

5 Implementation and dissemination of low intensity interventions: challenges and solutions

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But first, let's catch up...

Driving forces of behaviour

... according to behaviourists

- **Reinforcement = ?**

- **Positive reinforcement**

behaviour => _____ ?

- **Negative reinforcement**

behaviour => _____ ?

- **Punishment = ?**

behaviour => _____ ?

Driving forces of behaviour

... according to behaviourists

- **Reinforcement** = leads to increase in behaviour

- **Positive reinforcement**



behaviour => something good happens

- **Negative reinforcement**



behaviour => something bad doesn't happen

- **Punishment** = leads to decrease in behaviour

behaviour => something bad happens or something good doesn't happen



Behaviourists & depression

- **Depression is characterised by:**
 - Decrease in positive reinforcement
 - Increase in negative reinforcement
 - Increase in punishment
- **Examples?**



Behaviourists & depression

- **Depression is characterised by:**

- Decrease in positive reinforcement:

Less social connection, less work fulfilment, lower enjoyment from hobbies, exercise, lower income...

- Increase in negative reinforcement:

Avoidant behaviour - increase in watching TV, sleeping, substance use, social media scrolling, ignoring contact from friends...

- Increase in punishment? Feeling like effort was wasted?

Loss of a job, loss of a relationship, social rejection...

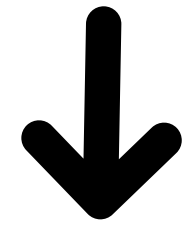


Can be both a cause and a consequence of depression

The mechanism of depression onset & maintenance

Something difficult happens

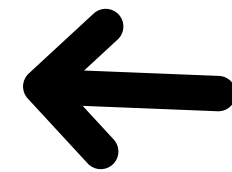
(that reduces positive reinforcement / increases negative reinforcement / increases punishment)



Sadness, lack of energy
Interrupted routine



Anhedonia
Lack of motivation



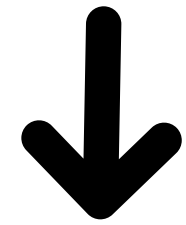
Lower activity



The mechanism of depression onset & maintenance

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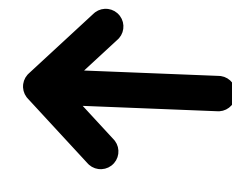
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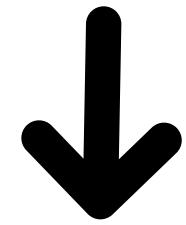
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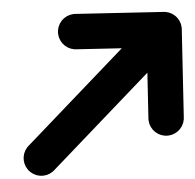
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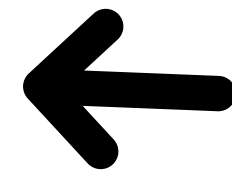


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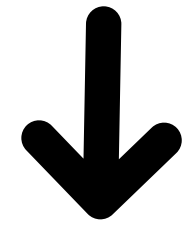
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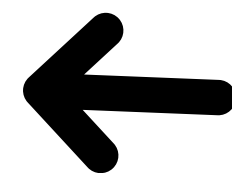
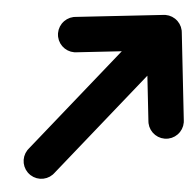
Something difficult happens **Primary cause**
(that reduces positive reinforcement / increases negative reinforcement / increases punishment)



Sadness, lack of energy
Interrupted routine



Anhedonia
Lack of motivation



Secondary cause
Lower activity
(also reduces positive reinforcement / increases negative reinforcement / increases punishment)



The mechanism of depression onset & maintenance

Something difficult happens **Primary cause**
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Sadness, lack of energy
Interrupted routine

Anhedonia
Lack of motivation

Lower activity

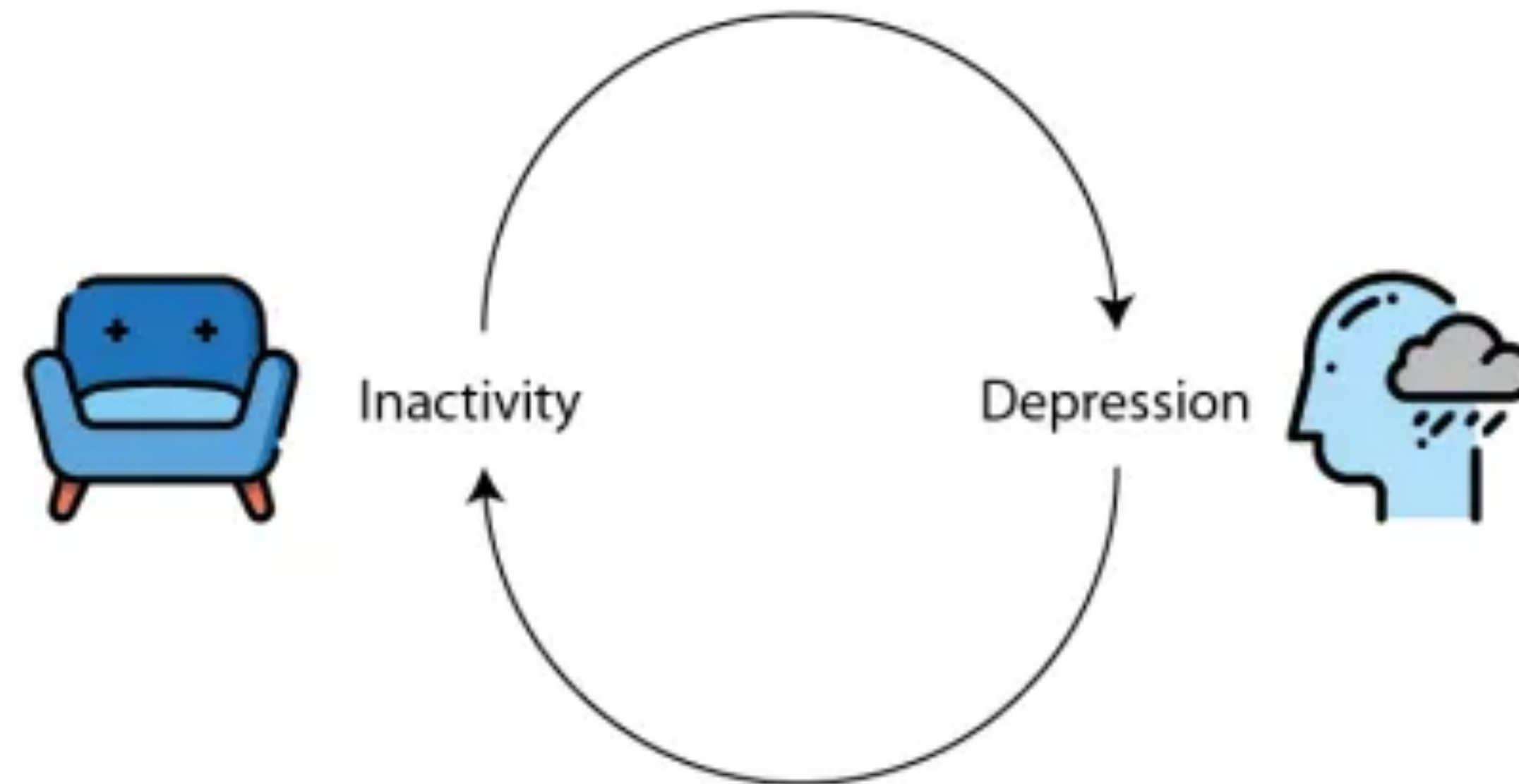
Secondary cause

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John has recently gone through a breakup.

Primary cause

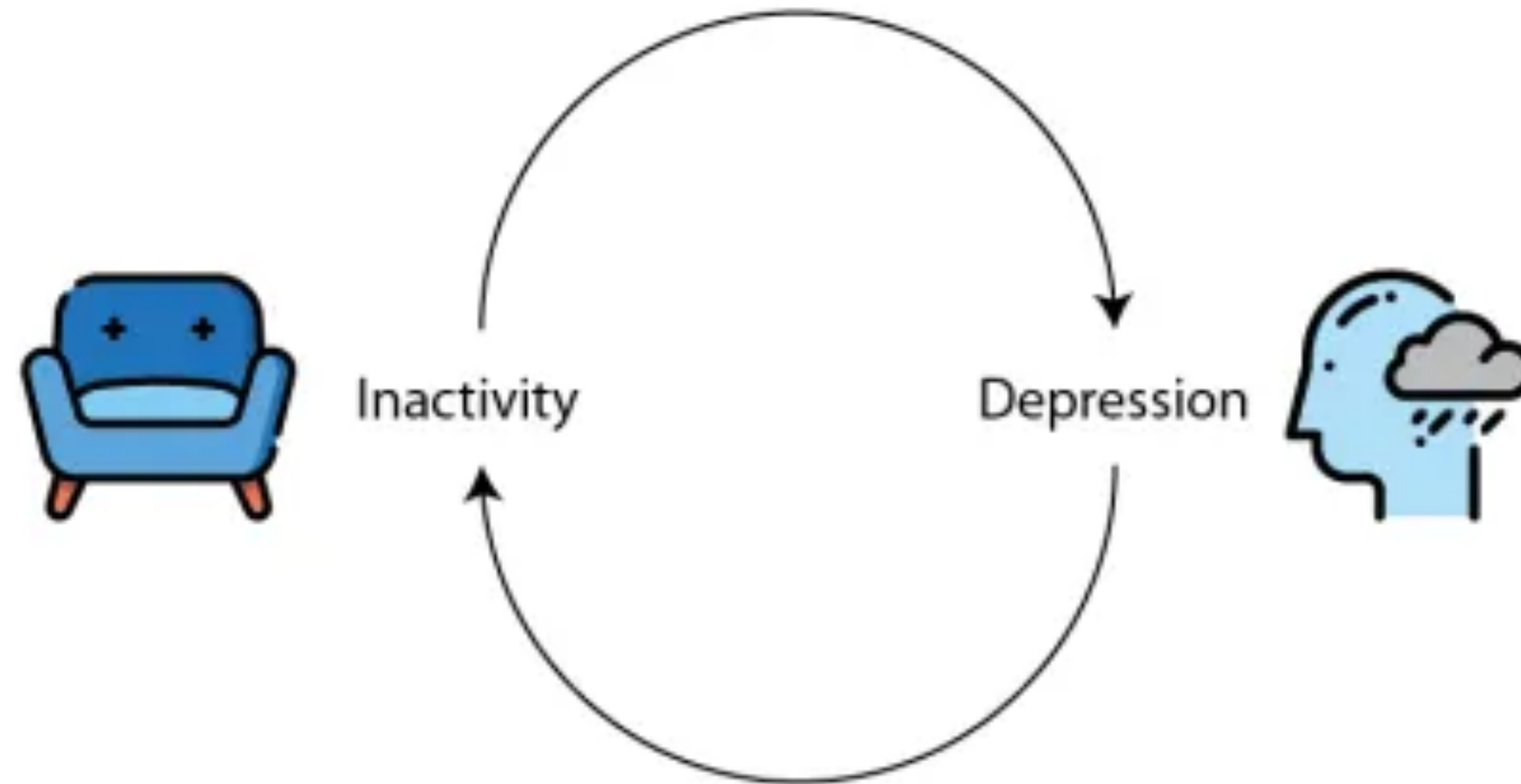


Secondary cause

John has become a lot more inactive.

Primary cause

John has recently gone through a breakup. He misses all the pleasant activities he used to do with his girlfriend, like going to the park or dancing together. He started avoiding places that remind him of her as well as mutual friends to avoid the pain. The grief he's experiencing makes him feel like his investment in the relationship has been wasted.

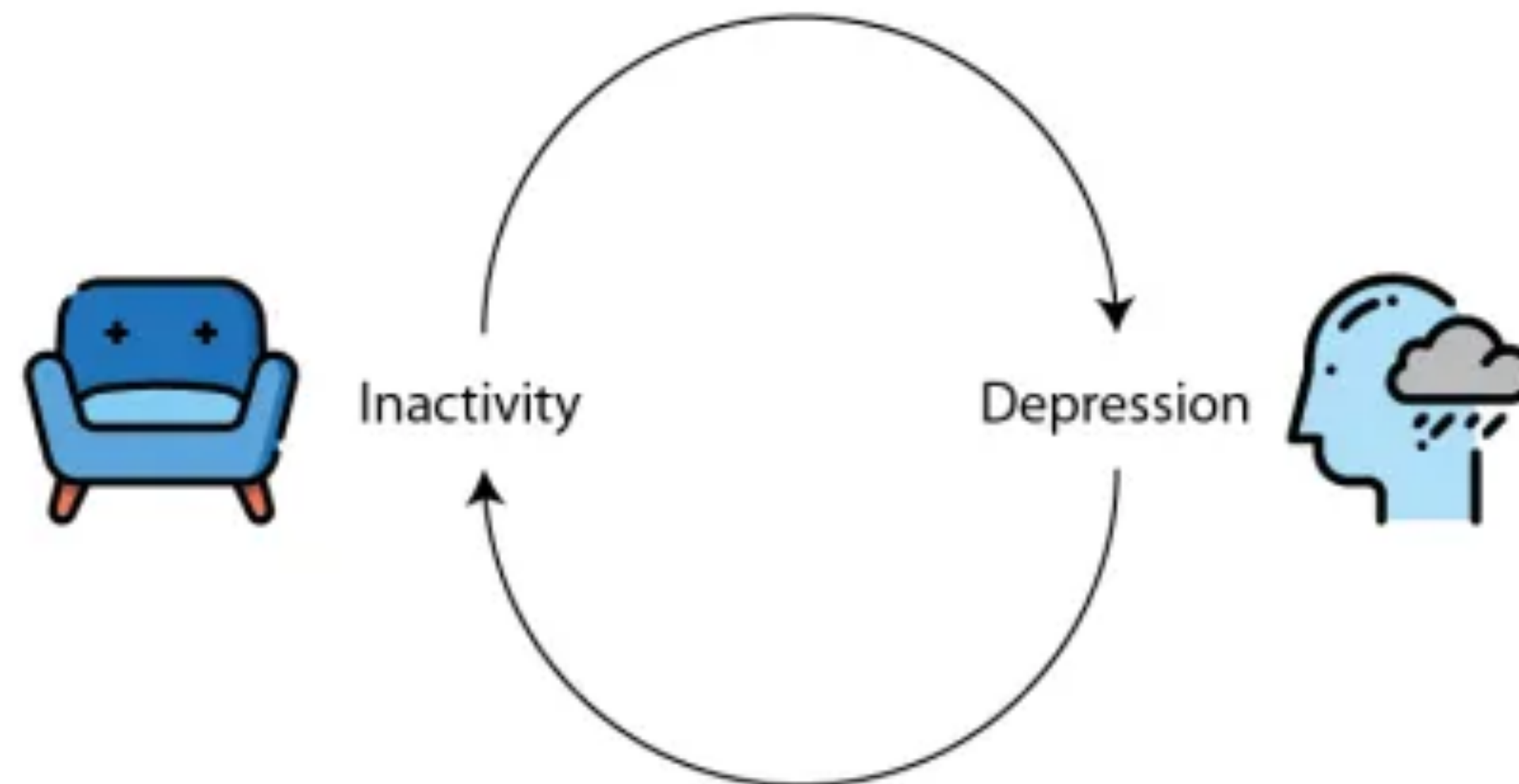


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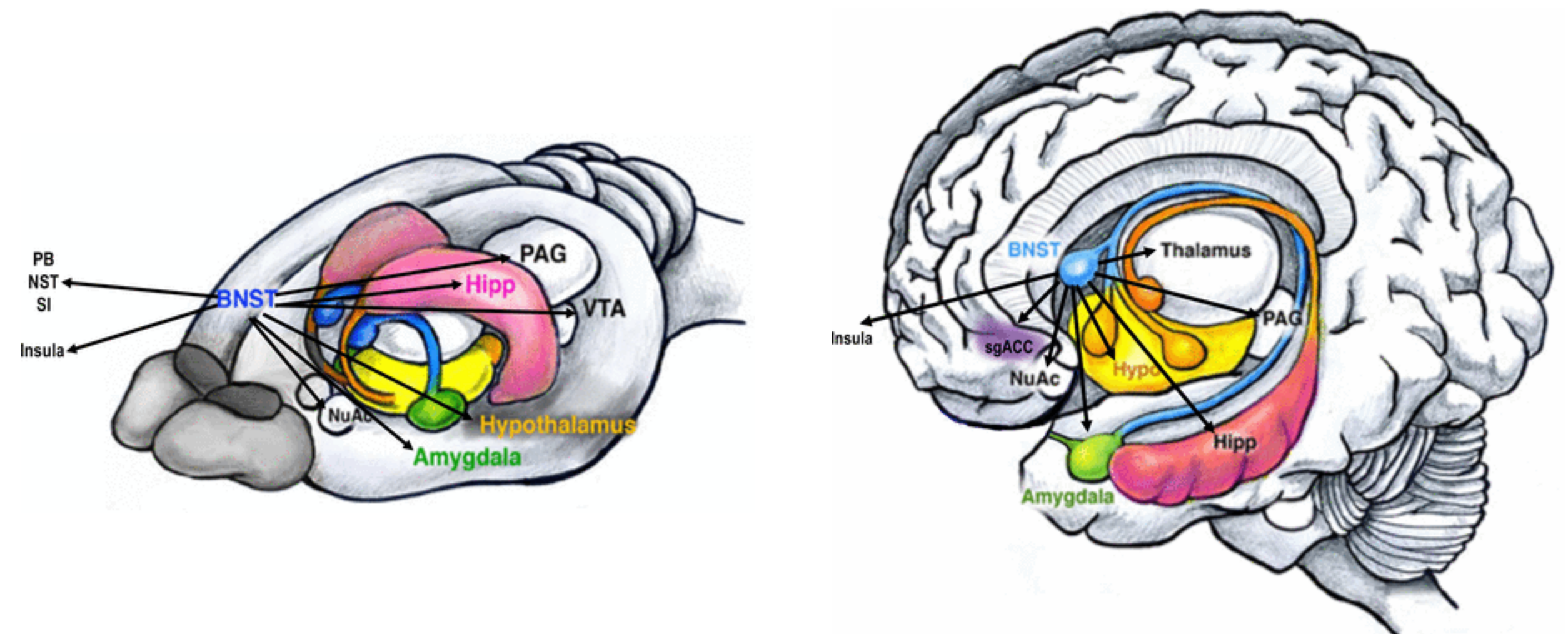
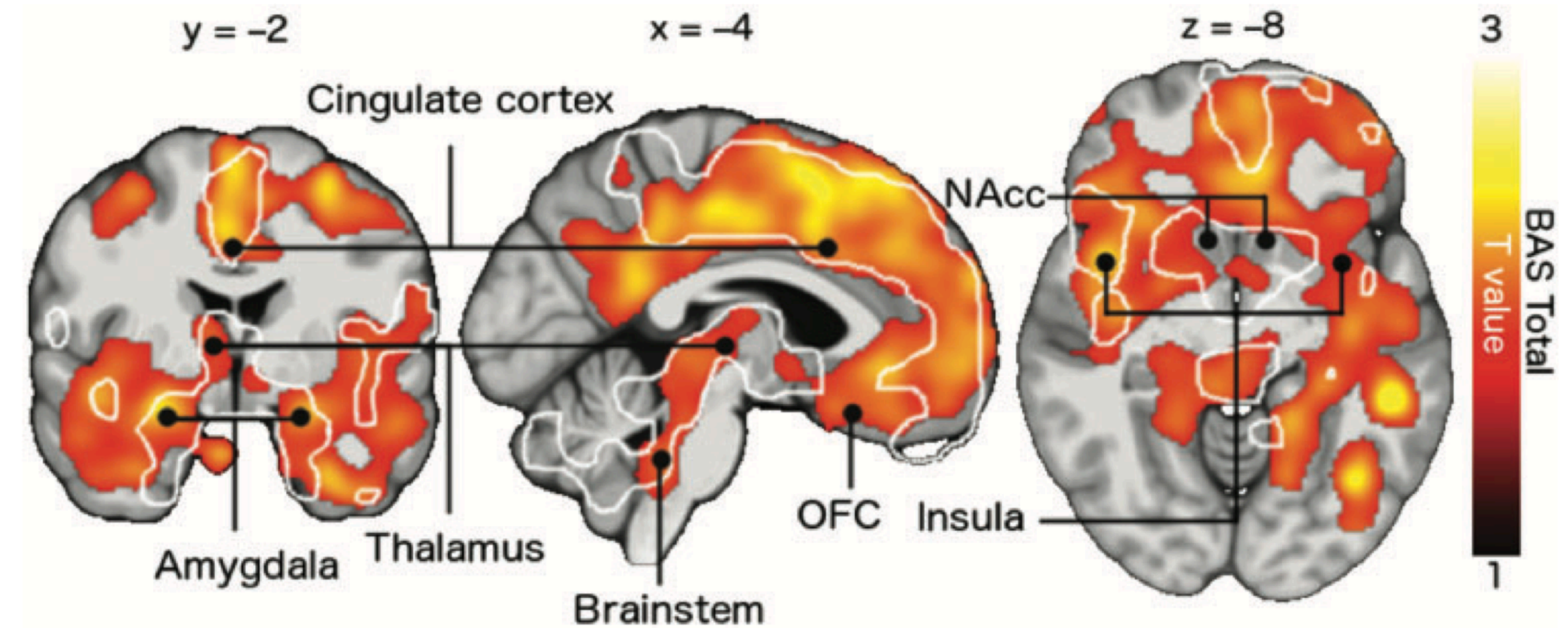
Secondary cause

John has become a lot more inactive. He stopped going to the gym and doesn't put as much effort into his work, because he doesn't feel motivated. He started playing computer games and sleeping more to escape negative feelings. His boss is starting to get upset with him for making mistakes.

Neuroscience of BA?

BIS & BAS

- Behavioural inhibition and activation (approach) systems
- Gray (1987) two major neurobiological systems responding to reward and punishment
- Carver and White (1994) BIS/BAS scale development
- Relate to personality factors like neuroticism and extraversion



BIS & BAS

Gray (1987) two major neurobehavioural systems responding to reward and punishment

Carver and White (1994) BIS/BAS scale development

1. **BIS**
 - If I think something unpleasant is going to happen I usually get pretty “worked up.”
 - I worry about making mistakes.
 - Criticism or scolding hurts me quite a bit.
 - I feel pretty worried or upset when I think or know somebody is angry at me.
 - Even if something bad is about to happen to me, I rarely experience fear or nervousness.
 - I feel worried when I think I have done poorly at something.
 - I have very few fears compared to my friends.
2. **BAS Reward Responsiveness**
 - When I get something I want, I feel excited and energized.
 - When I’m doing well at something, I love to keep at it.
 - When good things happen to me, it affects me strongly.
 - It would excite me to win a contest.
 - When I see an opportunity for something I like, I get excited right away.
3. **BAS Drive**
 - When I want something, I usually go all-out to get it.
 - I go out of my way to get things I want.
 - If I see a chance to get something I want, I move on it right away.
 - When I go after something I use a “no holds barred” approach.
4. **BAS Fun Seeking**
 - I will often do things for no other reason than that they might be fun.
 - I crave excitement and new sensations.
 - I’m always willing to try something new if I think it will be fun.
 - I often act on the spur of the moment.

Behavioural activation (approach) system

- reward
- absence of punishment (= relief)
- hypoactive in depression - decreased approach towards rewarding behaviour



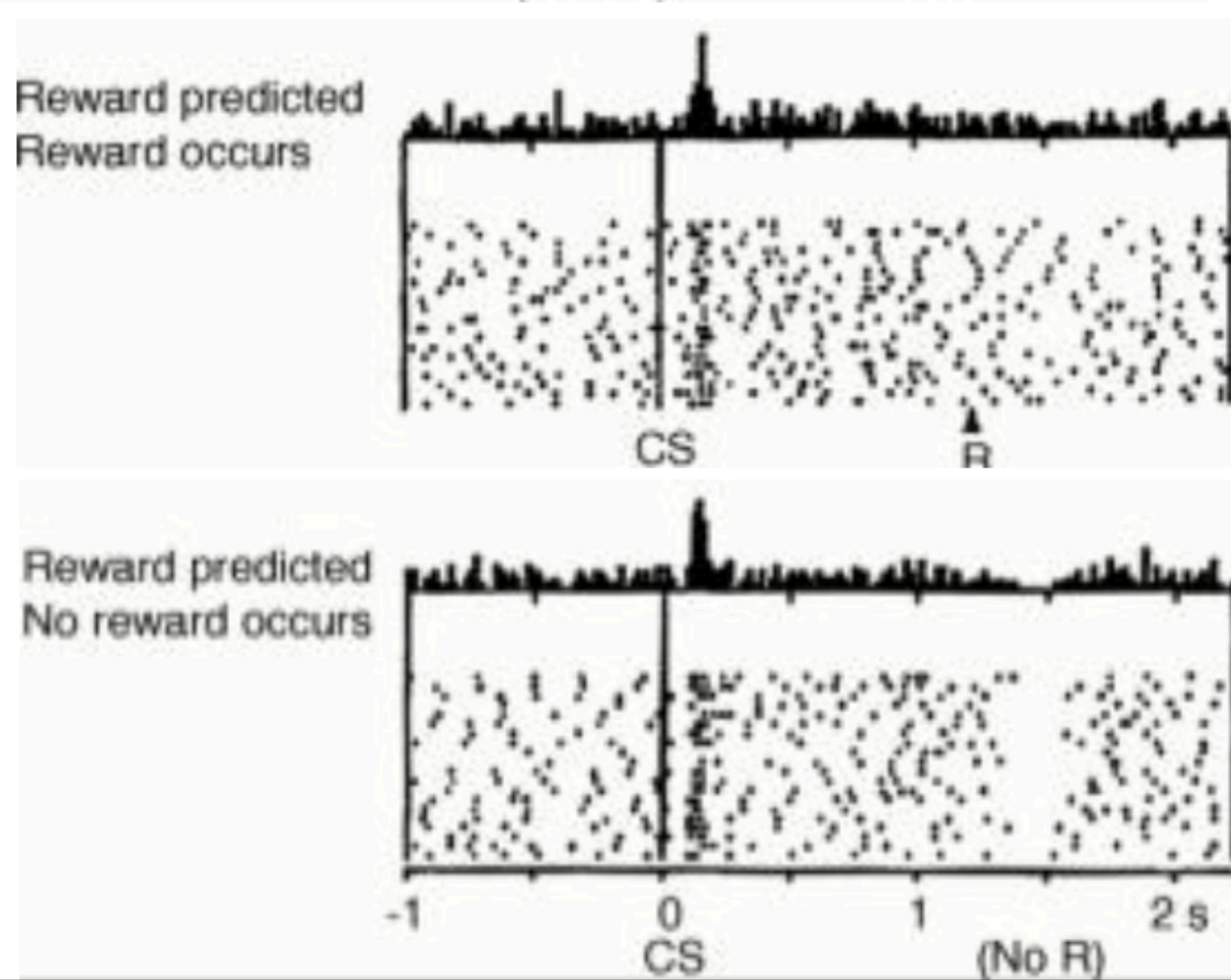
Sensitivity to reward scale

Behavioural inhibition system

- punishment (innate & learnt)
- absence of expected reward (= disappointment, frustration)
- can be triggered by novelty (hyponeophagia in rodents)
- inhibits behaviour that may lead to negative outcomes
- hyperactive in depression



Sensitivity to punishment scale



**Schultz, Dayan, Montague
Science, 1997**

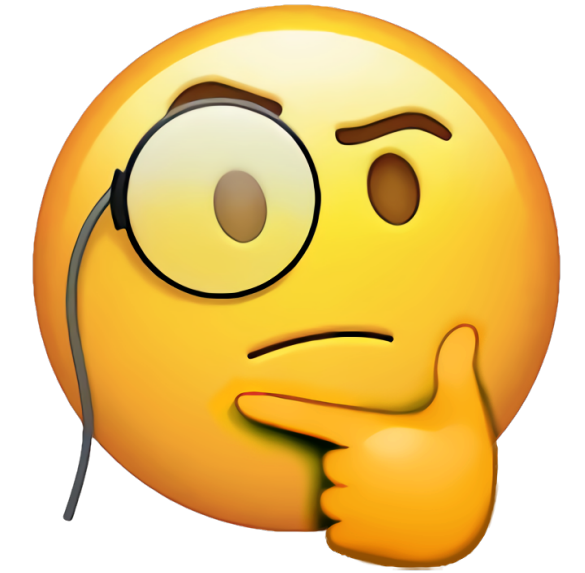
Pinto-Meza et al. (2006)



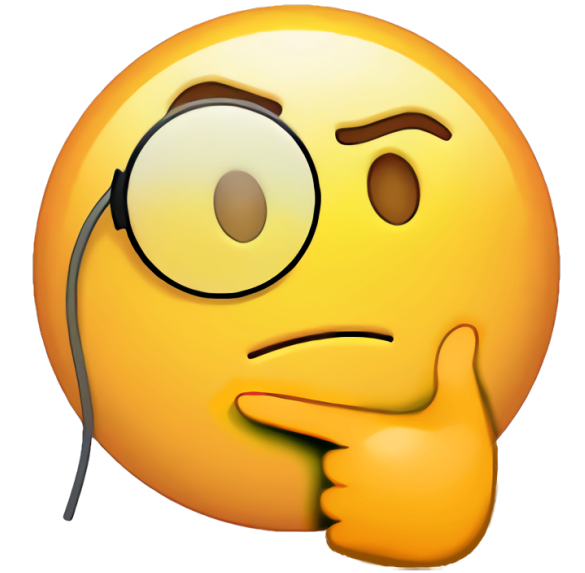
- Participants with current MD, participants recovered from MD and healthy controls
- Current and recovered MD showed hyperactive BIS and hypoactive BAS
- Possible personality / physiological vulnerability marker that can be objectively measured
- May explain the mechanism of BA treatment

**Back to the topic of
implementation &
dissemination...**

What issues might come up if we tried implementing these interventions?

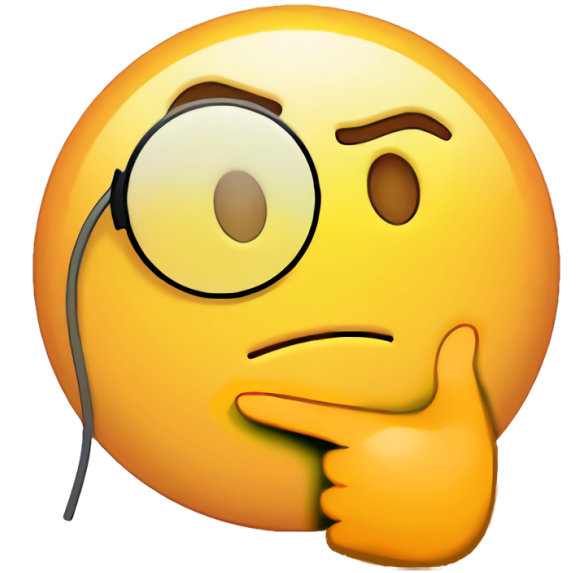


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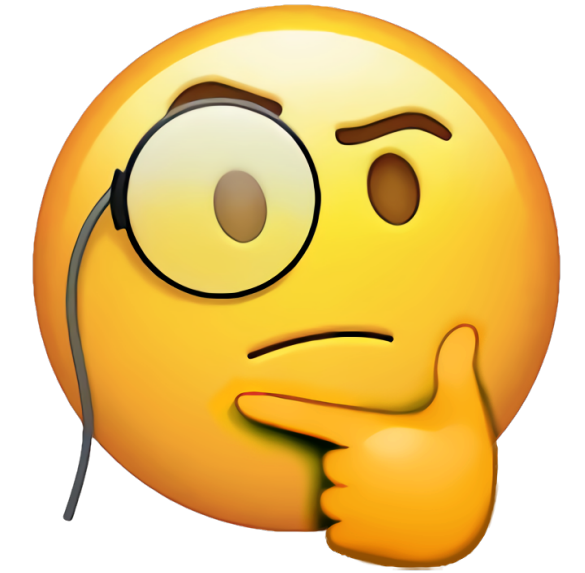
- B-G: younger and older age groups

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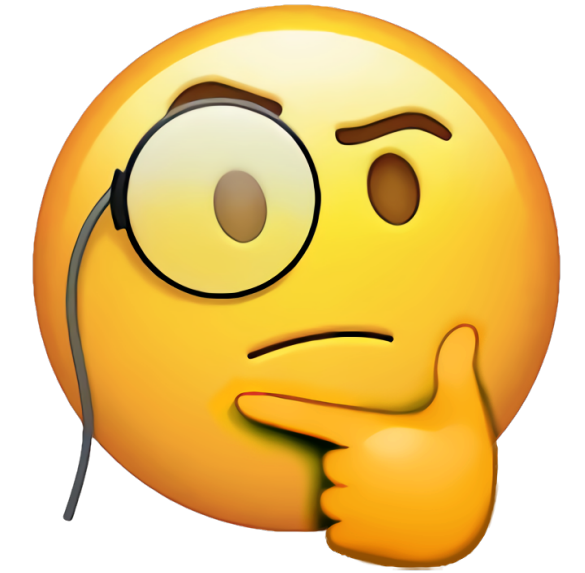
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- H-J: non-western cultures, cultural, religious and sexual minority groups

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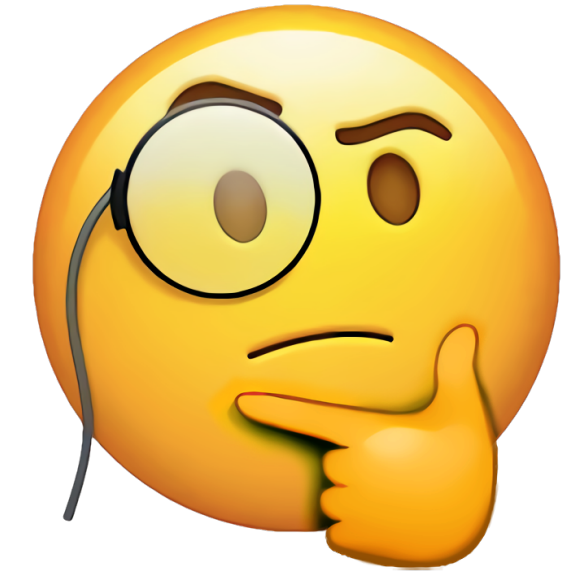
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- L-M: groups with low socioeconomic status and low income countries

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- B-G: younger and older age groups
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- L-M: groups with low socioeconomic status and low income countries
- N-S: patients with physical illness or addiction comorbidity

What issues might come up if we tried implementing these interventions?



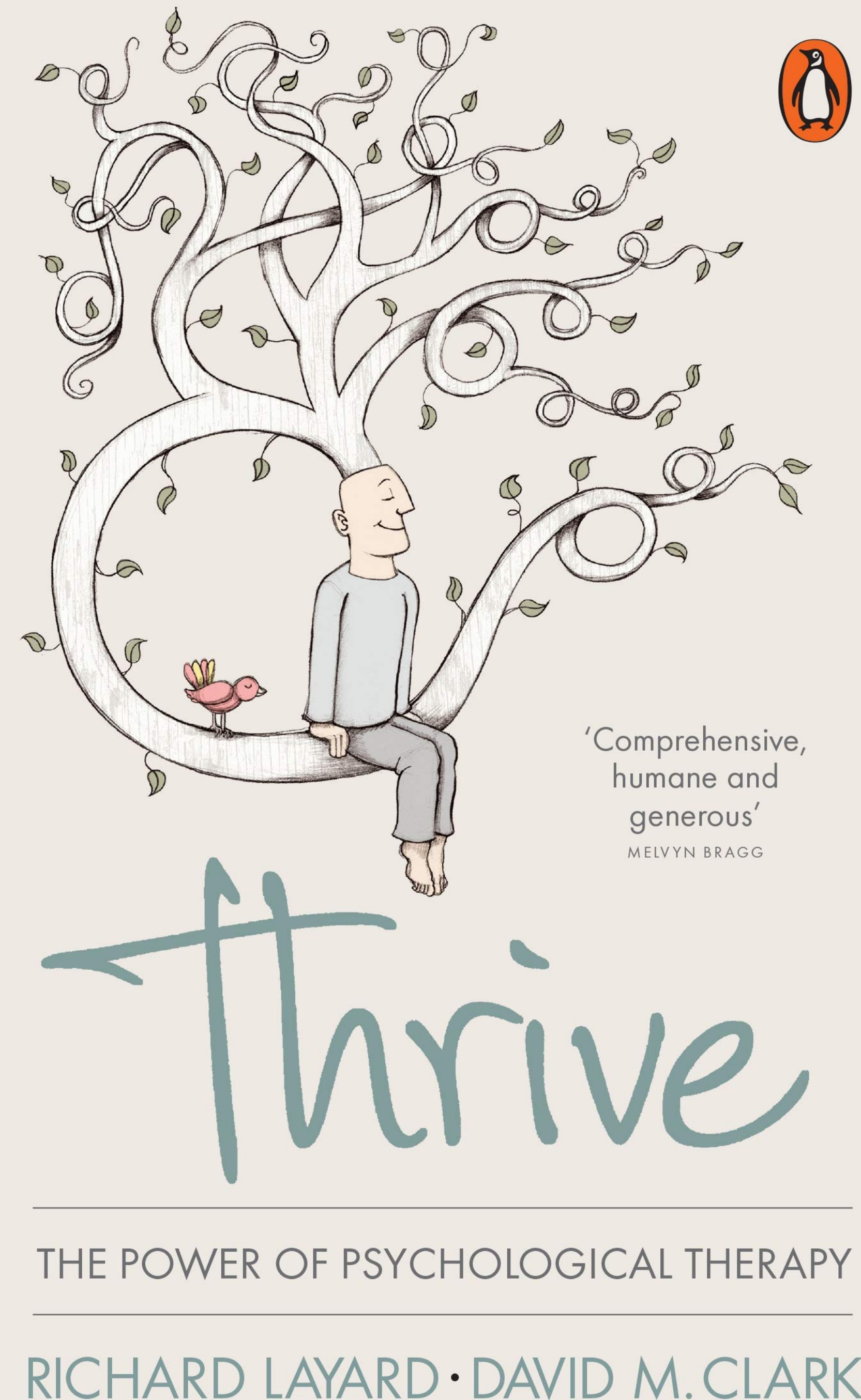
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- N-S: patients with physical illness or addiction comorbidity
- Š-V: current Czech mental healthcare system

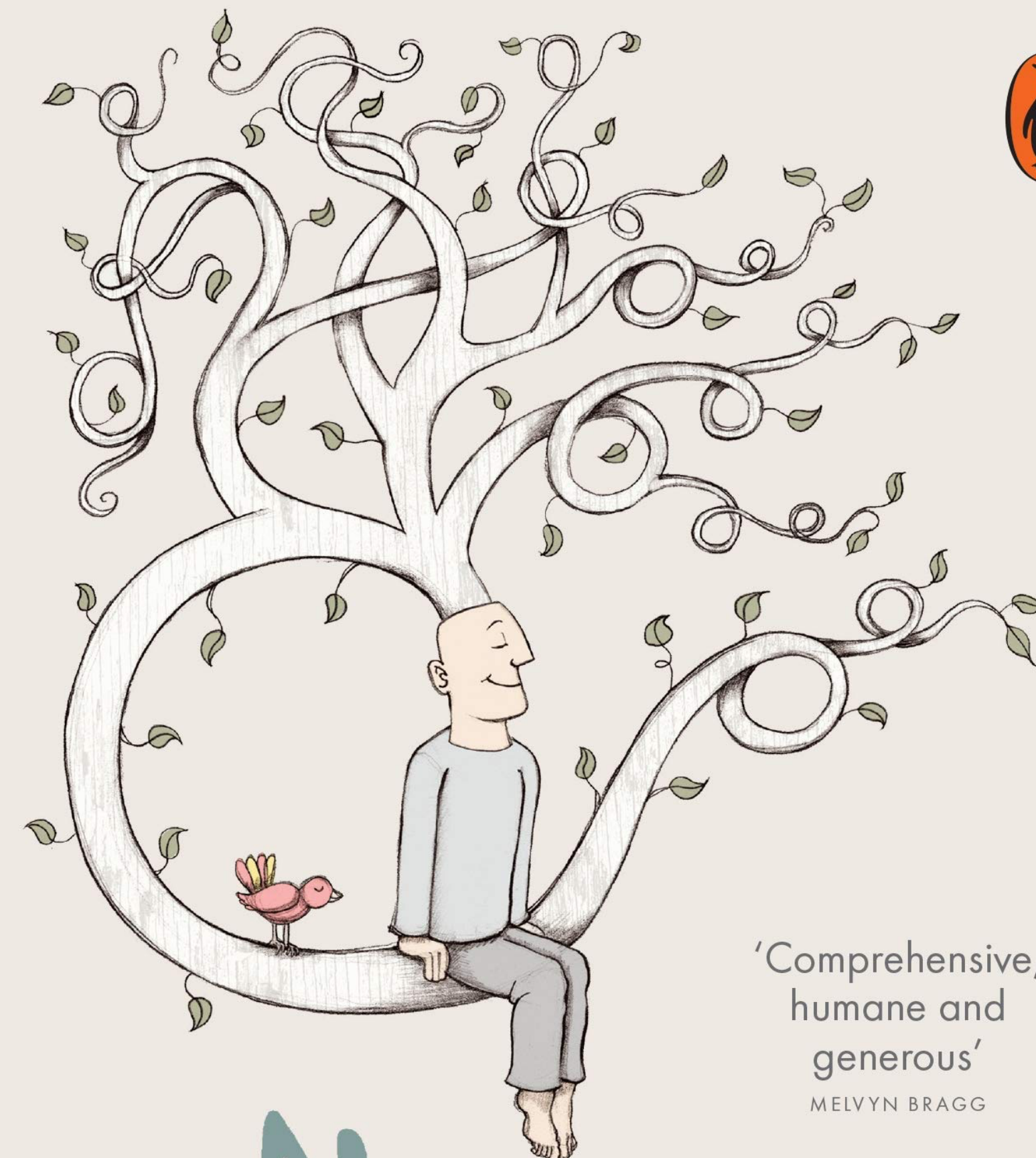
Implementation and dissemination - important factors



Political influence

- Robust clinical & economic evidence
- Lobbying - Lord Layard writing and speaking to ministers for years + coalition of mental health charities “We Need To Talk”
- Strategic political timing & **consistency with broader government policy** around social care and evidence-based treatment provision





'Comprehensive,
humane and
generous'
MELVYN BRAGG

Thrive

THE POWER OF PSYCHOLOGICAL THERAPY

RICHARD LAYARD • DAVID M. CLARK

Department of Health. (2008). *Improving Access to Psychological Therapies implementation plan: national guidelines for regional delivery*. London: Department of Health. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083150 (accessed 5 August 2009).

Improving Access to Psychological Therapies (IAPT). (2008). *Commissioning IAPT for the whole community*. London: IAPT. Available at: <http://www.iapt.nhs.uk/2009/02/commissioning-for-whole-community/> (accessed 5 August 2009).

Layard R., et al. (2006). *The Depression Report: A New Deal for Depression and Anxiety Disorders*. London: London School of Economics. Available at: http://cep.lse.ac.uk/textonly/research/mentalhealth/DEPRESSION_REPORT_LAYARD.pdf (accessed 5 August 2009).

Sainsbury Centre for Mental Health. (2007). *Mental Health at Work: Developing the Business Case*, Policy Paper 8. London: Sainsbury Centre for Mental Health Available at: http://www.scmh.org.uk/publications/MH_at_work.aspx?ID=575 (accessed 5 August 2009).

Change management

- Involving **service users and carers** in key decision making
- Creating a **legislative** framework
- Creating a **management** framework
- Effective **leadership** & its consensus (politics, healthcare, professional bodies)
- Measuring change to supply **evidence of efficacy**
- Long-term technical and financial **sustainability**



A transformation in mental health care since 1948



For the past seven decades, the NHS has transformed mental health services to ensure that more people are receiving the right care in the community and to minimise the amount of time people need to spend in hospital.

Change management

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Take the long term view!



**A transformation
in mental health
care since 1948**



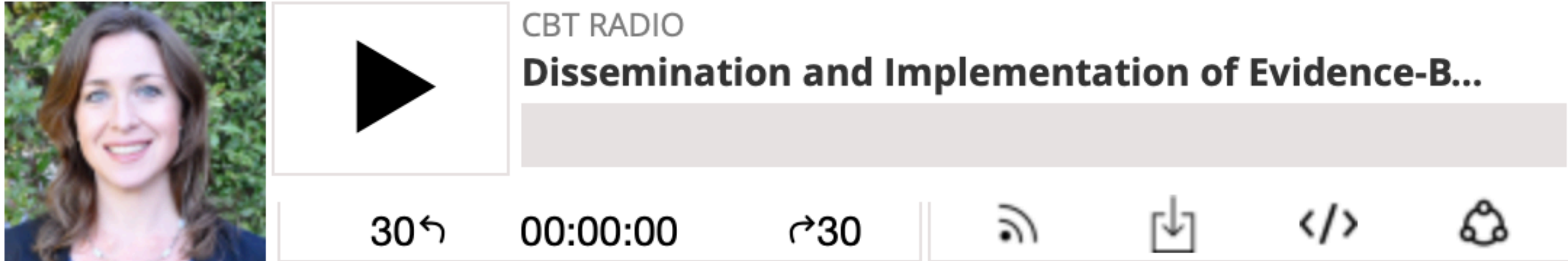
For the past seven decades, the NHS has transformed mental health services to ensure that more people are receiving the right care in the community and to minimise the amount of time people need to spend in hospital.

Change management

- Crucial to understand **individual situation and needs** of each target group
- Developing new systems **collaboratively** to make a change rather than just telling people what to do
- **Inner context:** leadership, organisational culture, individual attitudes
- **Outer context:** policy, insurance, public attitudes
- Ongoing support rather than one-time training is ideal



Dissemination and Implementation of Evidence-Based Practices



CBT RADIO
Dissemination and Implementation of Evidence-B...

30⏮ 00:00:00 ⏭30

📶 ⏴ ⏵ 🔄

This is a screenshot of an audio player interface. On the left is a small portrait of a woman with long brown hair. To its right is a play button icon. Further right is the text 'CBT RADIO' and 'Dissemination and Implementation of Evidence-B...'. Below this is a progress bar. At the bottom, there are controls for 30-second rewind, a timer showing '00:00:00', a 30-second fast forward button, and icons for radio, download, full screen, and refresh.

CBT Radio

Developing new types of education

PWP career development



Psychological Wellbeing Practitioners (PWPs) play a crucial role in Improving Access to Psychological Therapies (IAPT) services and providing evidence based psychological interventions to patients with depression and anxiety. PWP trainees start at Band 4 and progress to Band 5 once qualified. PWPs have a range of clinical, organisational and leadership skills which can be developed in specialist roles up to Band 8a:



Long Term Conditions

Working with patients who have long term conditions



Perinatal

Partnership working with midwives and health visitors



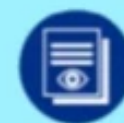
Students

Setting up pathways and delivering interventions in colleges and universities



Prisons

Providing PWP treatment interventions in prisons



Supervision

Providing case management and clinical skills supervision to other PWPs



Management and leadership

Various responsibilities including line management, performance management, strategy & recruitment



Clinical advisor

To regional and national clinical networks and PWP Specialist Interest Groups



Research

In service or academic institutions

Teaching



THINK
AHEAD

Apply your mind to mental health

The Think Ahead programme is a new route into social work, for graduates and career-changers remarkable enough to make a real difference to people with mental health problems.

[Find out more about the programme ▶](#)

Psychology Roles

Being a Trainee Psychological Wellbeing Practitioner

@myspsychcareercoach



Public awareness

- Client and healthcare workers awareness & preference
- Not viewing LI interventions as “second choice”
- Media outreach
- Strong partnership with charities & community groups
- Creating a new language?



restore
working for mental health



Prince William visits men's mental health charities in London



The Duke and Duchess of Cambridge 

@KensingtonRoyal



Onto the all important nappy change. "It's never straightforward," says The Duke of Cambridge. @WorkingWithMen1 new dads are given practical session to help get them ready for fatherhood. [#futuremen](#)



GP awareness

I work as a GP and feel powerless to treat patients with mental illness

Anonymous

73% of those seeking psychological help turn to their GPs (OECD, 2011)

Wulsin et al. (2002)

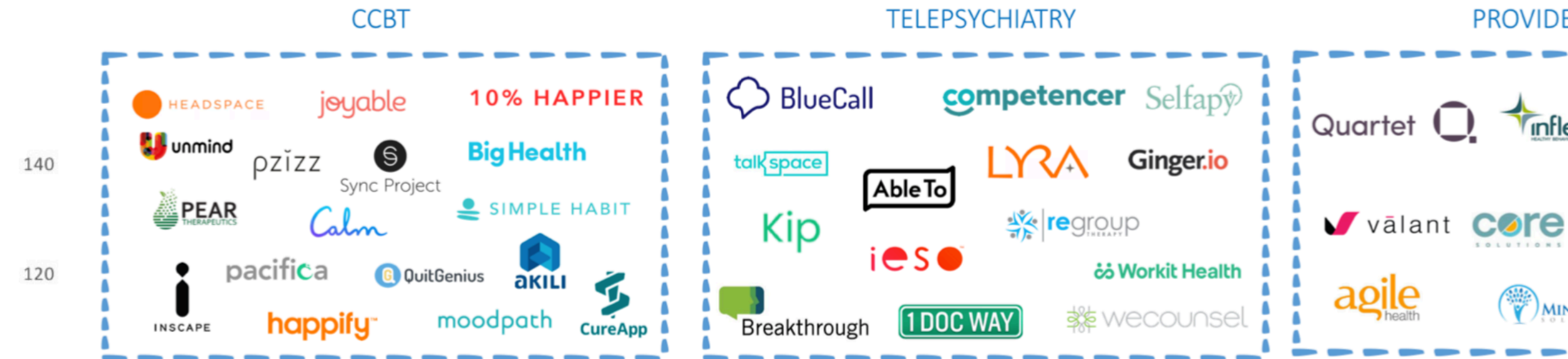
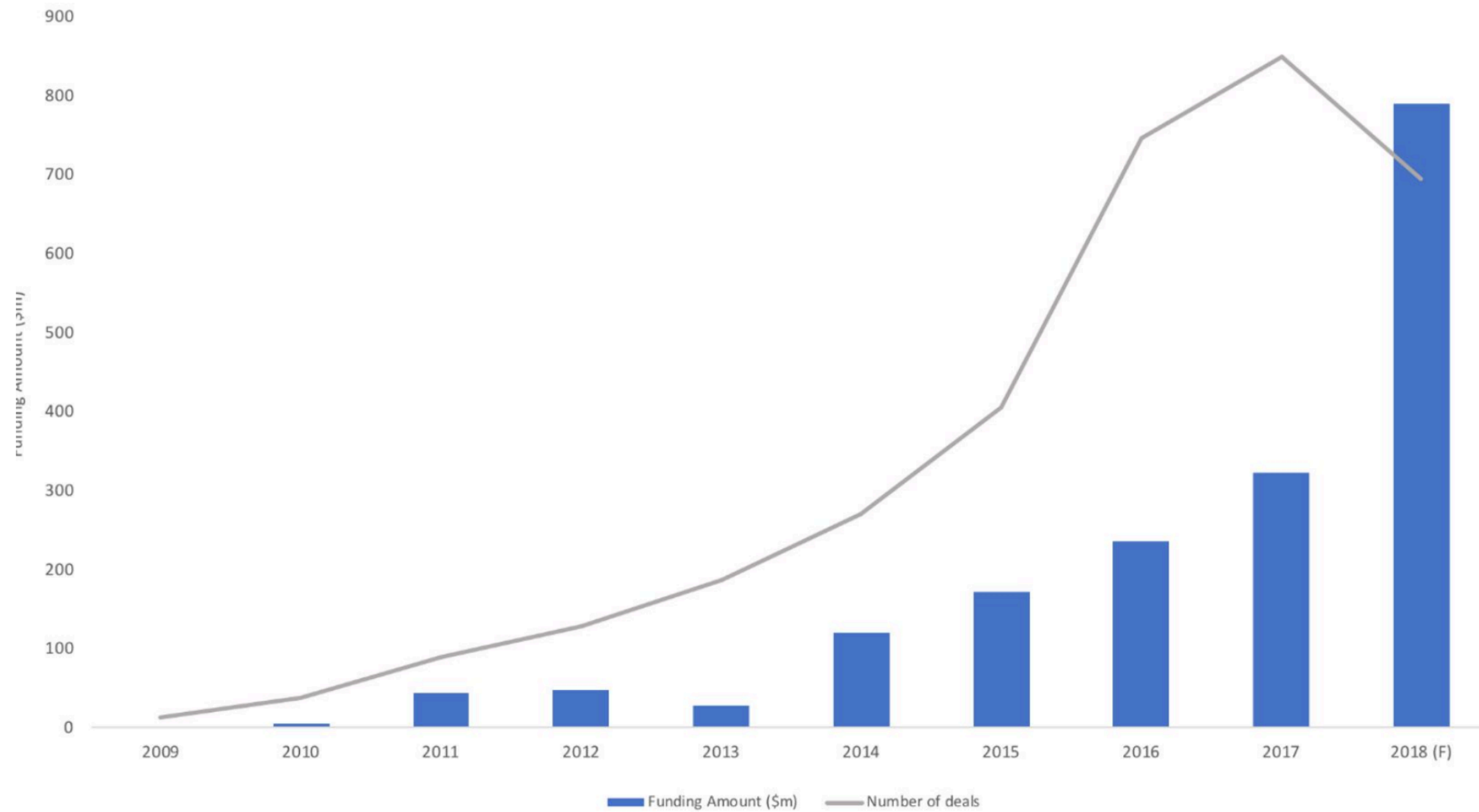
- Many panic disorder patients get misdiagnosed with a physical health condition at emergency services
- A screening measure and 5min structured interview increased panic disorder diagnosis and relevant referral



Private investment



VC Funding in Mental Health Tech



Continuation of care

Ali et al. (2017)

- Longitudinal cohort of over **400** patients
- 50% participants found to relapse within 1 year, particularly **if they had residual symptoms at the end of treatment**
- Recommend that patients are treated until residual symptoms are gone and **follow-up care is provided**



Behaviour Research and Therapy

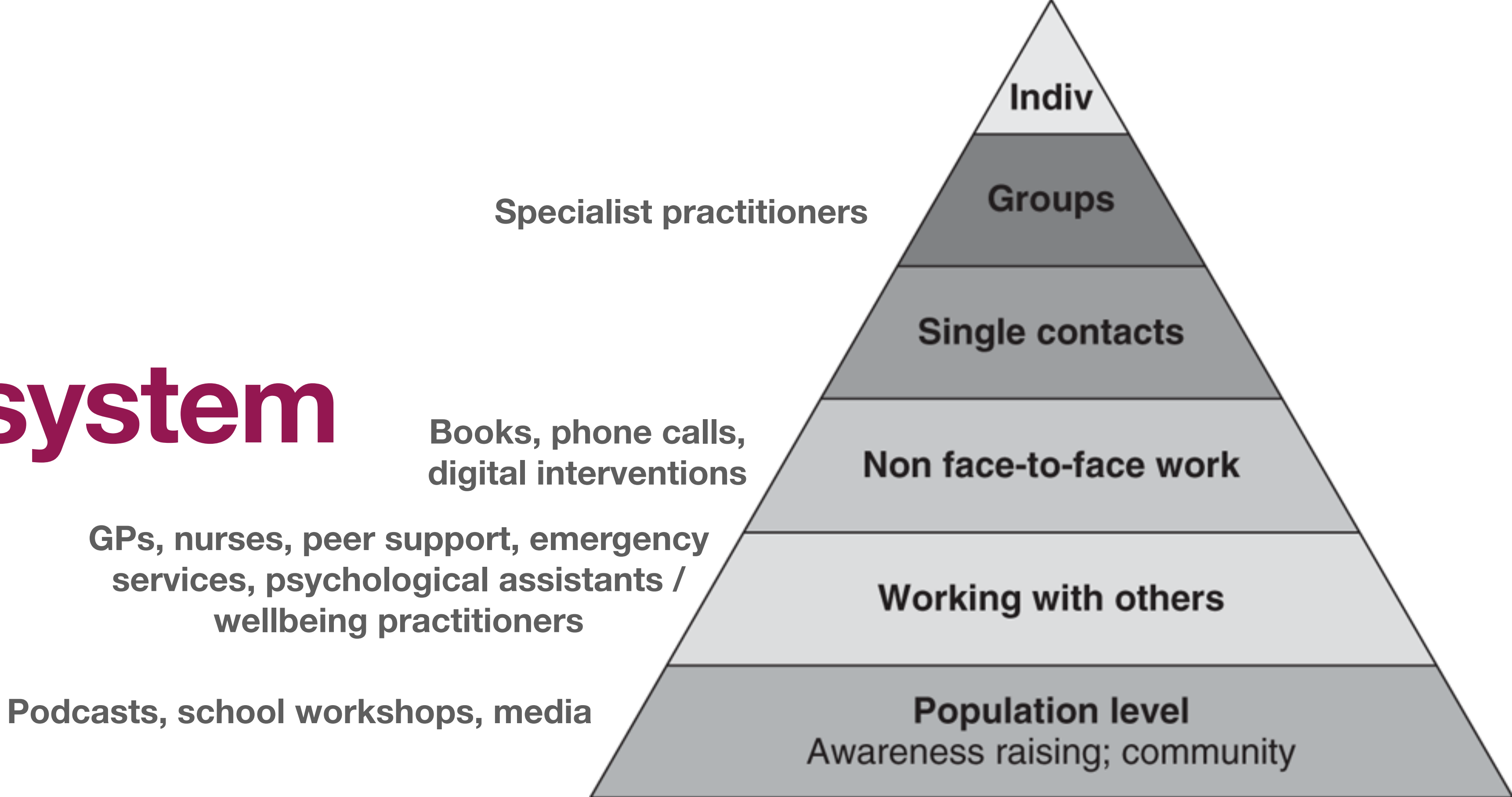
Volume 94, July 2017, Pages 1-8



How durable is the effect of low intensity CBT for depression and anxiety? Remission and relapse in a longitudinal cohort study

*“We suggest **taking the long view**, recognising that problems like depression often have to be managed as **recurrent long-term conditions.**”*

STEPS system



Network



Overwhelmed?



Lobby politicians?



**Lobby
politicians?**



**Economic
measurements?**

**Lobby
politicians?**



**Economic
measurements?**

**Media
campaigns?**

**Lobby
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**Train
teachers in
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**Media
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Train GPs?



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**Build a low
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**Build software
for easier
continuation of
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Train GPs?



**Public
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**Create a BA
center in
Afganistan?**

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#CancerHeroes

LiveSmyle

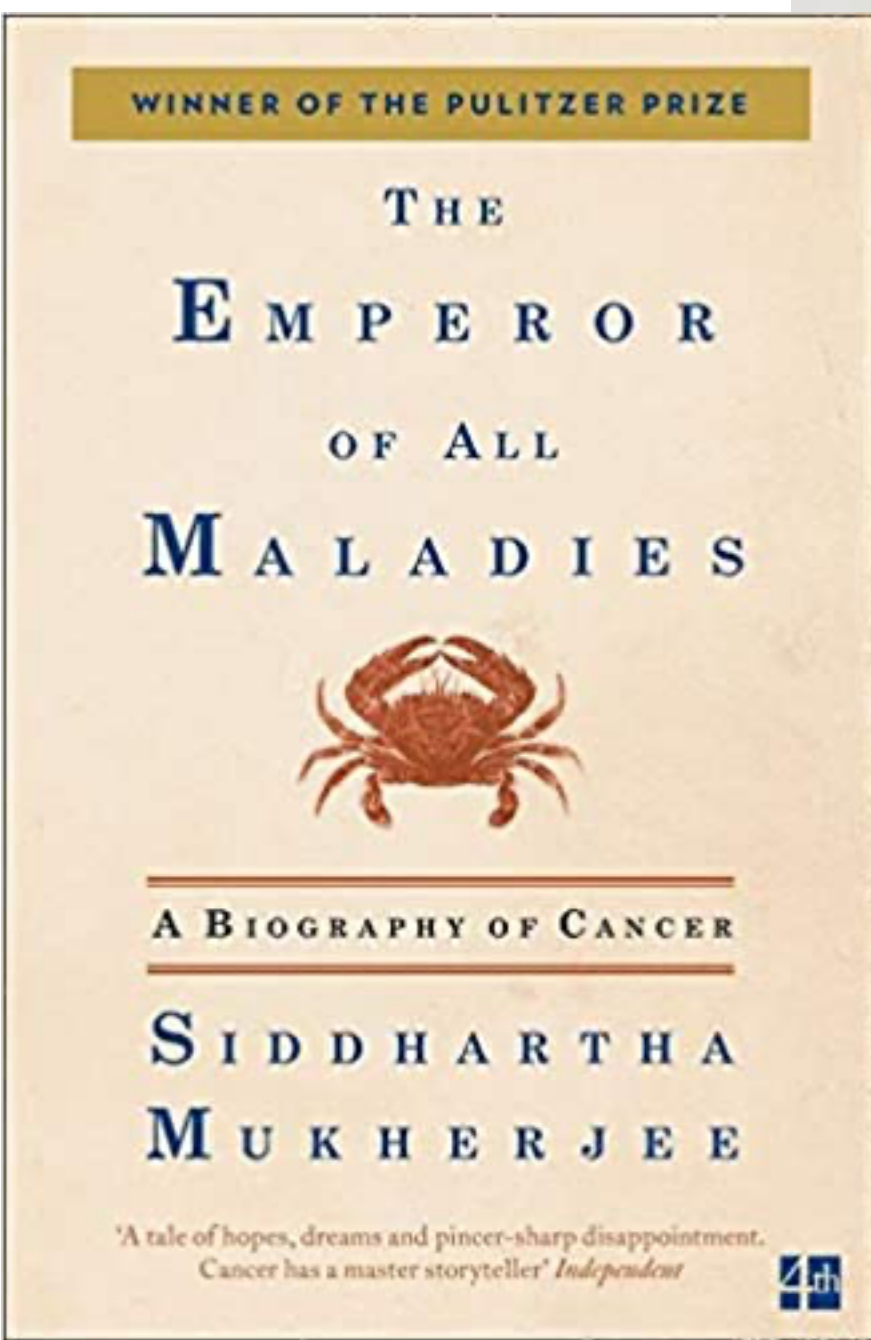


National Cancer Act (1971)

THE WHITE HOUSE
WASHINGTON
January 11, 1972

Dear Mrs. Lasker:

Your presence on December 23, 1971, was particularly meaningful to all of us gathered for the signing into law of S. 1828, the National Cancer Act of 1971. As you well know, the enactment of this legislation culminated a year-long effort to



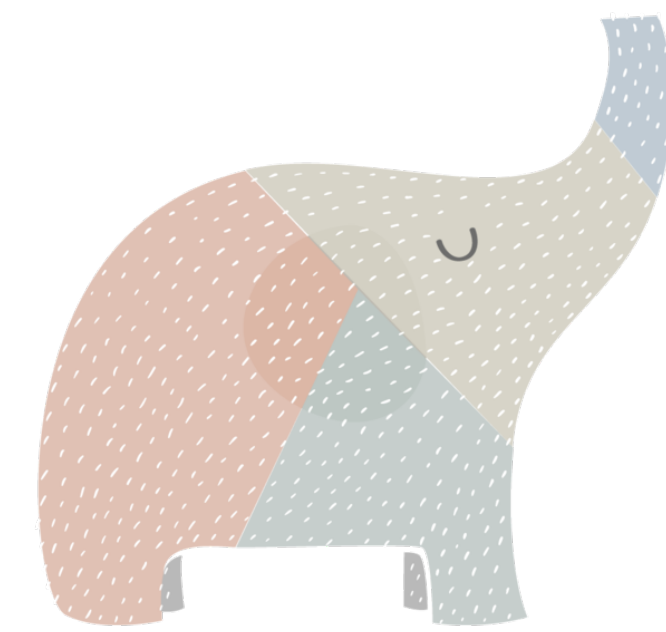
Mary Lasker

The most important person in cancer you've never heard of



The Jimmy Fund

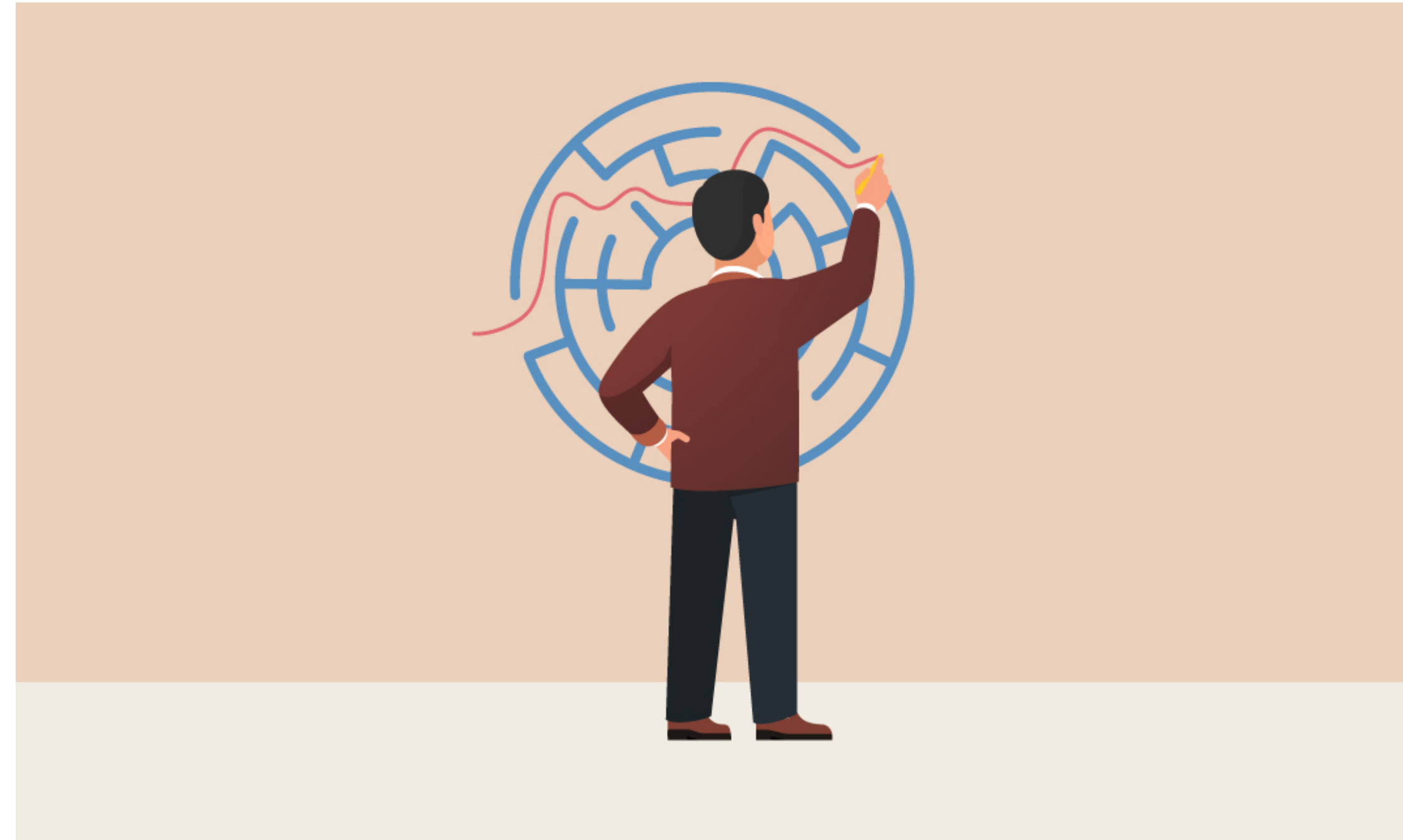
Specific	Measurable	Achievable	Realistic	Timely
S	M	A	R	T
G	O	A	L	S
What do you want to do?	How will you know when you've reached it?	Is it in your power to accomplish it?	Can you realistically achieve it?	When exactly do you want to accomplish it?



How to eat
an elephant
*one bite
at a time!*

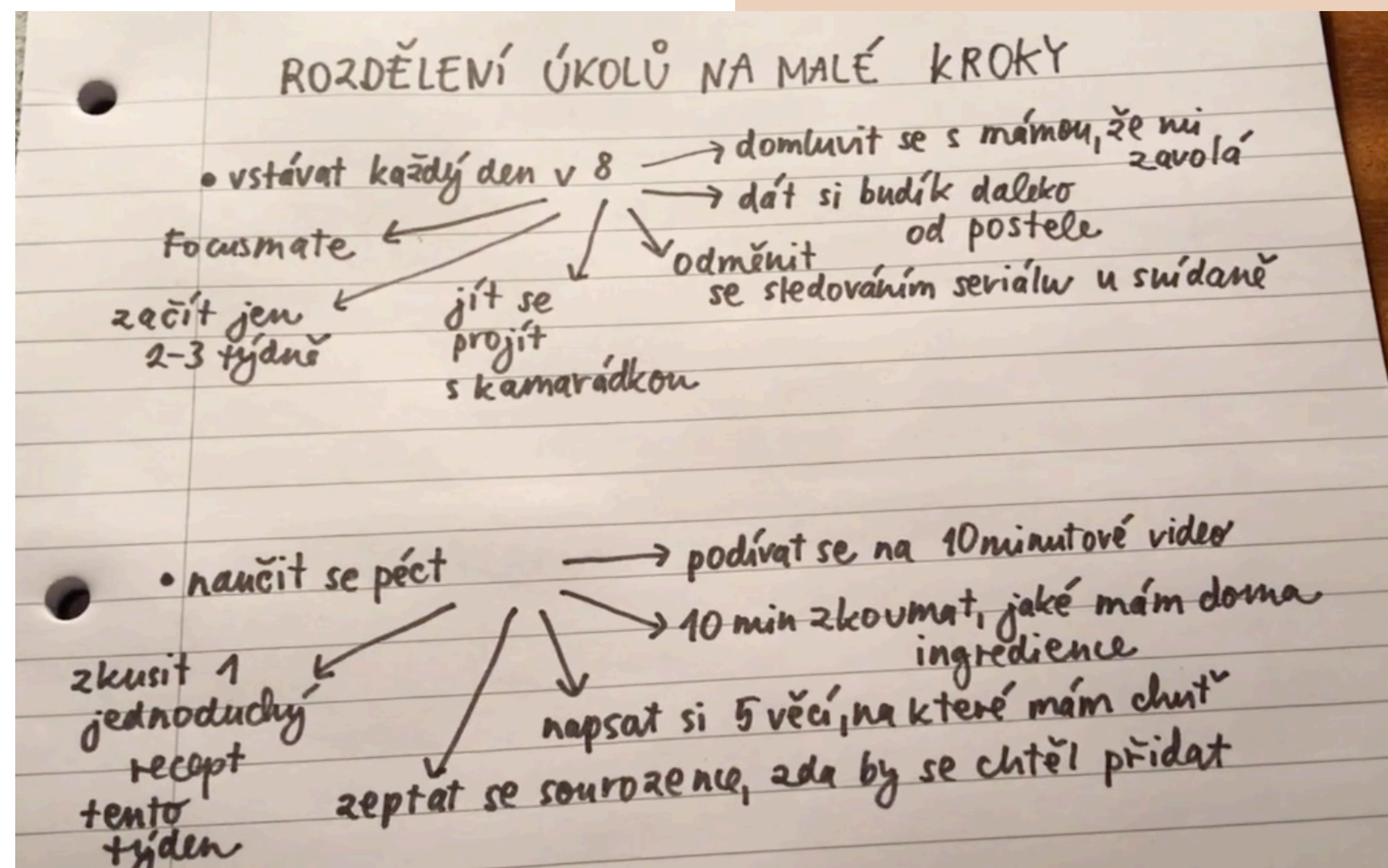
Problem solving

1. Explain problem solving
2. Identify main problems
3. Generate potential solutions
4. Evaluate pros and cons
5. Select the solution that seems best
6. Make a specific plan: what, where, when, with whom
7. Attempt the solution
8. Review & problem solve



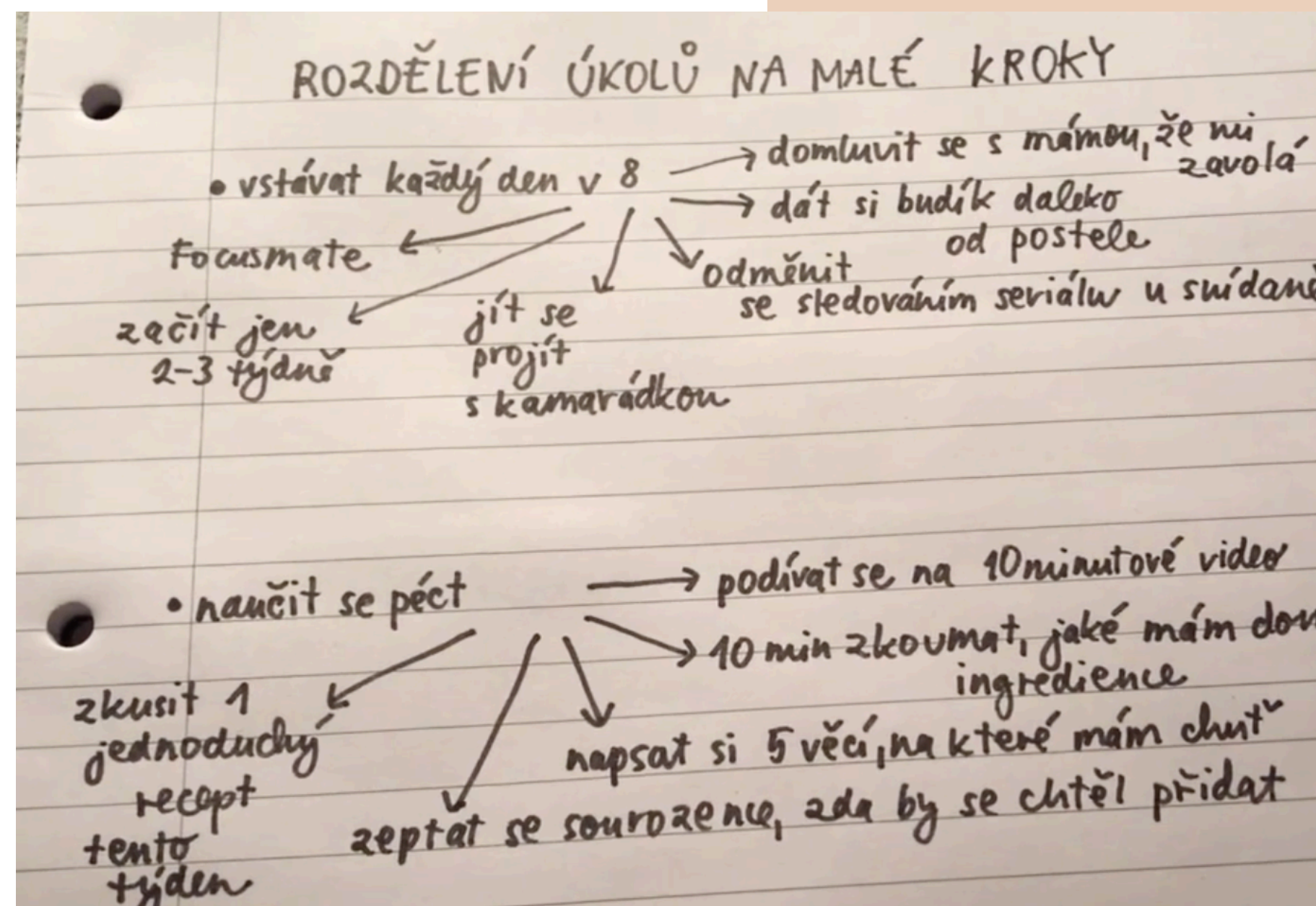
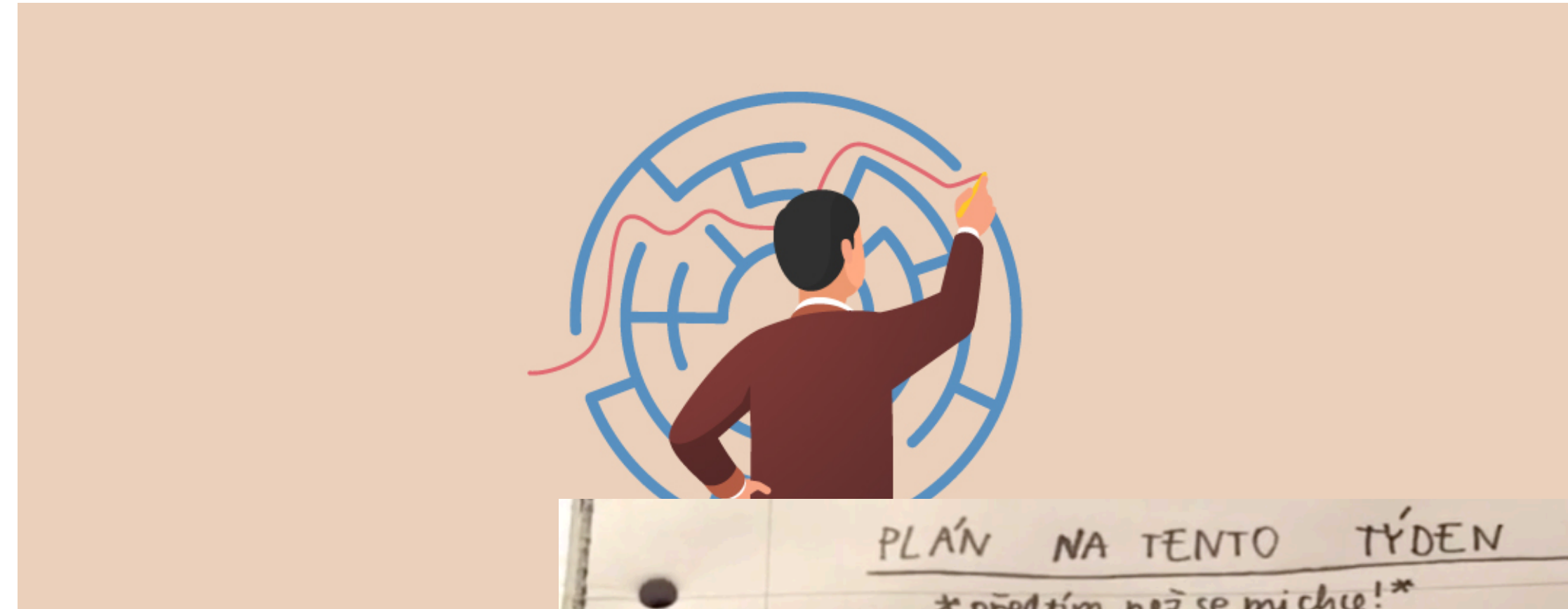
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PLÁN NA TENTO TÝDEN

* předtím, než se mi chce! *
DĚLANÍ JE LÉK!

PONDĚLÍ	ÚTERÝ
<input type="checkbox"/> navrhnout kamarádce telefonát	<input type="checkbox"/> 10min hra
<input type="checkbox"/> zavolat na poštu	<input type="checkbox"/> uklidit 1 p
<input type="checkbox"/> dát si vanu před spaním	<input type="checkbox"/> se odmi
	<input type="checkbox"/> čist si zpra
STŘEDA	ČTVRT
<input type="checkbox"/> zavolat si s mámou v 8 a vstát u toho z postele	<input type="checkbox"/> 20 min
<input type="checkbox"/> zkusit svalovou relaxaci (20min)	<input type="checkbox"/> Calespi
	<input type="checkbox"/> podí

Thank you for your attention!

Don't forget filling in your anonymous feedback:
<https://forms.gle/xDaPaTfGyHb4FDre7>

