A Guided Online Anxiety Self-Help Programme to aid a return to work: A pilot study

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Abstract

This article reports findings from a small scale, pilot study into the use of a guided online anxiety self-help programme for incapacity benefit customers with common mental health problems participating in Want2Work, a government funded re-employment project. Outreach-online is a multi-modal cognitive behavioural treatment programme delivered primarily via the internet, CD-ROM and workbooks, but also with an element of human support. The study applied a mixed methods approach to (i) explore changes in psychological health and job-seeking behavioural attitudes among project members who agreed to participate in the self-help programme, and (ii) examine the utility of incorporating self-help treatment approaches of this nature in a novel setting. The small sample size (n=8) prevented meaningful analysis of the quantitative data, yet the qualitative findings offer some encouragement with regard to the efficacy of this self-help programme for this client group. A number of important methodological issues were also raised during the study that will need to be addressed in the further work planned in this area.

Keywords

Computerised CBT (cCBT); Computerized Self-Help; Online Self-Help; Re-employment.

Introduction

In the UK, mental illness is on the increase. Between 1993 and 2000, mental illness in men increased by 17%, and the incidence of severe depression increased by 37% (Singleton, Bumpstead, O'Brien, Lee, & Meltzer, 2001). Up to 40% of General Practitioner (GP) consultations are related to mental health problems (Goldberg, 1999) with 11.7% of attendees meeting DSM-IV criteria for anxiety disorders (Boardman, Henshaw, & Willmott, 2004).

Mental illness can affect the country's economy, reducing output through time-off sick and unemployment (Layard, 2005). Within the UK, mental health conditions are now the biggest single cause of both absence from work and people claiming incapacity benefit (Hain, 2007). Similarly, periods of unemployment may increase the likelihood of someone experiencing an episode of mental illness such as depression and substance abuse (Dooley, Fielding, & Levi, 1996; Murphy & Athanasou, 1999; Paul & Moser, 2006). This may create a vicious circle whereby an individual with mental

health problems becomes unemployed and as a result becomes further incapacitated; reducing their chance of finding a job (Taris, 2002). Although active job search is an important predictor as to whether an individual will be reemployed, those people who are unemployed and show greater job-seeking behaviour also tend to have lower mental health than the norm (McKee-Ryan, Song, Wanberg, & Kinicki, 2005). This could be because of repeated rejection from employment.

Psychological treatments such as cognitive behavioural therapy (CBT) are recommended for many common mental health problems, e.g., generalized anxiety disorder, panic disorders, and obsessive compulsive disorder (National Institute for Clinical Excellence, 2007; The Royal College of Psychiatrists, 2005). CBT is a 'here and now' way of understanding how one thinks, feels and behaves. Instead of focusing on past causes of distress or symptoms it looks for ways to improve one's current state of mind. CBT is one of the most effective treatments for conditions where anxiety or depression is the main problem (National Institute for Clinical Excellence, 2006), yet despite this most sufferers are untreated (Marks *et al*., 2003) owing to lack of recognition, lack of therapists, and sufferers' fear of stigma associated with psychiatric intervention (Kaltenthaler et al., 2002). Those sufferers of common mental health problems who do seek help typically endure long waiting lists before accessing psychological treatment.

'Distance from a labour market' and 'Distance travelled' are two concepts that are used to help describe an unemployed person relative to their relationship to the job market (James, 2002). Distance from a labour market describes the impact that two inter-related groups of factors have on the opportunity for an individual to obtain a job: one relates more to the individual, while the other relates more to the employer. Factor one is the characteristics that helps them locate, obtain and maintain a job, whilst factor two is the characteristics that employers view as making them good or a bad risks for employment. Distance travelled refers to the changes that take place over time which enhances the individual's prospects of obtaining and maintaining a job. This may include finding employers for whom the existing characteristics are already acceptable, or by enhancing their positive characteristics and reducing their negative characteristics. It also refers to the cumulative changes in job-seeking and employment finding and job-keeping behaviours.

McKee-Ryan and Kinicki (2002) proposed that a person's reaction to job loss is governed by a coping-stress framework that consisted of five variables affecting psychological and physical well being. These are: work-role centrality (the importance a person's work-role plays in their sense of personal identity); coping resources (individual characteristics and environmental conditions a person can utilize to help cope with involuntary job loss); cognitive appraisal (how an individual interprets their job loss, i.e., whether it's a loss, threat or challenge, their self-attribution as to their responsibility for their job loss, and their expectations for re-employment); coping strategies (cognitive and behavioural endeavours to manage internal and external demands that stretches a person's resources); and human capital and demographics (the productive potential of an individual's knowledge and actions). Their model predicts that effective interventions to help the unemployed would address the threat to personal identity, improve the individual's personal coping resources, and minimizing the negative appraisal of job loss (McKee-Ryan *et al*., 2005). One would therefore expect CBT-based interventions to be beneficial.

Studies have shown that CBT can improve the mental health status and coping abilities of long-term unemployed youths (Creed, Machin, & Hicks, 1999), and produce tangible benefits in job-finding for unemployed professional people (Proudfoot, Guest, Carson, Dunn, & Gray, 1997). However, for a group of long-term unemployed people from disadvantaged backgrounds a CBT intervention of 11 hours over two days was found to be no more effective than a non-CBT skills-based program

(a first-aid course) delivered over the same time frame (Harris *et al*., 2002). It should be noted though, as with other areas of mental health (Project Match, 1997; UKATT Research Team, 2005) both treatment groups reported significant improvements in the mental health of their members. In addition, although participants were randomly allocated, the non-CBT group had significantly higher self-esteem at baseline measures than did the CBT group, and had been unemployed for less time.

Unfortunately, interventions designed to address the mental health needs of the unemployed are expensive, lengthy and difficult to obtain (Dooley *et al*., 1996). Evidence from the NHS suggests that unmet needs and waiting list length can be reduced by using guided online self-help and computerized CBT (cCBT) (Bower, Richards, & Lovell, 2001; Proudfoot *et al*., 2003). However, little is known about the practicality of computerized psychological interventions for the long-term unemployed, and how acceptable a treatment delivered via this modality would be to recipients. For example, people on benefits may not have access to an internet-connected computer, and travelling to a location to use a public PC may prove to be an insurmountable barrier.

Outreach-online

Over the past five years, a guided online self-help (GOSH) package, *Outreach-online*, has been developed by one of the authors, a consultant nurse within the North Wales NHS Trust, where it is currently undergoing trials. It was awarded a Welsh Innovations in Healthcare (WIsH) award for service innovation (Conwy & Denbighshire NHS Trust (2006, July 27).

Outreach-online is an interactive and enhanced cognitive behavioural therapy program (CBT), delivered to clients at their home over a 3 month period by either internet or CD-ROM and accompanied by a paper based workbook. *Outreach-online* does not provide a 'purist' CBT approach, but rather utilizes a 'blended learning' multi-modal approach, integrating a number of different theoretical approaches. CBT's theoretical underpinnings (including cognitive theories and behaviourism) form the foundation of Outreach-online, which also includes approaches more associated with the brief Solution-Focused therapy (de Shazer, 1985) and Transactional Analysis (Berne, 1961). *Outreach-online* is one of the few approaches to move away from a 'purist' theoretical approach and to utilize a multi-modal approach, comprising of face-to-face, telephone, workbook and on-line work.

The programme has nine modules:

- *Screening and Introduction* – including guidance for people unfamiliar with computer use.
- *Understanding Anxiety* – an overview of the range of anxiety disorders and treatment options.
- *Becoming Different* – issues surrounding personal change.
- *Everything's Connected* – an introduction to CBT.
- *Learning to Relax* – including guided imagery and mindfulness.
- *Dealing with Troubled Feelings* – managing affect.
- *Dealing with Troubled Thoughts* – challenging cognitions.
- *Solving Problems* – practical problem solving.
- *Staying Well* – including the importance of relationships, nutrition and exercise.

Participants in the self-help programme are supported by specially trained 'helpers'. No specific formal psychotherapy training is required for 'helpers', as the workbook content itself provides the structured programme for recovery. Helpers instead are required to demonstrate the interpersonal skills necessary to support others i.e., empathy, genuineness, understanding and compassion. The role of the helper is primarily to support the client's progress through the programme, offering support and encouragement when necessary. Helpers always initiate contact with clients, and actively follow them up, as this has been found

to help reduce attrition from the programme. The authors have identified a number of advantages of *Outreach-online,* notably: the removal of waiting times between assessment and treatment, thereby allowing early intervention and maintaining therapeutic input previously unattainable by conventional means; minimizing the need for clients and practitioners to travel to receive or deliver treatment; the facility to deliver up-to-date resources instantaneously, at any time of day or night; the blended learning program requires no special hardware or software, enabling clients to receive multimedia support at home, alongside supportive contact from health practitioners; and the capacity to provide treatment to a greater number of individuals at any one time.

Moreover, individuals participating in the *Outreach-online* programme are not expected to rigidly adhere to the treatment programme. Rather, they can dip into the programme as and when they need support.

Want2Work

Want2Work was an initiative designed jointly between the Welsh Assembly Government and Jobcentre Plus, which aimed to investigate innovative approaches to assist economically inactive people on long term health-related benefits, back into the labour market. Support given to the individuals enrolled on the programme included access to employment advisers and health advisers. The Denbighshire coastal town of Rhyl was one of four local authority areas with high levels of unemployment and deprivation chosen to take part in the project, and was the only one to introduce *Outreach-online* (Jobcentre Plus, 2009).

Want2Work statistics indicated that almost one third of the Rhyl cohort had reported mental health problems such as anxiety and/or depression as a main reason for incapacity. Some were receiving treatment for their anxiety and depression symptoms from their GP as part of routine care, but the severity of their anxiety and depression was unknown.

Although currently in use in clinical settings, *Outreach-online* has not been widely used by people in community settings, so this was seen as an exciting opportunity to pilot the wider benefits of the program. The authors are not aware of any published study that examines the efficacy of the use of cCBT or GOSH computer programs by those on long-term health related benefits.

It should be noted that participation in the *Outreach-online* project neither precluded participants from seeing their Want2Work advisor or receiving other benefits from the Want2Work programme.

Study aims and objectives

It was considered unreasonable to expect a package such as *Outreach-online* to show an increase in successful job seeking within the timeframe available for this study. However, we would expect it to have a positive effect in terms of reducing the distance recipients are from the labour market i.e., making them more employable.

Thus, the main aims of the project were:

(i) to examine changes in psychological health among Want2Work participants completing the Outreach- online programme;

(ii) to examine changes in work-related attitudes among Want2Work participants completing the Outreach-online programme; and

(iii) to gather qualitative information to help assess the usability and acceptability of Outreach-online with a health-challenged demographic engaged in return-to-employment programme activities.

The overall objective was to take forward learning from the pilot study and apply it in in-depth research in this area.

Method

The Want2Work Health Adviser identified eight potential participants who had either expressed

an interest in wanting to improve their general level of mental well-being or had wanted help to tackle mild or moderate anxiety or stress-related problems. These had been enrolled in the Want2Work scheme for a varying amount of time. Five were male, and the average age was 47.9 years (range 38.3 to 58.9) at baseline.

All eight agreed to take part and attended a Workshop at the start of December 2007, held at a community centre equipped with internet enabled computers. The eight were informed of the background to the study, completed baseline measures (described below) and were familiarized with the *Outreach-online* programme. Once they had demonstrated they were able to use the computer program, they were given the first two chapters of the workbook and arrangements were made for telephone support.

Telephone support was provided by a Jobcentre Plus Work Psychologist (WP) who had been trained as a 'helper' and had been introduced to the participants at the introductory workshop. She would enquire as to how the participants were finding the course, whether they had any particular concerns or comments about their experience, and also obtained Depression, Anxiety and Stress Scales (DASS) (Crawford & Henry, 2003) scores which had been completed prior to the first telephone call. Telephone calls were made at weekly or fortnightly intervals, according to the preference of the participants, and would last between ten minutes and one hour.

To ensure that the study was completed in time for the end of the Want2Work course at the end of March 2008 a focus group meeting was arranged mid March. However, the recipients could still access *Outreach-online* after this date to enable them to finish the programme. To ensure that the focus group ran smoothly, 3-month follow-up assessment questionnaires (see below) were given to the participants the week before to enable the completed forms to be brought to the meeting. In an attempt to obtain longer term outcome information, a further follow-up was conducted by postal questionnaire in September 2009.

Baseline Measures

Anxiety and Depression

The Hospital Anxiety and Depression Scale (Bjelland, Dahl, Haug, & Neckelmann, 2002; Zigmond & Snaith, 1983), was used to assess participants' levels of anxiety and depression. It was developed to identify possible and probable *"suffering from"* anxiety and depression (or 'caseness') amongst patients in non-psychiatric hospital settings, and has been used extensively. A recent review has found that it is good at measuring symptom severity and the 'caseness' of anxiety and depression in the general population (Bjelland *et al.*, 2002).

Core Self-Evaluations

The 12 item Core Self-Evaluations Scale (Judge, Erez, Bono, & Thoresen, 2003; Wanberg, Glomb, Song, & Sorenson, 2005), was used to measure the personality trait of core self-evaluations. The Core Self-Evaluations Scale measures the basic beliefs that someone has about themselves and is based upon four core traits; self-esteem (the overall value that one places on oneself as a person), generalized self-efficacy (an estimate as to how well one can perform on various tasks), neuroticism (the inclination to have a negative explanatory style and to focus on negative aspects of oneself), and locus of control (beliefs about the causes of events in one's life).

Barriers to Employment

The Beneficiary Engagement Questionnaire (Sharples, 2007) was developed as part of the Step Closer 2 Work project. This aimed to assist long-term incapacity benefit recipients within Liverpool to either return to work or engage in training. The questionnaire measures five key employment barriers associated with this client group.

Basic beliefs: this refers to an individual's belief in whether they will ever get a job. They may have received so many knock-backs that they simply do not believe they will ever find work again.

Local Labour Market Knowledge: this scale indicates whether an individual believes that there are jobs within the local area that they can do, and whether they have been active in seeking a job.

Job Search Skills: this refers to the individual's confidence in their knowledge about what job it is they want and where to find information about jobs they could do.

Presenting my Case Effectively: this scale examines how confident the individual is that they can produce a CV, complete an application form, perform well during an interview, and be given a job despite any health conditions.

*Keeping the Job: t*he final barrier to getting a job is how confident the individual feels that if they get a job they will be able to keep it.

Outcome Measures

The 3-month follow-up assessment included a second administration of the quantitative instruments outlined above, plus the completion of a bespoke Beneficiary Satisfaction Evaluation Questionnaire and an adapted Morisky Questionnaire (Morisky, Green, & Levine, 1986). The former consisted of 11 questions on a five-point Likert Scale covering areas such as whether the programme was perceived by the respondent to be of sufficient quality and met their expectations, whether the instructions given on using the programme were adequate, and whether they found it useful and would recommend it to a friend. There was a twelfth question for additional comments. The latter measured compliance with the *Outreach-online* programme instructions.

Additionally, each subject completed a Depression, Anxiety and Stress (DASS) questionnaire (Crawford & Henry, 2003) at the end of each of the *Outreach-online* modules to monitor their own progress as they worked through the programme. Note: The analyses of the Morisky and DASS questionnaires are not included in this paper as they form part of a separate study of the Outreach-online programme.

The main outcome measure at the 3-month follow-up stage was the focus group analysis, which aimed to illuminate both the process of any change taking place pre- and post-intervention and also provide the participants the opportunity to describe their experience of using the computer-based programme and suggesting ways it might be improved.

While the study report was being prepared for publication the opportunity arose to contact the study participants to ask about their employment status and to seek feedback on the benefits of Outreach-online to them over a longer time period. Contact was made via a brief postal questionnaire 21 months after the focus group session.

Data Analysis

A thematic analysis of the qualitative data generated during the focus group was conducted (see Patton, 1990). Personally identifying information was removed from the transcript, along with information on the question that was being answered, to allow themes to emerge from responses independent of the context and the respondent. Four reviewers then independently examined the context-free statements and assigned a theme or themes to them. Where there was significant disagreement, this was resolved by way of discussion.

The quantitative questionnaire data was analyzed using SPSS for Windows 14.0 (SPSS Inc, 2005). Analysis was conducted using t-tests and cross tabulations as appropriate. Missing data was excluded on the basis of 'analysis by analysis'.

Results

At the 3 month follow-up stage , one male and two females were no longer engaged with Want2Work. The average age of the remaining five subjects was 48.5 years.

Qualitative Analysis

Analysis of the focus group transcript produced five major and one minor themes.

Triggers (19% of comments)

One of the most common themes was the participants' explanations as to why they participated on the programme. For most, it was a case of looking for ways of coping with feelings of stress or anxiety, or just coping with their life situation in general. For example, one explained, *"Well to be honest, for me it sounded like something to do and I was suffering from stress and I needed help to keep me calm and this has actually helped"*, while another noted, *"Yes and I would welcome some strategies to cope with it because you want to cope but it just gets overwhelming at times."* Some reported that they had felt the need to insulate themselves from the outside world *"Basically, I shut myself off from the world – I was almost getting to the stage where I wanted to become a recluse or a hermit. I didn't want to communicate – I was frightened to - this was the problem"* and others reported feelings of despondency *"If things get too much on top I just give up"* and feeling they would *"…carry on that downward spiral"*.

Programme Results (21% of comments)

Twelve of the 13 comments specifically about the programme effectiveness and how it had impacted on various aspects of the participants' lives were positive, e.g., *"..I needed help to keep me calm and this has actually helped"; "It helped me – gave me more logical thinking to get my head around it"; and "One thing this course has done for me – I want to work and it has helped me quite a lot". The other* comment was neutral, *"…when things are going well I tended not to look at this as much but when things are not so good I wanted a bit more support…"*.

Favourable comments were made about the extent to which the programme met the prior expectations of the participants, e.g., *"I had been enquiring about a course like this for ages….its what I expected"*. However, expectations of specific aspects of the programme were not always met, e.g., *"I thought that was going to happen"* when discussing the possibility of having a group meeting.

Other comments were made about changes in self- efficacy, communication action planning, and 'recovery'.

Mutual Support (23% of comments)

The theme of mutual support came up in a number of contexts. Firstly, there was the suggestion that the course be improved by having a group meeting of all the participants, - *"if we could all get together once a week for an hour or something with a tutor on hand."* One benefit of this was because it would help them feel as if they were not alone *"…like meeting friends who have the same problem…",* whilst another was so that the participants could gauge how well they were progressing through the course - *"That's why it would be good for us all being together to see how each other are getting on because you are thinking others have done twice as much"*. Another context in which mutual support was thought to be useful was in identifying changes in each other - *"I've seen differences in you – have you seen differences in me?"*

Programme Design/Content (24% of comments)

In addition to suggesting a group meeting to provide mutual support, a number of other comments were made regarding components of *Outreach- online* the participants particularly liked or disliked, and other improvements they thought could be made. By far the most

common of these were to do with the telephone contact that is an integral part of the programme. At first it appeared people found it awkward to speak on the telephone - *"You can't get across what you want to say and then when you put the 'phone down you think you should have said such and such".* It was suggested that meeting one-to-one with the telephone helper at the start of the program might help break the ice - *"…perhaps we could have had a little chat with her then on our own…"* - however, all agreed that the telephone support was very helpful -*"she was very good, very supportive"* - and they were impressed with how the telephone helper seemed to remember everything they had told her - *"She did, she remembered everything"*.

One feature of the programme that received a mixed reception was the self-complete assessments. In particular, some dissatisfaction was expressed concerning the way that the results were presented - *"I wish it didn't say normal, mild, moderate, severe and very severe"* and *"I don't know how you feel but I think if it hadn't got these danger levels, it sounds as if my stress levels are really bad but I think they are temporary and I come down and get over them."* One participant suggested, *"If it didn't have that mild, moderate, severe, if it had just said lower scores are better, that would have been a better way of doing it."* However, it was recognized the assessments did allow individuals to monitor their progress *"You look back and look at how your stress levels have gone down and your anxiety and you keep on going back and wondering what you did to get it so low and how come it has gone up again."*

The integration between the assessments and the workbook also stimulated some debate. One person suggested that there should be a link from the workbook to the assessment, whereas another stated, *"I used to do the work on the computer and then go home and do the assessment, then you have time to think about how you actually feel."*

One person reported finding the 'Miracle' question uncomfortable. This solution-focused technique asks the individual if they could perform a miracle what would they like to change about their life. The person explained their discomfort by saying *"I found that hard because you know, waking up one day and finding things different because I was obviously thinking of my son, wishing in a way that he was different and you can't really do that can you, so I skipped that bit because I found it a bit uncomfortable."* In contrast, another person reported enjoying the relaxation part of the programme, *"…I find it hard to relax but I can just put that on and manage to find myself an hour in the day and just listen to that."*

Resources (12% of comments)

A smaller number of comments were categorised as resource related. Some reflected the 'psychological' resources needed to overcome the burden of the programme, while others highlighted time factors as a significant consideration. Examples of both include: *"I think it was section 3 or 4 and I suddenly thought 'What am I doing this for' I know all this because I've done it all before…"* ;*"Yes, you see the page numbers on the bottom e.g., page 139 and you do wonder if you are ever going to get through it"; "I feel like I kind of whizzed through it and not given it as much as I would really have liked to but that's just the way things are unfortunately";* and *"…it just felt a little bit pressured that I had to get through…"*. Perhaps surprisingly access to the computer was only mentioned once - *"I couldn't always get to a computer so I could have done with more paper based sections"*.

External Influences (2% of comments)

The final category recognises that sometimes things outside the participants' control could also impact on the way they felt. One person observed, *"But there again look at my mum. She's 85 and it can be horrible, it's quite depressing and that brings you down as well"*, while another cited a 'Looking After Me' course as being helpful for them.

Quantitative Analysis

The small sample size precluded much more than the reporting of descriptive statistics on most quantitative measures.

Core Self-Evaluation

The mean Core score at baseline was 31.5 (SD = 7.8) and it had increased to 39.4 (SD = 10.9) at the 3 month follow-up. However, the difference was not statistically significant ($t = -0.886$; $df = 4$; $p > 0.05$) and the result was skewed by one participant reporting a massive 25 point improvement [see Appendix 1].

Anxiety and Depression

The baseline Hospital Anxiety and Depression (HAD) scores for all eight participants showed elevated levels of anxiety and scores for depression (which often co-occurs with anxiety) were elevated in five cases. Of the five still engaged in the programme at the 3-month follow-up, three had elevated levels of anxiety, 1 was borderline, and 1 was now sub-threshold. None had elevated depression scores at the follow-up assessment, with 2 being classified as borderline and 3 being sub-threshold [see Appendix 2].

Beneficiary Engagement Questionnaire

The scores on the five barriers to employment are provided in Appendix 3. In brief:

Basic Beliefs: for those participants completing baseline and follow-up assessments two improved and one got worse.

Local Labour Market Knowledge: three participants felt more confident in their knowledge about the local labour market, one had no change, and one felt less confident.

Job Search Skills: three participants became more confident in their job search skills (i.e., their scores had decreased at the follow-up point) whilst two had remained the same.

Presenting my Case Effectively: four of the five participants felt more confident about presenting their case effectively, whilst one felt less confident.

Keeping the Job: two participants felt more confident about keeping a job once they had one, two felt less confident, and one showed no change.

Beneficiary Satisfaction Evaluation

In terms of their satisfaction with the programme, all participants were positive in their comments. One said they would not use it again, but even then they said they would recommend it to a friend.

21 Month Follow-up

Three of the five individuals who provided baseline and 3-month follow-up data responded to the 21-month enquiry, as did all three who had left the Want 2 Work programme prematurely.

Three individuals (including two re-engaged respondents) were or had recently been working; one fulltime and one in voluntary work. All six respondents had found *Outreach-online* useful, with five stating that they still referred back to or reflected upon the information they were given during the programme.

Given our knowledge that one of the two non-respondents to the postal questionnaire had been working at the 3 month follow-up point, this means half of the *Outreach-online* participants had engaged in some form of paid or unpaid work after the end of the programme. While the figures are not directly comparable, employment outcomes were reported in 20% of Want2Work clients nationally (Jobcentre Plus, 2009).

Discussion

The over arching aim of this study was to explore whether using *Outreach-online* might be a useful tool in the support of participants on the Want2Work scheme through treating their

anxiety, and whether improvements could be made to the program to make it more appropriate for use by those on long-term health related benefits. A pilot study of this size is unlikely to demonstrate statistically significant results, but it can provide evidence to support the need for a larger intervention to produce more definitive results.

Impact on Anxiety and Depression

As measured by the HADS all the beneficiaries who took part in the study had elevated levels of anxiety at baseline, and 5 out of 8 also had elevated levels of depression. Prior to the study we had expected approximately 1/3 of participants would report mental health problems, so the figures reported here suggest mental health problems may be more prevalent than anticipated, or more likely, the selection process for those individuals who agreed to participate in the study resulted in an atypical sample.

Many of the participants had been looking for similar help for some time. While not wishing to overstate similarities with other areas of mental health (Orford *et al*., 2006) it appears that there is a realization of worsening, accumulating and multiple problems that act as a trigger for participating in a program such as *Outreach-online*.

Although *Outreach-online* is designed to treat anxiety symptoms, anxiety and depression are often co-morbid. Our preliminary findings support an argument that the use of *Outreach-online* by people on the Want2Work project may be beneficial in reducing their feelings of anxiety and depression, although further research is needed to demonstrate a statistically significant reduction.

Impact on evaluations of self- and jobseeking attitudes

Nearly all the statements about the outcome of the programme were positive, with one participant explicitly stating that he felt ready to return to work on a part time basis as a result of participating in the programme. This chimes with the findings of Taris (2002) that the likelihood of reemployment is related to an unemployed person's mental health. Statements indicating positive changes in self-esteem and self-efficacy can only serve to assist the individual when contemplating a return to work. The employment outcomes reported for this group of individuals provided further encouragement that the programme was beneficial in this respect.

Programme Acceptability

To explore the acceptability of the programme we had intended to measure how many participants had completed the course. We estimated that the programme would take 3 to 4 months to complete, but due to time constraints for Want2Work (which also prevented us from conducting a representative cost-analysis) we had to bring forward the timing of the follow-up assessment, which took place 3 months after the baseline assessment. The 21 month follow-up represents a post-hoc attempt to capture information after the participants had completed the *Outreach-online* programme.

While no individual had completed the programme at the 3-month follow up, the fact that five of the eight were still engaged with the process was positive. Due to the less structured nature of many unemployed people's lifestyles, and the assumption that the unemployed were less likely to have a computer at home, we had expected the non-completion rate to be higher than would be found, in, say, a sample of people from a primary care setting, which is typically around 29% (Marks *et al*., 2003).

It is interesting to note that access to a computer was only once mentioned as being a problem, although this might be because those who did find having access to a computer a problem were less likely to come forward or more likely to drop out. The time pressures reported by some participants may have been

less of a factor had the Want2Work funding arrangements not necessitated bringing forward the follow-up assessment). The possibility of introducing 'skips' in the programme to allow people to miss out sections already familiar to them could ease the time issue and should also help alleviate the psychological burden of completing the program; this appeared a particular problem for participants who had received psychotherapy in the past.

Programme Usability

This examined whether participants found particular aspects of the programme useful or not. One aspect all agreed was useful was the telephone support with the Work Psychologist (WP), although at first they found it awkward to speak on the telephone. It had been suggested that a meeting with the WP before the start of the course might help alleviate this awkwardness; however, in fact the participants did meet the WP at the time of the baseline assessments. A more formal one-to-one session at this time could be considered.

Participants acknowledged the usefulness of the self-complete assessments, yet there was a strong sense of discomfort with some of the wording used. It's not clear whether the dissonance this caused is an advantage or a disadvantage to an individual's overall progress. More research on this area is needed.

A technical problem with the computer 'locking' due to inactivity during the relaxation program was noted, and a couple of participants were intimidated by the thickness of the workbook and the amount of reading required.

All participants agreed that a group meeting every two weeks or so would be valuable. *Outreach-online* is designed to be used by individuals in their homes, however, as part of a wider 'back-to-work' programme this could be included if resources were available. Indeed, it could be argued that the way *Outreach-online* was set up with computer access being available within community centres, the programme was in fact a group activity and that it is this, rather than the content of *Outreach-online*, that had such a positive affect on people's well being by increasing feelings of inclusion and reducing feelings of isolation.

Conclusions

The aim of this study was to examine the level of anxiety and depression within a group of people attending the Want 2 Work project, and whether participating in an *Outreach-online* programme may be beneficial in addressing a combination of psychological health and work related needs.

The study has clearly shown there are individuals with relatively high levels of anxiety and depression on work-focussed employment initiatives aimed at people with long term health issues; however a preliminary study of this nature could not expect to establish a meaningful and generalisable picture of incidence and severity of common mental health problems. This is due to a small sample size and because it examined a single work programme in one geographical location.

Despite these limitations the experience of those involved in *Outreach-online* was almost uniformly positive. The reported gains in self-esteem and self-efficacy can only help improve the employment outcomes for this group of individuals, and the available outcome statistics for the Want2Work initiative nationally offer some further encouragement on this score. Participant feedback on the programme will help refine the programme for the future.

As it to be expected with studies of this nature a number of research questions and methodological issues have been raised that will help inform the design of further studies planned by the authors. In particular, attention will be paid to: achieving a statistically robust sample size; making programme enhancements in line with participants' suggestions; identifying

cost-effectiveness measures; comparing individual –vs- group delivery; allowing sufficient time for the intervention to be completed and have an effect; and ensuring that there aren't other variables or factors that could be responsible for the reported outcomes.

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Appendix 1: CORE Scores

Participant	Core Total Baseline	Core Total Follow-up
1	31	27
2	35	35
3	47	47
4	32	34
5	19	m
6	28	m
7	29	54
8	31	m
m = missing data		

Appendix 2: Anxiety and Depression Scores

Participant	Anx. Score Baseline	Anx. Score Follow-up	Anx Classification Baseline	Anxiety Classification Follow-up	Depression Score Baseline	Depression Score Follow-up	Depression Classification Baseline	Depression Classification Follow-up
1	16.00	14.00	Elevated	Elevated	15.00	8.00	Elevated	Borderline
2	13.00	14.00	Elevated	Elevated	7.00	9.00	Sub-threshold	Borderline
3	11.00	9.00	Elevated	Borderline	5.00	5.00	Sub-threshold	Sub-threshold
4	12.00	13.00	Elevated	Elevated	2.00	5.00	Sub-threshold	Sub-threshold
5	16.00	m	Elevated	m	14.00	m	Elevated	m
6	14.00	m	Elevated	m	12.00	m	Elevated	m
7	16.00	0.00	Elevated	Sub-threshold	12.00	1.00	Elevated	Sub-threshold
8	11.00	m	Elevated	m	12.00	m	Elevated	m

m = missing data

Appendix 3: Participants Engagement Questionnaire (baseline and follow-up)

Participant	Basic Belief Pre/Post	Labour Market Pre/Post	Job Search Pre/Post	Presenting Case Pre/Post	Keeping Job Pre/Post
1	15 / 22	4 / 6	5 / 6	17 / 15	10 / 9
2	14 / 12	5 / 3	7 / 6	7 / 8	8 / 8
3	23 / m	9 / 9	4 / 4	19 / 16	9 / 18
4	m / 20	12 / 9	7 / 6	19 / 17	8 / 12
5	32 / m	12 / m	12 / m	24 / m	18 / m
6	m / m	7 / m	5 / m	14 / m	9 / m
7	30 / 14	8 / 4	3 / 2	17 / m	6 / 4
8	16 / m	8 / m	11 / m	20 / m	12 / m

Note: m = missing data