



Acceptability, satisfaction and perceived efficacy of “Space from Depression” an internet-delivered treatment for depression



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ABSTRACT

Background: There are clear advantages to internet-delivered interventions for depression. Users' perspectives on the acceptability, satisfaction, and efficacy of an internet-delivered treatment for depression can inform future developments in the area.

Methods: Respondents ($n = 281$) were participants in an 8 week supported internet-delivered Cognitive Behaviour Therapy treatment for depressive symptoms. Self-report online questionnaires gathered quantitative and qualitative data on the user experience.

Principle findings: Most respondents were satisfied with the programme ($n = 191$), felt supported ($n = 203$), reported positive gains and impact resulting from use of the programme, and perceived these to be likely to be lasting effects ($n = 149$). Flexibility and accessibility were the most liked aspects. A small number of respondents felt their needs were not met by the intervention ($n = 64$); for this group suggestions for improvements centred on the programme's structure and how supporter feedback is delivered.

Conclusion: Results will deepen the understanding of users' experience and inform the development and implementation of evidence-based internet-delivered interventions.

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1. Introduction

1.1. Background

“Depression is a leading cause of disability worldwide, and is a major contributor to the global burden of disease” (WHO, 2012). For instance, approximately 1 in 4 individuals experience mental disorders across Europe in their lifetime (Alonso et al., 2004; Ayuso-Mateos et al., 2001); with the highest prevalence of depressive disorders reported in urban UK (17%) and Ireland (12.3%). The majority of people with depression also present with significant functional impairment in their personal, social and occupational life (Kessler et al., 2003; Rapaport et al., 2005). Functional impairment is a major cause of distress for those living with depression.

The World Health Organisation (WHO) has highlighted depressive disorders as one of the most costly disorders internationally in relation

to healthcare usage and disability (Richards, 2011). The national depression charity AWARE reported that over 300,000 individuals experience depression at any one point in time in Ireland, and that approximately 1 in every 14 employees are affected (AWARE 2009 as cited in Department of Social Protection, 2013). One estimate of the economic cost of depression, related to occupational functioning alone, is 280 million euro per year (Department of Social Protection, 2013).

1.2. Access to evidence-based treatments

Depression is clearly established as a serious public health concern and can be treated relatively successfully using antidepressants, but relapse is high following cessation, and many patients prefer psychological therapies (Van Schaik et al., 2004). The National Institute for Health and Clinical Excellence (NICE, 2009) guidelines outline that individuals living with depression should have access to evidence-based psychological interventions such as Cognitive Behaviour Therapy (CBT), which has been established as an effective treatment of depressive disorders. The US based National Institute of Mental Health (NIMH) Psychosocial Intervention Development Workgroup also provide similar

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recommendations on treatments for individuals experiencing depression (Hollon et al., 2002).

In Ireland, expert reviews have highlighted the need for alternatives to pharmacotherapy and therefore access to evidence-based psychological interventions as an integral part of care (Department of Health and Children, 2006). However, a gap in availability of these services for those seeking help with their mental health difficulties remains. In some other cases individuals may encounter barriers to help seeking or accessing interventions such as situational, financial, perceived lack of effectiveness and stigma (Kessler et al., 2001). Further, negative perceptions of interventions may be a factor in high attrition rates and failure to seek help, highlighting the need to understand user perceptions and incorporate their feedback.

1.3. Online interventions for depression & the user-experience

In recent years interventions for depression have been delivered online to users (Cuijpers and Riper, 2015). Internet-delivered interventions supersede computer based interventions that included CD-ROM delivery, but also more recently online delivered. Internet-delivered interventions are entirely delivered through the internet and have the potential to provide a person-centred environment where the user takes control and actively participates in the management of their care. This delivery modality promotes anonymity, expression, reflection and empowerment while creating a sense of achievement and recording individual progress (Wright, 2002). There are clear advantages to the use of Internet-delivered interventions and one focus of current research is on providing evidence for the acceptance, efficacy and satisfaction with these methods.

Computerised Cognitive Behaviour Therapy (cCBT) has been recommended as a structured alternative to traditional low-intensity methods (NICE, 2006). Evidence suggests that it is an acceptable and effective format of delivery, demonstrating significant clinical outcomes and levels of satisfaction. Studies of cCBT have demonstrated the importance of therapist support in driving user engagement and improving overall experience (Richards and Richardson, 2012).

Kaltenthaler et al. (2008) carried out a systematic review of user acceptability and satisfaction within cCBT research. They found cCBT to have an overall positive response across studies with participants reporting satisfaction and ease of use of the intervention as well as accessibility and positive impact resulting in improved quality of life. Factors affecting user acceptability included personal motivation, mode of delivery and perceived benefits or demands. A limitation identified was the inclusion of only those who had completed the treatment, which did not provide information as to why people did not engage with the online intervention. The need for further research on users experience of cCBT interventions was highlighted.

In their comparison study of email-delivered CBT versus cCBT, Richards and Timulak (2013) investigated users satisfaction and the helpful aspects of these treatments. The majority of respondents found cCBT helpful, easy to use and effective with no significant differences across groups. Positive elements of the interventions included a sense of self-control and anonymity, CBT techniques and engaging, user-friendly, content. What users reported liking the least referred to finding the programme and content demanding, complicated, impersonal and not meeting their individual needs.

In a review of cCBT treatments for depression a number of advantages and disadvantages of this type of intervention were discussed (Eells et al., 2014). Key aspects in delivering an effective online intervention include clinical training, informing users of its evidence base and the use of some form of therapist support.

There are various existing cCBT interventions tailored to meet the needs of users. Research on users' feedback has identified key features for improving engagement and overall satisfaction with online interventions such as the integration of an online supporter, use of

evidence-based techniques, self-administration, anonymity and engaging and user-friendly content (Eells et al., 2014; Richards and Timulak, 2013).

The 'Space from Depression' programme has incorporated these key features into an internet-delivered cognitive behavioural therapy (iCBT) intervention. Weekly reviews by a trained supporter provide guidance, feedback and motivation for the user. Psycho-educational content is delivered in multiple formats to facilitate acquisition of knowledge and promote usability. Interactive tools and activities aim to reinforce learning and to encourage reflection and implementation of new skills. The user is provided with access to a non-linear modular programme, with the objective of creating a sense of autonomy and anonymity.

In order to continuously inform and improve psychological interventions, the understanding and acknowledgement of the users and clients experiences as experts in their own care is crucial. It is also important to understand users experiences, perceptions and satisfaction with interventions as these factors have been shown to be linked to improved functioning, clinical outcomes, and improved attrition rates (Ankuta and Abeles, 1993).

1.4. Objectives

The purpose of the current study was to gain insight into users' experiences of a supported internet-delivered low-intensity treatment

Table 1
Socio-demographic characteristics of the sample.

Socio-demographics	N = 281	% sample
<i>Gender</i>		
Male	70	24.91
Female	211	75.09
<i>Age</i>		
Range	18–63	
Mean	38.10	
<i>Education level</i>		
High school	51	18.15
Undergraduate degree	93	33.10
Postgraduate degree	65	23.13
Other certificate	66	23.49
None	6	2.14
<i>Confidence using computers and internet</i>		
Very confident	145	51.60
Confident	88	31.32
Average	42	14.95
Mildly confident	6	2.14
Not confident	0	0
<i>Employment</i>		
Part-time or student	74	26.33
Fulltime	122	43.42
Unemployed	37	13.17
Retired	8	2.85
Disabled	3	1.07
At home parent	37	13.17
<i>BDI (Beck Depression Inventory)</i>		
Sub-clinical	51	18.15
Mild	61	21.71
Moderate	93	33.10
Severe	76	27.05
<i>Previous treatment for depression</i>		
Did not answer	9	8
No	86	31
Yes*	168	60
Medication	40	14
Counselling/psychotherapy	34	12
Medication and counselling	93	33

Beck Depression Inventory (BDI-II) levels of severity; minimal (0–13); mild (14–19); moderate (20–28); severe (29–63); * = n = 10 did not report on this.

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