



Self-help interventions for psychosis: A meta-analysis



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HIGHLIGHTS

- We offer the first meta-analytic review of self-help interventions for psychosis.
- Small-to-medium-sized effects of self-help on psychotic symptoms were found.
- A small, but significant, effect on emotional outcomes (e.g. depression) was found.
- Further research into self-help interventions for psychosis is warranted.

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ABSTRACT

Self-help has been shown to be an effective intervention for a wide range of mental health problems. However, there is less evidence on the efficacy of self-help for psychosis and, to date, there has been no systematic review. A search of bibliographic databases identified 24 relevant studies with a total sample size of $N = 1816$. Ten studies adopted a repeated measures design and 14 an independent group design (including RCTs and quasi-experimental studies). Self-help interventions had, on average, a small-to-medium-sized effect on overall symptoms ($d_+ = 0.33$, 95% CI: 0.17 to 0.48). Sub-analyses revealed that self-help interventions had a small-to-medium-sized effect on positive symptoms ($d_+ = 0.42$, 95% CI: 0.13 to 0.72), a small-to-medium-sized effect on negative symptoms ($d_+ = 0.37$, 95% CI: 0.07 to 0.66), and a small-sized effect on outcomes associated with the symptoms of psychosis such as quality of life ($d_+ = 0.13$, 95% CI: 0.02 to 0.24). Moderation analysis identified a number of factors that influenced treatment effects including the complexity of the intervention and amount of contact time. Self-help interventions for psychosis have a lot of potential and recommendations for further research are discussed.

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“A massive, systematic, and yet largely silent revolution is occurring in mental health today and is gathering steam for tomorrow” (Norcross, 2000, p. 370)

1. Introduction

In the quote above, Norcross (2000) refers to the proliferation of self-help approaches for mental health conditions, an approach that has gathered momentum with practitioners, researchers, and policy makers placing an increasing emphasis on self-help for treating mental health problems (Lewis et al., 2003). Self-help interventions are defined as those that are “designed to be conducted predominantly independently of professional contact” (Bower, Richards, & Lovell, 2001, p. 839). Self-help interventions can be administered through a variety of mediums such as face-to-face or group meetings, through computers, mobile, and online platforms. Self-help typically involves working independently through a guide that describes the steps to be taken in order to apply a psychological treatment. A slight variation is guided self-help, which is distinguished “by the support that is given by a professional therapist or coach to the patient when working through the standardized treatment” (Cuijpers, Donker, van Straten, & Andersson, 2010, p. 1934). The support offered can range from assisting the person to work through the self-help program to emotional support and can be provided in a range of ways (e.g., face-to-face, telephone, or email). Most self-help interventions are based on standardized psychological treatments, with the most common interventions being those based on cognitive behavioral therapy (CBT: Cuijpers & Schuurmans, 2007). Self-help interventions have largely been used for common mental health issues such as depression and anxiety; however, their application to severe mental illnesses such as psychosis has been growing in recent years.

Psychosis is a highly variable experience. Typically it involves a loss of contact with reality through hallucinations (a sensory perception experienced in the absence of an external stimulus, Silbersweig et al., 1995) and/or delusions (strongly held beliefs, maintained despite a lack of evidence, Bentall, Corcoran, Howard, Blackwood, & Kinderman, 2001) and is often concomitant with negative symptoms (e.g., withdrawal or lack of thoughts, feelings, and behaviors that are usually present, Sommers, 1985). These

experiences are among the clinical hallmarks of many psychiatric diagnoses including schizophrenia, schizoaffective disorder, and bipolar disorder. Psychotic experiences are relatively common, with recent estimates suggesting that between 3 and 5% of the population have psychotic experiences at some point in their life (Peraala et al., 2007; van Os, Hanssen, Bijl, & Vollebergh, 2001). Despite the apparent efficacy of self-help interventions for depression and anxiety (for reviews, see Cuijpers, Donker, van Straten, Li, & Andersson, 2010a, Cuijpers, van Straten, Bohlmeijer, Hollon, & Andersson, 2010b; Gellatly et al., 2007; Haug, Nordgreen, Göran Öst, & Havik, 2012; van’t Hof, Cuijpers, & Stein, 2009), empirical research into the application of self-help to psychosis lags behind (Lewis et al., 2003). Consequently the extent to which self-help interventions influence symptoms and outcomes associated with psychosis is unclear.

It has, however, become evident that people experiencing psychosis can influence their symptoms and become agents of their own recovery (Kingdon, Murray, & Doyle, 2004). Rather than viewing psychosis as having inescapably poor clinical and functional outcomes, contemporary views consider the course of these disorders to be more fluid in nature and amenable to change (McGorry, Killackey, & Jung, 2008). This shift in attitude is reflected in a growing evidence base for the use of CBT for psychosis (e.g., Burns, Erickson, & Brenner, 2014; Gould, Mueser, Bolton, Mays, & Goff, 2001; Hutton & Taylor, 2014; National Institute for Health and Care Excellence, 2014; Pilling et al., 2002; Rector & Beck, 2012; van der Gaag, Valmaggia, & Smit, 2014; Wykes, Steel, Everitt, & Tarrier, 2008; Zimmermann, Favrod, Trieu, & Pomini, 2005). CBT emphasizes homework — designed to facilitate the application of what has been learnt in therapeutic sessions to the real world (Haarhoff & Kazantzis, 2007; Kazantzis, Pachana, & Secker, 2003). This feature led Lewis et al. (2003) to argue that “such therapies are therefore essentially self-help in nature” (p. 9). Consequently, it may not be unreasonable to assert that self-help approaches may be useful for psychosis.

Further support for the use of self-help interventions for psychosis is provided by evidence which suggests that informal, self-initiated strategies are already naturally used by those experiencing psychosis. For example, Farhall, Greenwood, and Jackson (2007) reviewed nine studies investigating the use of ‘natural coping’ strategies directed at psychotic

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