

A test of Mind over Mood and Blues Begone as self help for depression

By Dr David Purves

Depression Alliance has been conducting a program of research with Dr David Purves from Therapy Software Solutions Ltd, the company managing Blues Begone. We teamed up to answer some important research questions. These were: (1) is there a relationship between the quality of the work experience and depression and (2) do people feel their work experience is adversely affected by the attitudes of their employer to depression? These questions were answered from data following a large questionnaire survey in April. The questions were sent out to 1500 members of DA, 300 returned questionnaires. The questionnaire questions were about employment, discrimination, the characteristics of depression, sleep and quality of life, and made a standardised assessment of depression and anxiety. Much of the information from that questionnaire was published in the first report coming from this research, 'The Inside Story'. The answer to a third question required a second part to the research project. This question was (3) would a self help intervention, either a workbook or a computer based program, make a significant difference to depression, anxiety and quality of life?

In the original questionnaire respondents were asked if they would be interested in taking part in a randomised controlled trial of 2 CBT interventions. The response was encouraging with 170 people saying they would participate. The 2 interventions were Blues Begone, an innovative computer based Cognitive Behaviour Therapy (CBT) program and 'Mind Over Mood', the popular CBT workbook.

Blues Begone is a computer based CBT program that delivers between 15 – 40 hours of CBT in the user's own home. It has been developed over the past 8 years with NHS clinical trials taking place over the past 2 years. The NHS clinical data has shown that Blues Begone is very successful in treating depression and anxiety. In general, it has been shown that Blues Begone reduces depression by approximately 60% and anxiety by 50%.

Computer based CBT is a form of self help. While Blues Begone can be used at home, other effective programs are available that can only be accessed through a GP surgery site or some other public venue. There is quite a lot of evidence (of variable quality) that self help is effective in the treatment of depression, But it may well matter what kind of self help it is and how it is accessed.

Mind over Mood (Greenberger and Padesky 1995) is a CBT workbook. It gives 12 chapters of information, vignettes and tasks that are designed to help the reader learn to challenge their negative and unhelpful thought patterns. One of the authors, Christine Padesky, is a leading international trainer in CBT. Mind over Mood was chosen because it is likely to be the most used and recommended CBT workbook in the world.

The research

In this piece of research we use The Hospital Anxiety and Depression Scale (HADS) and the short form 36 (SF36), a commonly used quality of life questionnaire. These are very widely used instruments that allow us to make comparisons with the general depressed and non-depressed UK population.

In the beginning we had 78 males and 202 females (total 300) who sent back their data. Their average HADS scores were in the range indicating mild depression and anxiety although there was obviously individual variation within that score. The Quality of life scores from the SF36 were substantially below those expected of the general UK population but were in line with data from a depressed population. All of this suggests that the group of 300 people who opted to return the questionnaires in phase 1 were from a depressed population and this was reflected in their HADS scores and their SF36 scores.

The 170 people who opted to participate in the second part of the research were randomly allocated to either the Mind Over Mood (MoM) group or the Blues Begone group (BBG). They were sent their intervention and allowed 8 weeks to work through it.

After 8 weeks we again sent the HADS and the SF36 and a user experience questionnaire. The first thing to report is that we received 42 BBG returns and 51 MoM returns making a total of 93 data sets although not all were complete and so not all could be used. The first analysis compares an individual's first score and their second collected after 8 weeks. Does it help to have a CBT intervention in this study? The data show that on average people showed significantly reduced depression, anxiety, increased physical functioning and a reduction in bodily pain.

Depression

Males started out with roughly equivalent depression scores to that of females (although males and females have different population demographics and sex norms). Both groups were within the mild clinical depression range as defined by population norms and the accepted clinical cut off scores for the HADS. Comparing the males and females to the general UK population we can say that male scores were more depressed than 93% of the male population and females were more depressed than 90% of the female population. After the intervention males were improved to below the diagnostic cut off score (meaning that on average they would be considered to be cured) and now only more depressed than 83% of the population. This is a statistically significant improvement. After the intervention females improved to be only more depressed than 84% of the population and were on the cusp of the clinical cut off score for cured. There was no statistical difference in improvement between males and females.

Anxiety

Males on average scored within the range for mild clinical anxiety and were more anxious than 88% of the population. After the intervention their score reduced significantly and they improved to be no more anxious than 73% of the population and to almost an average cured score.

Females generally score higher for anxiety on many population surveys and this study also showed this trend. Females started out significantly more anxious, when measured by the HADS, than males. Females were more anxious than 88% of the population and within the range of mild clinical anxiety. After the intervention females were no more anxious than 81% of the population and although their scores did fall they were still within the range for mild clinical anxiety.

Quality of life

The SF36 creates a composite score for the physical aspects of quality of life. People who returned the second questionnaire reported scores that were improved enough to take them back to the national average for physical functioning. This improvement can be further unpacked to illustrate that there were improvements in physical activity, bodily pain, vitality and social functioning, and more modest gains in general health and wellbeing.

Overall, there were some real improvements in mental and physical functioning and while these improvements may look relatively modest they do represent real change for many people.

Does it matter which intervention was used?

Blues Begone

The users of Blues Begone who returned their questionnaires showed significant improvements on measures of depression (cured), anxiety, mental health functioning, physical functioning, bodily pain (back to the population norm), social activity, vitality and general health, with the overall score for physical wellbeing back to the population norm. Blues Begone proved to be a successful self help intervention on many of the dimensions measured.

Mind Over Mood

Comparing the scores of each individual who completed both questionnaires and who received an intervention it is clear that MoM created no significant changes over the intervention period. There were no statistical or obvious numerical changes resulting from using Mind Over Mood.

Satisfaction with the intervention

The users of Blues Begone were very significantly more satisfied with it than those who received Mind over Mood. There were no other differences on user experience,

although the written comments support that view that users appreciated both interventions and found the information within them useful.

Conclusions

The use of a self help tool can yield significant statistical and clinical change. However it does appear to matter which tool is used. Blues Begone yielded significant changes on a number of dimensions and appears to have accounted for all of the change reported earlier in this paper. Mind over Mood did not appear to make any meaningful difference at all. What may account for this result? It must be remembered that Blues Begone is an interactive package that learns about the user, talks to them and compiles itself to reflect the needs of each individual while Mind over Mood is a workbook and therefore offers generic help as opposed to tailored and specific help. Also Blues Begone is a very substantial intervention with 30 episodes (as opposed to 12 chapters in Mind over Mood) with daily use recommended and research suggests that once started users become sufficiently engaged to continue often through to the end, making it perhaps more likely that Blues Begone will be clinically useful.

As the 21st Century progresses the technology to allow computers to be of use in the treatment of common mental health problems will become more available. Blues Begone is perhaps the first of the truly interactive generation of computer based CBT packages that may well change how people help themselves. We have called our approach Active Self Help and it shows that people can genuinely help themselves and often take their care back from the professionals when provided with the right tools and the right method of delivery. See Blues Begone at www.bluesbegone.co.uk