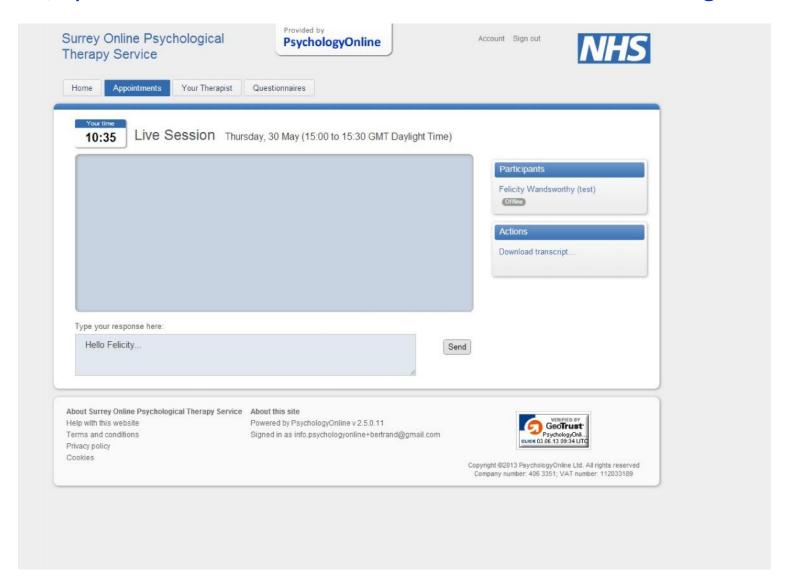
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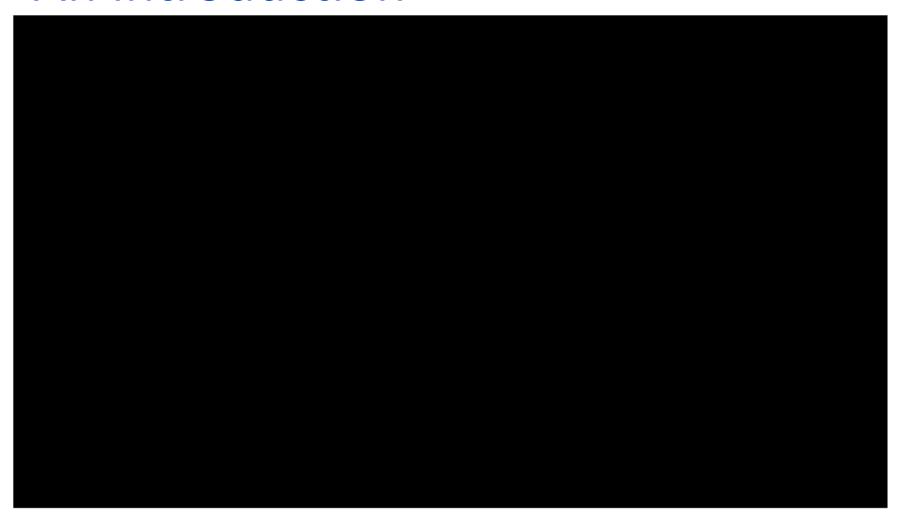


Live One-to-One Cognitive Behavioural Therapy over the Internet

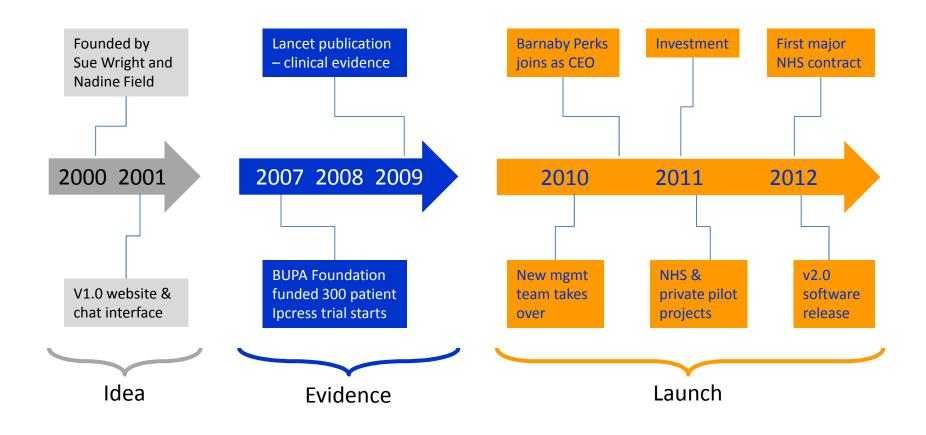
Live, synchronous text-based CBT in a secure online meeting room



An introduction



PsychologyOnline timeline



Experience

- 2007-2009: 300 patient clinical trail resulting in Lancet publication
- 2012: pilots v1.0
 - Generate user requirements for v2.0 software
 - 2 NHS (Oxfordshire IAPT, Buckinghamshire IAPT)
 - 1 private (Right Workplace Management)
- 2012: 100 patient waiting list project (Surrey IAPT) v2.0 & v2.1
 - Develop software based on use in live environment
- 2012-13: Norfolk Child & Adolescent Mental Health Service v2.2
 - Test system in CAMHS environment and specify CAMHS functionality
- 2013 Berkshire IAPT v2.2
 - 20 patient project as pilot for wider rollout
- 2013: Private online GP referral project v2.3
 - Secure messaging between services
- 2013: Surrey AQP contract
 - Direct referrals from GPs

Proven effective by peer-reviewed research

Kessler et al, 2009, Lancet, 374, 628

THE LANCET

Therapist-delivered internet psychotherapy for depression in primary care: a randomised controlled trial

David Kessler, Glyn Lewis, Surinder Kaur, Nicola Wiles, Michael King, Scott Weich, Debbie J Sharp, Ricardo Araya, Sandra Hollinghurst, Tim J Peters

Summary

Lancet 2009; 374: 628-34 See Editorial page 587

See Comment page 594

Academic Unit of Primary Health Care, NIHR National School for Primary Care Research (D Kessler MD, S Kaur BSc, Prof D J Sharp PhD, S Hollinghurst MA, Prof T J Peters PhD) and Academic Unit of Psychiatry (Prof G Lewis PhD, N Wiles PhD, Prof R Araya PhD), Department of Community Based Medicine. University of Bristol, Bristol, UK; Department of Mental Health Sciences, Royal Free Campus, London, UK (Prof M King PhD); and Health Sciences Research Institute, University of Warwick,

Background Despite strong evidence for its effectiveness, cognitive-behavioural therapy (CBT) remains difficult to access. Computerised programs have been developed to improve accessibility, but whether these interventions are responsive to individual needs is unknown. We investigated the effectiveness of CBT delivered online in real time by a therapist for patients with depression in primary care.

Methods In this multicentre, randomised controlled trial, 297 individuals with a score of 14 or more on the Beck depression inventory (BDI) and a confirmed diagnosis of depression were recruited from 55 general practices in Bristol, London, and Warwickshire, UK. Participants were randomly assigned, by a computer-generated code, to online CBT in addition to usual care (intervention; n=149) or to usual care from their general practitioner while on an 8-month waiting list for online CBT (control; n=148). Participants, researchers involved in recruitment, and therapists were masked in advance to allocation. The primary outcome was recovery from depression (BDI score <10) at 4 months. Analysis was by intention to treat. This trial is registered, number ISRCTN 45444578.

Findings 113 participants in the intervention group and 97 in the control group completed 4-month follow-up. 43 (38%) patients recovered from depression (BDI score <10) in the intervention group versus 23 (24%) in the control group at 4 months (odds ratio $2 \cdot 39$, 95% CI $1 \cdot 23 - 4 \cdot 67$; p=0 ·011), and 46 (42%) versus 26 (26%) at 8 months ($2 \cdot 07$, $1 \cdot 11 - 3 \cdot 87$; p=0 ·023).

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Trial highlights

- 297 depressed patients allocated to receive online CBT or standard care
- At 4 months 38% recovery (BDI<10) in intervention group vs 24% in control group
- Effect maintained at eight months 42% vs 26%
- Median of six sessions needed for benefit
- Severely depressed benefited most
- Many patients found it easier to talk when not face-to-face with a therapist

Patient experience

- Therapy relationship enhanced rather than hindered by lack of body language or eye contact
 - Qualitative research showed that many people prefer the idea of online therapy to traditional methods
 - Relative anonymity reduces inhibition
 - Reduced pressure when answering questions allows patient to take time to formulate responses
 - Solipsistic introjection
- Text communication supports therapy
 - Forces order and logic into communication
 - Documents a narrative that can be reviewed and reflected upon during therapy sessions
 - Creates thinking space
 - Transcript available for download for review between sessions
 PsychologyOnline.co.uk

Patients who benefit

- People feeling shame about having a mental health problem
- Busy people who need appointments outside working hours
- Parents and carers who can't organise cover to attend meetings
- Non-English speakers & Ethnic minorities
- People with disabilities
 - Limited mobility
 - Communication aid users
- Patients in remote areas
- Patients with social anxiety disorder

Key Benefits

- Fast and Flexible
 - Quick within 24 hours
 - Available evenings and weekends
 - Multiple languages
- Cost effective
 - No travelling improve utilisation of service therapists
 - No room hire
 - Median 6 sessions to recovery vs 10 for face-to-face
- Enriched case management data
 - Verbatim transcripts of sessions
 - Online completion of questionnaires
 - Secure patient portal review scores and transcripts
 - Possible to integrate with IAPTus/PCMIS
- Strong information governance
 - IG toolkit registered
 - IG level 2 business
 - High data encryption (256 bit AES)
 - NHS server
 - Two part verification process to access site

- Outcomes based
- Improved quality
- Cost saving
- Integrates into current service provision

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Therapists

- PsychologyOnline Clinical Affiliates
 - ->100 BABCP Accredited CBT Therapists and Chartered Psychologists
 - Rigorous selection and governance process
 - DBS (CRB), qualifications, accreditations, references
 - Supervision to IAPT standards
 - Varied specialisms
 - Multiple languages
 - Available out-of-hours at no extra cost

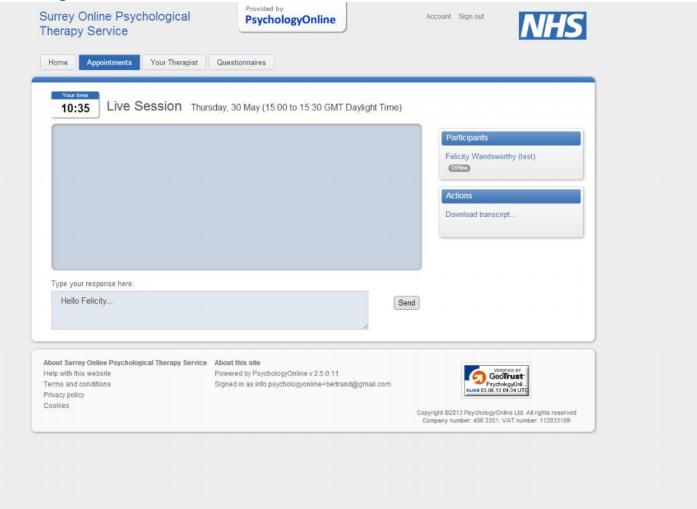


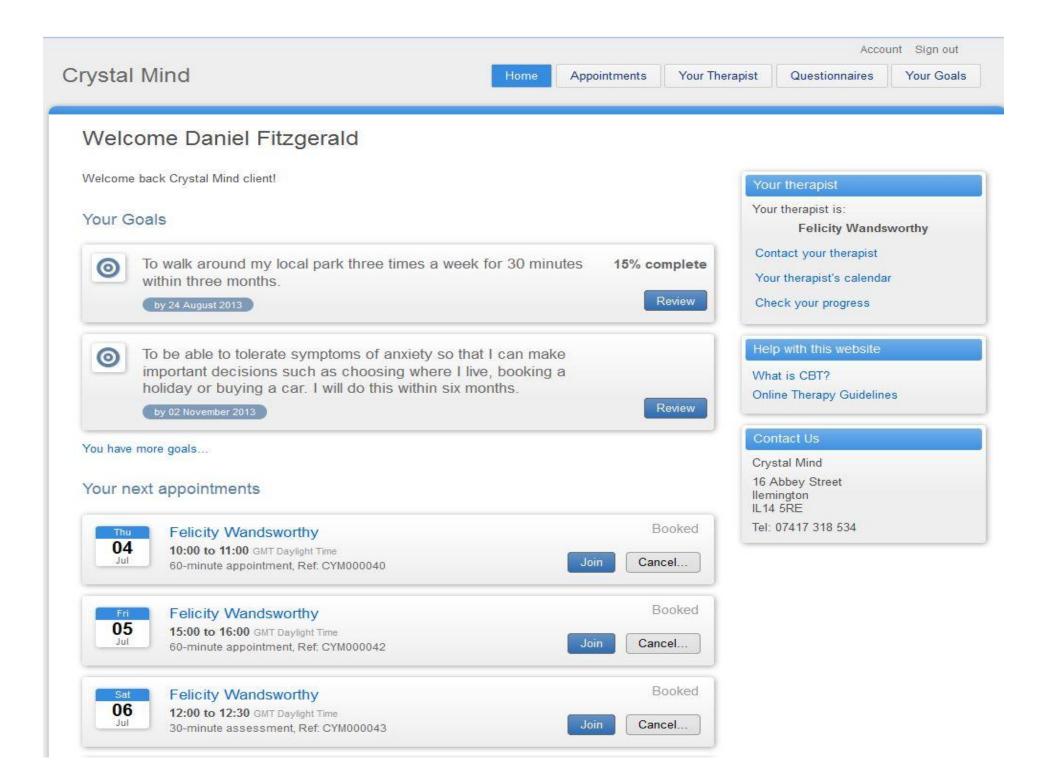


Web interface

- Unique web address for NHS Surrey
- Content, colour scheme and general contact information customised for NHS Surrey
 - Looks and feels like a service website
- Patient Portal
 - Can be used with any form of therapy online, face-toface, telephone, cCBT
 - Online completion of MDS questionnaires
 - Graphs of MDS scores viewable in patient login area
 - Asynchronous messaging between patient and therapist/service between sessions
 - Homework can be sent as attachments within the site

Surrey Site





Surrey Site

Patients and therapists can see the graphical representation of the MDS scores



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