

FOCUS ON RESEARCH

THE USE AND ACCEPTABILITY OF A COMPUTER-GUIDED APPROACH TO COGNITIVE BEHAVIOUR THERAPY IN REMOTE AND RURAL AREAS: A FEASIBILITY STUDY

Researchers

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Aim

- 1.To examine the feasibility, acceptability and practicability of employing computer-guided Cognitive Behaviour Therapy (CCBT) for panic and phobic anxiety (the FearFighter programme) in a remote and rural area of Scotland
- 2.To assess outcomes of FearFighter in relation to standard face-to-face treatment.

Project Outline/Methodology

This was a feasibility and effectiveness study in primary care. Referrals were received from GP practices in rural Highland; self-referrals were also accepted. After completing a Screening Interview, all referred patients were taken into the study, unless they were suicidal or suffered from clear brain damage. Eight questionnaire outcome measures were employed, administered at pre- and post-treatment, and at final follow up. Patients had access to FearFighter via the internet; they could use the programme as often as desired over a 10-week period. Telephone support for patients was available. Patients used their own or borrowed computers at home, or computers at health centres and voluntary bodies.

Key Results

Eighty nine patients were referred, of whom 13 were considered unsuitable (reasons included no access to a telephone, and not living in a relevant area) and 21 were unwilling to participate (reasons included concerns about confidentiality, and not liking computers). These rates of treatment uptake are similar to those found with face-to-face treatment. Thus 55 started the programme; outcome data are available for 31. This was lower than planned (target of 60), but enough data were gathered to determine feasibility, and to permit an analysis of clinical change.

Patients and GPs were willing to accept CCBT, and no problems were experienced in gaining access to computers or to the internet; patients found FearFighter easy to use and most required little help or support. There were few system breakdowns. CCBT was viewed positively by patients and by GPs.

Most patients considered that FearFighter did not need to be altered to make it relevant for Highland. Average scores on all 8 outcome measures changed significantly, with moderate to large improvements the degree of improvement was comparable to that reported in face-to-face research.

It was not possible to obtain direct comparative outcome data in respect of local face-to-face treatments; few such referrals were made to services during the study period because resources were concentrated on severe mental illnesses.

Conclusions

CCBT is an effective, dependable and acceptable way of delivering therapy for panic and phobic anxiety; this is of particular benefit in rural areas where access to standard services is limited compared to urban areas. CCBT may be the only specialist psychological therapy available to many patients with anxiety and depression in NHS Scotland.

What does this study add to the field?

Previous studies have examined CCBT only in urban areas. This study indicates that it is equally beneficial and feasible in rural Scotland, and provided a more detailed exploration of patient satisfaction with CCBT than had previously been reported.

Implications for Practice or Policy

The introduction of CCBT in the NHS in Scotland would provide specialist therapy to an under-served group of patients with panic and phobic anxiety, and help GPs by reducing the demands made on them by this large group of patients. CCBT may be of high cost benefit in the longer term.

Where to next?

Future studies should examine factors related to preferences for CCBT versus face-to-face treatment, and conduct a detailed cost benefit analysis of this approach. The intensity and source of patient support during CCBT should also be investigated.

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