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Self-Help Access in Routine primary Care (SHARP) Training manual

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SHARP TRAINING MANUAL

**Self
Help
Access in
Routine
Primary care**

www.primarycare-selfhelp.co.uk

Version 1. July 2010

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An Overview of the SHARP approach

Health practitioners have to deal with mental health issues in whatever setting they choose to practice. Whether they are a GP working in a deprived inner city area, a Midwife visiting mothers-to-be from a range of ethnic backgrounds, a Health Trainer running groups for overweight teenagers, a Substance Abuse worker tackling drug abuse in a prison or a District Nurse covering a large rural patch, the chances are that they will meet someone who is stressed, anxious or depressed every day of their working lives.

An American psychiatrist once said that 'the only way you can separate the mind from the body is with an axe'. Every physical health problem will have an effect on the sufferer's mental health, but many practitioners lack confidence in their ability to work with mental health issues, often choosing to focus their attention on the physical health issues that their patients present and which they feel sufficiently trained and competent to manage, while referring the mental health issue on to someone else better trained, if such a person is available.

Over the years we have frequently heard practitioners, often with many years experience, tell us that they are afraid to ask about anything to do with mental health, either because they don't know what to say if the patient starts opening up about their distress, or because they are afraid of 'making things worse', or both.

SHARP is aimed at helping practitioners gain the confidence to identify, acknowledge and work with their patients' mild stress, anxiety and depression issues. Both practitioner and patient will be encouraged to collaborate on identifying issues and possible solutions, using the '5 Areas' model that is widely used in Cognitive Behavioural Therapy (CBT), the NICE treatment of choice for most common mental health problems that can often be used instead of, or in combination with, more conventional treatments such as medication.

Far from adding to the practitioners' burden, SHARP actually takes the pressure off both practitioner and patient by allowing them to discuss mental health issues openly and sensitively without the expectation of a 'quick fix' or having to make dramatic life changes – it is not the responsibility of the practitioner to make the changes or fix the problem, their only responsibility is to offer the 5 Areas model and resources to their patients, offer them ongoing support and encouragement, and trust them to sort the problems out themselves to the best of their ability.

These resources can be used by anyone to make sense of and enhance their own lives and the lives of those they care for, whether as a professional practitioner or simply a concerned friend or family member. We hope that anyone using these resources and the 5 Areas model will use them in their own day-to-day lives first of all, just as we do, to show that we 'practice what we preach', and are not expecting anyone to try making changes to their thoughts, feelings and behaviours that we haven't tried for ourselves. We believe that using the 5 Areas model can make a profound difference to the way anyone sees themselves and their place in the wider world – but don't take our word for it, why not read on and try it for yourself!

The SHARP Project

The Aims Of SHARP

- *To support access to brief self help materials for mild to moderate anxiety and depression in routine primary care.*
- *To support practitioners in identifying suitable patients and their key problems and goals to be worked on.*
- *To help practitioners identify appropriate self-help materials for helping patients to achieve their goals.*
- *To help practitioners support patients in their use of self help materials.*
- *To enable practitioners to understand and work with the CBT based Five Areas Model*

How was SHARP Developed?

Self-Help Access in Routine Primary Care (SHARP) was a collaborative project that began in 2006 with support and funding from Yorkshire and the Humber Strategic Health Authority, the University of Huddersfield, Wakefield PCT and the South West Yorkshire Partnerships NHS Foundation Trust.

The original aim was to develop an accessible training programme along with a series of leaflets to enable primary care practitioners to provide appropriate self-help materials to patients they were seeing in their routine work. It therefore differed from the structured guided self-help interventions provided by mental health specialists.

The project started with the premise that practitioners were already working with their patients symptoms of anxiety and depression, but often in an unstructured and unsystematic way. SHARP was intended to make the help already being offered more systematic and, hopefully, more satisfying to both patient and practitioner. It was also seen as an opportunity to enable primary care practitioners to offer something other than medication or immediate referral on to a mental health practitioner, neither of which in many cases is not what is wanted by the patient.

In terms of NICE (National Institute for Health and Clinical Excellence) guidelines and stepped care, we see SHARP as sitting between watchful waiting, recommended for those with mild and often transient problems, and recommended low-intensity interventions, such as guided self-help, which are provided in structured sessions. Prior to writing this manual and refining the training we had consulted with primary care practitioners and carried out three pilot training courses.

Key elements of the SHARP approach:

1. The self-help leaflets and training is based on the cognitive behaviour therapy (CBT) based Five Areas model.
2. The leaflets are primarily aimed at helping people tackle and manage problems with mild-to-moderate anxiety and depression.
3. The training focuses on integrating the use of self-help leaflets into practitioners' current practice.
4. We see self-help as a normal, ongoing activity rather than a time limited intervention. It may or may not require professional support and SHARP is one way of helping professionals provide support.

What is available from SHARP?

SHARP supports self-help for mild to moderate anxiety and depression in primary care at 2 levels:

1. Access to brief, self-help leaflets and links to other recommended self-help materials. These are accessed via the website
2. Training to support patients to make use of the self-help leaflets. The training is brief, based on the CBT 5 areas model and complements the way professionals in primary care currently work. This is also supported via a forum where professionals can share good practice and seek advice.

Website

To support the training and delivery of the self-help leaflets, a website has been developed: www.primarycare-selfhelp.co.uk

For more information on the website and accessing leaflets, see pages 32-34 and 37-38.

Self-help leaflets

A number of self-help leaflets have been developed, all of which are just one or two pages long. Many are completely original; others are based on the self-help books, *Overcoming depression*¹ and *Overcoming anxiety*² with the author Chris Williams's permission. More leaflets are being developed as the need arises.

There are 2 versions of most leaflets – full versions and ‘lite’ versions which are intended to be easier to read and discuss and contain the main points from the full versions.

The intention is that each leaflet should contain enough information for discussion within one consultation, and that clients would access appropriate leaflets over time which they would be encouraged to make use of in between contacts with the practitioner who is acting as their ‘guide’.

We acknowledge that the leaflets may not be accessible to those with literacy problems or whose first language is not English.

Discussion Forum

On the website there is also a discussion forum, where professionals can share practice and request advice. Access to the forum requires registration.

Further Links and resources

There are also links to other self-help websites and resources.

SHARP Training

What will be covered

The SHARP training will cover the following areas:

- Introduction to guided self-help for anxiety and depression, including NHS Policy context
- Key elements of the approach
- The 5 areas model (on which SHARP is based).
- Accessing and using the self-help materials (website, leaflets, forum)
- Engaging and supporting patients in guided self help
- Using it in your work setting
- Trying out self-help techniques for yourself

Recommended structure of the training

- One full day or two half-day workshops, covering:
 - Half day on: Introduction to GSH, NHS policy context, the Five Areas model, introducing the self-help materials (websites, leaflets).
 - Half day on: How to identify suitable patients and their key problems and goals, engaging practitioners in guided self-help and supporting their use of the leaflets.
- Follow-up half day workshop after three to four months to review practice
- Use of video demonstrations and role plays of consultations
- Access to on line advice via the forum.

Introduction to self help approaches to anxiety and depression

Why Self Help?

- When people are having problems they naturally seek information to help themselves but the problem is knowing what information is useful and where to access it.
- Self-help works in the following ways.
 - Increases patient choice in primary care
 - Increases knowledge and self awareness
 - Can help in preventing physical and mental health problems through promoting a healthy lifestyle
 - Can support people in managing their long term physical and mental health problems
 - Can help to increase people's sense of control over their mental health problems and their recovery.
- There is evidence that self-help approaches can be effective with mild to moderate mental health problems, particularly anxiety and depression (see NICE guidance references on page 41).
- Although many people will benefit from self-help materials without support, some will make more progress with support – this is what we call guided or supported self-help.

Self-help, self management and self care

- These are all similar terms used to describe the ways in which people manage their lives and their problems.
- We all use strategies to help ourselves, some of which are helpful, others not.
- Some strategies are detrimental, such as avoidance or substance misuse.
- It is important to identify the helpful and unhelpful strategies and then to reduce the unhelpful ones and build on the helpful ones.
- So, self-help is not just about learning new strategies, it is important to build on the helpful ones that already exist
- Although this seems so obvious, we can ALL benefit from putting this simple idea into practice in our everyday lives. Practitioners undertaking the SHARP training are encouraged to do just this.
- It is important for professionals and patients to work together using this approach.
- This manual describes just one particular approach to self-help – improving access to self-help for clients who come into contact with primary care professionals

NHS Policy Context

SHARP supports a number of NHS policies and guidelines:

National Institute for Health and Clinical Excellence (NICE) guidance

SHARP supports self-help approaches for anxiety and depression which are recommended in NICE guidance^{3,4}. The guidance also recommends a stepped care model and we see SHARP as between watchful waiting and low intensity interventions.

Improving Access to Psychological Therapies (IAPT) see www.iapt.nhs.uk.

IAPT is a programme with the main aim of supporting Primary Care Trusts in implementing the NICE guidelines for people suffering from depression and anxiety disorders. It came about through acknowledgement that only a quarter of the 6 million people in the UK with these conditions are in treatment. This has consequences on the individuals, their families, the workplace and wider society and economy.

SHARP can be used to identify patients who might benefit from referral on to IAPT services and help the patient get used to using self-help approaches which is an important part of the IAPT approach.

New Horizons

“New Horizons’ is a new strategy that will promote good mental health and well-being, whilst improving services for people who have mental health problems. It will build on the National Service Framework for mental health – widely acknowledged as the catalyst for a transformation in mental health care over the last ten years – which comes to an end in 2009.” Phil Hope, Care Services Minister, 10 August 2009.

SHARP is therefore consistent with New Horizons in that it supports and promotes good mental health and well being in the population in general as well as providing information and support for those who are experiencing mild to moderate mental health problems.

Other policies and guidelines.

There are a range of policies, guidelines and strategies that promote a self care, self management approach to the management of long term health conditions and in preventing ill health. Long term physical health problems often result in anxiety and depression and self-help approaches can help prevent mental health problems.

Why Guided Self Help?

Self-help interventions for mental health problems have achieved prominence in recent years, mainly due to:

- The publication of NICE guidelines that recommend CBT-based guided self-help for mild-to-moderate anxiety³ and depression⁴.
- The development of Improving access to psychological therapies (IAPT) services which include guided self help as one of the *low intensity interventions*.

What is Guided Self Help?

Guided Self-Help (GSH) can be defined as a structured treatment method with which the patient can help themselves with some support from another person. There is a distinction between simply providing information to people and providing guided self-help. GSH is a more structured approach which requires the recipient to work with the contents of the self-help material to overcome their problems and achieve their goals. Most current recommended self-help approaches use a cognitive behavioural or problem-solving approach.

Although guided self-help interventions can vary a great deal, particularly in terms of number and length of sessions, we suggest the following main elements of guided self-help are:

- Engaging the person in guided self-help
- Identifying key problems and goals to work on
- Identifying appropriate self-help materials
- Supporting the person in their efforts to change
- Review progress and the need for further help
- Use of assessment and outcome measures to help assessment and review of progress

The guidance may be provided face to face or by telephone, email or websites. It is important to be flexible and innovative in the type of self-help materials and the support given.

Stepped Care

It is now widely accepted that new psychological therapies services should be provided within a stepped-care service model. Stepped care is a system of service delivery and monitoring of outcomes so that the least resource-intensive, but effective, treatments are delivered to patients first⁵. This will improve access. It is important that those who clearly have complex problems are given the appropriate level of service as soon as possible.

According to the IAPT website, stepped care has two principles:

- “Treatment should always have the best chance of delivering positive outcomes while burdening the patient as little as possible.
- “A system of scheduled review to detect and act on non-improvement must be in place to enable stepping up to more intensive treatments, stepping down where a less intensive treatment becomes appropriate and stepping out when an alternative treatment or no treatment become appropriate”.

Where does SHARP fit into stepped care?

In terms of the 2009 NICE guidelines (<http://guidance.nice.org.uk/CG90>) SHARP is at step 1 (see page 11). It should be part of the support given by primary care practitioners for people with mild to moderate anxiety and depression. It may help identify those who should be referred to IAPT services to receive either low or high intensity interventions.

SHARP must therefore not be seen as a replacement for structured low or high intensity interventions for those patients that need them, but rather as an addition to support and monitoring in primary care, where more intensive interventions may not be needed, or wanted, by the patient. SHARP could also be utilised in cases of mild to moderate problems where more intensive interventions have been refused, or it could be offered in place of, or in addition to, conventional treatment such as medication.

We believe that by encouraging people with self-help at an early stage, they become accustomed to the self-help approach and it prepares them to make better use of CBT based interventions if required.

**Figure 1. The stepped-care model
(adapted from NICE Guidance CG90– October 2009)**

Focus of the intervention	Nature of the intervention
STEP 4: Severe and complex depression; risk to life; severe self-neglect	Medication, high-intensity psychological interventions, electroconvulsive therapy, crisis service, combined treatments, multiprofessional and inpatient care
STEP 3: Persistent subthreshold depressive symptoms or mild to moderate depression with inadequate response to initial interventions; moderate and severe depression	Medication, high-intensity psychological interventions, combined treatments, collaborative care and referral for further assessment and interventions
STEP 2: Persistent subthreshold depressive symptoms; mild to moderate depression	Low-intensity psychosocial interventions, psychological interventions, medication and referral for further assessment and interventions
STEP 1: All known and suspected presentations of depression	Assessment, support, psychoeducation, active monitoring and referral for further assessment and interventions SHARP belongs here

Other low intensity interventions

- ‘Pure’ self-help (such as books on prescription schemes)
- Behavioural activation
- Sign posting to other services
- Medication support
- Structured exercise
- Psycho-educational groups
- Computerised CBT

Which Patients Are Suitable For SHARP?

We believe that most people can benefit from guided self-help but, inevitably, some will benefit more than others. Timing is also important – if it doesn't work for someone it doesn't mean it never will. It is important to remember that:-

- Some people will take longer, sometimes a lot longer, to use self-help than others, so don't give up too early, keep offering it to them when appropriate.
- Sometimes changes in circumstances will make using self-help more difficult, but again that doesn't mean you can't go back to using self-help when things have settled down.

Some people that YOU think will benefit from guided self-help do not, and vice versa – prepare to be surprised!

Guided self-help is recommended for people with mild to moderate anxiety and depression. This is certainly true of the SHARP approach which involves support from a practitioner who may not be a mental health specialist.

Guided self-help is only one possible option. If a person does not engage with it the time may not be right for them. It is important not to raise a person's expectations so they feel they have failed if they cannot benefit. It should be provided as an option that may help them at the time, not as the only thing available to them.

If their problems are causing them significant problems be prepared to refer the person on to other, more specialised services such as the IAPT service.

We believe that guided self-help should NOT be offered to patients with more severe problems or to those with significant alcohol or drug abuse problems – if you become aware that such problems might exist then we recommend you consider a referral to a more specialist service depending on local protocols. It may be the IAPT service, secondary care services or the drugs or alcohol service for example.

If at any time you have concerns that a patient might be a risk to themselves or to others then follow the risk management protocol operating in your area.

Engaging patients in self-help

- Many patients/clients will have grown up with the idea that 'health care' is about being told what to do by people who know best, and some health professionals may also believe this to a greater or lesser extent.
- However, over recent years the thrust within the health service has been towards a much greater involvement of the individual in their own health care and in taking greater responsibility for their own physical and mental health.
- Managing physical health has been at the forefront in such campaigns as smoking cessation, alcohol awareness and obesity, but more attention is now being paid to mental health issues which can be just as debilitating and difficult to treat when the problem has become well established.
- SHARP is intended to encourage practitioners and their patients to engage in a dialogue about mental health issues that is more than just giving the patient a leaflet and letting them get on with it. Guided Self Help (GSH) should be exactly what it says – self help that is carried out by the patient with guidance from another person, who could be anyone, not just a health professional.
- SHARP can be used as a 'stand-alone' package but can also be used with patients already engaged, for example a patient seeing their GP for back pain, a young mum seeing their health visitor for child care advice, a health trainer discussing healthy eating with an overweight teenager or a substance abuse worker discussing a client's excess alcohol intake.
- The '5 Areas' model can provide a structure in which any aspect of a person's health can be included and linked to that person's thoughts, feelings, behaviour and life circumstances. Patients can present with issues in any of the 5 areas, though issues in the 'feeling' level – physical symptoms and feelings and moods – are most commonly complained of, for example difficulties with sleep or tiredness, or subjective feelings of anxiety or depression. Using the 5 Areas model, the patient can be helped to see how their depressed mood, for example, can be affected by their own thoughts, behaviour and physical symptoms, both helpfully and unhelpfully. Look at the two case examples, Carol and Ben, on pages 26 and 27 to see the 5 Areas model in action – it can be used in any conceivable situation with any presenting issue. (continued next page)

Engaging patients in self-help (continued)

- Engaging the patient/client can be a simple matter of asking a few questions to start with – open questions such as ‘How are you feeling right now?’ or ‘When we talk about your back pain, what goes through your mind?’ , ‘How do you feel when you get up in the morning knowing you haven’t got a job to go to?’ or ‘What is it like when you are on your own in the house and the kids start fighting?’ Questions such as this, asked with sensitivity, can encourage the patient to talk about their thoughts and feelings without fear of being judged or criticised, and the ‘5 Areas’ model can help both them and their guide to understand and face their problems or to seek more intensive help if appropriate.
- The SHARP training will help practitioners make use of simple rating scales, open questions and listening skills (that many practitioners already possess) in a structured way, with patients who recognise that they may have a mild to moderate mental health problem and who want to do something about it themselves. The ‘help’ is in the materials and the guidance is offered, but never imposed, by the practitioner. The training covers pacing; collaboration; identifying problems and also skills and resources, both internal and external. The emphasis is on helping the patient to help themselves, NOT jumping in with solutions, telling the patient what to do or sorting the problem out for them – this only puts pressure on the professional to come up with the ‘right’ solution, and pressure on the patient to accept the solution offered, whether they want to or not. The patient needs encouragement to build their own knowledge, skills and resources in partnership with their guide , rather than become dependent upon them. In our experience, it is not what is said by the practitioner that makes a difference – it is the sense that the patient makes of what is said, and the way that they put it into practice in their own lives that really counts. Used in this way, the 5 Areas can help take the pressure OFF both professional and patient by coming up with possibilities to explore, rather than a ‘quick fix’ that may not work or may even leave the patient feeling worse off.
- Finally, it may be worth emphasising that THESE SKILLS ARE FOR LIFE! – for you and for your patients – and that practising these self-help skills can help prevent further lapses into anxiety or depression in the future.

Guided Self-help, the Five Areas Model and SMART Goals

The five areas model is a pragmatic and accessible model of assessment and management. The first step is to identify whether the patient has symptoms of mild-to-moderate anxiety or depression which they wish to get help with and which the practitioner has the skills and relationship with the patient to offer. Then, if the patient/client is willing to engage and can work with the 5 areas model, the next step is defining problems and developing smart goals. Appropriate self-help leaflets and materials are then offered and progress is reviewed at every meeting, with the practitioner seeking their own support through other practitioners or the SHARP website if they wish. This process can take as long as necessary, or be ongoing, and should stay focused on the 5 areas model as far as possible.

This model shows the main elements of the approach:

Consultation – This refers to the routine consultation in primary care. The patient may present with any problem but if problems of anxiety and/or depression become apparent you may wish to introduce the idea of self-help

Engagement – This is described on the previous page.

Defining main problems and goals – It is important to identify SMART goals – see page 16.

Selecting the self help materials

Support/ review – discussing:

- the leaflets
- progress
- barriers to progress
- options for further help

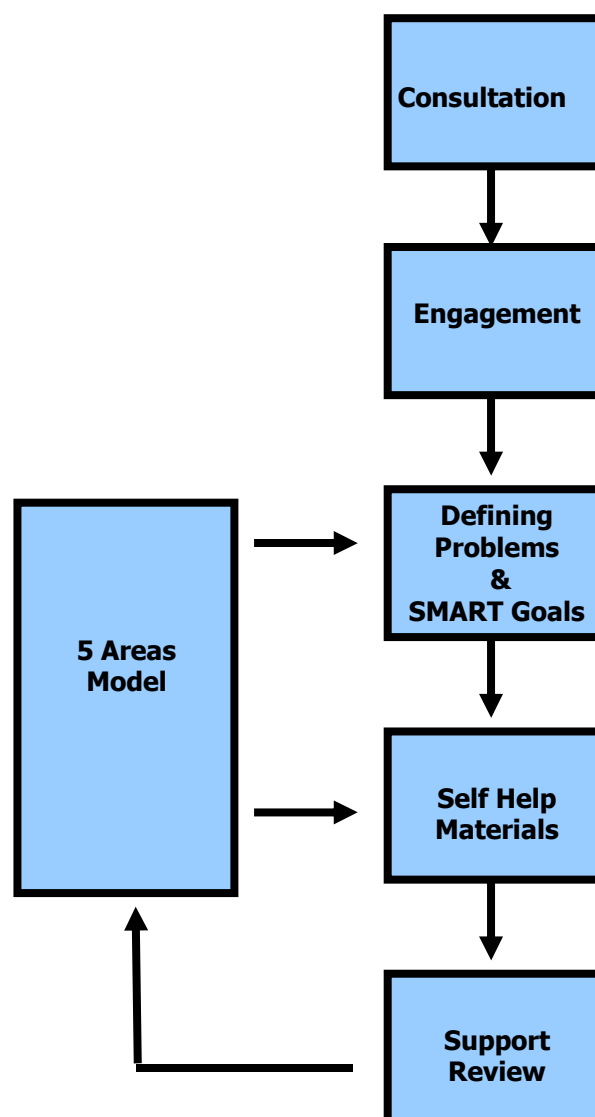


Figure 2. SHARP Process Model

SMART Goals

The 5 areas model is a problem focused approach, it is therefore necessary to identify the specific problems that the 5 Areas approach will be used to tackle. The patient is encouraged to identify specific problems using the 5 Areas model and then identify SMART goals that might help to ease or resolve each problem. 'SMART' is a way of setting five criteria that addresses the problem and creates a usable, feasible plan to tackle it. SMART is an acronym for the process which stands for **S**pecific, **M**easurable, **A**greed, **R**ealistic and **T**imely.

Specific

- A well defined goal has a much better chance of being accomplished than a general goal. To set a specific goal you must be able to answer questions such as who and what are involved with the goal, where and when work towards the goal will be completed and why the goal is important. Specific strengths and resources, both internal and external, should also be included.

Measurable

- The goal has to be measurable with clear criteria for measuring progress. Questions that could be asked to attain these criteria are: What will be different if I accomplish this goal? How will I feel differently/think differently/behave differently?

Agreed

- Both the practitioner and the patient should be in agreement on what the goals should be so that both are working together, always 'singing from the same song sheet'. This will help in identifying goals that are most important.

Realistic

- A realistic goal must represent an objective toward which both patient and practitioner are *willing* and *able* to work. Ways to know if the goal is realistic is to determine if the patient has accomplished anything similar in the past or asking what conditions would have to exist to accomplish this goal – is this the right time to tackle this goal, will other people involved help to achieve it, and so on.

Timely

- Goals should be set to a time frame, as this makes them much more likely to be completed. To begin with these time frames should be relaxed with easily enough time to achieve each goal so that if there are any set backs there will still be time to meet the goal and avoid any sense of failure.

On the following page, the case examples of Carol and Ben are used to demonstrate how the practitioner in these cases could have used the initial consultation and the five areas model to help set a SMART goal in each case. It's important to remember that in reality it may not be practical to set several goals at the same time – it is often best to work on one goal at a time and hopefully build on any success.

The Five Areas Model

The Five Areas Model is a pragmatic and accessible model of assessment and management that aims to communicate fundamental principles and key clinical interventions in a clear language. This is not a new approach, it is a new way of communicating the existing evidence-based approach for use in a non-psychotherapy setting. It is a model that, we believe, can be applied to ANY human being at ANY time in their life, to help make sense of the world and their place in it. The model focuses on five areas that are affected in a person's life when they experience episodes of anxiety, stress and depression

- 1) The 'Outside World' – day-to-day life situations, practical problems and relationships
- 2) Thoughts and Images
- 3) Feelings and Moods
- 4) Physical Symptoms
- 5) Behaviour

Practitioners are advised to encourage their patients to fill in a blank five areas model with guidance from a health care professional. A blank copy can be found over the page and from the SHARP website.

www.primarycare-selfhelp.co.uk

The key message from the model is that as all of the five areas are interconnected, working on and improving aspects of the patient's problem in any of the five areas, should have a knock on effect on the other areas.

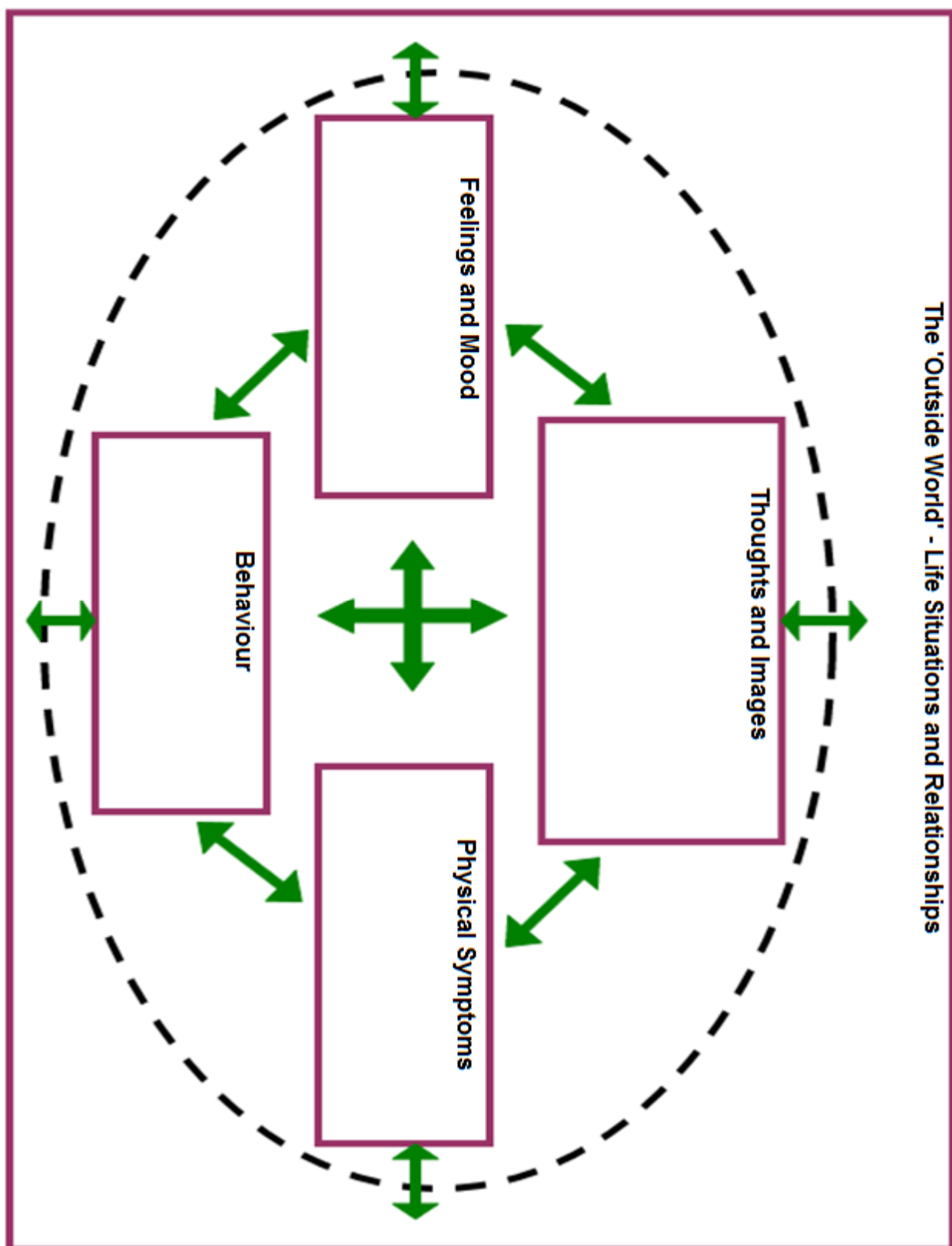
It is important to recognise that the 5 areas model should also encompass strengths and resources, both external and internal, that can be used in a structured way to help effect when tackling problems and issues. The aim is to build and reinforce effective coping strategies for use throughout the individual's life.

There are three main reasons for working with the patient to identify problems in each of the five areas.

- 1) To help us as practitioners to understand the impact of the problem on the patient's subjective experience.
- 2) To enable the patient to identify clear target areas for intervention, enabling the most effective provision of self help materials.
- 3) To help our patients. A five areas assessment is generally easily understood by patients and helps them to develop an understanding of the effect that their problem is having on their own and others' lives. This promotes insights that seemingly unconnected and diverse symptoms are in fact all different aspects of the same problem.

On the following page is a Five Areas Model showing how all of the areas are inter-connected. Following the model is a detailed summary of all of the five areas with examples of how a change in one area can affect any or all of the other areas.

The Five Area Model



The Five Different Areas explained

1) The 'Outside World' - Life situations and relationships

Many people face practical problems and the actions of people around them can create upsets and difficulties. These could include:

- Debts and housing difficulties.
- Problems in relationships with family, friends or colleagues.
- Life events such as deaths, redundancy and divorce.

EXAMPLE:- You get a letter at work saying that some staff may be made redundant (OUTSIDE WORLD). This triggers a sudden burst of anger (FEELING/MOOD) and you feel your teeth clenching (PHYSICAL SYMPTOM) and tell yourself "I am pregnant, so they are bound to get rid of me, its so unfair" (THOUGHT), you then immediately go and telephone your partner and burst into tears (BEHAVIOUR)

(Can you think of your own example?)

2) Thoughts and Images – This refers to the unhelpful thinking styles often seen in cases of anxiety and depression. These could include:

- Overlooking strengths / being overly self critical
- Unhelpfully dwelling on events putting a negative slant on them and only focusing on failures and difficulties.
- Having a gloomy view of the future, making negative predictions.
- Bringing up memories or images from the past that are extreme and unhelpful
- Mind reading and second guessing that others think badly of them.

• Unfairly bear responsibility if things do not go well.

• Overall thinking becomes extreme, with impossible to meet standards .

•EXAMPLE:- While you are watching a horror film about spiders (OUTSIDE WORLD) the memory pops into your head of seeing your mum terrified and screaming at the sight of a large spider when you were very young (IMAGE). You start to feel anxious (FEELING/MOOD) and sick (PHYSICAL SYMPTOM) and you leave the cinema early and get a taxi home (BEHAVIOUR).

(Can you think of your own example?)

3) Feelings and Mood – Commonly occurring mood states described by patients include:

- Low mood, depression, feeling blue, down, fed up, hacked off.
- Feeling flat or numb, with no capacity for enjoyment or pleasure.
- Anxiety, worry, stress, fear, panic
- Guilt
- Angry or irritable
- Shame or embarrassment

EXAMPLE:- You wake up feeling unhappy (FEELING/MOOD) after a poor nights sleep (PHYSICAL SYMPTOM) and think "I cannot cope with going to work today" (THOUGHT). You ring your boss (BEHAVIOUR) and he is annoyed because you are the second person to phone in sick (OUTSIDE WORLD). You stay in bed for the rest of the day (BEHAVIOUR) feeling miserable (FEELING/MOOD).

(Can you think of your own example?)

4) Physical symptoms – The physical changes that occur in depression and anxiety may include:

Altered sleep patterns
 Altered appetite/weight
 Reduced concentration and memory
 Reduced energy, tiredness, lethargy
 Reduced sex drive
 Pains, physical agitation / restlessness
 Inability to relax
 Feeling physically drained / exhausted
 Feeling sick (butterflies in stomach)
 Finding it difficult to get off to sleep
 Feeling hot, cold, clammy or sweaty
 Awareness of racing heart
 Shallow, fast and rapid breathing
 Pins and needles, tingling, tight chest.

Example:- You notice a lump in your neck (PHYSICAL SYMPTOM). You poke the lump a few times (BEHAVIOUR) and it seems to get redder and painful (PHYSICAL SYMPTOM). You think “I’ve got cancer” (THOUGHT) and you remember as a child seeing your father in bed dying of lung cancer (IMAGE). You get very anxious (FEELING/MOOD) and you immediately ring the GP to make an appointment (BEHAVIOUR).

(Can you think of your own example?)

5) Behaviour – Can be split into three types: Reduced Activity, Avoidance and Unhelpful Behaviours

A useful question to help identify **reduced activity** in depression is “What things have you stopped doing since feeling this way?” Has the person:

- Stopped meeting friends?
- Reduced socialising or being with others?
- Reduced hobbies and interests?
- Reduced pleasurable things in life?
- Find that life is becoming emptier?
- Reduced activities of daily living such as self-care or housework?

A useful question to identify areas of **avoidance** in anxiety is “What things have you stopped doing since feeling this way?”

- Are there situations, people or places that they are avoiding?
- Is there anywhere they cannot go or anything they cannot do?
- What would they be able to do if they were not feeling this way?

A useful question to ask to identify **unhelpful behaviours** is “What things have you started doing to cope with your feelings?” Are they:

- Constantly seeking reassurance?
- Only going out or to certain places when accompanied by other people?
- Misusing alcohol or illegal drugs?
- Misusing medication?
- Withdrawing from others?
- Actively pushing others away?
- Comfort eating?
- Harming themselves in some way as a means of blocking how they feel.

EXAMPLE:- Your best friend dies suddenly (OUTSIDE WORLD) and you are shocked and upset (FEELING/MOOD). You tell yourself “My life will never be the same again” (THOUGHT) and you seem to lose all your energy and drive (PHYSICAL SYMPTOM). You stop going to the pub where you and your friend used to meet (REDUCED ACTIVITY) and you don’t answer the phone when your other friends ring (AVOIDANCE). You start to drink heavily at home (UNHELPFUL BEHAVIOUR).

(Can you think of your own example?)

It is important to emphasise that the 5 areas model can, and should, include POSITIVE factors in any of the areas. Examples of positive/helpful aspects of each area are given below:-

1) The ‘Outside World’ - Life situations and relationships

Positive support from family and friends; spiritual advisers; professionals (such as the practitioner using SHARP/ GSH); an understanding employer; a change in environment or living circumstances; financial assistance or debt management help from organisations such as the Citizens Advice Bureau; help and support from other self-help or voluntary groups.

2) Thinking and Images

Helpful and positive thoughts to put in place of unhelpful and negative thoughts that are often prone to unhelpful thinking styles; helpful and positive memories from the past; learning to accept the presence of negative thoughts and memories without getting too upset or worried by them; learning to give credit to ourselves for any achievements however small, rather than mentally beating ourselves up for any setbacks or shortcomings.

3) Feelings and Mood

Feeling calm, relaxed and hopeful, letting go of worry about the future and guilt about the past; accepting that we can only live and change from moment to moment; taking prescribed medication that can often help lift our mood.

4) Physical Symptoms

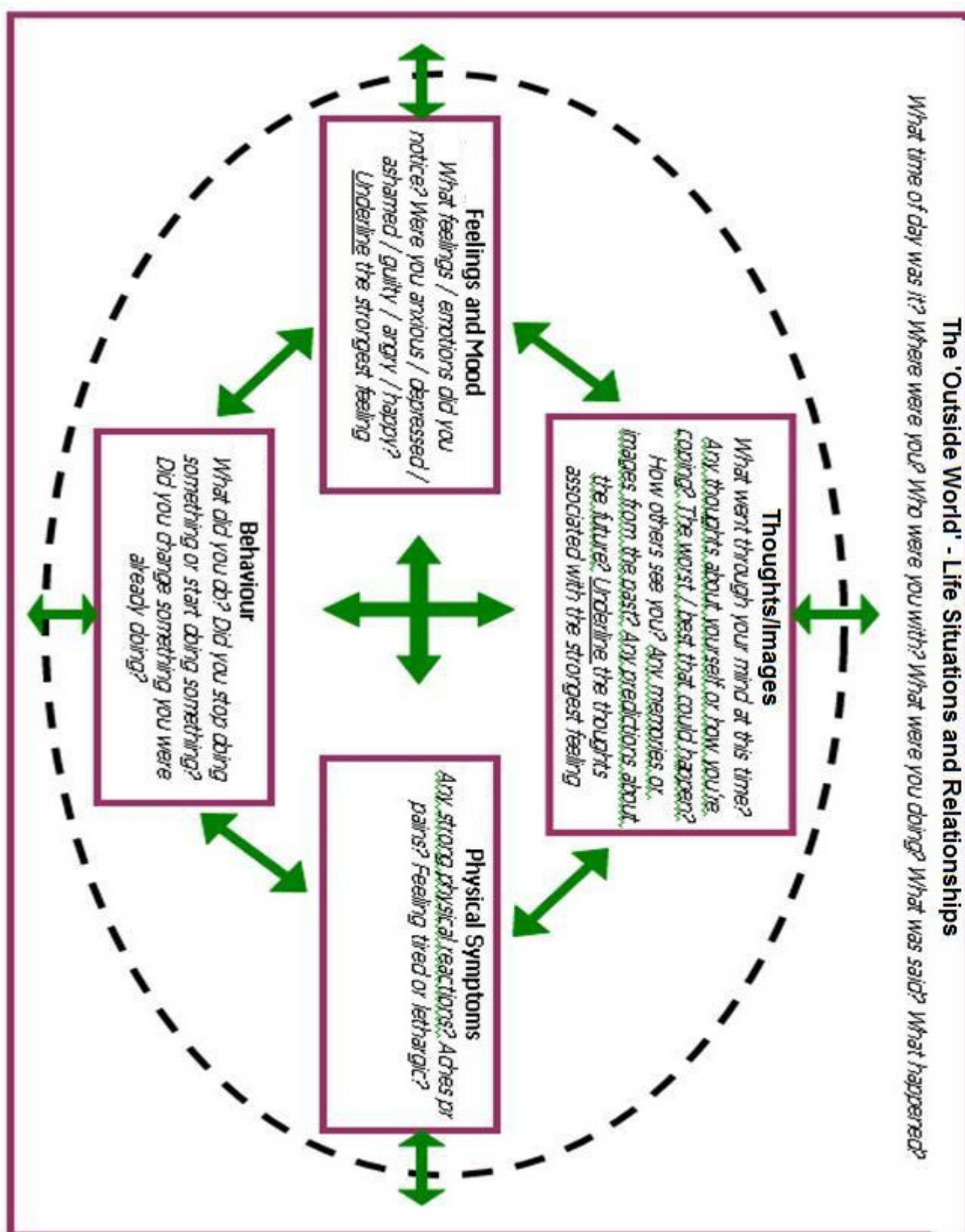
Choosing to relax and let go of tension; using relaxation exercises, relaxed breathing and meditation to manage our stress and tension; listening to what our body is telling us and acting accordingly.

5) Behaviour

Being assertive; asking for help when we need it; eating healthily and getting as much physical exercise as we can manage; choosing to mix with people who help us feel good about ourselves; choosing to do things that help us feel good about ourselves.

‘Resilience’ is a word used to describe our ability to help ourselves become less vulnerable to stress and distress and to recover more quickly from setbacks by building on our strengths and resources rather than dwelling on our problems and upsets, and by focusing our awareness on the present rather than worrying about the future or staying stuck in the past. The 5 areas model can be used to help build resilience as well as identify and tackle problems – ideally the two should go together.

The Five Area Model and Useful Questions



Case Examples

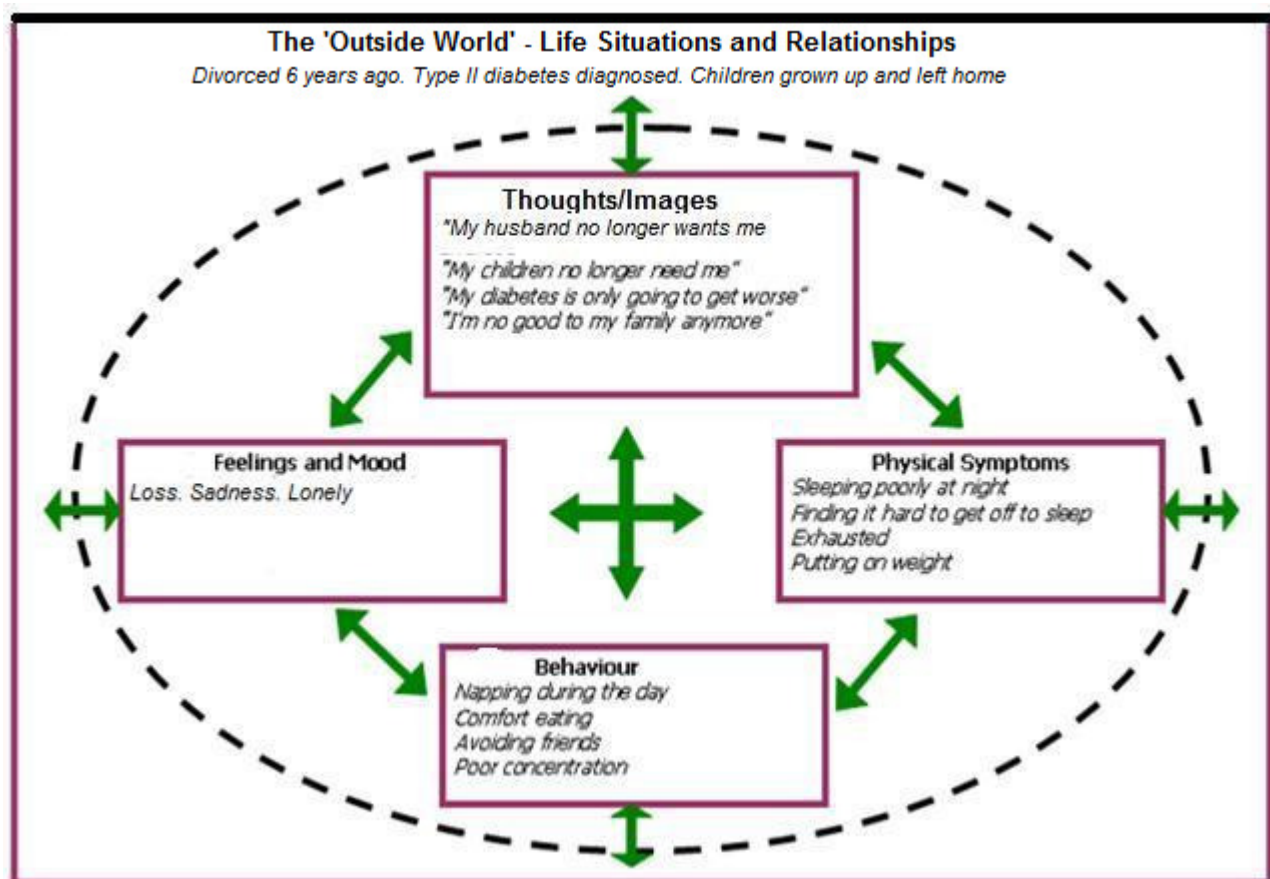
This section gives two examples of people who may benefit from self help materials. Examples are also given as to how the Five Areas model can be used to help with key problems.

Case Example 1 - Carol

Carol is a 47 year old woman who has presented to the GP's surgery complaining of sleeping problems. On taking her history the GP noted that she was divorced 6 years ago, which she has yet to come to terms with. She has also been diagnosed with Type II diabetes six months ago, which is a cause of worry for her as she doesn't know how bad things will get with it. Carol is currently living alone as both of her children have now left home and Carol reports missing the role of a mother.

Carol has identified that she has no pride in herself and is finding it hard to enjoy life, even the simple things that she used to enjoy. Carol has trouble sleeping, but is still managing to attend work, although she is finding it increasingly difficult to concentrate and is exhausted when she gets home, causing her to nap in the early evening.

Carol is also comfort eating when alone, something she has noticed more and more as she is feeling increasingly isolated, even though friends have offered to call round to see her and she sees her children regularly.

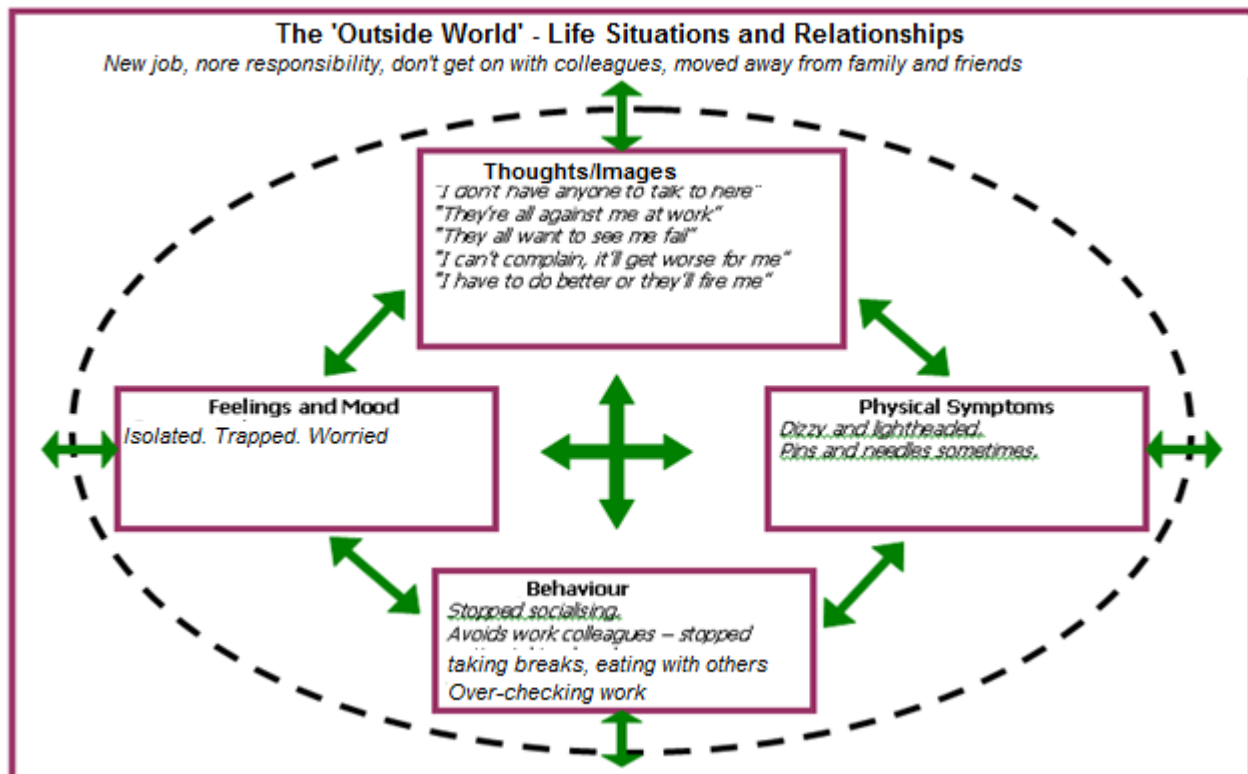


Case Example 2 - Ben

Ben is a 30 year old male who lives alone. He originally presented at a GP consultation due to having light headed and dizzy spells at work often accompanied with pins and needle sensations, which were getting progressively worse. After having all necessary tests, no medical cause could be found for the episodes. The GP spoke to Ben about anxiety and suggested medication, however Ben was reluctant. As both Ben and the GP thought the case was not too severe, the GP suggested a period of watchful waiting with the addition of an appointment with a Primary Care Nurse Practitioner to talk about life style changes Ben might want to think about.

From Ben's previous history taken by the GP and through talking to Ben, the Nurse Practitioner discovered that the dizzy spells started shortly after the time that Ben moved to a new job working as a customer complaints manager in a call centre. This was originally seen by Ben as a good opportunity with greater prospects and a better wage, however, this did come with more responsibility and required him to relocate some distance from home, away from friends and family. After starting the job Ben had a few minor setbacks and thinks that he has not fitted in well with his peers and he feels that he has become a victim of workplace bullying. He feels unable to do anything about this though as he doesn't want to cause trouble at a new place of work and fears any repercussions that might arise.

Due to these feelings of victimisation, Ben reports that he avoids taking breaks or chatting with his co-workers and sometimes skips lunch breaks altogether. Due to the initial setbacks at work Ben now also feels that he is being watched constantly so that his employers can find an excuse to fire him, this makes getting work finished hard as he feels he must over check all of his work in detail before submitting it.



Case Examples

Case Example 1 - Carol

After the initial consultation and filling in the five areas model, it appeared that Carol had several problems surrounding feeling isolated and the avoidance of friends and social situations. It was decided that this could be one of the problem areas addressed with self help strategies.

Carol and the practitioner decided that the best place to start would be for Carol to become more active and seek out ways of engaging with her friends again.

Specific – The practitioner will give Carol the self help leaflets giving advice on how to become more active. Carol said that she would read them after work the day after the consultation and start making plans as to when and with whom she could try and engage socially.

Measurable – Carol will have read the leaflets. Carol will have made a detailed list of at least three times during the week when she could engage in activities and a list of least of five people (family and friends) whom she could meet up with.

Agreed – Both Carol and the GP thought this would be a good idea.

Realistic – Carol thinks this is a realistic goal as it fits in with her behaviour prior to her problems coming along.

Timely – As Carol is on the watchful waiting tier of stepped care it was decided that she would have this accomplished in two weeks ready for her next appointment.

Case Example 2 - Ben

The consultation with the primary care nurse practitioner suggests that Ben is probably feeling anxious at work and it could be this causing the dizzy spells. The nurse practitioner felt that Ben could **initially** benefit from learning some relaxation techniques to generally help him de-stress and to help him through periods of high anxiety at work.

Specific – The nurse practitioner will give Ben self help materials on relaxation techniques and **relaxed** breathing. Ben will read these leaflets in the coming week and try the techniques at home before going to bed.

Measurable – Ben will read the leaflets and try out the various techniques in the first week. Ben will decide on the techniques that work the best for him and practice the techniques at least five times per week.

Agreed – Both Ben and the Nurse Practitioner feel this would be a suitable approach to tackle the anxious episodes, especially as Ben doesn't feel that medication is appropriate.

Realistic – Ben feels confident that he can pick up the relaxation techniques using the self help materials provided.

Timely – Ben plans to have established a relaxation schedule within a couple of weeks and will feed back on it at his next appointment.

In the longer term, Ben needs to tackle his anxious thoughts about his work and colleagues by, for example, checking out his belief that he is being victimised, perhaps by having a chat with his boss.

Which Leaflets To Give?

This section covers the way in which the Five Areas Model and the SMART goal setting can be used to help identify which self-help leaflets would be most useful for a particular problem and how to go about finding them.

The Five Areas Model And The Self Help Leaflets

Once a patient's problems have been identified, it will be necessary to locate and supply the self-help leaflets and guidance that are appropriate.

The SHARP website has all of the leaflets organised into problem headings (such as depression or anxiety) and also into headings which fit around the five areas model (such as behaviour and physical symptoms).

In addition there are other categories based on such things as supplying patients with information on how to use self help materials and areas detailing the resources and assessments available.

In each section there are suggestions for specific leaflets that may be useful for a patient, as well as a list of general leaflets that can be used in several different situations and should be considered for use in each case.

Below are several lists of the SHARP self help leaflets that are available, broken down into the different categories from the website.

Once the patient and practitioner, with the help of the five areas model and the SMART goals, have decided which problems will be tackled the appropriate leaflets can be supplied to the patient.

The next 3 pages show the leaflets available at 1 July 2010 although others will be developed over time as the need arises.

SELF-HELP ACCESS IN ROUTINE PRIMARY CARE

Getting started

- A Guide To Using Self-Help Leaflets
- Guided Self Help - An Introduction
- Guided Self Help - Advice For Family And Friends
- Guided Self Help Session Planner

The 5 Areas Model

- Anxiety - A Five Areas Model
- Blank Five Areas Form
- Completing Your Own 5 Areas Review
- Depression - A Five Areas Model
- Stress - A Five Areas Model

Understanding your problem

- Coping with trauma
- Depression during and after pregnancy
- Panic Attacks
- The Fight Flight Response
- Coping With Physical Ill Health
- Sleep Problems
- Self Assessment Form
- Recognising Unhelpful Thinking (2) - Thought Stopping And Rumination
- Recognising Practical Problems And Difficulties
- Recognising Helpful And Unhelpful Behaviours
- How Normal Stress Anxiety And Depression Can Develop Into A Problem
- Recognising Unhelpful Thinking (1) - Unhelpful Thinking Styles
- Depression - The ' Vicious Cycle' That Keeps It Going
- Depersonalisation
- Coping with Grief and Loss
- Coping With Chronic Pain
- The Physical Effects Of Anxiety

Monitoring your symptoms

- Alcohol Use Disorders Identification Test
- Daily Diary
- Problems And Goals List
- Patient Health Questionnaire – PHQ-9
- Patient Health Questionnaire - 2
- DASS Profile Sheet
- How to use DASS
- Depression Anxiety Stress Scales

Using the 5 areas model to manage your problem

- Assertiveness And You
- Relaxation
- Distraction
- Changing Unhelpful Thinking (3) - Guilt And Worry
- Changing Unhelpful Thinking (2) - Challenging Unhelpful Thoughts
- Changing Unhelpful Thinking (1) - A Beginning
- Changing Unhelpful Behaviour (2) - Alcohol And Drugs
- Changing Unhelpful Behaviours (1) - Becoming More Active
- Changing Practical Problems And Difficulties - The 7 Steps
- Relaxed Breathing

Other therapies and resources

- Further Self Help Resources
- Local And National Organisations
- Useful Questions For The Clinician Using Guided Self-Help
- Using Anti Anxiety Medication
- Using Anti-depressant Medication

Case Examples

Case Example 1 - Carol

Once Carol and her GP have completed a five areas model and talked about potential SMART goals, this information can then be used to try and narrow down which areas would be best to supply self help information on.

We can see from the five areas model that much of Carol's problems come from her changing life circumstances, her isolation and the worry that these cause. In addition Carol may also need some guidance about how to sleep and relax effectively.

From the SMART goal set by Carol and the GP of becoming more socially active, we know that the most suitable leaflets to give Carol would be ones based around this goal. However, Carol may also benefit from general advice on any of the areas identified by the five areas model. Therefore the GP could potentially give Carol any of the following leaflets:

Changing practical problems and difficulties – the 7 steps.

Changing unhelpful behaviours (1): Becoming more active.

Coping with physical ill health.

Guided self help an introduction.

Relaxation

Recognising unhelpful thinking

Sleep problems.

Case Example 2 - Ben

After going through the procedure of completing the five areas model and talking about SMART goals, leaflets were identified that could be given to Ben to help him with his problems.

Ben appears to be very anxious about his new working environment and living so far away from home.

From the SMART goals set by Ben and the Nurse Practitioner, we know that both feel that learning to relax and handle the stress Ben is under is important. Leaflets could be given around relaxation, however Ben may also benefit from more general advice and information on anxiety. Therefore Ben might find any of the following leaflets useful:

Guided self help an introduction.

How normal stress, anxiety and depression can develop into a problem

Panic attacks

Relaxation

Relaxed Breathing

The fight / flight response

The physical effects of anxiety

Finding The Self Help Leaflets

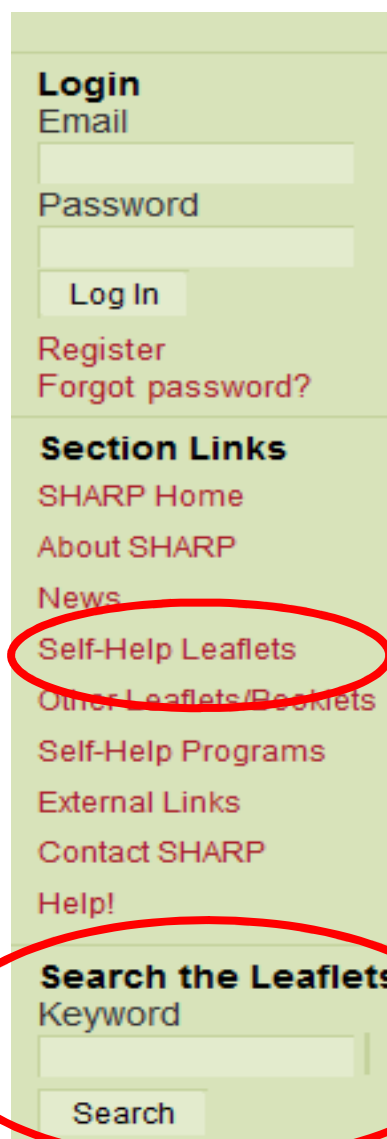
The website contains access to the leaflets via three routes:

The first route is the “select a leaflet” drop down list that, when opened, displays all of the self help leaflets available.

The second route is a tab on the Section Links panel on the SHARP website homepage. Opening this tab directs you to a separate screen in which the group headings described above are listed. Clicking on any of these headings, this opens up another list of all of the self help leaflets for that heading.

Finally there is the option to search all of the leaflets by keyword. This allows a clinician to find all of the leaflets that may be important for a particular problem.

On the next few pages is a guide to using all of the leaflet search methods.



Login
Email

Password

[Register](#)
[Forgot password?](#)

Section Links
[SHARP Home](#)
[About SHARP](#)
[News](#)
[Self-Help Leaflets](#)
[Other Leaflets/Booklets](#)
[Self-Help Programs](#)
[External Links](#)
[Contact SHARP](#)
[Help!](#)

Search the Leaflets
Keyword

Self-help leaflets →

Select a Leaflet...

When you click on the leaflet you have chosen you will see that for most leaflets the full and lite versions are available.

Self Help Leaflets

Understanding your problem

☐ Coping with trauma

Description

Methods of coping with traumatic events

Full

[View Full Version](#)

Lite

[View Lite Version](#)

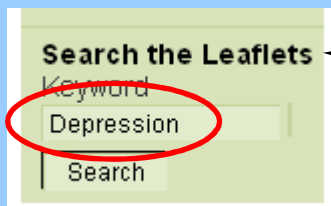
The Drop Down Box Search



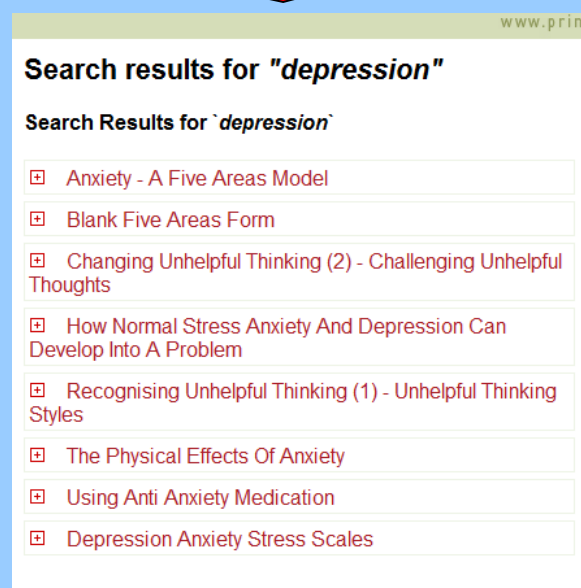
1. Click on the select a leaflet drop down box, located at the top of the SHARP homepage.
2. The drop down list will open showing all of the leaflets.
3. Move your cursor to the required leaflet, click on it and links to the full and lite versions will be available.



The Keyword Search



1. Type in a keyword into the box provided at the bottom of the SHARP homepage.
2. All of the leaflets containing that keyword will be returned on a new screen.

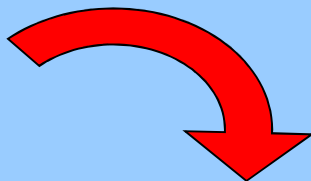


The Self-Help Leaflets Tab Search

Section Links

[SHARP Home](#)
[About SHARP](#)
[News](#)
[Self-Help Leaflets](#)
[Other Leaflets/Booklets](#)
[Self-Help Programs](#)
[External Links](#)
[Contact SHARP](#)
[Help!](#)

1. Click on the Self-Help Leaflets tab from the Sections Links on the SHARP homepage



Self Help Leaflets

Full and Lite Versions:

Each leaflet is available as a full or lite version. The lite versions are briefer, more readable and summarise the main points from the full version.

Categories

Select one of the categories below to view the Leaflets within that category.

Getting Started

Understanding your problem

The 5 Areas Model

[Using the 5 Areas Model to manage your problem](#)

[Monitoring your symptoms](#)

[Other therapies and resources](#)

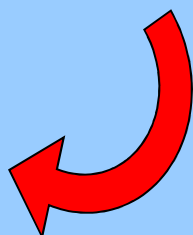
2. A list of all available leaflet categories will be displayed on a new page. Click on whichever seems most appropriate

Self Help Leaflets

The 5 Areas Model

- [+ Anxiety - A Five Areas Model](#)
- [+ Blank Five Areas Form](#)
- [+ Completing Your Own 5 Areas Review](#)
- [+ Depression - A Five Areas Model](#)
- [+ Stress - A Five Areas Model](#)

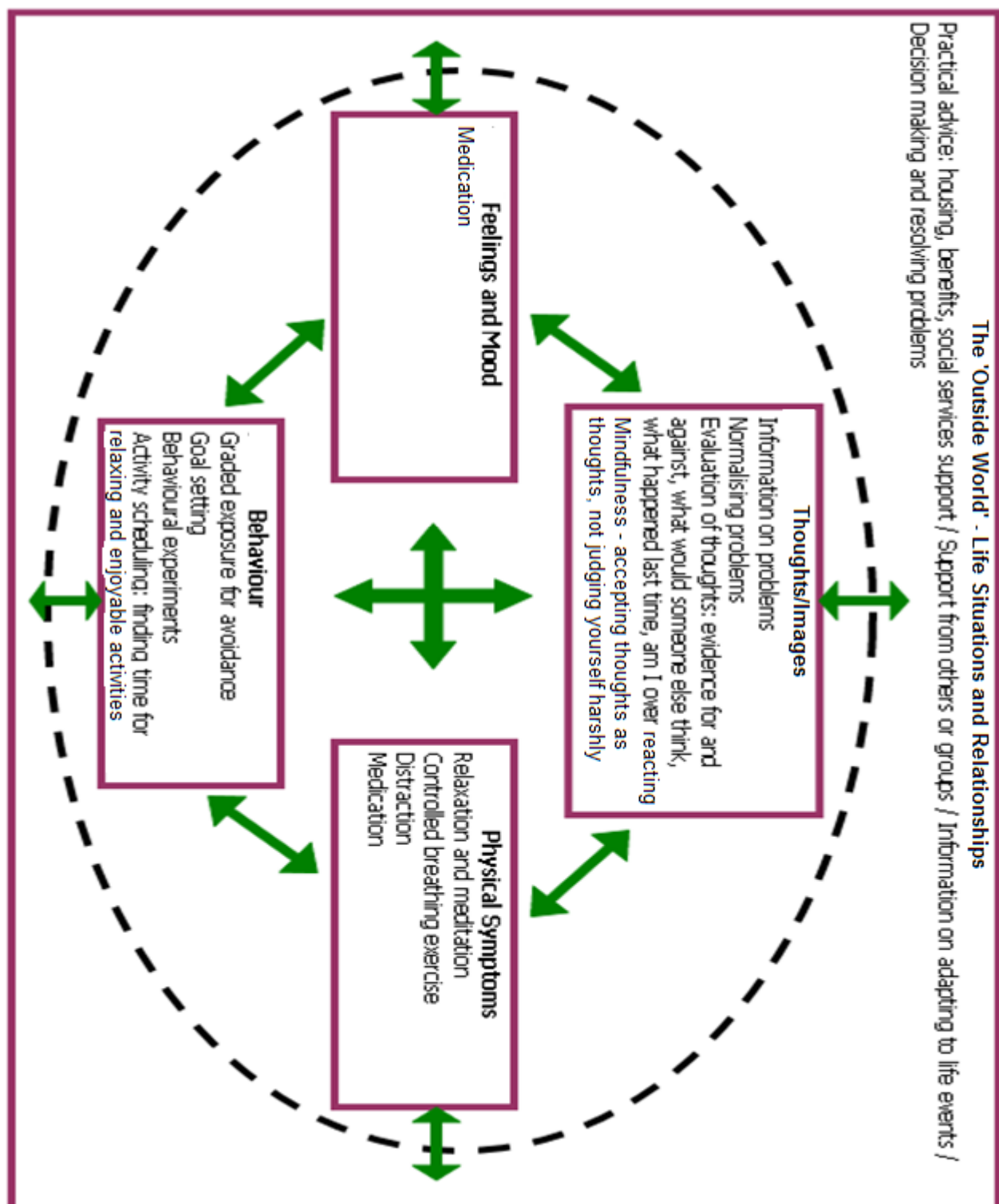
3. A new screen will open listing all of the leaflets in that category.



4. Click on any that seem appropriate and a new screen will be displayed with links to the full and lite versions.

Other Useful Strategies

Other useful interventions can also be considered as well as the guided self help leaflets. Below is a five areas model showing a few examples, some of which are the subject of SHARP leaflets, and some not.



What Else Does The Website Do?

The SHARP website has other resources for use by practitioners and patients, including a forum, contact details, a video help page and lists of other recommended self help resources and links.

Registering, Forum, Contact Details and Help Page

On the left hand side of the SHARP website homepage:

www.primarycare-selfhelp.co.uk

There are links to several other applications that could be of use to practitioners.

Practitioners who have attended the training, are using the SHARP approach or leaflets can register to access the forum and training resources.

The forum allows practitioners to share practice and request advice.

Help videos are also available covering:

Registering with the site

Logon to the site

Four ways to get to the leaflets

Using the self-help leaflets

Using the SHARP forum

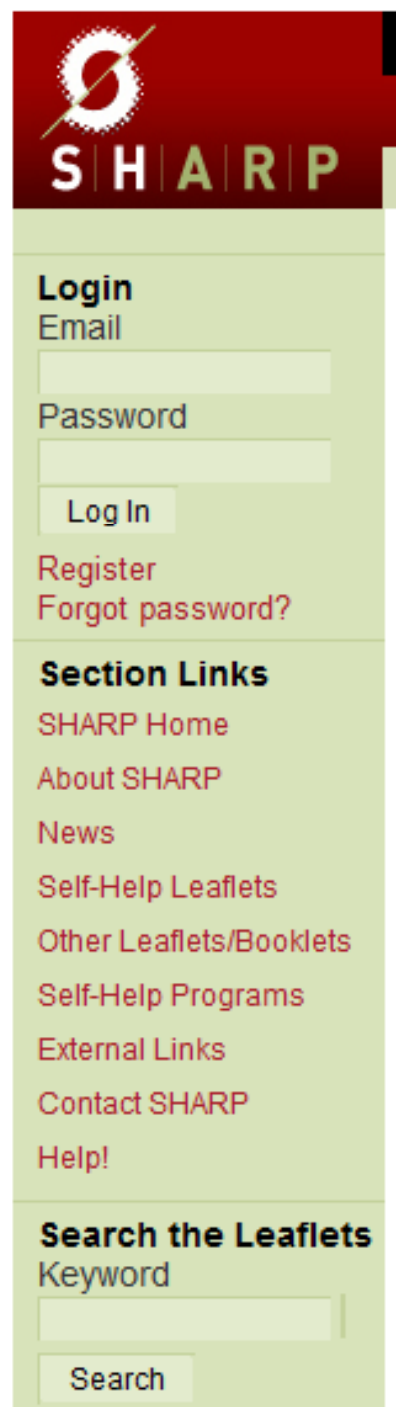
Useful resources and websites

Getting the news

The most popular leaflets

Contacting SHARP admin and founders

We would be please to receive any feedback on the website of leaflets and our contact details are on the Contact SHARP link and at the end of this manual.



The screenshot shows the SHARP website homepage. At the top is the SHARP logo, which consists of a stylized 'S' inside a circle with a diagonal line through it, followed by the letters 'SHARP' in a bold, sans-serif font. Below the logo is a green sidebar containing several sections:

- Login**: Includes fields for 'Email' and 'Password', and a 'Log In' button.
- Register**: A link to the registration page.
- Forgot password?**: A link to the password recovery page.
- Section Links**: A list of links including 'SHARP Home', 'About SHARP', 'News', 'Self-Help Leaflets', 'Other Leaflets/Booklets', 'Self-Help Programs', 'External Links', 'Contact SHARP', and 'Help!'.
- Search the Leaflets**: Includes a 'Keyword' search bar and a 'Search' button.

Recommended Self Help Resources And Links

Again on the left hand side of the SHARP website homepage:

www.primarycare-selfhelp.co.uk

There are two other important links to applications that could be of use to practitioners and patients. The other leaflets. These two tabs connect you to several/booklets and self-help programmes links providing further self help materials including:

The Northumberland, Tyne and Wear NHS Trust Self Help Leaflets.

A number of self help leaflets are available here on topics such as anxiety, stress, depression, bereavement, anger, eating disorders, post natal depression, post traumatic stress and sleep problems.

www.ntw.nhs.uk/pic/?=selfhelp

The Self Help Resource Directory

There is a huge amount of self help information available, some good, some less so. This self-help resource directory provides information on a range of recommended sources.

www.sharp.hud.ac.uk/media/guide/Selfhelpdirectory2007.pdf

Living Life to the Full

A series of web based learning modules based on CBT self help programmes.

www.livinglifetothefull.com

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[Other Leaflets/Booklets](#)

[Self-Help Programs](#)

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[Help!](#)

The Australian National University

A web based CBT programme provided by The Australian National University

www.moodgym.anu.edu.au

Exercises

The next few pages contain exercises you may wish to use in your training. For each exercise there should be a clearly stated aim and an opportunity for the participants to discuss the experience.

Exercise 1 Understanding the 5 areas model

Aim – to introduce the 5 areas model and enable participants to link it to their understanding of depression and/or anxiety

Exercise - Give all participants post-it notes and ask them to think about someone they have seen who is depressed (could be anxiety if you prefer). Ask them to write one symptom/problem on each post-it. Give them at least 5 minutes. Collect in the notes and as you read them out put them on the PowerPoint projector screen where the 5 areas will be when the model is projected. As you put them in the clusters, ask them if there is an obvious pattern, in most cases they will see you are categorising them as thoughts, behaviours, moods, physiology and outside world (circumstances and stresses contributing to the problems).

When you project the 5 areas model on the screen (for example the one on page 18), the 5 areas will be apparent.

Then discuss this with the group. It is an opportunity to make obvious links between the 5 areas, such as the links between inactivity and low mood in depression, the idea of vicious cycles and how using the 5 areas can help look at solutions and coping strategies.

Exercise 2 – using the 5 areas model for yourself 1

Aim: To enable participants to use the 5 areas model for themselves

We believe that it is vital for practitioners to have a working knowledge of using the 5 Areas model in their own lives to enable them to help others to use the model. It's a little like giving someone a recipe – it is much easier to show them how to mix the ingredients, how to use the cooking utensils and so on if you have already tried the recipe yourself.

So, to begin with, we make the following suggestion:

READ ALL OF THE LEAFLETS YOURSELF

- Now, having made that suggestion, we want you to try to complete a blank 5 areas form about the suggestion! (You will find a blank 5 areas form on leaflet 5).
- Okay, lets start. The suggestion to 'read all of the leaflets yourself' came from the 'Outside World' – the writers of this manual – so write the suggestion somewhere in that box. Then write YOUR RESPONSES to that suggestion in the other 4 boxes. Did any thoughts flash through your mind when you read the suggestion? Perhaps the thought was 'Oh no, I can't read them all now!', or perhaps 'What if I don't understand any of them?' or perhaps both thoughts? Did an image or mental picture flash through your mind, perhaps a memory of reading a difficult textbook at school? Perhaps you had a positive thought, such as 'I want to use these leaflets, I am going to enjoy reading them'. Whatever the thought(s) or images were, write them in the 'Thoughts/Images' box.
- Now for the other boxes. Did you experience a sinking feeling in your stomach when you read the suggestion? (Physical Symptom) or a flash of anxiety (Feelings/Mood)? Did you put the training manual down (Behaviour) perhaps telling yourself 'I will start on them later' (Thought/Image)? Whatever you notice, see if you can decide where it goes – thought/image; feeling/mood; physical symptom or behaviour.
- We don't want you to judge or ignore anything for fear (feeling/mood) of looking silly to others (thought/image) – you don't have to show the form to anyone if you don't want to. We just want you to get some practice at completing a 5 areas form to see how easy or difficult it is, and therefore how easy or difficult it might be for the people you try to use it with during and after this training. Don't worry (feeling/mood) about getting it right or wrong (thought/image) – just have a go!

Exercise 3 – using the 5 areas model for yourself 2

Aim: To enable participants to use the 5 areas model for themselves

This exercise is linked to the one in the ‘Completing your Own 5 Areas Review’ leaflet.

This exercise asks you to think of a recent change in your Feeling/Mood – it doesn’t have to be a negative change, it could just as easily be positive – and then try to work out how your change in Feeling/Mood was linked to changes in any of the other 4 areas – Thoughts/Images; Physical Sensations, Behaviours or the Outside World.

There are some prompts in each box on the blank 5 areas form to help you. You don’t need to put something in every box straightaway, or at all. If you find you are struggling, don’t feel disheartened or give up – you are just discovering how difficult it can be to separate out the different parts of the experience, and you can start to understand how difficult it might be for your patients/clients to do the same thing. So practice being patient and kind to yourself – your patients/clients will need your patience too, and some gentle encouragement not to give up too quickly. If you need help then ask – any of the trainers will be glad to help just as you would help your patients/clients. Just remind yourself that we ALL need help from time to time.

Then, we suggest that you KEEP PRACTICING – the more you practice, the more you will be able to use the model to help you and your patients/clients to make sense of all of the 5 Areas and how they interact with each other, both helpfully and unhelpfully. Perhaps you can involve your colleagues, or even your family members or friends – who knows, some of them could probably make good use of these skills! The trainers who put this manual together use these skills to enhance their own lives every day, so we are not asking you to do anything that we are not prepared to do ourselves and, if you practice these skills yourself, you can say the same to the patients to whom you offer the ‘5 Areas’. Remember, it doesn’t work for everybody, so if your patient isn’t interested then don’t force it on them – you can always offer the model again in the future if circumstances change or your patient decides they want to give it a go after all.

Exercise 4 – Elizabeth video

Aims:

- To use the 5 areas model to understand a persons difficulties and how they may be helped.
- To discuss a primary care consultation
- To consider how you could have developed the consultation in a therapeutic way.

This exercise is quite simple in that the participants just watch the video. Give them a blank 5 areas for so they can identify the 5 areas for Elizabeth.

After showing the video, ask for general feedback – this should lead to a discussion about the consultation in general.

Then ask the group to say what factors they identified from the 5 areas.

Ask the group what may have helped this lady and what difference a self-help approach may have made, and whether a self-help approach would have been appropriate at all.

Acknowledge how hard it can be in a consultation with someone who is very depressed and negative.

Videos, audios and role plays

The website contains some videos and audios to play within the training. We suggest you play it through making it clear what the purpose is. It is important to say there is no absolutely right or wrong way to use SHARP in consultations. It depends on factors such as the role and profession of the practitioner and how much time you have. There is a massive difference between having 10 or 50 minutes for a consultation. So the audios and videos are just examples. Having said that, there are recommendations for things to bear in mind in all consultations on the next page.

Recommendations for engaging patients using the SHARP approach

Consultations will vary depending on the patient, their problems, the professional and the time you have available. Although consultations will vary, here are some recommendations for making best use of the consultation:

- Remember – the consultation is about the patient and their problems. Your role is to encourage the patient to talk, explore the problem for themselves within a structure (5 areas model), and to listen carefully.
- Listen carefully and feedback to the patient what you understand they have said, making links between the 5 areas. E.g. “So you say you’ve been feeling down and have stopped going out with friends.....”
- Ask the patient what they think is causing them to feel anxious/depressed – they may know.
- Use 5 areas model as a framework
- Ask about a recent situation in which the patient felt anxious/depressed. Explore it with 5 areas model.
- Take opportunities to normalise the patient’s experience. E.g. “Its not surprising you’ve been feeling down given.....”
- Ask how the problems are affecting their lives. For example, have they stopped doing things that previously gave them a sense of enjoyment or achievement?
- Ask what they are doing to cope, what helps, what support they have.
- Reinforce any positive coping, most people are resilient in some ways and are still doing things that help them cope..
- Ask what would need to happen for the problem to improve. Ask if this is achievable (SMART goals).
- Try to let the patient leave having felt listened to, understood, and with some hope that they can improve things.
- Remember, it’s not your job to sort their problems out, but you may be able to help them help themselves.
- SHARP may or may not be for them, you can only offer it.
- They may not be ready at the present time.
- Don’t offer a self-help approach if the patient’s problems are too severe.

References

1. Williams C. Overcoming depression and low mood: a Five Areas approach 2nd Edition. London: Hodder Arnold; 2006.
2. Williams C. Overcoming anxiety: a Five Areas approach. London: Hodder Arnold; 2003.
3. National Institute for Health and Clinical Excellence. Clinical guideline 22: Anxiety: management of anxiety (panic disorder, with or without agoraphobia, and generalised anxiety disorder) in adults in primary, secondary and community care. London: NICE; 2004. Available via: www.nice.org.uk/pdf/CG022NICEguideline.pdf Accessed 1/8/08.
4. National Institute for Health and Clinical Excellence (2009). Depression: the treatment and management of depression in adults (update). London: NICE.
5. Lovell K, Richards D. Multiple access points and levels of entry (MAPLE): ensuring choice, accessibility and equity for CBT services. Behaviour and Cognitive Psychotherapy 2000; 28: 379-91.

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Contact us

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