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Williams, C., Morrison, J., McConnachie, A., McClay, C.-A., Matthews, L., and Haig, C. A randomised controlled trial of a community based group guided self-help intervention for low mood and stress. [Key Findings]

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FOCUS ON RESEARCH

A randomised controlled trial of a community based group guided self-help intervention for low mood and stress.

Researchers

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Aim

To assess the effectiveness of the Living Life to the Full (LLTTF) community-based life skills classes on depression, anxiety and social function at 6-months, and to investigate whether the intervention was cost-effective and acceptable to attendees.

Project Outline/Methodology

Individuals with symptoms of depression self-referred via community adverts to LLTTF classes. The 8-week course involved weekly 1.5hr classes where class leaders guided participants through written self-help booklets aimed at teaching key life-skills. Participants were randomly allocated to an Immediate Access (IA) group or a Delayed Access Control (DAC) group. The DAC group participated in the classes after a waiting period of 6-months allowing a comparison of effectiveness of classes. Measures of depression (PHQ-9), anxiety (GAD-7) and social function (WSAS) were collected at baseline and 6-months. Classes were delivered by the charity Action on Depression.

Key Results

Individuals aged 16+ years and who had at least mild depression were recruited. We aimed to recruit 126 participants and in the end recruited 142. Most (68.1%) had experienced depression for over five years. Classes were delivered competently and consistently as gauged by ratings of 17 classes attended by the study research assistant.

At baseline 49.3% were taking an antidepressant and there was no difference in antidepressant usage between the groups. At six month follow-up, data was obtained on 71.8% (102/142) of participants.

Significant reductions in depression, anxiety and social function were observed in the IA arm. These improvements were greater than those seen in the DAC group for depression (3.64 points better off on the PHQ-9 depression scale) and anxiety (2.83 points better off on the GAD-7 anxiety questionnaire). Social function also improved in those attending the LLTTF classes (5.31 points better off than the control group at six months on the WSAS rating scale).

Those who were more depressed at baseline showed far greater improvement in depression score (PHQ-9 difference of 5.37 points) than those with lower PHQ-9 scores at baseline (<10 ie mild depression) who showed no change at follow-up. Overall, 59.6% of those who attended the LLTTF classes now scored below 10 (the clinical cut-off for depression) at 6 month follow-up compared with 17.4% at the start of the project.

The classes were cost-effective with a reduction in the LLTTF class arm costs from £907 to £780 (£-127), and from £802 to £740 (£-62) in the control group in the 6 months before and after joining the study. Overall the delivery of the classes (rooms, staff, resources) was cost-neutral as delivery costs were fully offset by the savings in health care usage in the intervention arm – with significant savings in terms of admission to hospital. The classes delivered improvements in Quality of Life with a cost per quality-adjusted life year between £20,000- £30,000.

Conclusions

The LLTTF classes appear to be effective and cost-effective in improving depression, anxiety and social function when delivered in a community setting.

What does this study add to the field?

This is the first large study including an economic analysis that has evaluated group-based life skills classes. It found the approach to be effective.

Implications for Practice or Policy

LLTTF classes should be made available to self-referred groups in community settings.

Where to next?

The study should be repeated by independent research groups, and examine other age ranges. Versions already exist for older adults and younger people. The classes are also available for free access online at www.lltff.com and that site should be evaluated in a randomised trial.

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