

***Group cognitive behaviour
therapy for general practice
patients
with depression: a clinical
effectiveness study***

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Efficacy of CBT

- The utility of individual CBT, as the most efficacious of the non-pharmacological treatments for depression is well established (DeRubeis et al., 1999; Ellis et al., 2003; Bolton et al 2001; Bower et al., 2000).
- CBT has also been adapted for use in a group treatment format but its efficacy in that context is less well established.

Group CBT

- Scott and Stradling (1990), using referrals from general practice, found group CBT to be effective, with treatment gains maintained at 12-month follow-up.
- Free et al. (1991) concluded that a 12-session group psycho-educational manual-based CBT program was an efficacious and cost-effective treatment for persons suffering non-psychotic, primary, unipolar depression.
- Vos et al., 2005 found group CBT most cost effective

Group CBT

- A randomised controlled trial by Cuijpers (1998), using a minimal contact CBT self-help manual, proved to be effective in reducing depressive symptoms in a group format.
- White et al. (1995) used a form of large group didactic CBT with generalized anxiety disorder (GAD) patients, delivered as an evening class in six two-hour sessions to groups of 20-24 members.

Group CBT

- Individual and group CBT for moderately to severe depressed adults were comparable to each other in efficacy, Systematic Review, Lockwood et al 2004.
- Currently no trials of group CBT versus medication trials.

Hunter Valley Mental Health Service

CBT Classes for Patients with Depression: GP Referral Only

- **Rural Depression Project 2001**
- **Don't always trust the literature!!**
- **GP Referral Only**
- **CBT**
- **Group Manual Based Psycho-Educational
Didactic Classroom Format: 1.5 hrs/6 Weeks**

Hunter New England
Area Health Service

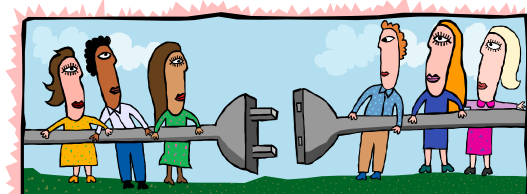


Hunter Valley Mental Health Service

CBT Classes for Patients with Depression: GP Referral Only

Overall Aim of CBT Classes

To facilitate access for general practice patients to an evidence based psychological treatment for depression in their local rural community and to foster links with GPs.



Hunter Valley Mental Health Service
CBT Classes for Patients with Depression: GP Referral Only

- Overwhelming response
- Extended to urban areas of service
- At the end of project almost 1000 patients from general practice
- Patient feedback positive
- 25 multidisciplinary clinicians trained in group CBT

Figure 1: Changes in BDI-II Mean Scores Pilot Data - Stage 1

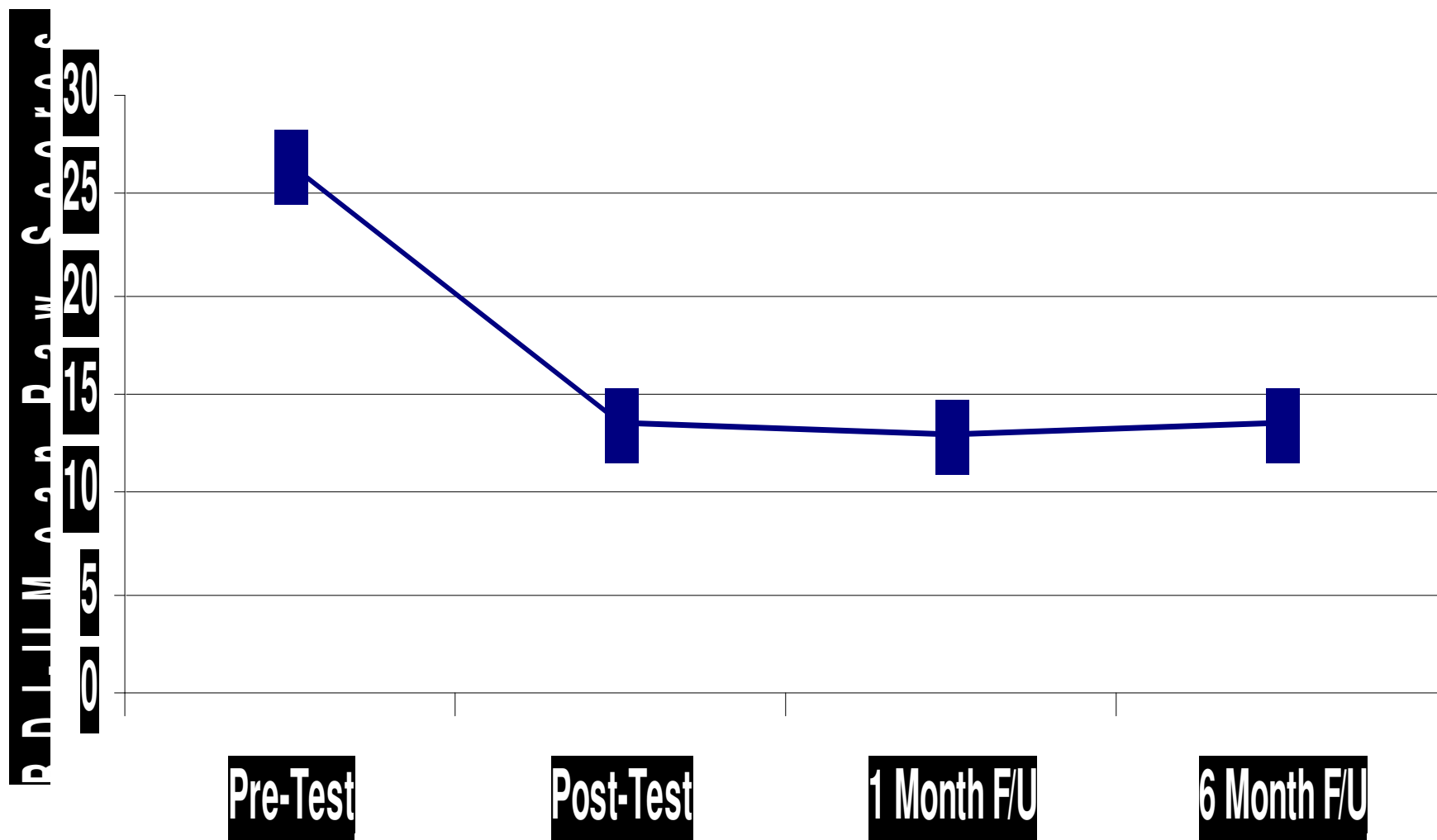
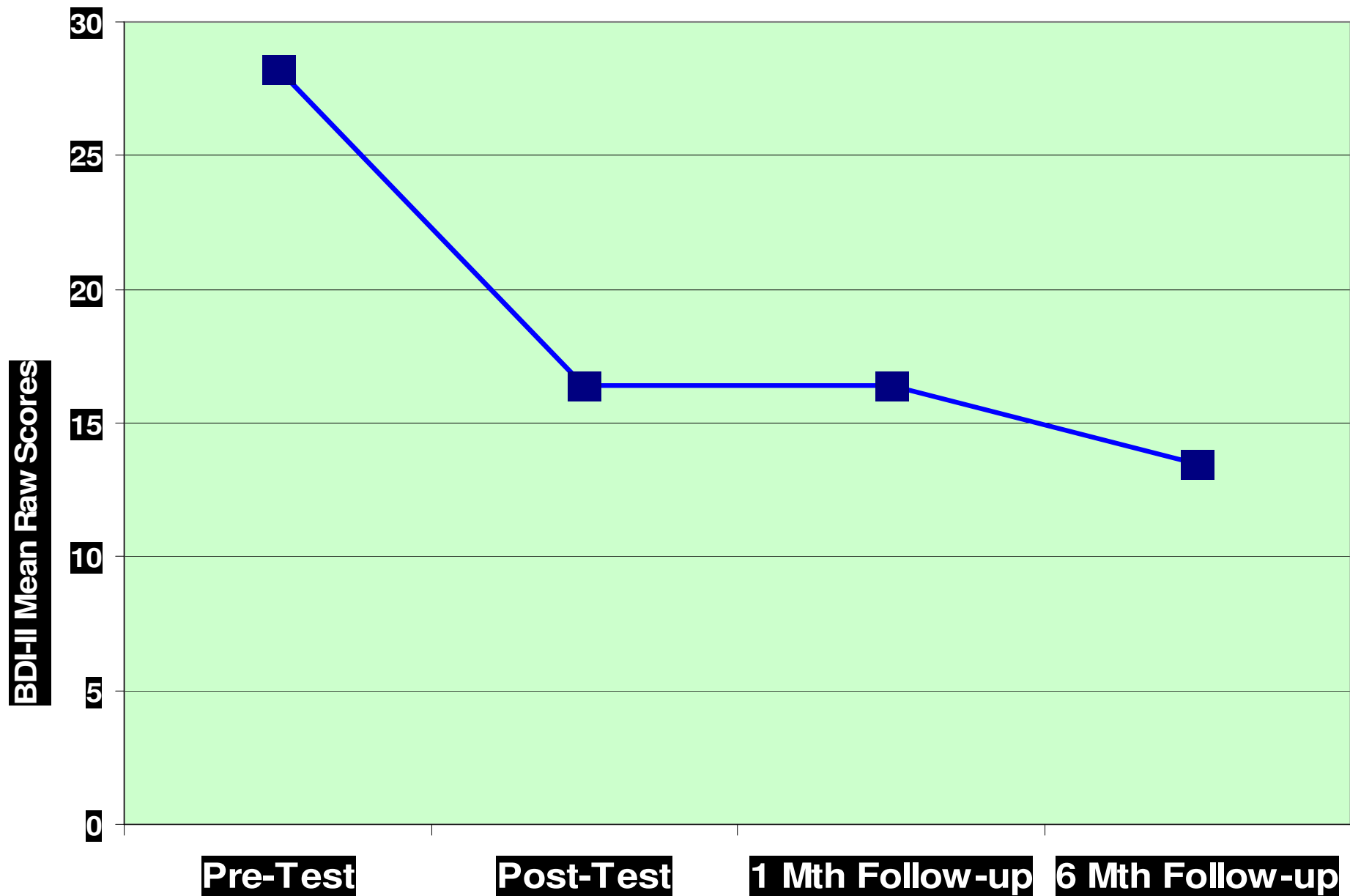
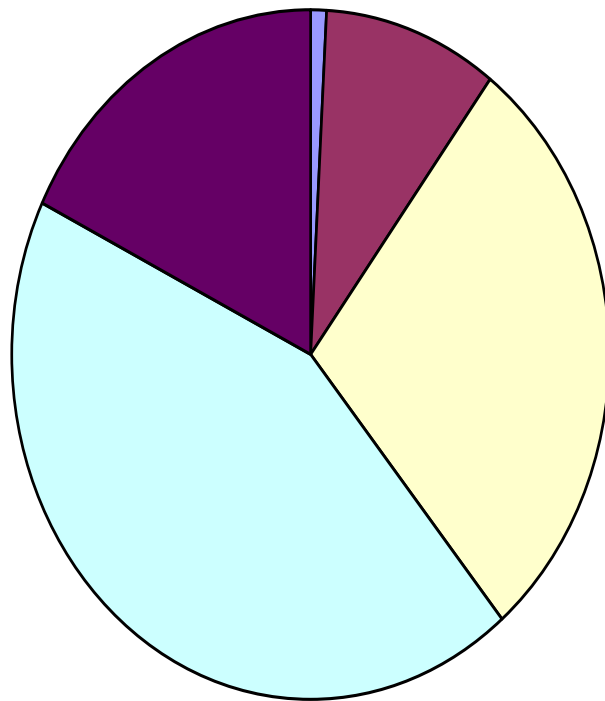


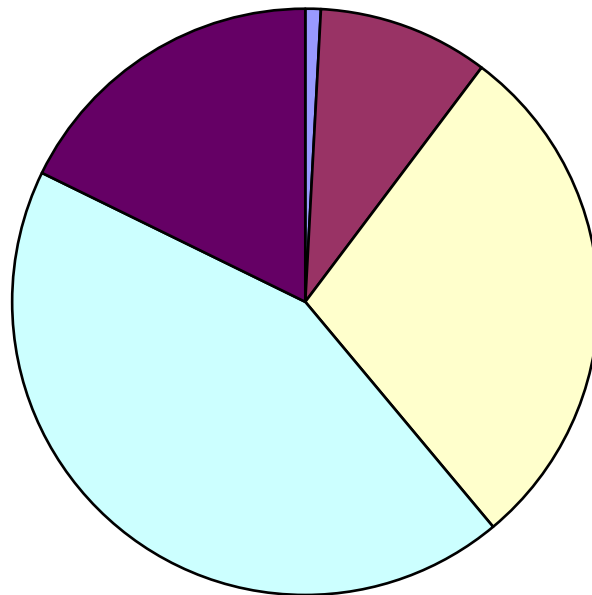
Figure 2: Changes in BDI-II Mean Scores



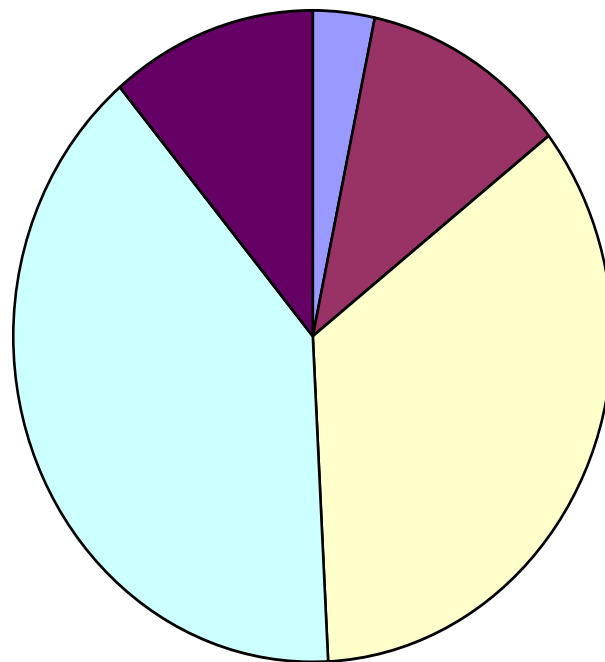
Effectiveness of CBT Classes in Helping With Depression



Effectiveness of CBT Classes in Helping With Depression



Improvement in Symptoms that Concerned them the Most



- Not Improved**
- Reasonably Improved**
- Moderately Improved**
- Very Improved**
- Extremely Improved**

Significant outcomes

- Three-quarters of the patients referred by general practitioners (GPs) were willing to engage in a six-session psycho-educational group-based cognitive behaviour therapy (CBT) program for depression.
- Beck Depression Inventory (BDI-II) scores were substantially lower following program completion and these differences were maintained at the 6-month follow-up.
- Community mental health services and GPs need to develop stronger partnerships, which include the routine delivery and evaluation of group-based CBT interventions, particularly in regions with limited access to other programs, such as rural areas

Program Effectiveness

- The identified goals were met by the group-based CBT program.
 - Acceptability to stakeholders
 - Consistent program delivery
 - Patient satisfaction
 - Clinicians trained in an evidence-based treatment for depression
 - Demonstrable and sustained program benefits.

CBT skills classes in the Northern Area

- Responding to Community needs
- Commenced in Gunnedah in March 2008.
- Partnership with Centacare.
- Commenced in Manilla/Barraba in October 2008
- Roll out across the Northern area

Cognitive Behaviour Therapy (CBT) Skills Classes

for patients with
mild to moderate depression

limit of 18
in a class

GP REFERRAL ONLY

FREE
classes

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> * Suffering Depression * 18 – 75 years * GP to continue to monitor patient * Basic reading and writing skills * If being treated by other therapist(s), to have consulted with them before attending * Committed to attending 6 consecutive classes 	<ul style="list-style-type: none"> * Exhibiting current psychotic symptoms * Acute current suicidal ideation/behaviours * A history of organically based cognitive dysfunction

To refer to the classes, referring GP and all patient contact details **must** be provided on the form below.

Please **fax** the completed form to Centacare NENW on
02 6762 0644

GP Name: _____

GP Telephone No: _____ GP Fax No: _____

Patient Details:

Surname:	Other Names:	Gender:	D.O.B:
Street Address:		Suburb:	Postcode:
Home Phone No:	Work Phone No:	Mobile No:	
Medicare No:		Reference No:	Expiry:

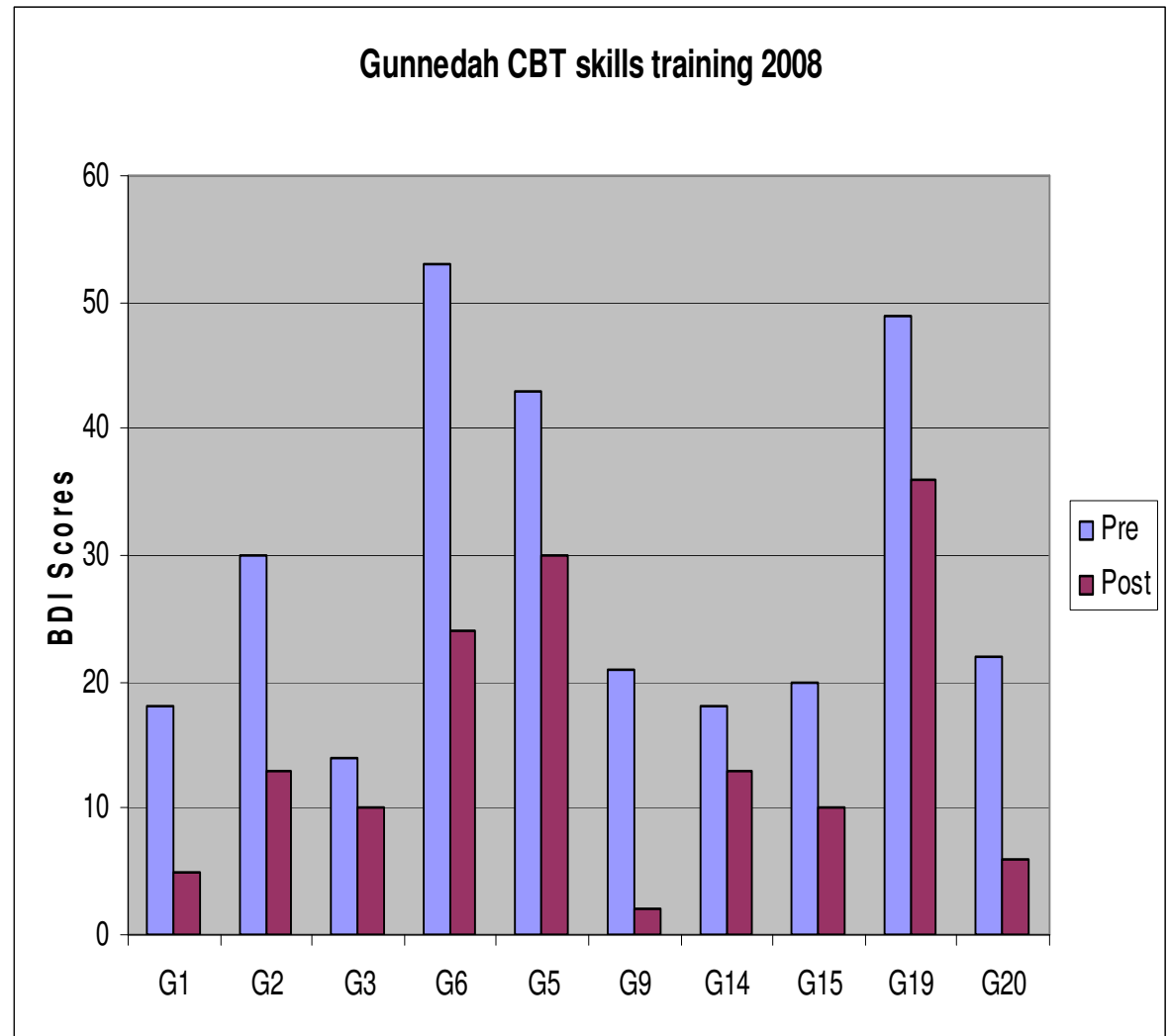
GP referral form

- Ensures depression is the diagnosis.
- Ensures that they fit the criteria.
- Ensures there is no urgency



Measures

- Beck Depression Inventory-II.
-Supervision from psychologist.





Hunter New England Area Health Service

Cognitive Behaviour Therapy Training Classes EVALUATION FORM

Please evaluate the program you have just completed by answering the following questions. Circle the number that best reflects your opinion. Your honest answer, whether positive or negative, will give us feedback to make the program better:

1. How effective was the program in helping you with your problems?

1	2	3	4	5
Not Effective	Reasonably Effective	Moderately Effective	Very Effective	Extremely Effective

2. How helpful were the *exercises and homework* in this program?

1	2	3	4	5
Not Useful	Reasonably Useful	Moderately Useful	Very Useful	Extremely Useful

3. Were the skills you learned in this program useful for *copng with your problems*?

1	2	3	4	5
Not Useful	Reasonably Useful	Moderately Useful	Very Useful	Extremely Useful

4. Overall, how would you rate the *quality of this program*?

1	2	3	4	5
Low Quality	Reasonably Quality	Moderately Quality	Very Good Quality	Excellent Quality

5. If someone with a similar problem to yours asked for recommendations, how would you describe the *usefulness of this program*?

1	2	3	4	5
Not Useful	Reasonably Useful	Moderately Useful	Very Useful	Extremely Useful

6. If you could go back to remake your decision about this program, would you *do it again*?

1	2	3	4	5
No, Definitely Not	Probably Not	Uncertain	Probably Yes	Yes, Definitely

7. How successfully were your *goals met* by this program?

1	2	3	4	5
Not Met	Reasonably Met	Moderately Met	Very Well Met	Extremely Effective

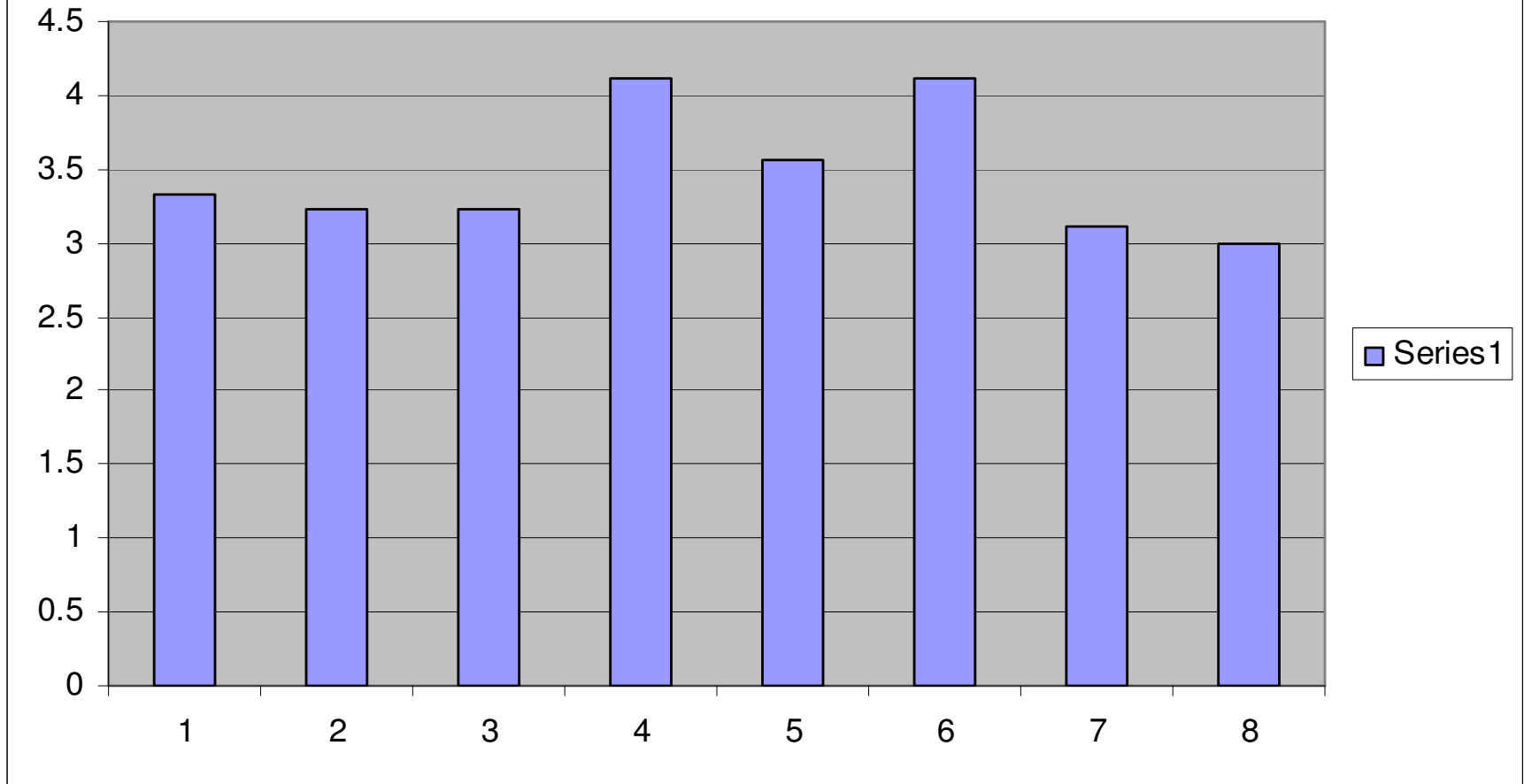
8. How would you rate your *improvement in the symptoms* that concerned you most?

1	2	3	4	5
Not Improved	Reasonably Improved	Moderately Improved	Very Improved	Extremely Improved

Participants Evaluation Form



Participant Evaluation for Gunnedah CBT skills training





Peel Mental Health Service

Hunter New England Area Health Service

Cognitive Behaviour Therapy (CBT) skill Classes

Feedback Form

**COPY TO:
CLASS PARTICIPANT
AND GP**

CLASS PARTICIPANT:

Permission Given: _____

ADDRESS: _____ **DOB:** _____

GP: _____

GP FAX NO: _____

NUMBER OF CLASSES ATTENDED: (CIRCLED)

1 2 3 4 5 6

BDI Range

Completed at class 1 and class 6 (Circled):

NO IMPROVEMENT

IMPROVEMENT

EVALUATION RESPONSE

The client reported to find the class (Circled):

HELPFUL

NOT HELPFUL

RECOMMENDED FOLLOW-UP

Continue to practice and develop CBT skills	
On-going reviews with GP	
Medication review with GP	
Referral for counselling through the Better Access programme or through other community centres.	
Community Mental Health Service	

GP Feedback Form

Benefits for Class Participants

- Non-threatening classroom environment.
- Reduction in isolation.
- Learn through class interactions.
- Available service

Benefits for Clinicians

- Develop skills both in CBT and group work.
- Develop stronger relationships with NGOs.
- Closer links to community-Population Health Model.

Monitoring for Clinicians

- Train the trainer
- Evaluation Forms
- Supervision groups.
- Centre for Brain and Mental Health Research