educational attainment, ability to attend appointments – transport etc. Visual/hearing impairments

IT Skills

Less familiar with idea of psychological approach, CBT etc. whereas younger patients often ask for this. In some cases communication difficulties due to poor hearing, poor vision, cognitive impairment

Transportation to service, culture / expectations of therapy.

Having to go out-with their local area for help. Poor mobility, Poor hearing. Strong feelings about privacy, Language barriers

5. Have you previously referred older adults to the Guided Self-Help service?

Yes - 4
No - 11

6. If you have not referred older adults to guided self-help, please indicate reasons why you have not made a referral.

We have a very small >65 years practice population,

Utlilise CPN for elderly, effectively although low availability,

Didn’t know about the service,

Wasn’t aware of service colleagues are aware of service,

I didn’t think you did >65 year olds,

Did not know that guided self help was available for elderly.

Wasn't aware it was available,

Did not know it was available.

Perception that GSH would not accept referral as not correct age range.

We didn't know about the service for older adults until very recently.

7**. How likely is it that you would refer an older adult to guided self-help in the future?**

Unlikely - 2
Somewhat likely - 6
Very Likely – 7

8**. Please add any other considerations or comments you have on guided self-help for older adults below.**

Thanks for the service, there's precious little else out there!

Very often they do well with medication if triaged properly. Often we need CRUSE as bereavement counselling in this age group.

I am glad to know service exists.

Often an isolated group of individuals. Often widowed.

As we no longer routinely do PHQ-9 as part of depression assessment, would it be appropriate to allow clinical judgement to determine appropriation of referral?

Would offer and did today however patient not literate. What would be the timescale waiting time to receive input?

Many would need encouragement – perhaps an initial 1:1 assessment then if suitable and the patient is willing, book a place.

Timing also – main part of day best, venues – on main bus routes, or local. (but if venue changes e.g. stress mx groups, need a way of ensuring GP's know what is available in their locality. Very supportive of alternatives to drugs for anxiety and depression in the elderly.

DASS-21 – I have just looked this up, how useful is this for GP's to complete for referrals? Attaching link to questionnaire/ info about it would facilitate this.

Look forward to this new service.

I think there should be the option of the GP still referring to Guided Self Help if the GP deems it clinically appropriate when PHQ-9 score is above cut-off. Personally I make a clinical judgement of depression severity based on history and mental state

examination and do not find PHQ-9 a useful tool in assessing severity. Frequently patients who seem very appropriate for Guided Self Help score above the cut-off and there then seems little to offer as an alternative (psychiatry usually bounce back these referrals!) This is particularly frustrating when the patient has expressed a keen interest in this approach and the possibility of this service has been discussed with them.

My main dissatisfaction with the current service* is the waiting list of 14+ weeks, which makes it much me much more likely to offer a prescription rather than to refer. I would hope that the older adult service would be able to improve on this.

Seems to be short pilot. There seems to be a large focus on completing the CORE when treatment is what's needed, not a prolonged assessment process.

*This refers to the adult guided self help service waiting list. Currently this is 8 weeks.

Appendix 5: Participant Demographic Information

Table 1 (a): Information of participants referred to Guided Self Help Older Adults service.

Participant Number	Gender	Date Of Birth	Age	Referring Medical Practice / Individual	Date referral received	Service Opt in letter sent	Date of 1st Appointment	Disability	Faith	Sexual Orientation	Ethnicity
1	F	27/02/47	67	Ladywell Medical Centre	10/03/2014	17/03/2014	N/A	No	/	/	Caucasian
2	F	26/07/45	68	Stockbridge Health Centre	15/01/2014	N/A	N/A	Yes	/	/	Caucasian
3	M	18/02/33	81	St Leonard's Medical Centre	13/12/2013	14/01/2014	12/03/14	No	/	/	Caucasian
4	F	03/10/47	66	Eyre Medical Practice	27/01/2014	27/01/2014	04/02/14	No	Christian	Heterosexual	Caucasian
5	F	03/06/48	65	Liberton Medical Centre	17/01/2014	20/01/2014	10/02/14	No	Christian	Heterosexual	Caucasian
6	M	03/07/43	70	Links Medical Centre	24/03/2014	24/03/2014	09/04/14	No	/	/	Caucasian
7	M	16/06/40	73	Pilmeny Development Project Worker	04/04/2014	09/04/2014	16/04/14	No	None	Heterosexual	Caucasian
8	F	11/01/27	86	Allander House CMHT	24/03/2014	24/03/2014	16/04/14	No	/	/	Caucasian
9	M	19/08/42	71	Leith Walk Surgery	21/02/2014	25/01/2014	24/03/14	Rather not say	Humanist	Heterosexual	Caucasian
10	F	30/09/48	65	Inchpark Surgery	05/03/2014	10/03/2014	31/03/14	No	None	Heterosexual	Caucasian
11	F	27/01/37	76	Private Psychotherapist	18/03/2014	09/04/2014	16/04/14	No	Christian	Heterosexual	Caucasian

Table 1 (a): Information of participants referred to Guided Self Help Older Adults service (continued).

Participant Number	Gender	Date Of Birth	Age	Referring Medical Practice / Individual	Date referral received	Service Opt in letter sent	Date of 1st Appointment	Disability	Faith	Sexual Orientation	Ethnicity
12	M	23/04/50	64	Davidson Mains Medical Centre	14/04/2014	14/04/2014	30/04/14	No	/	/	Caucasian
13	F	30/01/44	70	Crewe Medical Centre	16/05/2014	16/05/2014	N/A	/	/	/	/
14	M	01/05/45	69	Firrhill Medical Centre	31/03/2014	09/04/2014	21/05/14	/	/	/	/

Table 1 (b): Information of participants referred to Guided Self Help Older Adults service.

Participant Number	GDS score first	GDS score last	GAI score first	GAI score last	CORE-10 score first	CORE-10 score last	No. of sessions attended	Date of discharge	COMMENTS Nature of difficulty / focus of sessions
1	/	/	/	/	/	/	0	09/04/14	Also referred to psychology for depression, seen by that service due to severity of difficulties.
2	/	/	/	/	/	/	0	20/01/14	Service not suitable for client's needs, visual impairment, referred back to GP with information on services for those with sensory difficulties.
3	**2**	**/**	**5**	**/**	**4**	**/**	**1**	24/03/14	Scores in normal range at 1st appointment, discharged in agreement with participant.
4	**4**	**3**	**9**	**6**	**14**	**9**	**4**	09/04/14	Anxiety management.
5	**12**	**3**	**10**	**5**	**14**	**3**	**4**	05/05/14	Assertiveness.
6	**3**	**1**	**9**	**1**	**8**	**2**	**4**	14/05/14	Panic attacks.
7	**11**	**7**	**11**	**8**	**19**	**15**	**4**	14/05/14	Problem solving.
8	**12**	**10**	**10**	**6**	**23**	**16**	**4**	21/05/14	Depression.
9	**10**		**10**		**20**		**4**	26/05/14	Anxiety management – mindfulness.
10	**10**		**14**		**32**		**4**	28/05/14	Anxiety management.
11	**11**	**10**	**5**	**4**	**24**	**22**	**4**	26/05/14	Assertiveness. Participant taken into hospital after final session, physical health problems likely to be a factor in final ratings.
12	**1**	**1**	**10**	**4**	**7**	**6**	**4**	28/05/14	Intrusive thoughts / anxiety.
13	/	/	/	/	/	/	0	21/05/14	Referred with panic attacks. Was not able to arrange 1st appointment, discharged.
14	/	/	/	/	/	/	0	21/05/14	Hip operation booked prior to 1at appointment so could not attend sessions.

Scores are in bold for participants who attended sessions. Total number of sessions completed = 37. Average age of participants = 71.
GAI: geriatric anxiety inventory; GDS: geriatric depression scale; CORE-10: clinical outcomes in routine evaluation (a measure of general wellbeing).

Table 2: Outcome measure scores of participants who attended Guided Self Help Older Adult sessions.

Participant Number	No. of sessions	GDS score first	GDS score last	GAI score first	GAI score last	CORE-10 score first	CORE-10 score last
3	1	2	/	5	/	4	/
4	4	4	3	9	6	14	9
5	4	12	3	10	5	14	3
6	4	3	1	9	1	8	2
7	4	11	7	11	8	19	15
8	4	12	10	10	6	23	16
9	4	10	9	10	9	20	21
10	4	10	4	14	6	32	23
11	4	11	10	5	4	24	22
12	4	1	1	10	4	7	6

Shading added to table to ease readability and comparison of scores.
GAI: geriatric anxiety inventory; GDS: geriatric depression scale; CORE-10: clinical outcomes in routine evaluation (a measure of general wellbeing).

Appendix 6: Focus Group Feedback

GROUP 1: LGBT Focus Group: 10th March 2014

Number of attendees: 10 plus 1 member of staff

WHAT WOULD PREVENT OLDER ADULTS FROM SEEKING THIS KIND OF SUPPORT?

- One member of the group said he was glad of the service as he was unaware it existed, and had been looking for similar support for 2 years with little luck.
- The use of 'jargon' on forms was described as something that might discourage or prevent older adults from seeking support that involves written materials.
- One member of the group suggested from experience that for many older adults who have to interact with the social care system on a regular basis and who's support has in the past involved filing in forms and questionnaires, the concept of doing this again might create a feeling of 'here we go again' with regards to taking on GSH.
- The presentation of GSH should be made to appear accessible it was suggested down to the G.P. level, in order not to run the risk of putting off those who may otherwise have found it helpful if they were made fully aware of how flexible the use of resources can be.
- Areas such as waiting rooms can be quite intimidating for members of the LGBT community such as those who are trans-gender etc. This may be preventative if the setting of the support is not right for the person.

WHAT WOULD AID OLDER ADULTS IN SEEKING GSH?

- A Group member suggested that the first session should be used to create confidence and prepare the person for the materials as much as possible.
- One participant compared the service to support offered to heart attack survivors and said when he received this there was a number with which he could contact a professional to ask for assistance most days.
- The setting of the sessions is important for members of different communities such as LGBT it was suggested, and efforts made to make spaces accessible and accepting/welcoming such as an LGBT poster or flag would make a great difference.
- The use of home visits would be welcomed and it was suggested would make older adults more conducive to attending sessions and less intimidated by the more 'formal' and 'interview' connotations of meeting with a worker at a hospital or doctors surgery.
- Efforts should be made to make people as comfortable and relaxed as possible prior to attending the first session due to the unknowns involved for the individual regarding travel, setting, what to expect etc.
- As age ranges are varied within the older adults group, the context of the development of their needs and requirements to receive guided self-help will vary – in an LGBT perspective this was related by a group member to the differences in the public perception of LGBT members over the years, and how this is important to be recognised when offering support and the

setting in which the support is offered, which would make an older adult perceive a space differently perhaps from someone younger.

- A member of the group who was trans-gender suggested that there was little support available for the particular issues which may arise along with making a gender change, and that guided self-help could offer help if there was some understanding regarding the place and situation of the interview, as anxieties regarding public spaces may prevent some of those who are already socially anxious from attending.

GROUP 2: Pilmeny Women's Over 65 Group 17th March 2014

Number of attendees: 8 + 2 members of staff

WHAT WOULD PREVENT OLDER ADULTS FROM SEEKING THIS KIND OF SUPPORT?

A group member suggested the service would be helpful but they were unaware it existed. The stigma regarding mental health was seen as a restricting factor for some group members. It was suggested that some might not think they needed help, saying that they did 'not want to make a fuss'. Questions were asked about GP awareness and training in recognising the signs of mental illness and the suitability of the service for some potential users.

WHAT WOULD AID OLDER ADULTS IN SEEKING GSH?

Being able to feel they could let people know when there mood was low would help some older adults feel more comfortable with accessing the service. The length of time spent dealing with a problem may be a factor in the likelihood of an older adult asking for a referral. Cultural changes were seen as a factor which might prevent older adults referring as previous attitudes towards mental health problems have been different.

GENERAL DISCUSSION

The older adult label was not found to be helpful by some group members at times, as they felt it categorized them entirely on their age. Phrases such as 'what do you expect at your age?' were quoted, and it was noted that some group members expressed a fear of dementia.

GROUP 3: Pilmeny Men's Over 65 Group 26th March 2014

Number of attendees: 14 + 1 member of staff and 1 volunteer

WHAT WOULD PREVENT OLDER ADULTS FROM SEEKING THIS KIND OF SUPPORT?

Writing thought diaries might be difficult if there was an issue of privacy. It was also suggested it might be more difficult to admit things were wrong at an older age. Computers and technology could provide a barrier for some older adults to fully utilise the service. It was suggested that it is useful to remind people that these feelings are normal and there is "no measuring stick".

GENERAL DISCUSSION

It was suggested that the cut-off point for older adult related services of 65 was arbitrary. One group member noted that memory loss can be related to anxiety and other mental health issues, as opposed to simply Alzheimer's, A group member noted the cost benefits of such a service due to the long term health problems which could be avoided with such an intervention.

There were questions as to whether four sessions would be adequate for providing support to a satisfactory degree.

GROUP 4: Information Afternoon, Health in Mind 12th May 2014

Number of attendees: 6

This session differed from the other focus groups as it comprised of people who work with older adults. A presentation on issues facing older adults was given, as well as a case study being discussed. Feedback was then sought from the group.

WHAT WOULD PREVENT OLDER ADULTS FROM SEEKING THIS KIND OF SUPPORT?

- GPs sometimes reinforce the idea that just because people are older, that they are likely to experience anxiety and depression. This can reinforce ideas for older people that they should live with these difficulties.

WHAT WOULD AID OLDER ADULTS IN SEEKING GSH?

- A choice of how people access the service would help, for example phone, face-to-face or via e-mail.

GENERAL DISCUSSION

- There was discussion about the focus on youth in our culture, but that as we age we can gain confidence and experience.
- The group discussed the differences between those who have just turned 65 and those in their 80s, the 'younger' older people may be more psychologically aware and more likely to seek help.

Appendix 7: Guided Self Help (Older Adult) Case Study

Guided Self Help

For people over 65

Case Study: Mrs Smith

Background Information: Mrs Smith is a 72-year-old retired teacher. Mrs Smith recently ended her 30-year long marriage and had subsequently moved into a new flat. She was experiencing frequent feelings of anxiety and described herself as always having been a worrier, but recently things had got much worse. She was finding it hard to control her worries and often felt restless and keyed up. She was easily tired, became irritable quickly and was finding it hard to concentrate on anything. She visited her GP because of this, and was referred to the Guided Self Help Service.

Session 1 – Understanding the Problem

This session involved the Guided Self-Help Worker asking Mrs Smith questions about her difficulties, filling out some questionnaires and asking her what she would like to work on. Mrs Smith described how she was feeling and told the worker she wanted to feel better and learn how to relax, she also wanted to be able to manage her worrying thoughts much better as she felt unable to cope with them when they overwhelmed her.

Session 2 – A Map of the Problem & Managing Physical Symptoms of Anxiety

Mrs Smith and the Worker discussed a formulation that the Worker had drawn up for her (see overleaf). A formulation is a particular way of understanding how someone's difficulties are affecting them, why they may have started and, importantly, why they are being maintained. This also helped Mrs Smith to understand her difficulties, and helped to guide what would be helpful to work on.

Mrs Smith was given some information about how anxiety can affect people physically, and was given a CD of some relaxation exercises to try. The worker talked through these with her and she was set a task of trying the exercises before the next session. She was also asked to track her progress using a relaxation diary.

Session 3 – Understanding Worry

Mrs Smith discussed how she had got on with relaxation. She had tried the exercises and had found them helpful; in particular she enjoyed the breathing exercises and noted on her relaxation diary they had reduced her stress quite a bit. She was pleased she had managed to do something that meant she felt more in control.

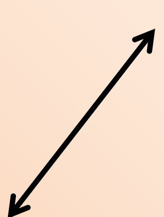
The rest of the session was focused on how Mrs Smith's worrying thoughts were causing her to feel anxious. The worker discussed how sometimes our thinking patterns can be unhelpful and that it can be useful to examine thoughts to see if they are realistic. The worker talked through with her how to use a thought record, which encourages people to identify their thought patterns and challenge the unhelpful ones. Her task for before the next session was to practice using thought records.

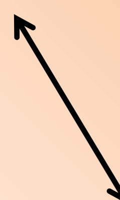
Session 4 – Summarising
Mrs Smith was asked to fill out the same questionnaires she had filled out in Session 1, these helped to see if there had been any change. Mrs Smith was pleased to find that her anxiety score had reduced. She also discussed the thought records and had identified that she tended to catastrophise and was very self-critical. This was beginning to help her take a step back from her thoughts and examine them more objectively. The worker gave her information on other resources, and Mrs Smith was discharged.

Mrs Smith's Formulation

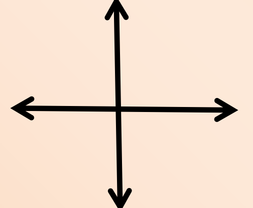
Context: Mrs Smith had recently ended her marriage; she had also moved to a flat she didn't like much and was finding it difficult to cope with being on her own.

Thoughts:
I am always going to be alone / I can't cope with doing things myself / what if I never find anyone else? / it is all so overwhelming / I can't cope / I'll end up sad and alone / I don't want to burden my friends and family with how I feel

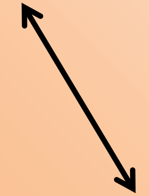




Physical Sensations:
Tired, churning stomach, often irritable with friends and family / tense muscles / fast breathing when very worried.

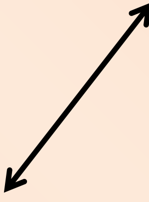


Feelings:
Overwhelmed / Worried / low mood / lack of motivation / restless



Actions:

Finding it difficult to start and complete tasks (e.g. organising a phone line at her new flat.
Tries to be out of the flat as much as possible.



Appendix 8: Service Evaluation Results

1. The service responds well to my needs

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
7	**1**			

2. I feel listened to

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
7	**1**			

3. I feel that the staff and volunteers in the Guided Self Help are approachable

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
8				

4. I feel that that the service is supporting me to achieve my goals

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
7	**1**			

5. My views and worries are taken seriously

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
7	**1**			

6. My appointments are usually at a convenient time and place

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
6	**1**	**1**		

7. I would recommend the service to a friend

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5	**2**	**1**		

8. I feel that the Guided Self Help staff know how to help me

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
8				

9. I feel that the staff communicate effectively with me

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
7	**2**			

10. Is there anything you don't like or that you think needs improving within Health in Mind Guided Self-Help Service?

5 people made comments –

- *I really felt like the worker cared about my wellbeing.*
- *It's been really helpful and I feel like I have some control over my anxiety attacks now.*
- *Only 4 appointments! – It would be good to have an option to have more, I think that four sessions are definitely not enough to get any long-term benefit.*
- *The worker has been very helpful, sympathetic and understanding.*
- *Just having someone to listen to the problems I was having has been really invaluable, even though it was short-term.*

11. I feel that I have had opportunities to become involved with my service

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4	**2**	**2**		

12. Is there anything else you would like to add?

- *The car parking was difficult for me, especially because I can't walk very far. It was stressful trying to get to the appointment on time.*

Acknowledgements

This project was greatly assisted by support from the Health in Mind Guided Self Help Workers, who provided the benefit of their considerable knowledge and experience, especially at the start of the project. Thanks to Cassandra Addai, Billie-Jo Johnson, Anna Mastorakou and Frieda Brookman. Thanks also to Claire Edwards for her management and support.

Many thanks go to Gareth Jones, Guided Self Help Administration Volunteer at Health in Mind, who provided excellent support by designing promotional materials, sending out information to GPPs, supporting feedback collection during the focus groups and in keeping the administration up-to-date.

Thanks also go to Ronnie Menzies, NHS Lothian, for providing supervision during the project. Your guidance was very useful in providing the best possible service.

Finally, many thanks go to the service users who attended focus groups and went through the Guided Self Help process, and provided their valuable feedback.