Low intensity help for depression under spotlight

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Dr Mei Williams, Dr Angela McNaught and Dr Beverly Haarhoff

Psychologists at Massey University are investigating whether a form of low intensity psychological intervention, which has been successful in England, could be adapted to New Zealand to help thousands suffering

depression and less severe mental health conditions.

The model centres on reducing specialist mental health practitioner time by using a variety of guided self-help interventions, which can be delivered in a variety of formats such as self-help books or internet programmes. Secondly, it employs specially trained, low intensity practitioners as a guides and supporters.

Low intensity cognitive behavioural therapy, as it is known, aims to help people with mild to moderate mental health problems who might find it difficult to access state-supported mental health services. The service can be offered from community centres, halls or libraries as a way of improving access and helping to de-stigmatise mental health issues and treatment.

More accessible mental health care

The main purpose of the approach is to increase access to evidence-based psychological interventions to the growing number of people suffering from mild to moderate mental health problems, without substantially increasing the cost of treatment, says Dr Beverly Haarhoff. She and colleagues Dr Mei Williams and Dr Angela McNaught, senior lecturers based at Massey's School of Psychology, are investigating whether the new therapy model could be used here. They are currently researching and writing a series of articles on the topic for a special section of the New Zealand Journal of Psychology, to be published mid-year.

Key components of the approach – which was developed from the Cognitive Behavioural Therapy (CBT) model – is the introduction of a new kind of practitioner (a Psychological Wellbeing Practitioner or PWP), requiring a different type of training and supervision.

"The use of therapy resources, such as guided self-help (written or internet), giving more choice and flexibility to the client in the form of different delivery modes (group, individual, telephone, internet), and using language in a way which makes the principles of CBT more understandable to the client are also at the heart of the model," says Dr Haarhoff. "There is also a focus on prevention, thus an emphasis on psychological education."

While some Psychological Wellbeing Practitioners in England come from a background working in mental health, not all are recruited from the traditional mental health professional training programmes such as those undertaken by psychologists and psychotherapists, she says.

"Theoretically, they come from many walks of life outside of what would be historically be identified as mental health professionals."

New kind of mental health practitioner for diverse society

Recruiting and training people from diverse cultural and ethnic backgrounds who can communicate authentically with people from their own socio-cultural groups is another factor in the success of the model, she says.

Dr Williams says with an increasingly diverse demographic in New Zealand, the model could be structured to meet the needs of vulnerable groups traditionally less likely to access mental health services, such as Māori and Pasifika, Asian and other new migrant groups, as well as youth, the elderly and people in rural communities.

Two doctoral research projects completed by Massey psychology students have already looked at the impact of low intensity therapy in

individual and group formats, and a master's study by a Taiwanese student has trialled its' effectiveness with international students seeking help for anxiety and depression.

While the cost of the therapy is free to clients in the England through the National Health Service, it is not intended simply as a budget version of more complex and comprehensive therapies, says Dr Williams. Like any legitimate mental health service, it involves managed supervision of cases and clients to ensure high quality, ethical care standards are maintained across a nation-wide service.

According to the Mental Health Foundation's 2011/2012 survey, 14.3 per cent of New Zealand adults (more than half a million people) had been diagnosed with depression at some time in their lives, and 6.1 per cent (more than 200,000 people) with anxiety disorders (including generalised anxiety disorder, phobias, post-traumatic stress disorder and obsessive-compulsive disorder).

Dr Williams says three per cent of those with mental health conditions suffer moderate to severe symptoms and are treated in the hospital system, while some of those with low to moderate problems seek help through their GPs or a range of counselling services.

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