

# Editorial

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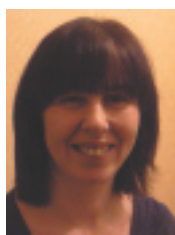
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Counsellors and psychotherapists have been using self-help approaches to supplement therapy work for years. However, since the advent of stepped care and the recommendation of cognitive behaviour therapy (CBT)-based guided self-help for mild-to-moderate anxiety and depression in the National Institute for Health and Clinical Excellence (NICE) guidelines, we are seeing their widespread, formal introduction into services. This is particularly true with the first wave of the Improving Access to Psychological Therapies (IAPT) sites, which are training up a whole new breed of workers to facilitate low-intensity work. The introduction of self-help into services signals seismic changes in the ways these services are delivered and accessed.

How is self-help's rise to prominence affecting service provision? How is it being used in practice? What are the latest innovations? And, importantly, what is the place of counsellors and psychotherapists in all this? This issue tackles some of those questions – from the introduction of new initiatives to reflections on counsellors' experience of using self-help so far – and raises questions for the future.

The idea behind using self-help for people with mild mental health problems is essentially one of increasing access. Neil Frude pioneered the book prescription scheme in Cardiff and here provides an enthusiastic update on the progress to date of this low-cost, effective way of helping people through the use of self-help books. In putting forward the scheme as another way of improving access to psychological therapies, he asks us to consider more than one way of reaching people.

The main change – and challenge – in current times is the variety of different ways of helping people with their mental health. The increased choice on offer should not replace what counsellors and psychotherapists do already, but widen the number of people who will benefit.

Kathleen Green and Melanie Crewe have had first-hand experience of diversification within services, as lead counsellor and case manager, respectively, for the Doncaster IAPT pilot site. Their article focuses on counsellors' use of self-help, including how they have adapted to a service that requires them to use self-help materials independently as well as to work with clients who have already undergone guided self-help through a case manager as part of the stepped-care approach. As practitioners in health care, we need to understand and have knowledge of the work of our colleagues, particularly if we are seeing a client at step 3 of the stepped-care approach who has already been treated at step 2. Melanie Crewe goes on to describe her work as a case manager using self-help, and her training for this in terms of content and developing clinical judgment.

The advent of stepped care introduced the concept of 'watchful waiting', undertaken by primary care staff including GPs and nurses, at step one, and guided self-help at step two. The SHARP (Self-Help Access in Routine Primary Care) project, innovatively introduces another step between: that of training primary care staff to administer self-help materials in an informed way within a short consultation time, thus increasing both access to and dialogue about mental health. The project takes a broader view of self-help as something to develop for everyone: a very good point. In the current climate, all of us working in health care – including counsellors and psychotherapists – need to know where and how to access self-help materials, and be conversant with their content.

*Sarah Hovington*

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