



**Books on  
Prescription**  
*Pukapuka Wairua*

## **Implementation Evaluation**

Executive Summary

2011-2014



**WellSouth**  
*Primary Health Network*  
*Hauora Matua Ki Te Tonga*

[www.booksonprescription.co.nz](http://www.booksonprescription.co.nz)

# Executive Summary

## Background

New Zealand has a high prevalence of anxiety and mood and disorders, with significant unmet need. The New Zealand Mental Health Survey found that over a 12 month period only 39% of people with a mental disorder had visited health services. Both nationally and locally, early intervention for mental health treatment is a priority (Health Partners Consulting Group, 2014; Mental Health Commission, 2012; Southern DHB, 2012). The purpose of this document is to evaluate the implementation of one strategy to increase access to treatment, particularly self-help, for those with mild to moderate mental health problems: the WellSouth Books on Prescription (BoP) programme. BoP is a community-based health initiative involving principally public libraries in the Southern Region. The programme was initiated in the Central Otago District in 2011 and progressively rolled out across Otago and Southland, initially with a focus on rural areas.

BoP is based on bibliotherapy, where professionals in health and social service agencies 'prescribe' (recommend) books to facilitate the development of both mental health knowledge and self-management skills. The BoP programme was initially developed in the United Kingdom (UK) (Frude, 2004) and the overarching concept behind the programme is the use of *self-guided* therapy (Cujipers, et al., 1997). A growing body of literature supports the use of bibliotherapy to successfully treat a wide-range of mental health problems such as depression, anxiety, phobias and eating disorders. Notably, the use of self-guided treatment has also been shown to be equivalent to, if not more effective than clinician-guided treatment (Chamberlain, et al., 2008; Cujipers, et al., 2010; Cujipers, 1997; Fanner, et al., 2008; Furness et al., 2012; Lewis, et al., 2012; Williams, et al., 2013).

Documented benefits of bibliotherapy fulfil various goals of local and national mental health plans and strategies in New Zealand including the New Zealand's Mental Health Stepped-Care Model (Mental Health Commission, 2012). Primarily, bibliotherapy improves the client-clinician relationship, is a cost-effective option for treatment, and extends the reach of mental health treatment through the involvement of community organisations in the prescription and promotion processes. It also extends the reach of mental health treatment and self-help options to people who are not engaged with mental health services or receiving mental health support through their general practice.

## Methods

The focus of this evaluation was on implementation and process: to assess the degree to which the programme is available and accessible to the people of the Southern Region, and if there is scope for quality improvements. Evaluation occurred at three levels:

- (i) Programme reach and utilisation;
- (ii) Service provider feedback; and,
- (iii) Consumer feedback.

Seven data collection pathways were used to gather the necessary information for the evaluation process:

**Health and Social Service Agency Online Survey** – a survey was sent as a web link via email to 198 prescribers.

1. **Librarian Online Survey** – a survey was sent as a web link to library managers who then forwarded the email to other staff members.
2. **Prescription Pad Recall** – a letter was sent out to all prescribers asking for the return of the yellow carbon copies of prescriptions from the prescription pads.
3. **Health and Social Service Interviews/Focus Groups** – following the online survey, five prescribers agreed to participate in a more in-depth interview, and a group of primary mental health clinicians and a team from a GP practice agreed to participate in a focus group.
4. **Book Issuing Data** – issuing data was requested from participating libraries for hard copy books, e-books and audio books.
5. **Bookmarks** – consumer feedback bookmarks were requested from participating libraries.
6. **Indicators of Programme Reach** – programme reach was be inferred through prescriber reports of frequency of programme use, BoP book issuing data, total library book issuing data, library membership rates, WellSouth enrolment rates, and mental health prevalence data.

## Results

**Health and Social Service Agency Online Survey** – 63 out of 198 prescribers completed the online survey. The majority worked in General Practice (25.7%), as Mental Health Clinicians (24.3%) and as Counsellors (16.2%). The majority of respondents had been a prescriber for 1-2 years (35.5%), followed by 2+ years (25.8%), and 6 months to a year (22.6%). The vast majority of respondents heard about BoP through a face-to-face visit or a presentation given by WellSouth staff members (69.1%), from a peer or colleague (25%), or via email (14.7%).

Just over a third of respondents had suggested BoP to clients on a monthly or quarterly basis. However, an equivalent percentage (35.3%) had never recommended the programme. Furthermore, four respondents commented that they suggested it: never, not often, two or three times, and once. Two respondents simply advertised the programme using posters and flyers in the reception area. BoP was usually offered to a client to complement other therapies (80.6%). Knowing that a client was motivated (67.7%), and that they had high enough literacy levels (61.3%) were the next most common circumstances that a prescriber would offer BoP.

The most popular reasons for using BoP were: to improve my practice and my clients/patients knowledge and ownership over their mental health, and to be able to offer more services to people with mild to moderate mental health issues. Being evidenced based was another important reason for use. The most common reasons for not using BoP were forgetting about it and not being familiar with the books available. Other barriers to use were privacy issues and the sensitive nature of the topic, feeling the programme was not suitable for a certain client, having limited knowledge about the topics and referral problems.

Overall comments were affirmative of the programme. Various prescribers made recommendations for how to improve and expand its scope to help cater to a wider range of people through the inclusion of multi-media texts and a broader range of book topics. A key point of discussion was the need and utility of the prescription pads. A number of alternative suggestions were provided, such as book lists on software that is already being used, desktop icons, and business cards. Requests for greater assistance in delivery was also common.

**Library Online Survey** – 36 librarians from around the region (Alexandra, Invercargill, Dunedin, Oamaru, Te Anau and Bluff) completed the survey. The majority of respondents found out about the programme through a variety of channels, including through their library managers, other librarians, at BoP presentations given by WellSouth staff, posters, websites, and media promotion.

Nearly all respondents reported the BoP programme benefitted their library service as it increased awareness of the library in the community, made it easier to have discussions about mental health with clients, and increased staff confidence to make recommendations about mental health books.

The majority of librarians who responded felt that the BoP programme brought benefits to their community on various levels, with improved connections between community organisations and increased awareness of mental health issues being the most cited reasons.

A large proportion of respondents (66.7%) reported they did not encounter difficulties with the BoP scheme. The main difficulties that were encountered were books being unavailable as they were already on loan (19%), and not knowing where to go for more information (14.3%).

A number of promotional methods were reported including posters, newsletters, displays, word-of-mouth, recommendations to clients, Facebook pages, blogs, websites, presentations, local newspapers, council newsletters, pamphlets, and displays on LCD screens within their facility. A number of respondents suggested more prominent and frequent advertising as promotional effort was perceived to fade over time.

Respondents reported a low level of BoP prescription forms: only 38.6% reported being shown a prescription form. The majority of librarians did not receive feedback from BoP consumers, however the feedback that was received was mostly positive.

**Prescription Pad Recall** – Ten prescribers returned carbon copies from the prescription pads, only 5% of the 198 prescribers signed up on the WellSouth Health Promotion Team's database. A number of prescribers indicated that whilst they engaged with the BoP programme, they did not use the pads when recommending BoP books as they felt the prescription pads were not suited or unnecessary to the operation or promotion of BoP.

Positive comments were received from prescribers about the BoP programme, one counsellor stating that: *"I appreciate the initiative and have made other colleagues aware of it, who may have contacted the library. I use books a lot."*

Prescribers also provided a variety of reasons for why they had not engaged with the BoP programme: patient preference for internet self-help; prescriber unfamiliarity with BoP books and preferential use of own resources; incompatibility of BoP with their current role; and forgetting about the programme.

**Interviews and Focus Group** – Six counsellors/mental health clinicians agreed to participate in a more in-depth interview, and a team from one general practice participated in a focus group. Three main barriers to use of BoP were identified: the issue of privacy such that the use of prescription pads was undesirable; clinicians felt that their clients required simpler and shorter self-help resources; and lack of clarity about the purpose of the programme. A number of the interviewees also felt uncomfortable about recommending books that they had not read themselves. Greater transparency of the review process was suggested as a way to overcome this problem.

Participants requested increased promotion of the programme to both the general public, and to health professionals themselves to keep the programme at the forefront of their minds. Going straight to organisational managers or via local professional networks were suggested as strategies.

A larger range of topics and book types were requested by interviewees. More books on therapies other than CBT were requested, including books that have a well-being focus and not necessarily only incorporate one treatment strategy, and to include more personal stories as people identify well with these. All participants also requested that online resources and audio and visual resources be added to the programme as clients were unmotivated by large books, did not like reading or had low literacy levels.

**Book Issuing Data** - The most popular book overall was John Kirwan's *A Story of Hope: All Blacks Don't Cry* (Kirwan, 2010), which is likely to be reflective of his promotional campaign about depression as well as his popularity in New Zealand.

The next three most popular books were issued over 100 times across Otago and Southland; *I Had a Black Dog: His Name Was Depression*, *The 5 Love Languages: The Secret to Love That Lasts*, and *Overcoming Anxiety*. The *Overcoming Anxiety* book was also one of the books most commonly recommended by prescribers.

Overall the book-issuing data indicates that the main topics consumers accessed was primarily on low mood/depression and stress/anxiety, as well as relationships.

**Bookmarks** - 33 bookmarks were returned by consumers from libraries that provided them; not all libraries issued this feedback device. Almost all of those who returned the feedback bookmarks found the book themselves (29 out of 33). One person stated that their GP prescribed the book, and two people said their counsellor prescribed the book.

Books borrowed by consumers fit into three main topics: anxiety, depression and low mood, and relationships and loss. The majority of people found the book very helpful and all but one person rated the books as being easy, or very easy to understand. Feedback about the books was generally very positive. Some consumers indicated a desire for less complex and briefer texts as well as books on topics other than those available.

**Information on Potential Programme Reach** – a large proportion of the Southern population has a membership at a public library: 91% of Central Otago District, 69% of Dunedin City, 70% of Waitaki District, 94% of Gore District, 75% of Invercargill City and 59% of Queenstown-Lakes District. However, the proportion of the population who are active members of libraries, and therefore exposed to library promotions, is difficult to determine.

WellSouth is in a good position to access the majority (93%) of residents in the Southern Region. The potential of this reach is further clarified by the annual number of GP and nurse consults, in which programmes such as BoP could be promoted. In 2013, almost one million consults took place, indicating a high level of opportunity for BoP to be promoted and accessed by the Southern community.

## Limitations

A major limitation of this evaluation was the inability to assess the reach of the programme as very little consumer feedback was obtained. Not all libraries provided bookmarks when BoP titles were issued and those that did had very few returned. It would be important to decide on broad, realistic and highly relevant consumer outcome measures, such as programme satisfaction and programme usability to keep the feedback process easy for consumers but also obtain important data for programme improvements. If possible and practical, data on consumers' ethnicity and socioeconomic status should be collected to inform any further improvements to the programme.

Book issuing data may not necessarily reflect the number of people who have read or browsed through books in the BoP collection. People may read the books while they are in the library without taking them out. Additionally, there were slight variations in the length of book loans allowed between libraries which may have affected the number of issues.

Dunedin City Libraries and Gore Libraries were unable to report on the number of book issues after the BoP programme began. Some books were already in their collection, therefore book issuing data included issues from before the programme launch. This was primarily due to complex IT systems and variation of IT capability and systems between libraries. Additionally, some libraries did not report back at all on their issuing data. Improvements could be made by employing an IT specialist, allocating responsibility for issuing data reports to a WellSouth Health Promotion team member, and specifying what information is needed for ongoing monitoring and evaluation and how staff can extract it.

High turnover in staff in the health and social service sector made communication and data collection from prescribers challenging. This primarily affected the collection of prescription pads and survey responses as many of the email addresses we had on record bounced back, or replies indicated the person no longer worked there.

## Recommendations

Based on the feedback from BoP prescribers and consumers and identified limitations, key pathways to programme improvement regarding content, access and delivery and evaluation were identified.

### **Prescriber BoP promotion and delivery**

- Increase the frequency of promotion, especially to prescribers as there is often a high turnover of staff. Make a promotion plan to ensure regular promotions occur to health and social service professionals, and libraries.
- Phase out the use of prescription pad.
- Redevelop and simplify promotional material.
- Increase the transparency of the review process.
- Incorporate BoP into IT systems available to general practice, such as the WellSouth web portal.

### **BoP promotion to consumers**

- Increase the transparency of the review process.
- Provide libraries with a book stand to house the collection (for example, a stand similar to a Hot Topics stand).
- Increase the proportion of basic/short books versus difficult/long books.
- Increase the promotion of the programme to the general public.

### **Programme development and evaluation**

- Expand the programme to include topics on other health issues, as well as mental health and wellbeing topics.
- Develop one consistent regional list of resources/books.
- Develop an evaluation plan and include outcome measures to improve feedback collection from prescribers and consumers.
- Consider developing regional books on prescription working groups who could take responsibility for regular promotions and data collection.
- Add to the book review criteria – get reviewer to state their professional background and experience, what sections they think are helpful, which sections they think are unhelpful, and what type of person/client they would recommend the book to. Make this review available to the public as well as health and social service professionals.
- Add websites, smartphone applications, movie recommendations, podcasts, one-page hand-outs, and/or short video clips to the pool of self-help resources, and include as much as possible on the website.
- Promote existing resources – for example, the Mental Health Foundation online tools, one-page hand-outs from Centre for Clinical Interventions.
- Include BoP information and promotion in WellSouth orientation packs for internal and external staff.

### **BoP access, promotion and monitoring**

- Develop new and innovating marketing strategies.
- Increase visibility of BoP books in the libraries, for example give each library a specific BoP stand.
- Work with the libraries and local council to reduce barriers to book issues as much as possible and improve library promotions.
- Enlist IT support to ensure more consistent book issuing reporting data from libraries.

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