



# *University of* **HUDDERSFIELD**

## **University of Huddersfield Repository**

Lucock, Mike, Lawson, Mike and Khan, Wajid

Self-help Access in Routine Primary Care (SHARP) Project Report

### **Original Citation**

Lucock, Mike, Lawson, Mike and Khan, Wajid (2011) Self-help Access in Routine Primary Care (SHARP) Project Report. Project Report. SHARP.

This version is available at <http://eprints.hud.ac.uk/id/eprint/18899/>

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: [E.mailbox@hud.ac.uk](mailto:E.mailbox@hud.ac.uk).

<http://eprints.hud.ac.uk/>

# S|H|A|R|P

(Self-help Access in Routine Primary Care)

## Project Report

Mike Lucock<sup>1</sup>, Mike Lawson<sup>2</sup> & Wajid Khan<sup>2</sup>

<sup>1</sup>University of Huddersfield & South West Yorkshire Partnership NHS Foundation Trust <sup>2</sup>  
South West Yorkshire Partnership NHS Foundation Trust

November 2011

# Contents

|  |    |
|--|----|
| Background Introduction                            | 2  |
| Aims & Key Outputs of Project                      | 3  |
| NHS Context of Project                             | 4  |
| SHARP resources                                    | 6  |
| Time Line of Key Activities Undertaken             | 8  |
| Review of Training and Evaluation                  | 9  |
| Case Studies                                       | 19 |
| Review of Resources: Website Analysis of Usage     | 21 |
| Conclusions  | 23 |
| Future, on-going Developments                      | 24 |
| References and publications                        | 25 |
| Acknowledgements                                   | 26 |
| Appendix 1: SHARP Website                          | 27 |
| Appendix 2: Examples of Full & Lite Sharp Leaflets | 28 |
| Appendix 3: Pilot Training Program                 | 30 |
| Appendix 4: Train The Trainer Program              | 31 |
| Appendix 5: SHARP Training Manual                  | 32 |

# Introduction

Self-Help Access in Routine Primary Care or 'SHARP' was a collaborative project which was initiated in 2006 with the support of the Yorkshire and the Humber Strategic Health Authority, The University of Huddersfield, Wakefield Primary Care Trust and the South West Yorkshire Partnership NHS Foundation Trust.

The project was initially developed in response to local concerns in the Wakefield District where access to appropriate self- help material in a primary care setting was limited. A further impetus to the project was feedback from some primary care health practitioners who highlighted the lack of confidence, skill, time and resources to work with mental health issues. Given this and the fact that problems with anxiety, depression and stress are so common, SHARP was developed as a resource to support primary care practitioners in their routine work.

SHARP is therefore aimed at helping practitioners gain the confidence and skill needed to identify and work with their patients' mild to moderate levels of anxiety and depression. The SHARP approach is a type of guided self-help and uses elements of Cognitive Behaviour Therapy (CBT) to collaboratively identify and make sense of difficulties and work through possible solutions.

The approach is flexible and supports practitioners in their routine consultations to systematically identify and support patients' mental health wellbeing. The approach is designed not to further burden the practitioner but to provide useful tools to support existing good practice.

After a pilot program in the Wakefield district, the project was expanded to incorporate the rest of the Yorkshire and Humber region. In this phase, a 'train the trainers' approach was taken, the self-help resources were developed further and access to the public improved. This phase was carried out as a 2 year project funded by Yorkshire and the Humber NHS and was linked to the development of Improving Access to Psychological Therapies (IAPT) services in the region. The overall project has developed into two distinct areas:

- 1) A website resource and range of downloadable leaflets which health practitioners can use as a guide and distribute to patients. The website is now available to the public, with a training resource section only available via registration.
- 2) A range of training resources to support trainers who wish to disseminate the SHARP approach by carrying out their own training in their respective working areas. The resources also provide grounding in the CBT 5-areas model and information to support practitioners.

This report describes the initial pilot evaluation and an evaluation of the train the trainers programme.

# Aims of the Project:

- To support access to self-help materials for mild to moderate anxiety & depression in routine primary care.
- To provide flexible and accessible resources for practitioners to enable them to collaboratively identify appropriate self-help materials for patients.
- To enable practitioners to support patients to make use of the materials to achieve their goals.
- To provide a training and support structure for those practitioners who wish to develop their understanding and skill in the SHARP approach & the CBT based Five Areas Model.
- To encourage and support practitioners to return to their respective areas and train/ disseminate SHARP material and resources.

## Key Outputs

- 1) Website and forum with access to over 50+ leaflets and links to other self-help resources – [www.primarycare-selfhelp.co.uk](http://www.primarycare-selfhelp.co.uk). See appendix 1.
- 2) Two forms of leaflets, Full and Lite versions. Both versions were designed to be accessible, practical and no more than two pages. The lite versions are summary versions of the full versions and therefore more readable and accessible.
- 3) Range of training support material including audio and visual material, SHARP manual, training exercises and case study examples.
- 4) Training trainers in each of the different geographical or primary care areas within Yorkshire & the Humber who can then provide training and disseminate the SHARP approach and resources.

## Key Principles

- Self-help is seen as a normal, ongoing activity rather than a time limited intervention. The SHARP approach suggests a structure which can be used to introduce and carry out guided self-help flexibly and over a number of brief sessions.
- The approach is about utilising CBT principles and resources but not carrying out CBT as a therapy.
- The approach is not a substitute for referral on to other services where this is required and should be provided as part of a stepped care service model<sup>5</sup>.

# NHS Context

Self-help interventions for mental health problems have achieved prominence in recent years and NICE guidance recommends CBT-based guided self-help for mild-to-moderate anxiety<sup>1</sup> and depression<sup>2</sup>, provided in a stepped care service model (see figure 1).

SHARP is a type of guided self-help but must not be seen as a replacement for structured low or high intensity interventions, 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. This may be sufficient or it may support a referral to an Improving Access to Psychological Therapies (IAPT, see [www.iapt.nhs.uk](http://www.iapt.nhs.uk)) service. If a referral is made it is hoped that prior use of any of the SHARP materials and the CBT model will have begun a process of self-help which would compliment a more intensive intervention if required. This may make referrals more appropriate and subsequent interventions more effective. So by introducing people to CBT materials and self-help at an early stage, they may more able to make use of CBT based interventions if required in the future.

Self-help in general terms provides patients with information to help them understand their problems and strategies to manage them. It also helps people see problems as normal and understandable which reduces stigma. Guided Self-Help (GSH) in the SHARP context is an intervention which is incorporated in a practitioner's routine sessions with the patient. It can therefore be used in an opportunistic way. This requires easy access to self-help resources as the practitioner goes about their routine work and this has been one of the central features of the SHARP approach.

As the SHARP project has developed, its role in NHS provision has evolved. The training has been provided to primary care practitioners, including GPs, practice nurses, nurse practitioners, district nurses, health visitors and community midwives. It has also been provided to staff working in IAPT services, health trainers and practitioners working in substance misuse services. In the train the trainers phase, trainers have come from IAPT services, public health, health trainers, primary care nurse practitioners and substance misuse workers. As a result it has been found to support provision of self-help approaches by a range of practitioners in a range of service settings and has been used in a more structured or flexible, opportunistic way as the need arises in routine service provision. IAPT practitioners have also found the SHARP resources useful in setting up training and liaison meetings with primary care teams.

**Figure 1. SHARP in the Stepped Care Model (adapted from NICE Guidance CG90 for depression – October 2009):**

| Focus of the intervention   | Nature of the intervention   |
|---|--|
| <b>STEP 4:</b> 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 |
| <b>STEP 3:</b> 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        |
| <b>STEP 2:</b> Persistent subthreshold depressive symptoms; mild to moderate depression   | Low-intensity psychosocial interventions, psychological interventions, medication and referral for further assessment and interventions                      |
| <b>STEP 1:</b> All known and suspected presentations of depression  | Assessment, support, psycho-education, active monitoring and referral for further assessment and interventions<br><br><b>SHARP belongs here</b>              |

# SHARP Resources

## Website

Through the website ([www.primarycare-selfhelp.co.uk](http://www.primarycare-selfhelp.co.uk)) the SHARP approach has provided 2 key areas of support:

1. Access to over 50+ brief, self-help leaflets and links to other recommended self-help materials via the website
2. Training resources for health professionals to disseminate the approach and resources. The training is brief and complements the way professionals in primary care currently work. This is also supported via a website forum where professionals can share good practice and seek advice.

## Self-help Leaflets

There are 2 versions of most leaflets – **full version** and a more readable, **'lite' version** (which contains the main points from the full versions. All leaflets are no longer than 2 pages, many of which are original work with some based on the self-help books, *Overcoming depression*<sup>3</sup> and *Overcoming anxiety*<sup>4</sup> with the author Chris William's permission.

Each leaflet should contain enough information for discussion within one consultation, and that patients 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'. A current limitation of the leaflets is that they may not be accessible to those with literacy problems or whose first language is not English.

To ensure that individuals access the appropriate information, the website groups the leaflets in the following order (only a small selection of leaflets are shown below):

### Getting started

A Guide To Using Self-Help Leaflets  
Guided self-help - An Introduction  
Guided self-help - Advice For Family & 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

### Understanding your problem

Coping with trauma  
Depression during and after pregnancy  
Panic Attacks  
The Fight Flight Response

### Monitoring your symptoms

Problems And Goals List  
Patient Health Questionnaire – PHQ-9  
Patient Health Questionnaire - 2

### Managing your problem

Changing Unhelpful Behaviour (2) – Alcohol/Drugs  
Changing Unhelpful Behaviours (1) - Becoming More Active

### Other therapies and resources

Further self-help Resources  
Local And National Organisations  
Useful Questions For The Clinician Using GSH



**Feedback Comments about the leaflets:**

- *Well laid out, simple but effective - (HCP- Kirklees)*
- *Gives me the information I needed to think about my discussion with the client – (HCP Wakefield)*
- *Leaflets are bright, language is straight forward and they are simple to follow -(HCP Sheffield)*
- *Very useful in a primary care setting as the patient can take something other than medication away with them – (GP Wakefield)*

## SHARP Training manual

The SHARP training manual provides information and guidance on how to provide training and support to use the SHARP approach and the materials within services. It also contains examples of good practice from the train the trainers programme. The manual is available on the website for those who have registered and are therefore part of the local NHS community.

## Discussion Forum

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

## Training Resources – Templates & AV Material

Via the website practitioners can access range of training resources including audio and video examples of consultations using the SHARP approach. These material have been designed to support other clinicians to use the SHARP process as well facilitate training in their respective areas.

Please see the appendix for information about the training program.

# Timeline of Activities

Since its initial inception in 2006 the project has undergone various phases and refinements. In particular the training program has evolved. Initially it was a pilot project aimed directly at training practitioners and developing resources to support their routine work. Later the project focussed the training on practitioners who would become trainers and train other people in their areas i.e. training the trainer events. The overall project has been iterative so feedback from practitioners has been used to develop and refine the approach and the resources.

The content of the training program has usually been split into two sessions, followed by a feedback session after several weeks. As a result of feedback the website and the leaflets have been progressively developed upon.

The following are some of the key milestones of the project:

|                |   |                       |
|----------------|---|-----------------------|
| <b>2006</b>    | <b>Project initiated</b>  |                       |
| <b>2007</b>    | <b>March: Pilot Training Program with Primary care Practitioners</b>                                  | <b>- 14 attendees</b> |
| <b>2007</b>    | <b>September: BABCP conference poster presentation by Mike Lucock, Mike Lawson &amp; Stuart Lloyd</b> |                       |
| <b>2008</b>    | <b>Website designed</b>   |                       |
| <b>2008-9</b>  | <b>Practitioner Training Programs for Health Trainers and Substance misuse workers</b>                |                       |
| <b>2009-10</b> | <b>Further development of website &amp; leaflets, including lite versions</b>                         |                       |
| <b>2010</b>    | <b>May: Practitioner Training Program</b>   | <b>- 17 attendees</b> |
| <b>2010</b>    | <b>July: Train the Trainer events</b>   | <b>- Cohort 1: 15</b> |
| <b>2010</b>    | <b>November: Train The Trainer Events</b>   | <b>- Cohort 2: 21</b> |
| <b>2011</b>    | <b>March: Train the Trainer Events</b>  | <b>- Cohort 3: 14</b> |
| <b>2011</b>    | <b>Final changes to website and development of training resources</b>                                 |                       |
| <b>2011</b>    | <b>Completion of training manual</b>  |                       |
| <b>2011</b>    | <b>July: Final Trainer the Trainer Feedback</b>   | <b>- 14 attendees</b> |
| <b>2011</b>    | <b>July: BABCP Conference Presentation</b>  |                       |

# Review of training and evaluation

## Overall summary:

**Total number accessed training: 94 - of which 50 practitioners have been in the Train the Trainer cohorts**

Overall the project has been well received and disseminated through the areas. The training programs have been successful with feedback being very positive. The 2007 pilot program results and feedback showed that SHARP could have a direct impact on the way practitioners were working with patients and the resources they were using. The Train the trainer cohorts have successfully utilised the training and have undertaken activities in their respective areas, summaries of which are below.

## 2007 March Pilot Program Evaluation Summary:

*Training content and structure* - The pilot training in the Wakefield locality for primary care practitioners was designed to be as brief as possible whilst still achieving the aims and consisted of 3 half day workshops – the first two were provided within three weeks followed by a follow up workshop about three months later. Practitioners were also offered monthly support sessions to support their use of SHARP in their routine practice. Not all practitioners took up this offer (particularly the GPs). This structure was followed in subsequent training in the Wakefield locality (for health trainers, WEA tutors, substance misuse workers and further primary care practitioners). Appendix 2 shows the content of training.

### Participant Information:

14 Practitioners i.e.

6 GPs,

5 Health Visitors

3 Nurse Practitioners from 7 GP Practices - Wakefield PCT

**Feedback requested on a 5 point rating Scale:**

0                      1                      2                      3                      4  
 Poor                  Fair                  Quite Good                  Very Good                  Excellent

**Table: Showing Average rating Scores for each Training Session:**

| Question                        | Session 1 | Session 2 |
|---------------------------------|-----------|-----------|
| Overall relevance to your role  | 3.3       | 3.6       |
| Overall usefulness to your role | 3.2       | 3.6       |
| Evaluation of presentation      | 2.9       | 3.2       |
| Session environment             | 2.9       | 2.6       |
| Handouts & resources            | 3.7       | 3.5       |

**Table: Showing % Results for: Did the session meet your expectations?**

| Did the session meet your expectations: | Session 1 | Session 2 |
|---|-----------|-----------|
| Yes                                     | 75%       | 86%       |
| No                                      | 8%        | -         |
| Partially                               | 17%       | 14%       |

**Table: Subjective Comments about training sessions:**

| Questions  | Session 1   | Session 2  |
|--|---|--|
| <b>What were the aspects of the session that you particularly liked?</b> | Networking<br>Resources and discussions around practice<br>Introduction into the 5 areas<br>How practical the SHARP approach is | Role plays<br>Relaxed pace of session – good discussions<br>Audio & Visual examples<br>Sharing ideas of how to use SHARP |
| <b>What improvements could be made?</b>                                  | Better room facilities<br>More time on the 5 areas<br>Room too cold<br>More work on the uses of the 5 area model                | More practical role plays<br>More advice and usage of leaflets<br>More audio visual material with guides                 |

## 2007 Pre & Post Pilot Questionnaires:

The following is a summary of pre and post ratings from the evaluation questionnaire.

**Q. How confident do you feel with individuals in consultation who are experiencing anxiety and depression?**

| Stage | Very Un-confident | Unconfident | Neither   | Confident | Very Confident | Total |
|-------|-------------------|-------------|-----------|-----------|----------------|-------|
| Pre   | 0                 | 1 (8.3%)    | 4 (33.3%) | 6 (50%)   | 1 (8.3%)       | 12    |
| Post  | 0                 | 0           | 0         | 7 (77.8%) | 2 (22.2%)      | 9     |

**Q. How confident do you feel in being able to help someone manage their anxiety and/or depression?**

| Stage | Very Un-confident | Unconfident | Neither   | Confident | Very Confident | Total |
|-------|-------------------|-------------|-----------|-----------|----------------|-------|
| Pre   | 0                 | 2 (16.7%)   | 5 (41.7%) | 4 (33.3%) | 1 (8.3%)       | 12    |
| Post  | 0                 | 0           | 0         | 7 (77.8%) | 2 (22.2%)      | 9     |

**Q. To what extent do you currently use CBT/ CBT principles in your practice?**

| Stage | Very Rarely | Rarely  | Neither   | Regularly | Very Regularly | Un-completed | Total |
|-------|-------------|---------|-----------|-----------|----------------|--------------|-------|
| Pre   | 4 (33.3)    | 3 (25%) | 1 (8.3)   | 3 (25%)   | 0              | 1 (8.3%)     | 12    |
| Post  | 0           | 0       | 3 (33.3%) | 5 (55.6%) | 1 (8.3%)       | 0            | 9     |

**Q. Please rate your level of understanding of CBT.**

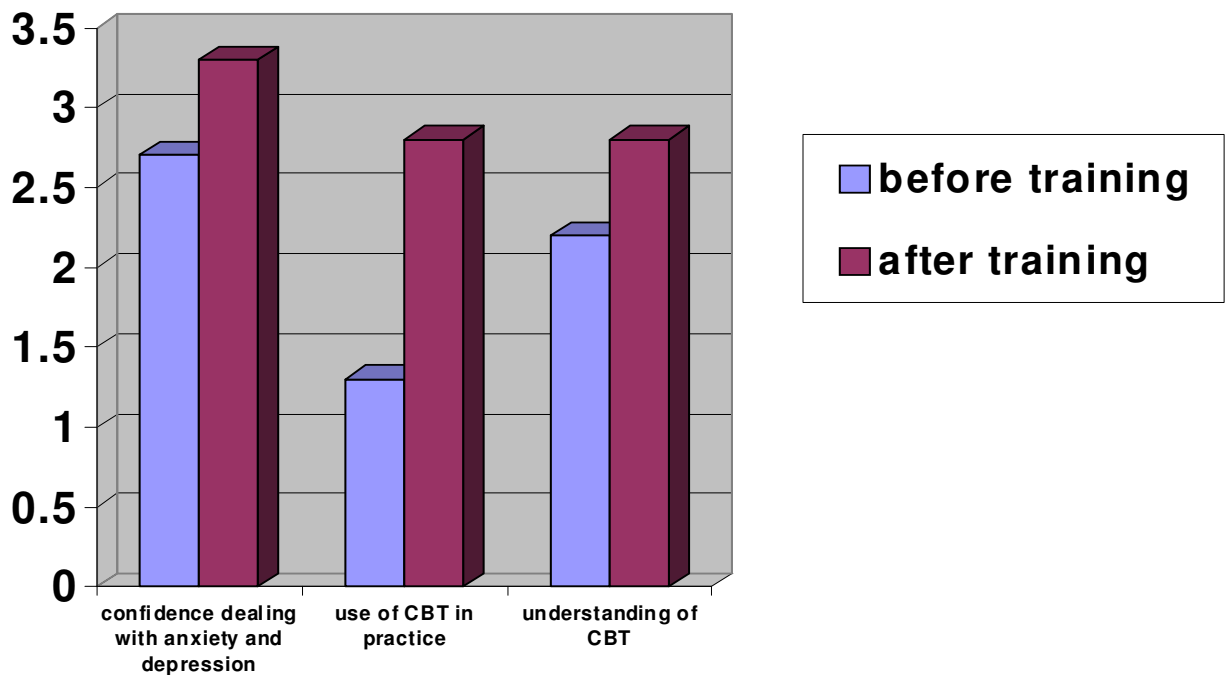
| Stage | Very Poor | Poor    | Neither   | Good      | Very Good | Un-completed | Total |
|-------|-----------|---------|-----------|-----------|-----------|--------------|-------|
| Pre   | 0         | 3 (25%) | 5 (41.7%) | 3 (25%)   | 0         | 1 (8.3%)     | 12    |
| Post  | 0         | 0       | 0         | 8 (88.9%) | 1 (8.1%)  | 0            | 9     |

**Q. How much do you intend to use CBT in your practice in the future?**

| Stage | Very Rarely | Rarely   | Neither  | Regularly | Very Regularly | Total |
|-------|-------------|----------|----------|-----------|----------------|-------|
| Pre   | 0           | 1 (8.3%) | 1 (8.3%) | 8 (66.7%) | 2 (16.7%)      | 12    |
| Post  | 0           | 0        | 0        | 8 (88.9%) | 1 (8.1%)       | 9     |

**Figure 2:** Shows changes in practitioner's subjective ratings of use of CBT, understanding of CBT and confidence dealing with anxiety and depression before and after the training (0-4 point scale). Paired t-tests showed all changes were significant at the 0.05 level

**Figure 2:** Changes in practitioners subjective ratings



The Following question was only part of the Post Training Questionnaire

**Q Since undertaking the training how many people have you introduced guided self help to with at least 1 leaflet:**

| No of patients introduced to the SHARP approach | 0-5 | 6-10 | 11-20 | 21-30 | Response rate |
|---|-----|------|-------|-------|---------------|
| Clinicians                                      | 2   | 1    | 2     | 2     | 7 out 9       |

This shows a wide range in the use of the SHARP leaflets by practitioners.

## 2007 Pilot Program Follow-up Feedback Session Comments:

The following comments were highlighted at a follow up session by the GPs and health practitioners – having had an opportunity to use the SHARP approach.

**Table: Practitioner comments about the Approach:**

|  | Things that were positive or helpful   | Things that were challenging or difficult  |
|--|--|--|
| <b>Managing the Approach &amp; Process</b> | <ul style="list-style-type: none"> <li>Provides a structure to allow patients to talk</li> <li>Can give patients something to take away so you feel more able to ask questions about stress/anxiety/depression</li> <li>Enabled practitioners to be more open to listen to patients' concerns as they had something to offer other than medication</li> <li>CBT "creeped" into routine consultations</li> <li>Being familiar with the leaflets is important and takes time</li> <li>Some practitioners set up a ring binder/file with all the leaflets in.</li> <li>Few practitioners completed the patient log but it was very useful to them when they did, to keep track of the work.</li> <li>Multiple GPs in one practice using the same code for giving self-help material which will help with audit.</li> <li>Very satisfied with consultations, Clients opened up more</li> <li>Some patients liked to be challenged and given things to work on</li> <li>Newer clients have taken to it better – varied age groups e.g. late teens to older people.</li> <li>Clients opened up more</li> </ul> | <ul style="list-style-type: none"> <li>GPs found it difficult to attend the supervision sessions - Only 4 attended the supervision sessions, all were nurses</li> <li>CBT "creeped" into routine consultations</li> <li>Support should perhaps be available within the practices rather than asking practitioners to come out of their practice.</li> <li>Need to document exactly which leaflets have been given to the patient.</li> <li>Selecting the right people is important and takes time</li> <li>Initially difficult to use the approach in 7 to 10 minute consultations</li> <li>Developing clients understanding of 5 areas and supporting them to fill it in.</li> <li>Clients don't tend to fill in the leaflets but they still find them useful.</li> <li>Used with obesity but did not help.</li> <li>Using the file and managing to keep it in order is important.</li> </ul> |

## 2010 -2011 Train the Trainer Events: Yorkshire & Humber Region

### Summary of Participants:

Total Participants: 50 – Distributed in to 3 Training Cohorts:

| Cohort | Session 1                       | Session 2                       |
|--------|---------------------------------|---------------------------------|
| 1      | 12 <sup>th</sup> Jul 2010<br>15 | 27 <sup>th</sup> Jul 2010<br>14 |
| 2      | 22 <sup>nd</sup> Nov 2010<br>21 | 6 <sup>th</sup> Dec 2010<br>17  |
| 3      | 28 <sup>th</sup> Mar 2011<br>14 | 11 <sup>th</sup> Apr 2011<br>12 |

### Geographical Area Representation:

| Area      | Attendees |
|-----------|-----------|
| Barnsley  | 6         |
| Bradford  | 4         |
| Doncaster | 2         |
| Grimsby   | 2         |
| Halifax   | 2         |
| Hull      | 3         |
| Kirklees  | 2         |
| Leeds     | 5         |
| Rotherham | 4         |
| Sheffield | 13        |
| Wakefield | 7         |
|           | <b>50</b> |

### Occupational of Attendees:

| Occupation Area (Summarised)                                | Attendees |
|---|-----------|
| Psychological Wellbeing Practitioner (Low & High intensity) | 26        |
| Health Trainers (Incl. Team Leads & Management)             | 5         |
| Mental Health Team Senior Worker                            | 6         |
| Mental Health Team leader or Team Manger                    | 3         |
| Senior Drugs Workers or Therapist                           | 6         |
| Support time Recovery worker                                | 1         |
| Nurse Specialist  | 1         |
| CBT Trainee   | 1         |
| Project officer Learning Disabilities                       | 1         |
|   | <b>50</b> |

The program has successfully drawn individuals from a wide occupational and geographical area. With no significant drop in attendance in session 2 this is a good indicator that attendees valued and were committed to the course.

### Overall Session Feedback by Attendees:

#### Q: Did The Sessions Meet Your Expectations?

| Cohort | Session 1                   | Session 2                    |
|--------|-----------------------------|------------------------------|
| 1      | Yes – 100%                  | Yes – 100%                   |
| 2      | Yes -91%<br>Partially – 9%  | Yes - 94%<br>Partially -6%   |
| 3      | Yes – 92%<br>Partially – 8% | Yes – 50%<br>Partially – 50% |



**Feedback Ratings:****Feedback requested on a 5 point rating Scale:**

|      |      |            |           |           |
|------|------|------------|-----------|-----------|
| 0    | 1    | 2          | 3         | 4         |
| Poor | Fair | Quite Good | Very Good | Excellent |

**Table: Showing Average rating Scores for each Training Cohort:**

| Session 1:          |          |          |          |
|---------------------|----------|----------|----------|
|                     | Cohort 1 | Cohort 2 | Cohort 3 |
| Relevance to Role   | 3.6      | 3.1      | 3.6      |
| Usefulness to Role: | 3.5      | 3.0      | 3.5      |
| Presentations:      | 3.5      | 3.0      | 3.3      |
| Environment:        | 3.3      | 2.8      | 3.2      |
| Handouts:           | 3.6      | 3.5      | 3.7      |
| Content:            | -        | 3.1      | 3.4      |

**Table: Showing Average rating Scores for each Training Cohort:**

| Session 2:                      |          |          |          |
|---------------------------------|----------|----------|----------|
|                                 | Cohort 1 | Cohort 2 | Cohort 3 |
| Over All Content                | 3.6      | 3.1      | 2.5      |
| Overall Relevance To Your Role  | 3.5      | 3.7      | 2.9      |
| Overall Usefulness To Your Role | 3.5      | 3.7      | 2.9      |
| Environment                     | 3.5      | 3.2      | 3.1      |
| Website Leaflet info            | 3.6      | -        | -        |
| Role Plays / Practice Sessions  | 3.4      | 3.5      | 2.9      |
| Planning your training sessions | 3.4      | 3.1      | 2.7      |
| Stuart Lloyd / demo / Feedback  | 3.6      | 3.1      | 3.0      |

**Table: Subjective Comments about Training:**

| Questions  | Summary General Comments:  |
|--|--|
| <b>What were the aspects of the session that you particularly liked?</b> | <ul style="list-style-type: none"> <li>- Good Pace &amp; Clear Messages</li> <li>- Good mix of Theory &amp; Practice</li> <li>- Clarified ways to use SHARP</li> <li>- Flexible Training</li> <li>- Practicing the 5 Areas/ Info</li> <li>- Good presenters</li> <li>- The Website</li> <li>- Practical ways in which to use SHARP</li> <li>- Dr Lloyds presentation</li> <li>- Flexible training</li> <li>- DVD's and audio very good</li> </ul>                                      |
| <b>What improvements could be made?</b>                                  | <ul style="list-style-type: none"> <li>- Written guide for the Role Plays</li> <li>- Web demo not necessary</li> <li>- Faster Pace of activities</li> <li>- Review/watch DVDs in smaller groups to get more discussion</li> <li>- Update the Elizabeth DVD</li> <li>- More practical role plays</li> <li>- Fruit at lunch</li> <li>- More discussions on the 5 Area model and how it fits into our daily work</li> <li>- Mix the different workers up</li> </ul>                       |
| <b>Any further comments:</b>   | <ul style="list-style-type: none"> <li>• Did not feel disadvantaged as a non-clinician – Top Banana!</li> <li>• Most useful training I have attended</li> <li>• Looking forward to the next session</li> <li>• Useful and Good conversations with other clinicians</li> <li>• ½ Lunch would be adequate</li> <li>• Clarified what SHARP is about</li> <li>• Seeing the practical 'Demonstrations' of how SHARP can be used has boosted my confidence in applying it locally</li> </ul> |

**Table: Showing an overview of some of the activities undertaken by practitioners after the training:**

| Area             | Activity undertaken   | Future Planned Activity  |
|------------------|---|--|
| <b>Barnsley</b>  | <ul style="list-style-type: none"> <li>SHARP information distributed through IAPT team and has been successfully adapted and used in the patient work especially the 5 area model leaflets.</li> <li>Training has been undertaken with small groups from the health trainer teams and the mid wife teams</li> </ul>   | Proposed training sessions with key GP surgeries and other health workers in the area  |
| <b>Bradford</b>  | <ul style="list-style-type: none"> <li>SHARP information distributed to rest of Primary Care Mental Health Team</li> <li>SHARP presentation to a range of health workers from different teams who found the 5 area model a good way of structuring their assessment interviews.</li> <li>SHARP information given to majority of patients seen by the workers - used in majority patient assessments undertaken</li> </ul> | A further 2 sessions planned however this is dependent on review of Mental Health Team structure and design.                                 |
| <b>Doncaster</b> | <ul style="list-style-type: none"> <li>SHARP information distributed to rest of the 'support time recovery team.</li> </ul>   |  |
| <b>Grimsby</b>   | <ul style="list-style-type: none"> <li>Information about SHARP circulated to team</li> </ul>  | Distribute SHARP information and organise training sessions for other teams in the area.   |
| <b>Halifax</b>   | <ul style="list-style-type: none"> <li>Information circulated through the rest of the IAPT team</li> </ul>  |  |
| <b>Hull</b>      | <ul style="list-style-type: none"> <li>Sharp information distributed throughout local community team</li> </ul>   |  |
| <b>Kirklees</b>  | <ul style="list-style-type: none"> <li>Two training sessions on the principles of SHARP delivered to a range of health professionals in the primary care setting</li> <li>Self help material distributed through voluntary and community groups in the area</li> <li>Training with Health Visitors and health trainers undertaken with a potential planning group to be developed.</li> </ul>                             | 2 further training sessions are planned one of which would be dedicated to non-primary care staff based in a the respective Children Centres |
| <b>Leeds</b>     | <ul style="list-style-type: none"> <li>SHARP information distributed to the rest of the drugs support team</li> <li>SHARP principles and 5 area model used with selective patients accessing service</li> </ul>   | Information to be cascaded to  |

| Area             | Activity undertaken  | Future Planned Activity   |
|------------------|--|---|
| <b>Rotherham</b> | <ul style="list-style-type: none"> <li>Information circulated through the rest of the team</li> <li>SHARP principles used in most clinical contacts with distribution of depression and anxiety self help literature</li> </ul>  |   |
| <b>Sheffield</b> | <ul style="list-style-type: none"> <li>SHARP information distributed to rest of PWP and Health Trainer teams</li> <li>Specialist 'SHARP' group set up to identify ways in which to engage GP's &amp; to look at ways SHARP resources could be used effectively</li> <li>SHARP information presented to 4 GP surgeries alongside ½ hour workshop slots</li> </ul>   | <p>A series of training sessions are planned with 11 other GP practices in the area</p> <p>Website information and leaflets are to be highlighted in staff newsletters across the area</p>            |
| <b>Wakefield</b> | <ul style="list-style-type: none"> <li>Adapting information from SHARP a series of training sessions looking at 'Anxiety Management' were undertaken with the Midwifery and health visiting team - 24 clinicians attended this training.</li> <li>Due to high demand: a further 2 sessions were organised: website information and leaflets have been distributed to other Primary Care Teams</li> </ul> | <p>A further 3 training sessions looking at depression &amp; anger management are planned.</p> <p>Anxiety management group for pregnant ladies to be started in the future using SHARP principles</p> |

### Identifiable Challenges:

The following comments have been highlighted by the different practitioners who have carried out further training in their areas:

| Key Challenges  |
|---|
| Increasingly difficult to book training slots with practitioners  |
| To ensure that practitioners do not see the approach as a burden or another assessment or carrying out CBT  |
| To highlight the flexibility of the approach and that all information does not have to be disseminated within the 10 minute consultation (but can be spread out through a number of sessions) |

## Case Study: Sheffield

### Service Area:

IAPT Service: Low & High Intensity – Multi Disciplinary Teams Incl. Health Trainers

### Contact :

Helen Corcoran – Team Leader: [helen.corcoran@nhs.net](mailto:helen.corcoran@nhs.net) 0114 2716410

### Feedback: SHARP Training

“By undertaking the training our teams confidence in presenting and supporting GPs to offer SHARP as a precursor to being referred was a major step forward. The training it self was very flexible and we could tailor make it to what suits our area. Working with GP's has helped to refine and ensure appropriate referrals were sent to IAPT “

### Activity Undertaken Post-Training

Specialist SHARP working group set up in the area to look at how we can encourage other community practitioners and GPs to utilise the approach. SHARP approach presented to 8 GP practices and a further 11 practices highlighted. ½ hour workshops undertaken in these practices with positive uptake of leaflets.

### Challenges

To engage GP's and to reassure them that this was not another assessment for them to carry out .

To book time with practitioners as training times are becoming increasingly restricted.

To balance peoples expectations that this is not a course in CBT therapy but actualising key principles in CBT

### General Comments

The leaflets are focused and straight to the point. They offer a good inter-medium tool for clients who are not too keen on reading. Although the project is in its early stages it would be appropriate to see if it has impacted on the level of emergency appointments and the general satisfaction of clients.

## Case Study: Wakefield

### Service Area:

Community Midwifery & Perinatal Health Service

### Contact :

Yvonne Cox – Nurse Specialist – Perinatal Health – 0782905122

### Feedback: SHARP Training

The training and support from the SHARP team has been focused and tailored to what we needed to look at in our area. I have specifically benefitted through the networking and sharing of ideas and practices in the training sessions as there is more than one way to do things. The leaflets and website are balanced and don't confuse the client and it is a good feeling leaving appropriate literature and help behind.

### Activity Undertaken Post-Training

Adapting information from SHARP a series of training sessions looking at 'Anxiety Management' were undertaken with the Midwifery and health visiting team - 24 clinicians attended this training.

Due to high demand: a further 2 sessions were organised: website information and leaflets have been distributed to other Primary Care Teams

### Challenges

Trying to balance organising training sessions with own work load – especially since training agenda's have changed - getting people to commit.

Sessions have been well received difficulty has been that attendees wanted to know more about CBT therefore had to make it clear that this was not a training course on CBT.

### General Comments

The adaptability of the approach allows community workers to structure their interaction with the client i.e. Working through the 5-areas helps break down most of the stressful situations into manageable chunks. However not all people especially when they are in heightened distress i.e. Due to pregnancy are able to do this successfully as such it is about working with what you have and managing that experience

# Review of Resources: Website & Leaflet Analysis

Website Analysis based on 13<sup>th</sup> Sept 2010 – 13<sup>th</sup> Sept 2011

|                                 |              |
|---------------------------------|--------------|
| <b>Total Visitors:</b>          | 4681         |
| <b>Old/ returning visitors:</b> | 2576 - 56.2% |
| <b>New Unique Visitors:</b>     | 2105 - 43.8% |
| <b>Average hits per months:</b> | 390          |
| <b>Page Views</b>               | 19 662       |
| <b>Average Time on Website:</b> | 3 Minutes+   |
| <b>Bounce Rate</b>              | 30%          |

(I.e. individuals visit front page and don't go any further)

## Accessing the Website:

- 60%    Direct Link i.e. typing in the web address**
- 36%    Search through Google and other search engines**
- 4 %    Traffic from links pages on other peoples websites**

## Site Registration:

Site registration is only necessary to access the forum and some training material the rest of the site remains open:

**Current members: 234**

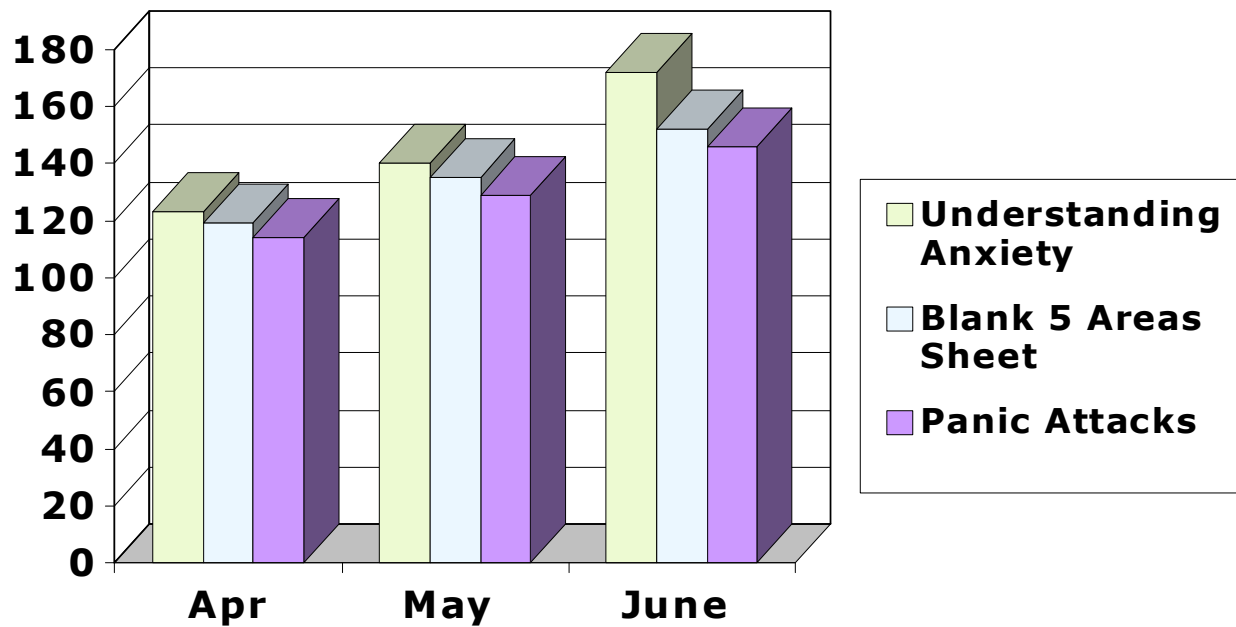
## Leaflets Analysis:

There are currently 50 leaflets (full and lite version) with a potential 7 new leaflets being drafted:

All leaflets Full and Lite are being accessed; however the following full leaflets are accessed more widely:

- |  |                                    |
|--|------------------------------------|
| 1. Self Help Guide in understanding Anxiety      | 6. The Physical effects of Anxiety |
| 2. Blank Five areas form – (for self completion) | 7. Depression – The Vicious Cycle  |
| 3. Panic Attacks                                 | 8. Stress – 5 Area Model           |
| 4. Recognising Unhelpful thoughts                | 9. Coping with Chronic Pain        |
| 5. Guided Self Help Session Planner              | 10. Problems and goals list        |

**Figure 2:** Showing the Viewing Figures for the Top 3 Full Leaflets From the Website For April – June 2011:





# Conclusions

1. Evaluation of the SHARP project shows very positive feedback from those practitioners who attended the initial SHARP training in the Wakefield locality and from those attending the “Train the Trainers” workshops. There was also some evidence of positive impact on the confidence dealing with anxiety and depression, use of CBT approaches and understanding of CBT.
2. The project has produced high quality, CBT based self-help resources that can be accessed by practitioners and directly by the public. These include the website and over 40 leaflets, with full and lite versions of most.
3. The SHARP approach and resources have been developed to fit in with a stepped care service model.
4. The resources have been used by a range of practitioners in a range of settings, including primary care nurse practitioners, health visitors, midwives, GPs, IAPT workers, substance misuse workers and health trainers.
5. Dissemination of SHARP using the train the trainers approach has led a range of training developments across the Region.
6. The SHARP website has been increasingly accessed by practitioners and the general public, with a significant increase during 2011.
7. The flexibility of the SHARP approach and accessibility of the resources makes it suitable to support innovative practice and opportunistic use of the approach in routine practice
8. The SHARP website provides a site for providing self-help resources, although care has been taken not to over do this and make it difficult for practitioners and the public to find what they are looking for.
9. Training support resources have been developed in addition to the website and leaflets. These include the training manual (see appendix 4), audios and videos. These training materials can only be accessed by local practitioners who register on the website.
10. The website forum was designed to be used to support and share good practice but has been very rarely used.
11. It is acknowledged that the real test of the effectiveness of any service development would be the impact on patients but such an evaluation was beyond the scope and resources of the project.

## Future, on-going developments

Although funding for the project ended in September 2011, the following activities will be carried out for the next year in order to ensure continued support for SHARP as it is introduced into services in the Yorkshire and the Humber Region.

- Continue to support trainers who have attended the ‘train the trainers’ workshops
- Continue to develop and improve the leaflets in line with the feedback
- Provide further web resources and support for practitioners who are carrying out SHARP training in their respective areas e.g. videos
- Reviewing and updating links to self-help resources
- Continue to update the training manual, self-help resource directory & other resources
- Continue to fund the domain name, [www.primarycare-selfhelp.co.uk](http://www.primarycare-selfhelp.co.uk)
- Continue to support and moderate the SHARP website forum.
- Allow the leaflets to be available on the “livinglifetothefull” website developed by Chris Williams whose workbooks were used, with permission, for some of the leaflets. This is a widely used and respected free Computerised CBT programme ([www.lltff.com](http://www.lltff.com)).

Requests for further SHARP workshops will be considered but funding will be required to cover the trainer’s time and expenses only.

## References

1. National Institute for Health and Clinical Excellence (2004). Anxiety: management of anxiety (panic disorder, with or without agoraphobia, and generalised anxiety disorder) in adults in primary, secondary and community care. London: NICE.
2. National Institute for Health and Clinical Excellence (2009). Depression: management depression in adults (update). London: NICE.
3. Williams C. *Overcoming Depression and Low Mood: A Five Areas Approach* (2009). 3<sup>rd</sup> Edition Hodder Education.
4. Williams C. *Overcoming Anxiety, Stress and Panic: A Five Areas Approach* (2012). 3<sup>rd</sup> Edition Hodder Education.
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.

## Publications and presentations

1. Luccock, M.P., Lawson, M., & Lloyd, S . (2007) Self-help Access in Routine Primary Care – the SHARP project. Poster presented at the British Association of Behavioural and Cognitive Psychotherapy (BABCP) conference, University of Sussex, Brighton, September 2007.
2. Luccock, M.P., Lawson, M., & Lloyd, S. Looking SHARP. (2009) The SHARP guided self help project. *Healthcare Counselling and Psychotherapy Journal*. January 2009, 10-14.
3. Luccock, M.P, Lawson, M., & Khan, W (2011) Self-help Access in Routine Primary Care – the SHARP project. Paper presented at the British Association of Behavioural and Cognitive Psychotherapy (BABCP) conference, University of Surrey, Guilford, July 2011.
4. Lawson, M., Luccock, M., & Khan, W. (2011). SHARP training manual.

## Acknowledgements

Self-help Access in Routine Primary Care (SHARP) was developed as a pilot project in the Wakefield area and was supported by the University of Huddersfield, South West Yorkshire Partnership NHS Foundation Trust, Wakefield Primary Care Trust and Yorkshire and the Humber Strategic Health Authority.

We would like to thank the following people for their support and advice in this development. Firstly a special thank you to Dr Chris Williams who gave us permission for excerpts of his self-help workbooks, *Overcoming Depression* and *Overcoming Anxiety* to be edited for some of the SHARP leaflets. Thanks also to Frances Cole and Yvonne Cox for writing individual leaflets and to Paul Ince for his work on the manual.

Thanks also to the other members of the original project steering group, including Dr Linda Harris, Phil Smedley, Lee Beresford, Trish Durkan, Kath Padgett and Sheila Leith and to Susan Michael at the Yorkshire and the Humber NHS for her initial support which made SHARP possible. Thanks also to Karen Lynch, Dr Mark Boon, Heather Raistrick and Yorkshire and the Humber NHS for supporting the “train the trainers” phase.

### ACKNOWLEDGEMENTS



**Contact:** For further information about the SHARP project and resources, contact Professor Mike Lucock on [m.lucock@hud.ac.uk](mailto:m.lucock@hud.ac.uk) or [mike.lucock@swyt.nhs.uk](mailto:mike.lucock@swyt.nhs.uk)

## Appendix 1 – The SHARP website homepage






## Appendix 2. Examples of full and lite leaflets

### Example of a Full Leaflet:

SELF-HELP ACCESS IN ROUTINE PRIMARY CARE

03


Self-Help Leaflet



SHARP

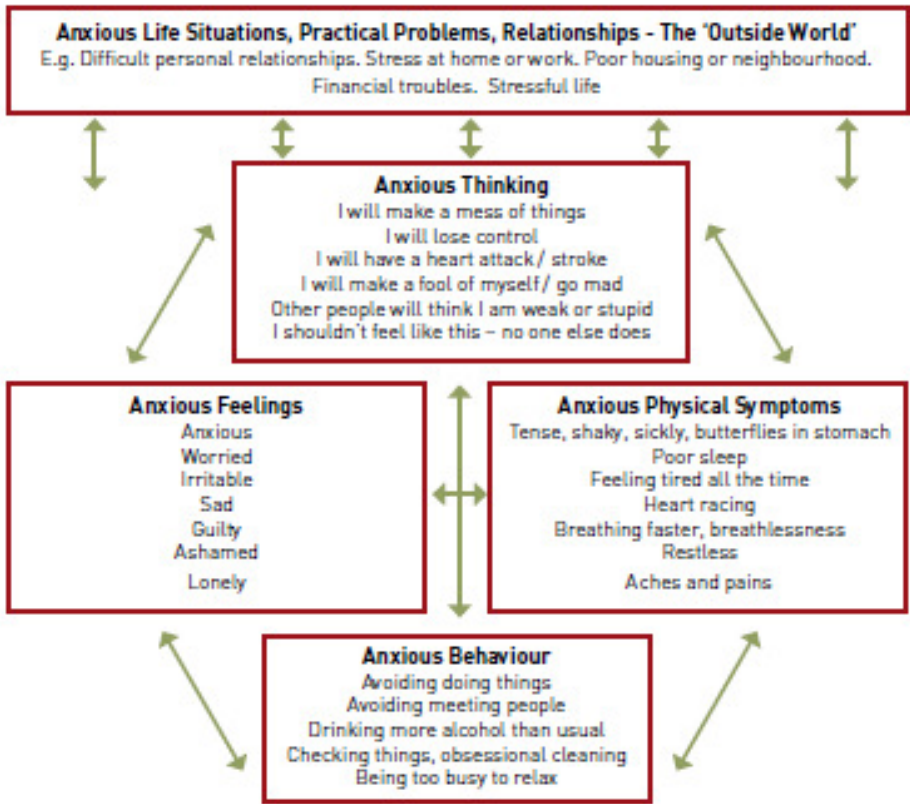
SUPPORTING SELF CARE

## Anxiety – A ‘Five Areas’ Model



Anxiety is a term used to describe uncomfortable feelings of nervousness, worry, and tension, which we all feel from time to time. Anxiety can affect anyone. It affects our thoughts, physical reactions, moods and behaviours. Anxiety can also cause us to feel panicky and frightened and prevent us from doing things. Too much stress in our lives can result in higher levels of anxiety that can reach the level of panic if no action to reduce anxiety is taken.

Below are some of the signs or symptoms you may notice when you are too anxious. We have divided these into anxious thinking, anxious feelings, anxious physical symptoms and anxious behaviour. The outside world or environment can also have a major effect on our anxiety. This is known as the ‘FIVE AREAS MODEL’.



```

graph TD
    A["Anxious Life Situations, Practical Problems, Relationships - The 'Outside World'  
E.g. Difficult personal relationships. Stress at home or work. Poor housing or neighbourhood.  
Financial troubles. Stressful life"]
    B["Anxious Thinking  
I will make a mess of things  
I will lose control  
I will have a heart attack / stroke  
I will make a fool of myself / go mad  
Other people will think I am weak or stupid  
I shouldn't feel like this – no one else does"]
    C["Anxious Feelings  
Anxious  
Worried  
Irritable  
Sad  
Guilty  
Ashamed  
Lonely"]
    D["Anxious Physical Symptoms  
Tense, shaky, sickly, butterflies in stomach  
Poor sleep  
Feeling tired all the time  
Heart racing  
Breathing faster, breathlessness  
Restless  
Aches and pains"]
    E["Anxious Behaviour  
Avoiding doing things  
Avoiding meeting people  
Drinking more alcohol than usual  
Checking things, obsessional cleaning  
Being too busy to relax"]

    A <--> B
    A <--> C
    A <--> D
    A <--> E
    B <--> C
    B <--> D
    B <--> E
    C <--> D
    C <--> E
    D <--> E
  
```

Related leaflets include:


- Changing Unhelpful Thinking [1], [2] & [3]
- Recognising Helpful & Unhelpful Behaviours
- Recognising Practical Problems & Difficulties

SHARP is a joint initiative between The University of Huddersfield, South West Yorkshire Mental Health NHS Trust and Wakefield Primary Care Trust.  
© Copyright The University of Huddersfield, 2008. All rights reserved.  
Version 1 → 01/2008

Page 1 of 2



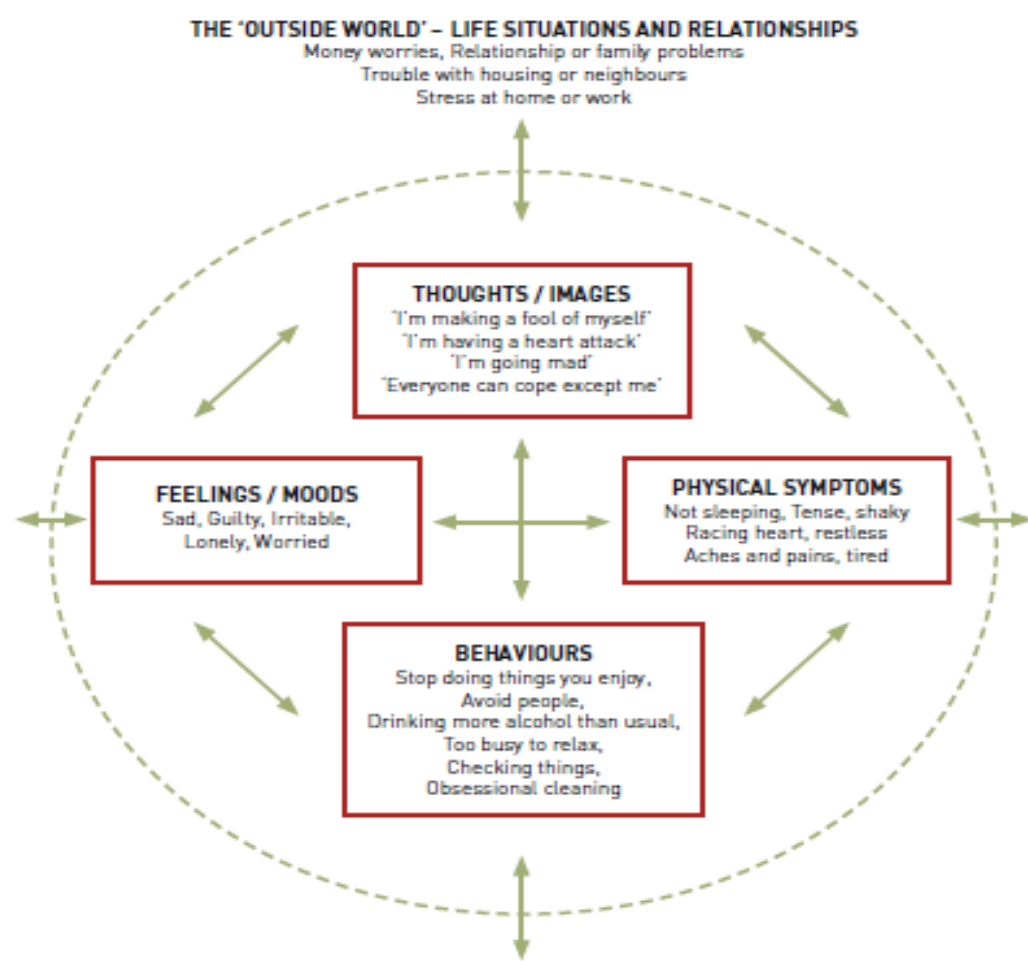
## Example of a Lite Leaflet:

  
SELF-HELP ACCESS IN ROUTINE PRIMARY-CARE

## Anxiety

### A 'Five Areas' model...

Anxiety is the term used to describe feelings of worry, stress and tension which we all feel from time to time. It affects our moods, behaviour, thoughts and physical symptoms. The diagram shows some of the thoughts and feelings you may notice when you are very anxious.



**THE 'OUTSIDE WORLD' – LIFE SITUATIONS AND RELATIONSHIPS**  
Money worries, Relationship or family problems  
Trouble with housing or neighbours  
Stress at home or work

**THOUGHTS / IMAGES**  
"I'm making a fool of myself"  
"I'm having a heart attack"  
"I'm going mad"  
"Everyone can cope except me"

**FEELINGS / MOODS**  
Sad, Guilty, Irritable,  
Lonely, Worried

**PHYSICAL SYMPTOMS**  
Not sleeping, Tense, shaky  
Racing heart, restless  
Aches and pains, tired

**BEHAVIOURS**  
Stop doing things you enjoy,  
Avoid people,  
Drinking more alcohol than usual,  
Too busy to relax,  
Checking things,  
Obsessional cleaning

Page 1 of 2      © Copyright The University of Huddersfield, 2010. All rights reserved.  
SHARP is a joint initiative between The University of Huddersfield, SouthWest Yorkshire Mental Health NHS Trust and Wakefield Primary Care Trust.      [www.primarycare-selfhelp.co.uk](http://www.primarycare-selfhelp.co.uk)

### **Appendix 3 – Pilot training programme content**

- The pilot training program consisted of the following elements spread over two half days:

#### 1.0 Introduction to the training

##### 1.01 What is SHARP – SHARP Project objectives

#### 2.0 Context: Where does SHARP fit in to the wider NHS picture:

##### 2.01 NICE guidance,

##### 2.02 IAPT

##### 2.03 Self-help – Stepped Care Model

#### 3.0 Health Care professional Background & what you want from the Training

#### 4.0 Introduction into the 5 area model – CBT principles used by SHARP

##### 4.01 Range of exercises applying the 5 area model to yourself

##### 4.02 Video & audio exercises

##### 4.03 Looking at examples of the 5 Area model

#### 5.0 Suitability criteria for guided self-help and engaging clients

##### 5.01 Role plays and training techniques in engaging clients

#### 6.0 Identifying suitable support leaflets and criteria

- In addition, Monthly small group support/supervision sessions were offered to practitioners
- Follow up half day – to feedback on progress, review and discuss continuation of SHARP in practice and dissemination to colleagues.



- **Appendix 4 – Train the Trainers training programme content**

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  
                         Role plays and discussions on incorporating the use of the leaflets in  
                         routine practice.

Follow-up half day workshop after three to four months to review practice

Both half days would incorporate a use of video demonstrations and role plays of consultations and active use of the website.

**Appendix 5 – SHARP Training Manual**

Due to the size and depth of the manual a draft version of the manual is available on request from:

[Mike.lucock@swyt.nhs.uk](mailto:Mike.lucock@swyt.nhs.uk) or [wajid.khan@swyt.nhs.uk](mailto:wajid.khan@swyt.nhs.uk)