

The (in)convenient “truth” on using psychological strategies to promote mental health and wellbeing:

.....

what works, what doesn't and why

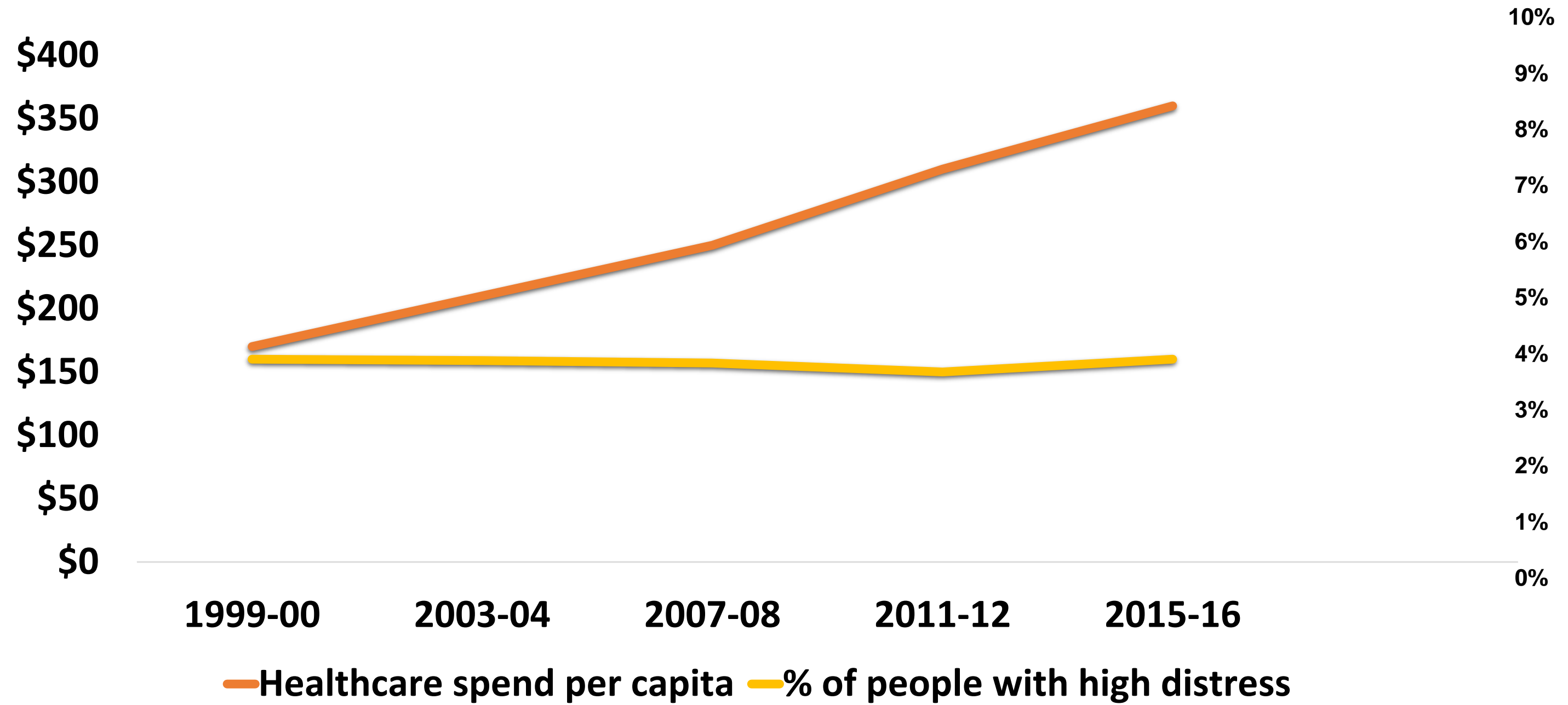


Joep van Agteren
Co-lead Be Well Co



Acknowledgement of Country



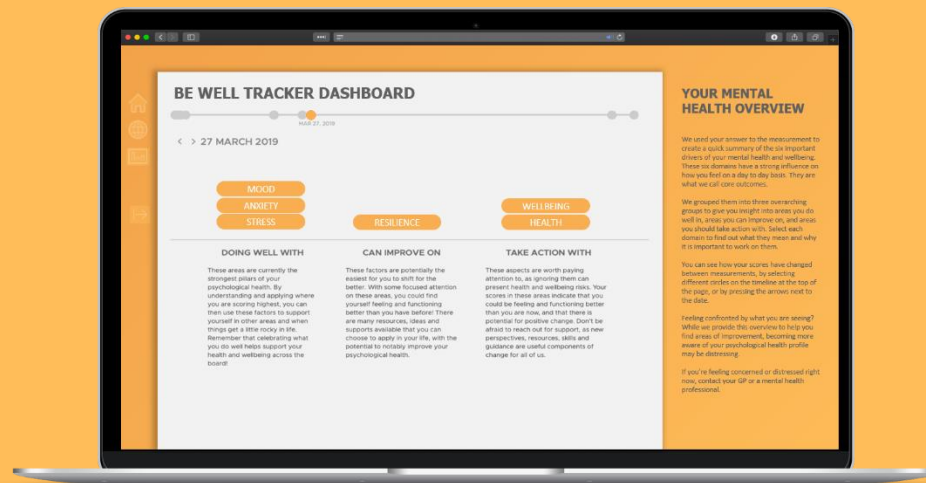




Be Well Co

We work with organisation, community & government to improve people's mental health and wellbeing

Understand



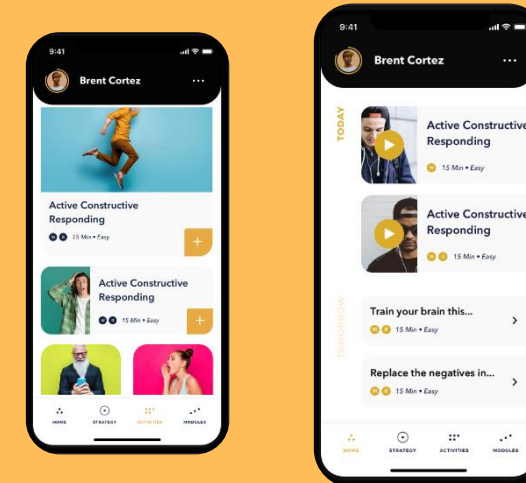
Be Well Tracker

Improve



Be Well Programs

Maintain



Be Well Plan App

Evaluate

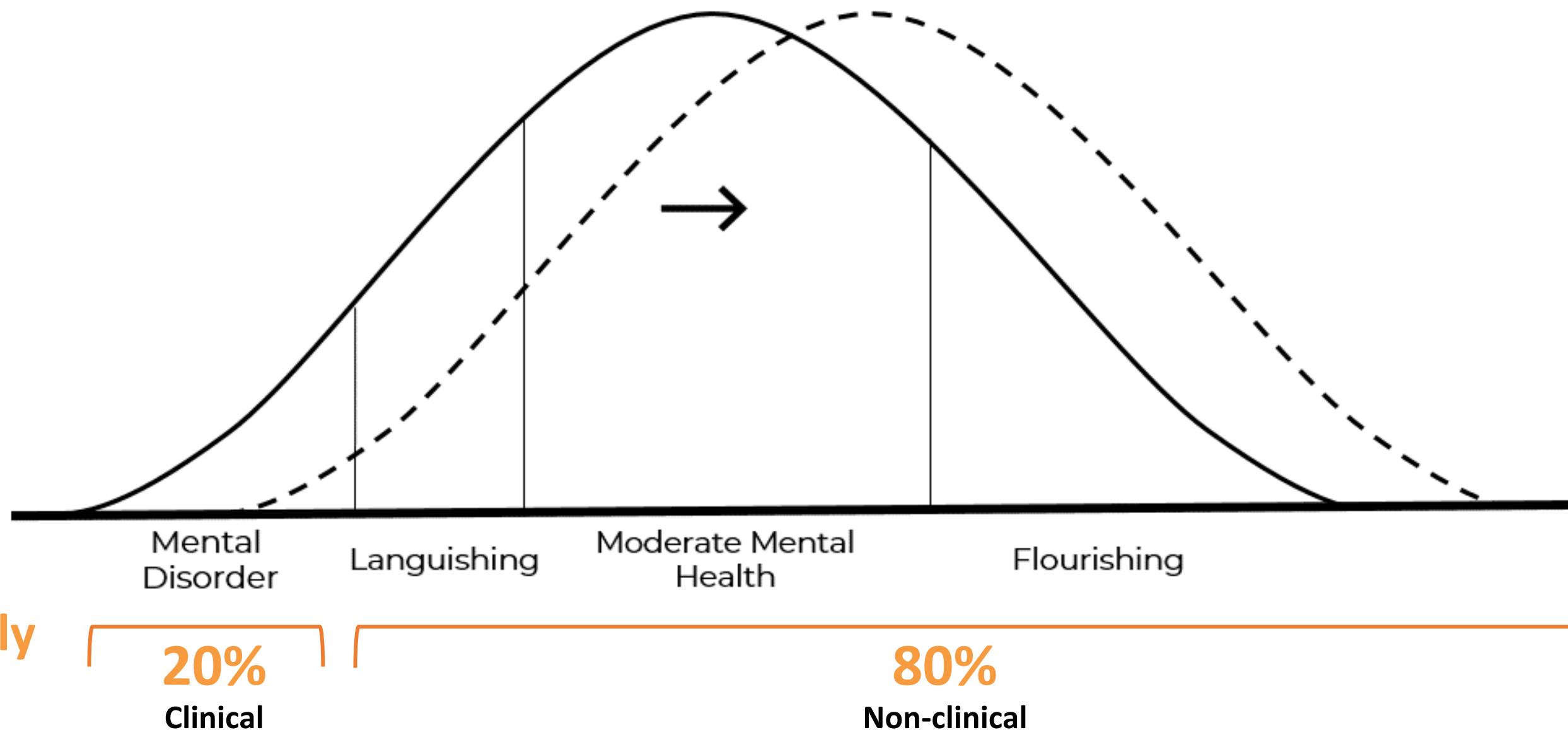


Be Well Co

<http://bewellco.io>



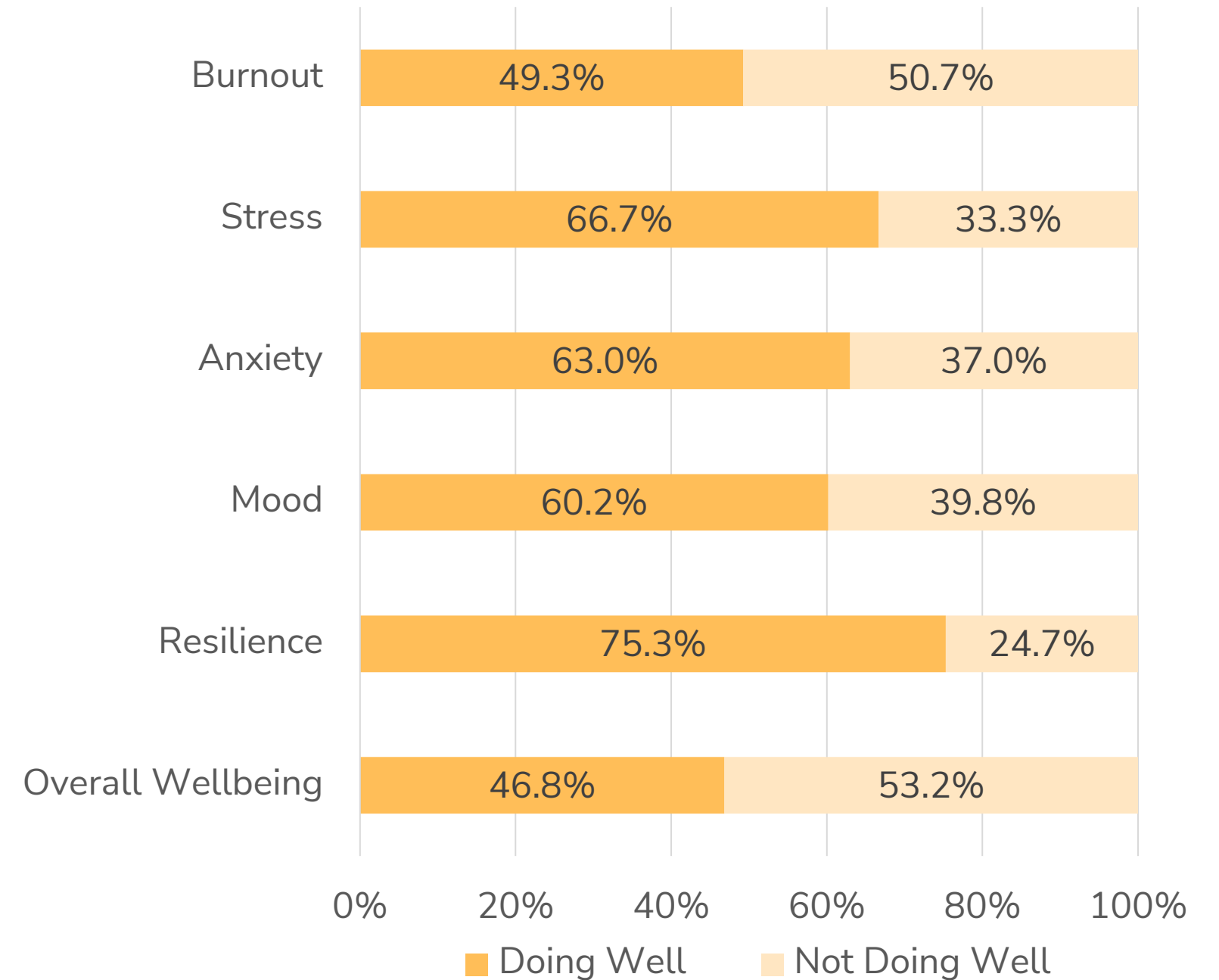
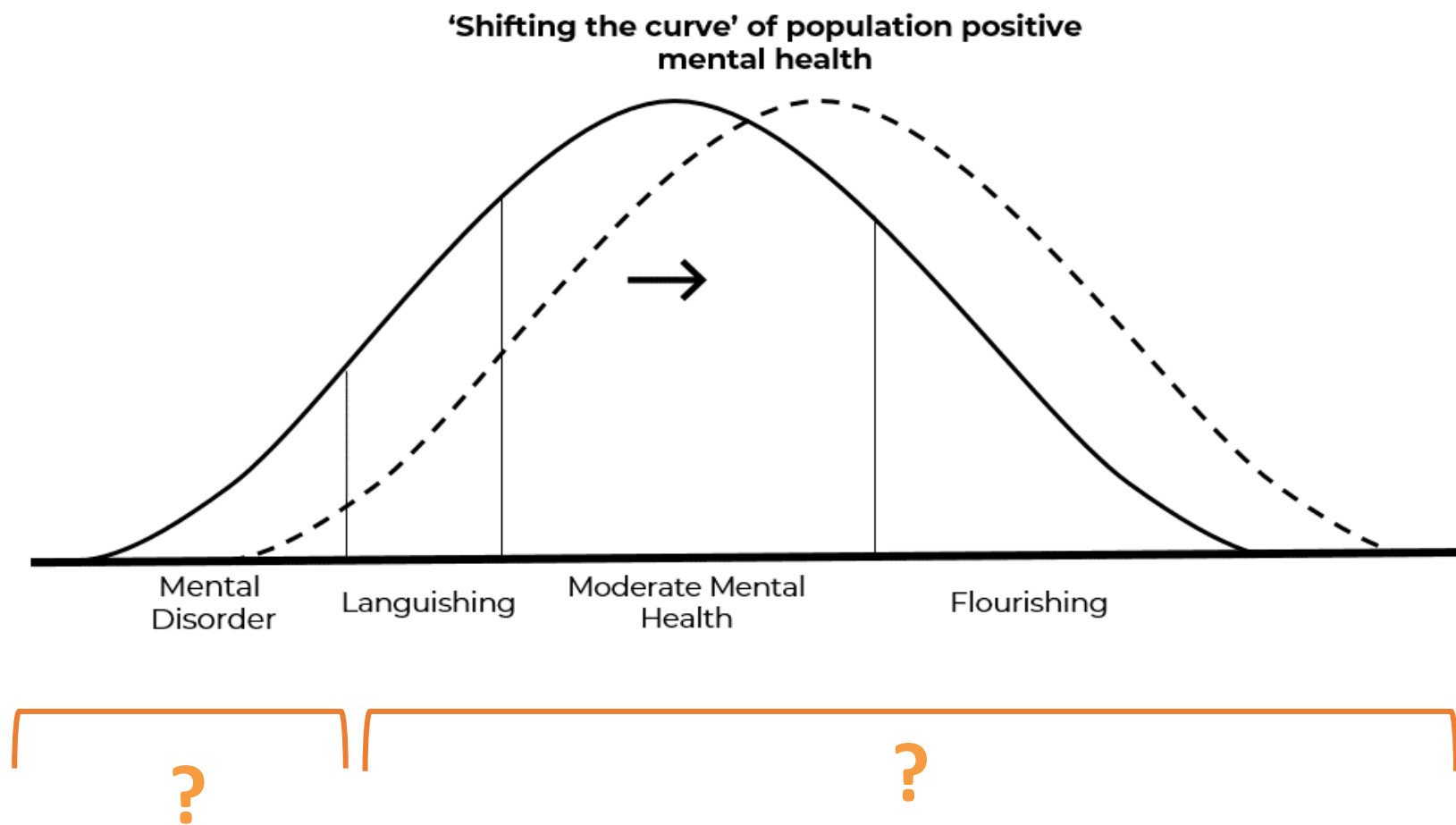
Our story starts by measuring wellbeing and distress



Commonly
cited:



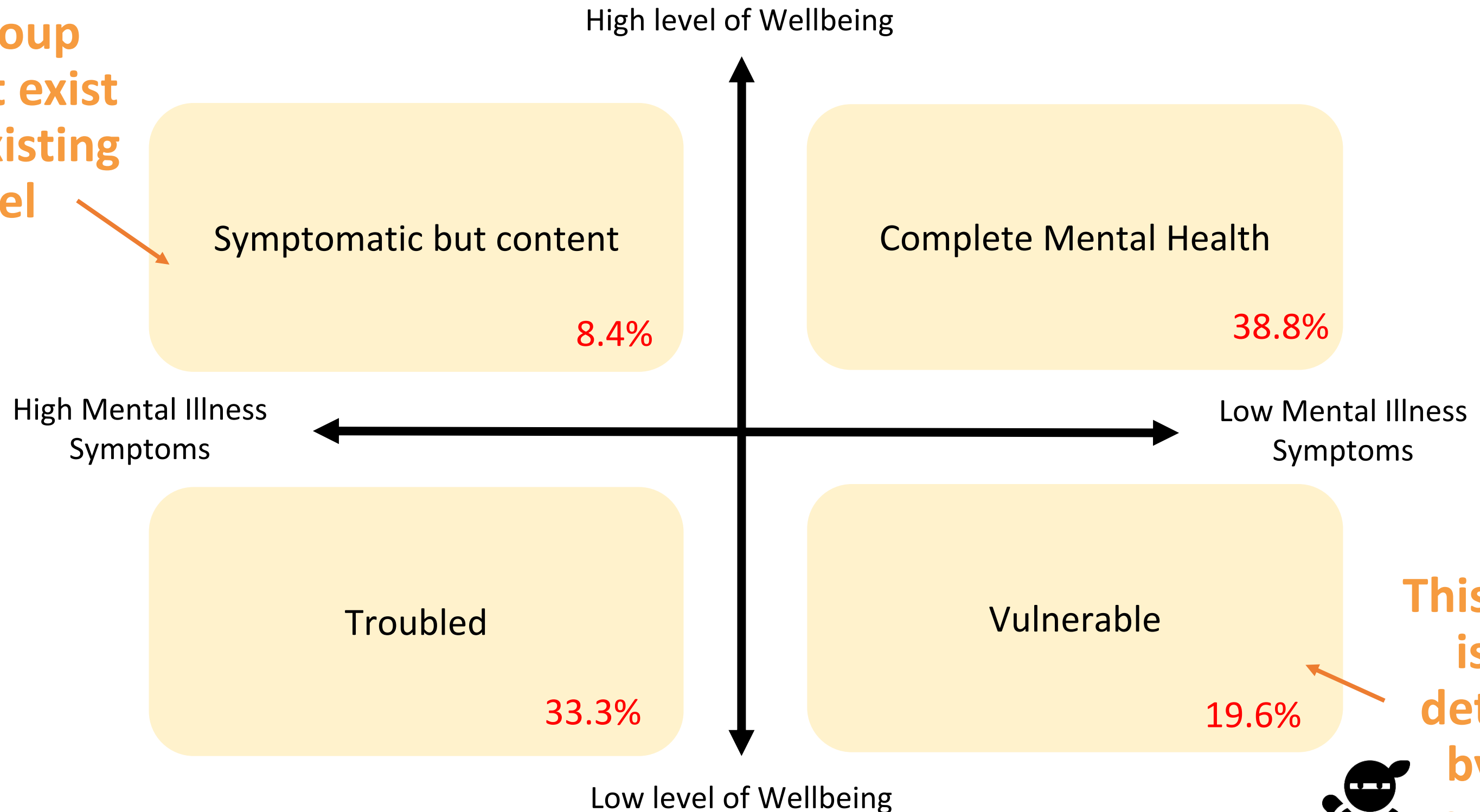
What does this look like in our non-clinical cohorts?





Our data does not allow us to recreate a continuum!

**This group
does not exist
in our existing
model**



**This group
is not
detected
by our
system**





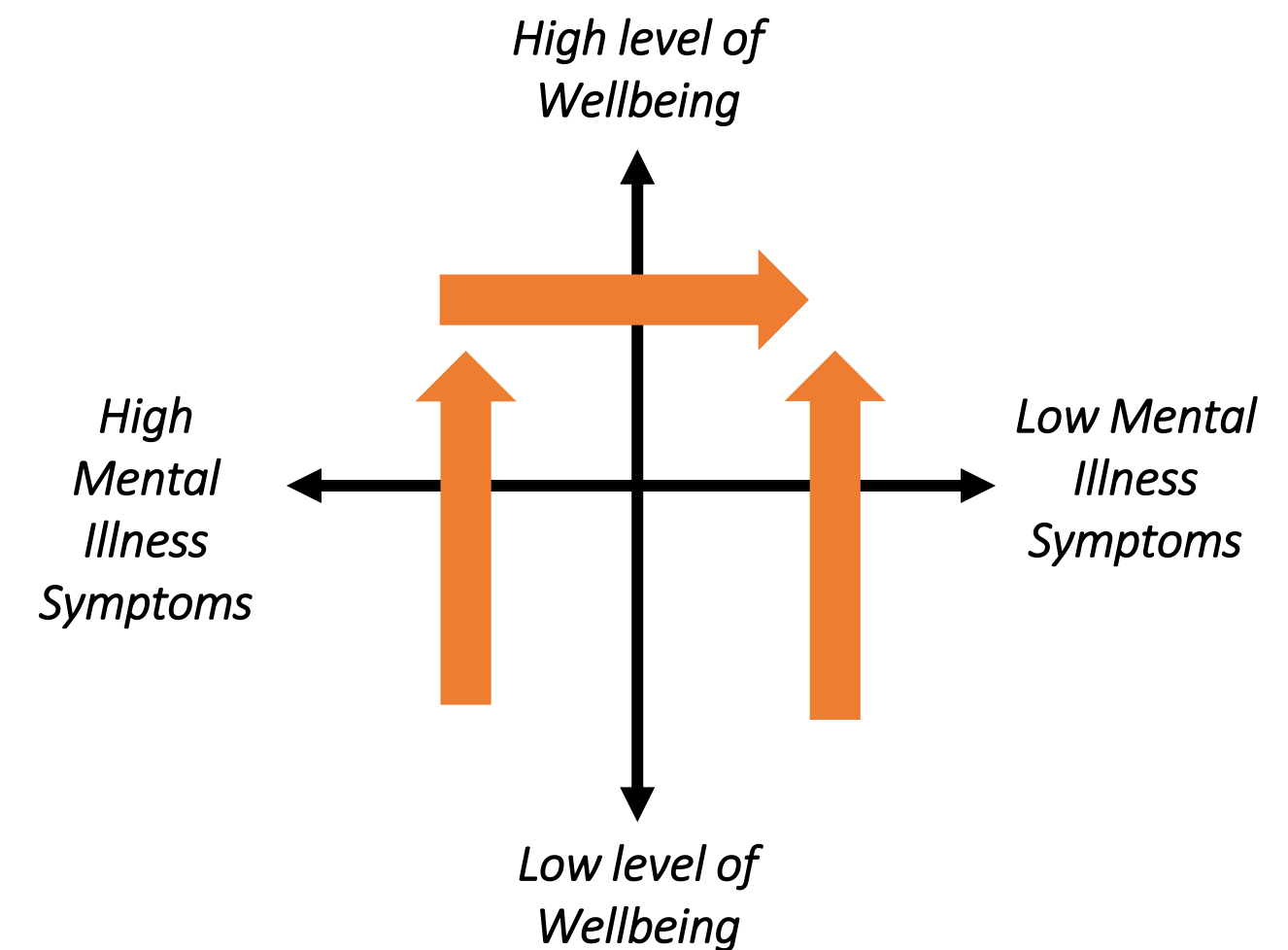
Promotion of wellbeing as a solution to the investment – prevalence paradox?

Improving/maintaining wellbeing in people without mental illness:

- Protects against developing illness (up to 8x)

Improving wellbeing in people with mental illness

- Increases likelihood of recovery (up to 7x)

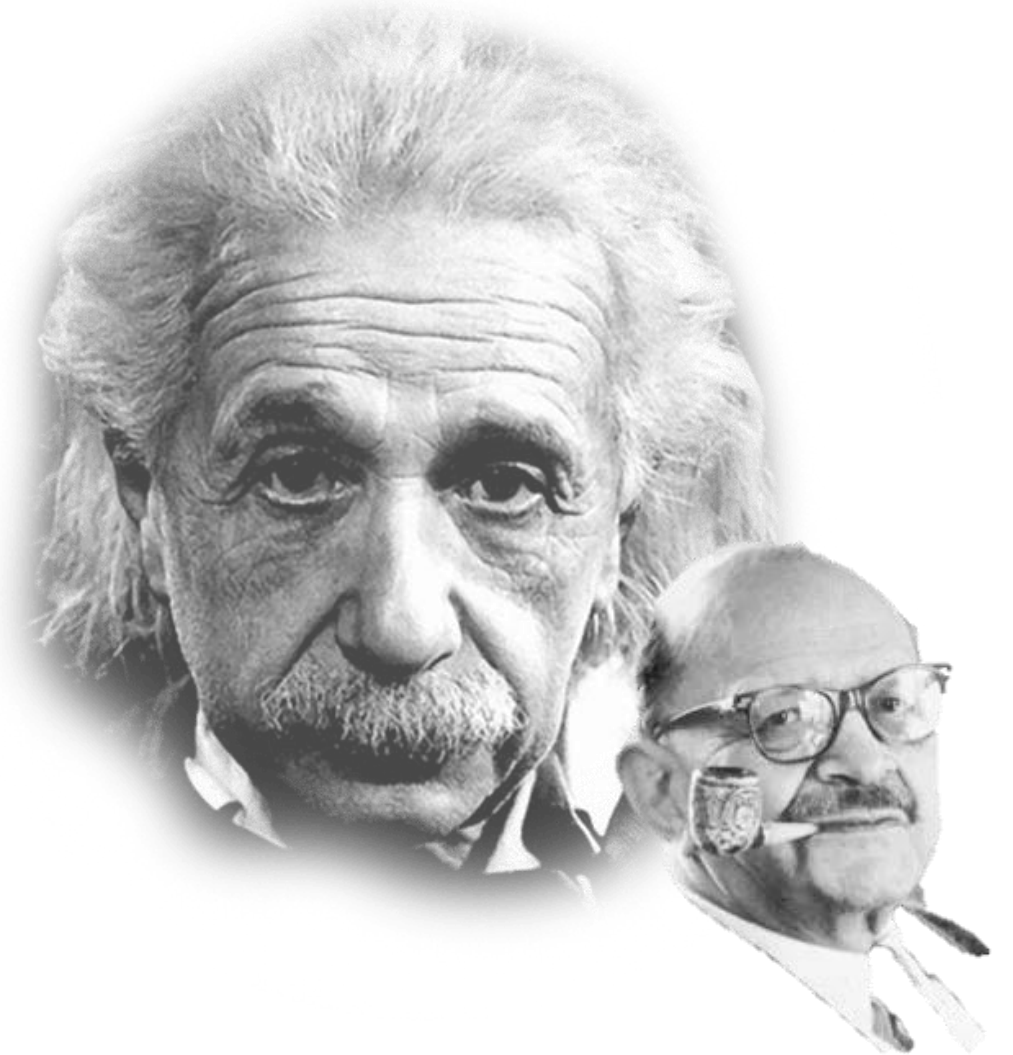




**80+ Scientific studies (!)
on independence of
illness & wellbeing point
to a crucial problem for
the way we provide
care.**

“Everything Should Be Made
as Simple as Possible, But
Not Simpler.”

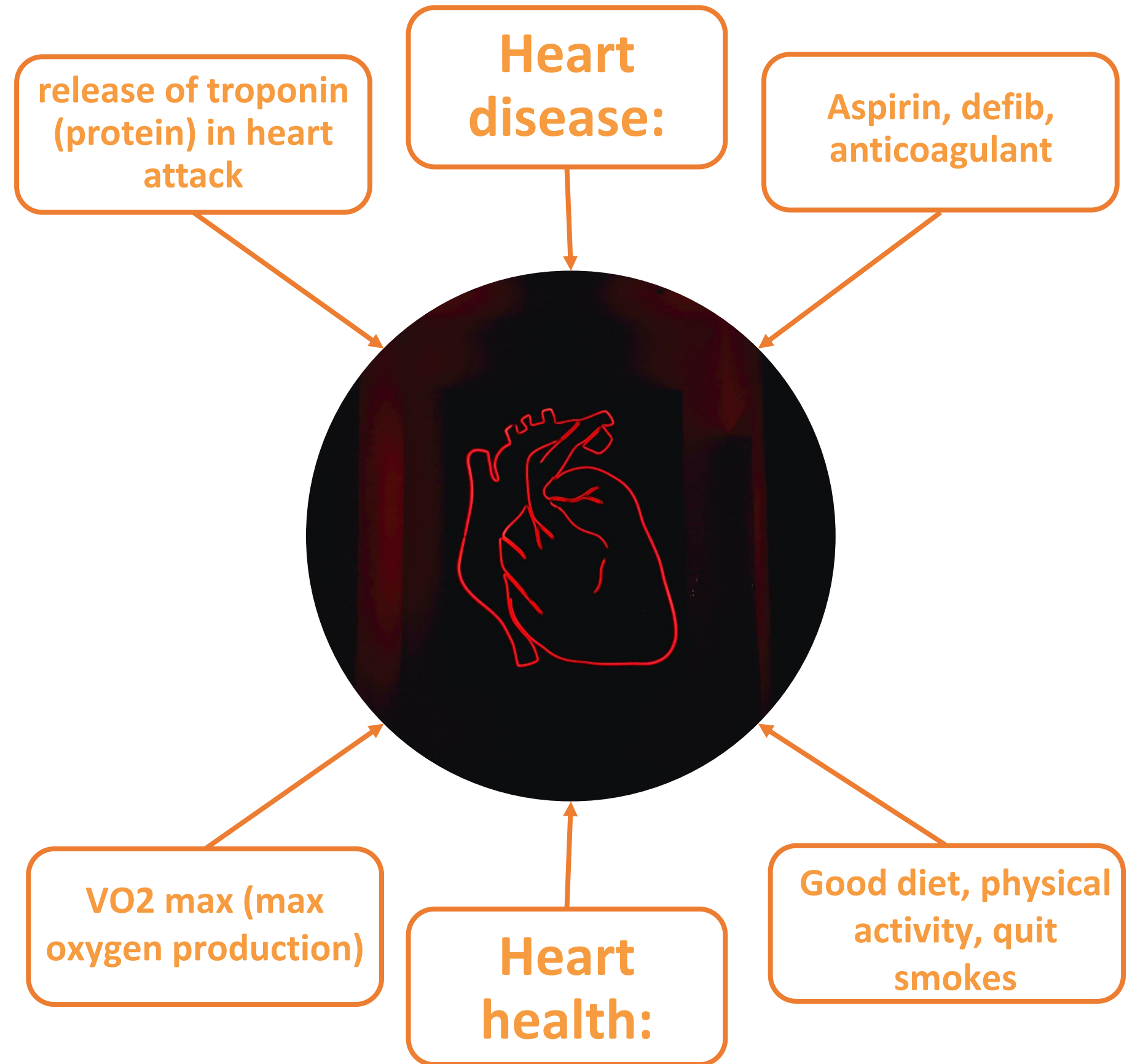
A. Einstein/R. Sessions





A parallel with physical health shows how embracing complexity helps

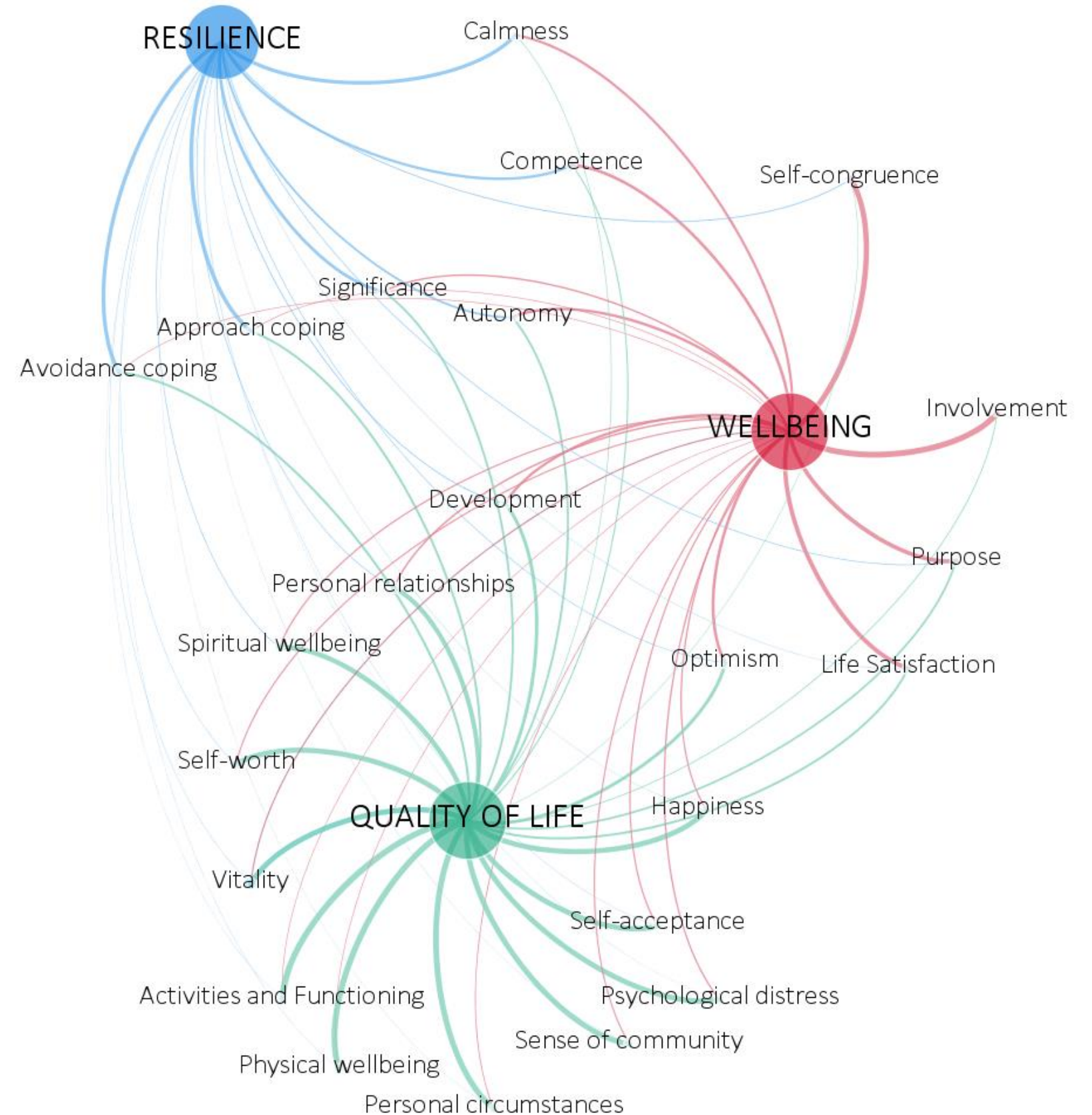
- Promotion of health and treatment of illness requires different approaches





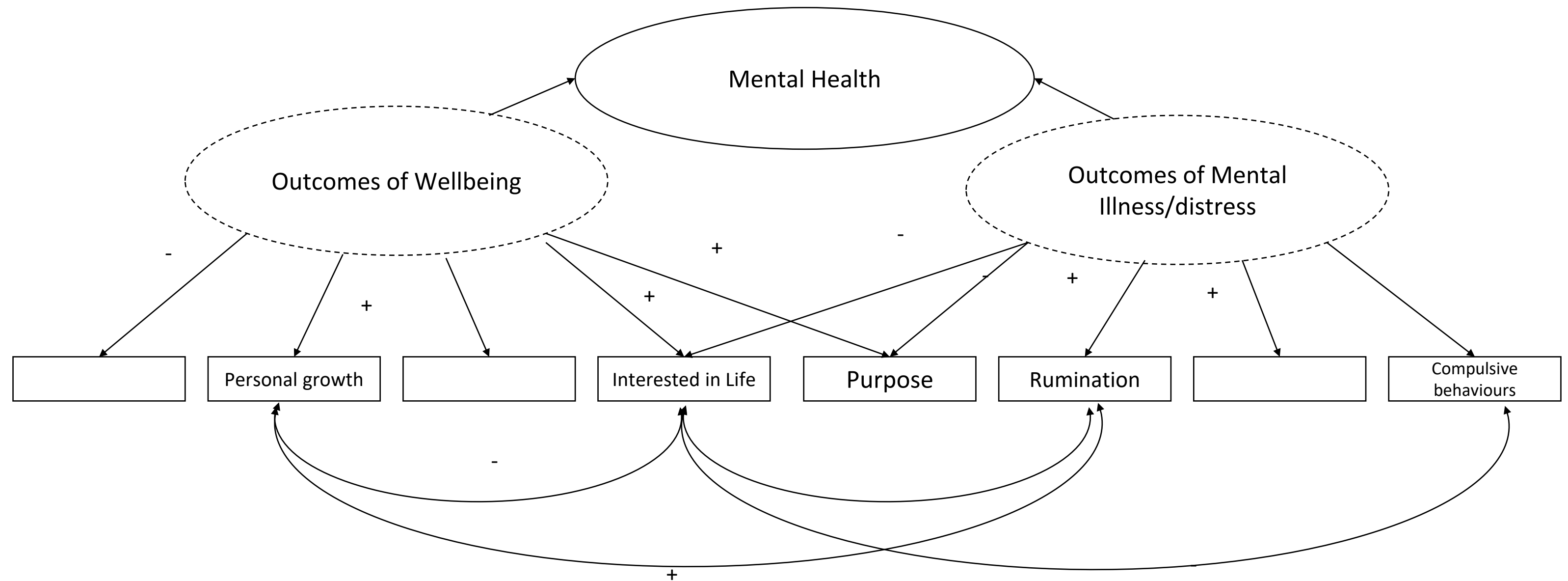
Positive states of our mental health are influenced by a multitude of factors

- This complexity makes the state different from illness or distress






Psychological interventions can target unique or common “Drivers” of wellbeing and illness








Different psychological interventions target different “drivers” or “processes”

Which interventions can help us build wellbeing?

nature
human behaviour

ARTICLES
<https://doi.org/10.1038/s41562-021-01093-w>


A systematic review and meta-analysis of psychological interventions to improve mental wellbeing

Joep van Agteren^{1,2}  , Matthew Iasiello^{1,2,3} , Laura Lo¹, Jonathan Bartholomaeus^{1,4,5}, Zoe Kopsaftis^{6,7,8} , Marissa Carey¹ and Michael Kyrios^{1,2,9} 

Our current understanding of the efficacy of psychological interventions in improving mental states of wellbeing is incomplete. This study aimed to overcome limitations of previous reviews by examining the efficacy of distinct types of psychological interventions, irrespective of their theoretical underpinning, and the impact of various moderators, in a unified systematic review and meta-analysis. Four-hundred-and-nineteen randomized controlled trials from clinical and non-clinical populations ($n = 53,288$) were identified for inclusion. Mindfulness-based and multi-component positive psychological interventions demonstrated the greatest efficacy in both clinical and non-clinical populations. Meta-analyses also found that singular positive psychological interventions, cognitive and behavioural therapy-based, acceptance and commitment therapy-based, and reminiscence interventions were impactful. Effect sizes were moderate at best, but differed according to target population and moderator, most notably intervention intensity. The evidence quality was generally low to moderate. While the evidence requires further advancement, the review provides insight into how psychological interventions can be designed to improve mental wellbeing.

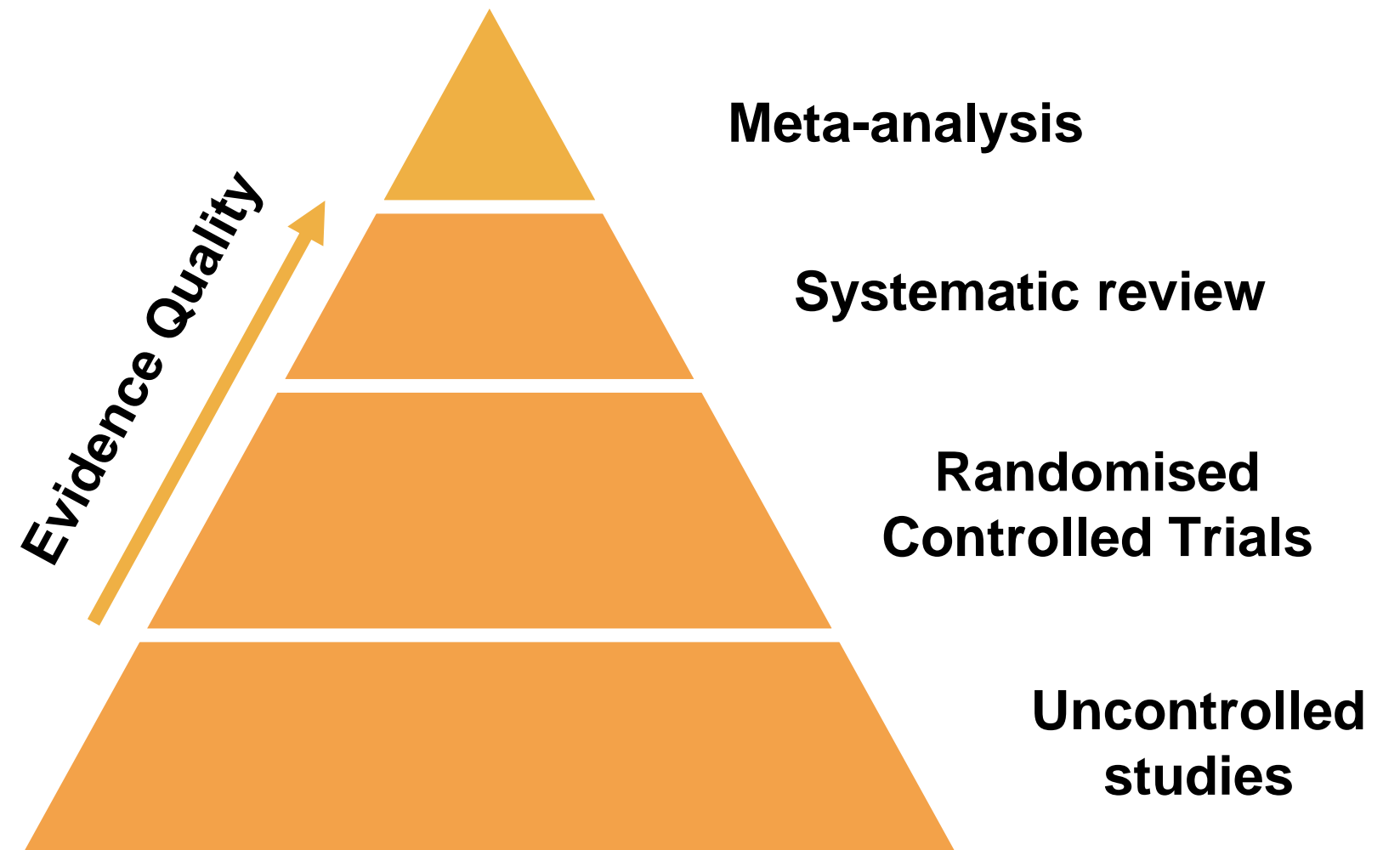
literature investigating ‘positive’ states of mental health or states of mental wellbeing has proliferated¹. Traditionally, these sub- also differential antecedents, that both needed to be assessed using dedicated scales, and that psychological interventions can lead





We investigated the global literature to determine:

- the impact of different types of psychological interventions on mental wellbeing;
- their impact in clinical and non-clinical populations;
- and whether key “characteristics” influence their impact (e.g. intensity, modality)





The search was large leading to 53,000 participants

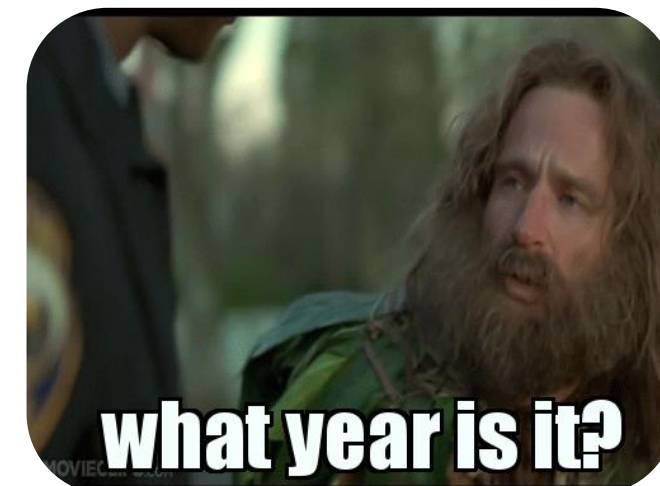
23,038
citations

2,070
Full-text

419
included

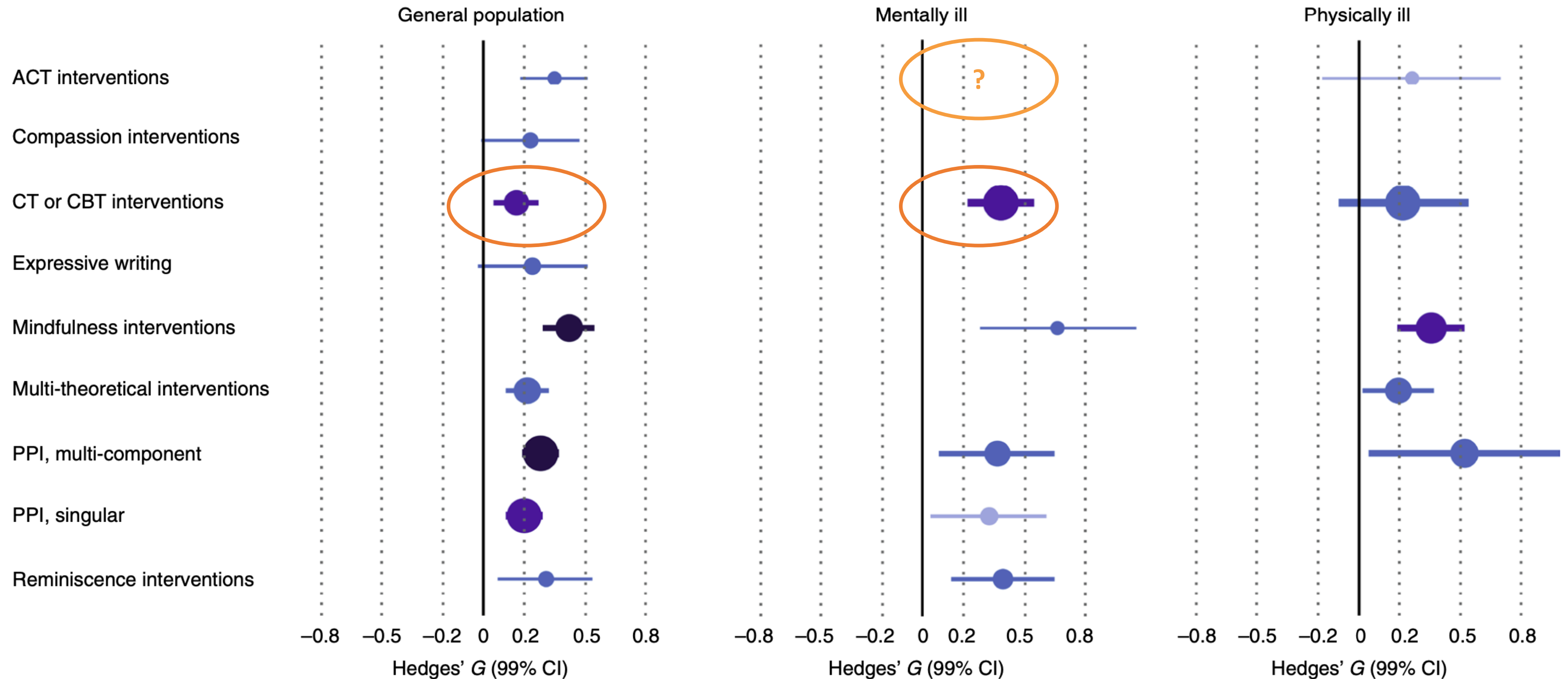
Poorly defined
terms and
definitions

This took a
while





There are different ways we can build *wellbeing*





What we know: they are effective!

We have spent over a millennium combined time (1287+ years) testing IF psychological interventions work*.



Paracetamol
N= 8,079



Inhalers
N= 43,515

We do not need more pilot studies on generic programs!

We need to understand person x intervention fit

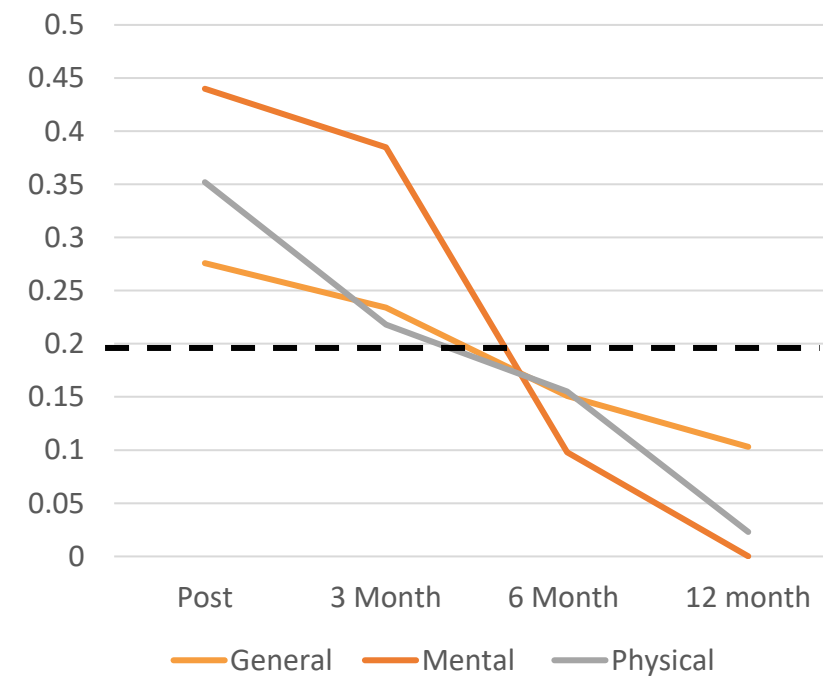


*Based on dubious maths



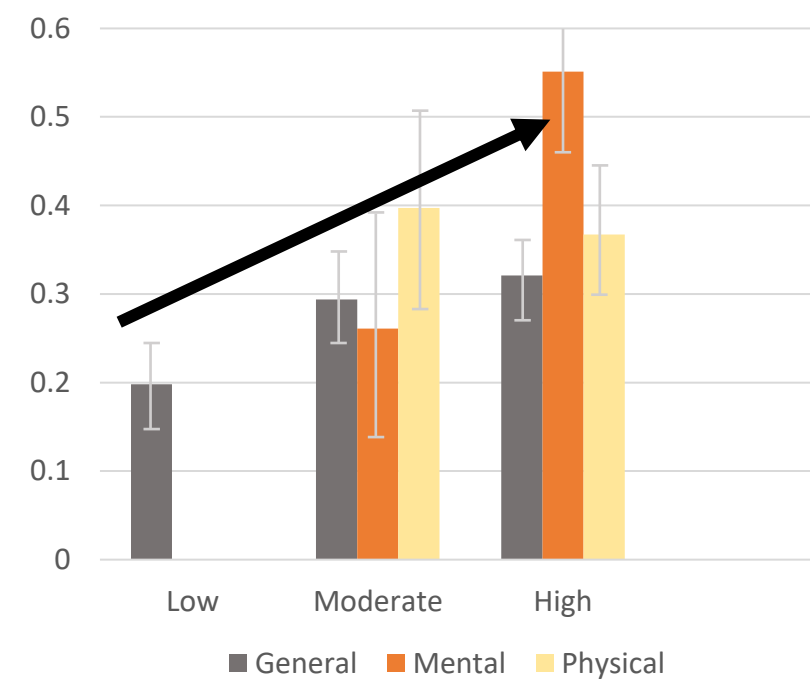
Do effects last forever?

Effect drop-off happens after 3 months



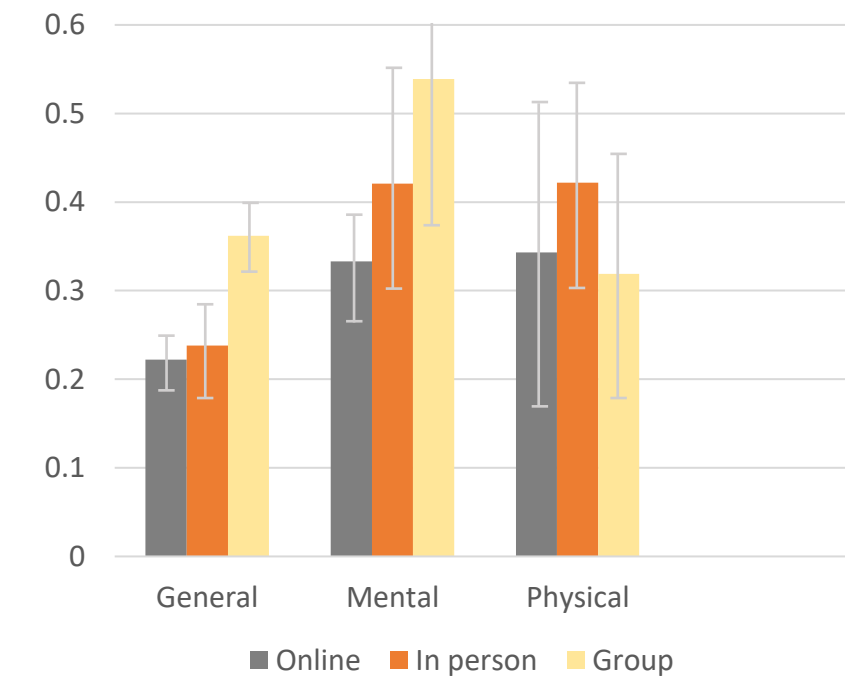
Are talks like this enough to do the trick?

More intense & longer activity increases impact



Can I just download an app for it?

Technology performed less than individual and group.





What works with psychological strategies?

The first question: what *outcome* are you really intending to change?

Knowledge?

Learning
modules

Motivation?

Expert talk

Skills?

Workshops

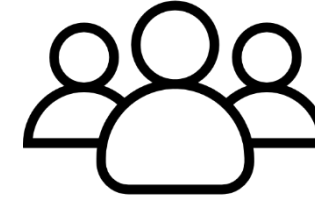
Mental health?

.....

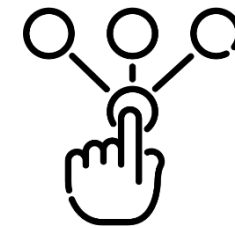


What works re: development of solutions

- Systematic approach to development
- Co-design & iteration for language, impact and engagement



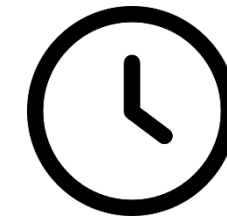
It matters who you work with



It matters what strategies you choose



It matters what format you use



It matters how much effort your participants invest



What works re: delivery approach

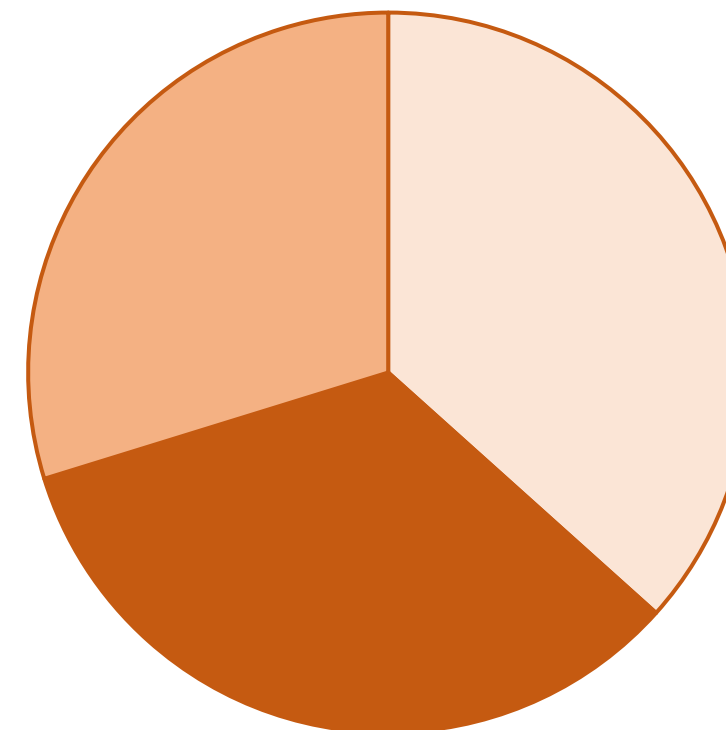
- Group-based delivery is cost-effective
- Technology as support to facilitation
- Tailoring to group or individual needs
- Use train-the-trainer methodology



Tips on testing if something works

- Do not use distress measures as proxies for wellbeing
- Always measures states of illness & wellbeing together
- Measure change *between* outcomes *within* individuals

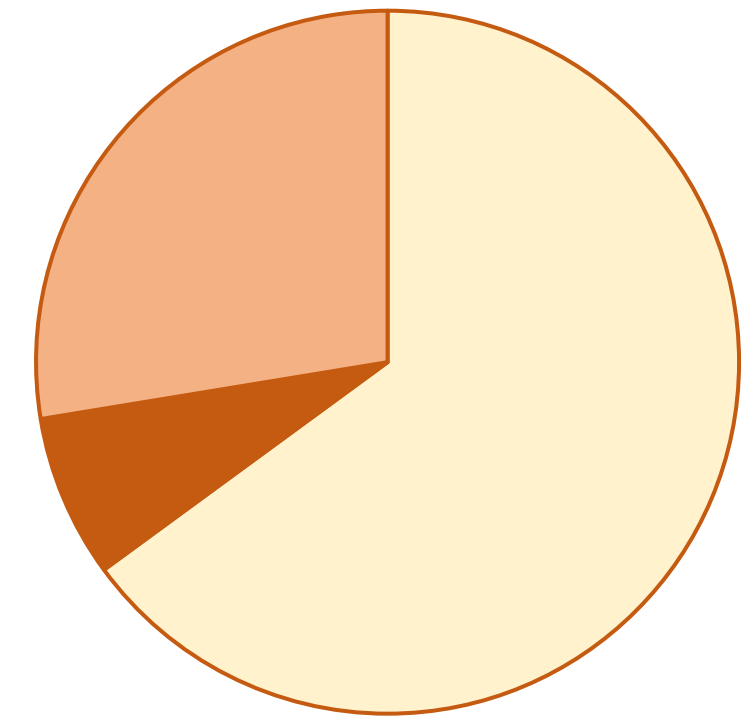
Reliable change
after ACT:
Depression



Depression only

Wellbeing only

Reliable change
after ACT:
Anxiety



Anxiety only

Both



What does not work?

Having the expectation that:

- Techniques for treating illness guarantee promotion of health
- Techniques for *recognising* symptoms also promote health
- Digital-only interventions will lead to sustainable change
- Anything once off will have a lasting impact



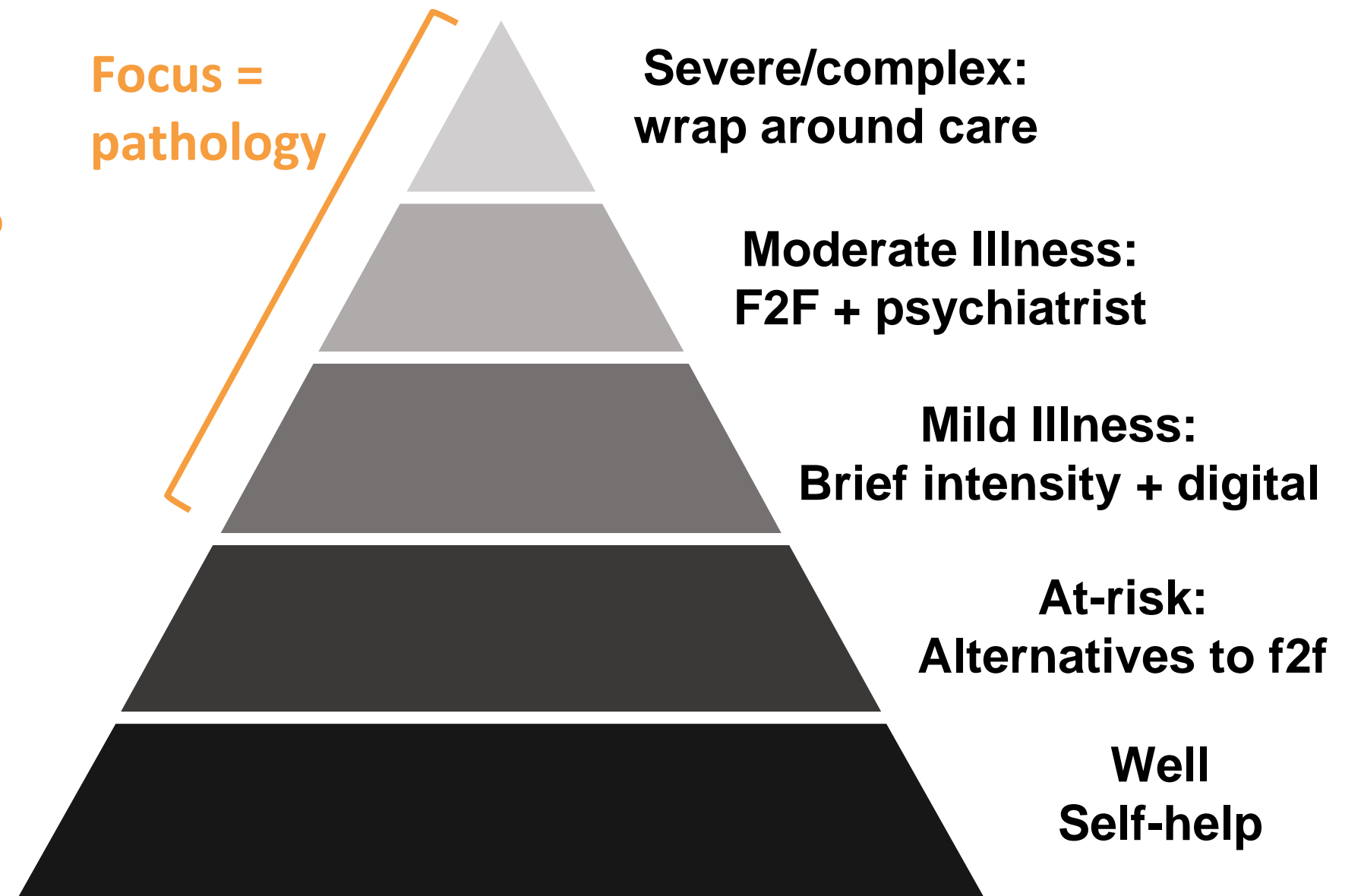


What does not work, What won't work, What should not work.

The clinical/re-active system should not have to take the responsibility for mental health promotion.

Not their
remit

Not funded
for it





If we stop pathologising mental *health* our system can start working for us all!

We can reliably train peers to deliver non-clinical evidence-based mental *health* offerings

Community and workforces are already acting as key vehicles to reach people

We can use wellbeing solutions as first-line treatment offerings

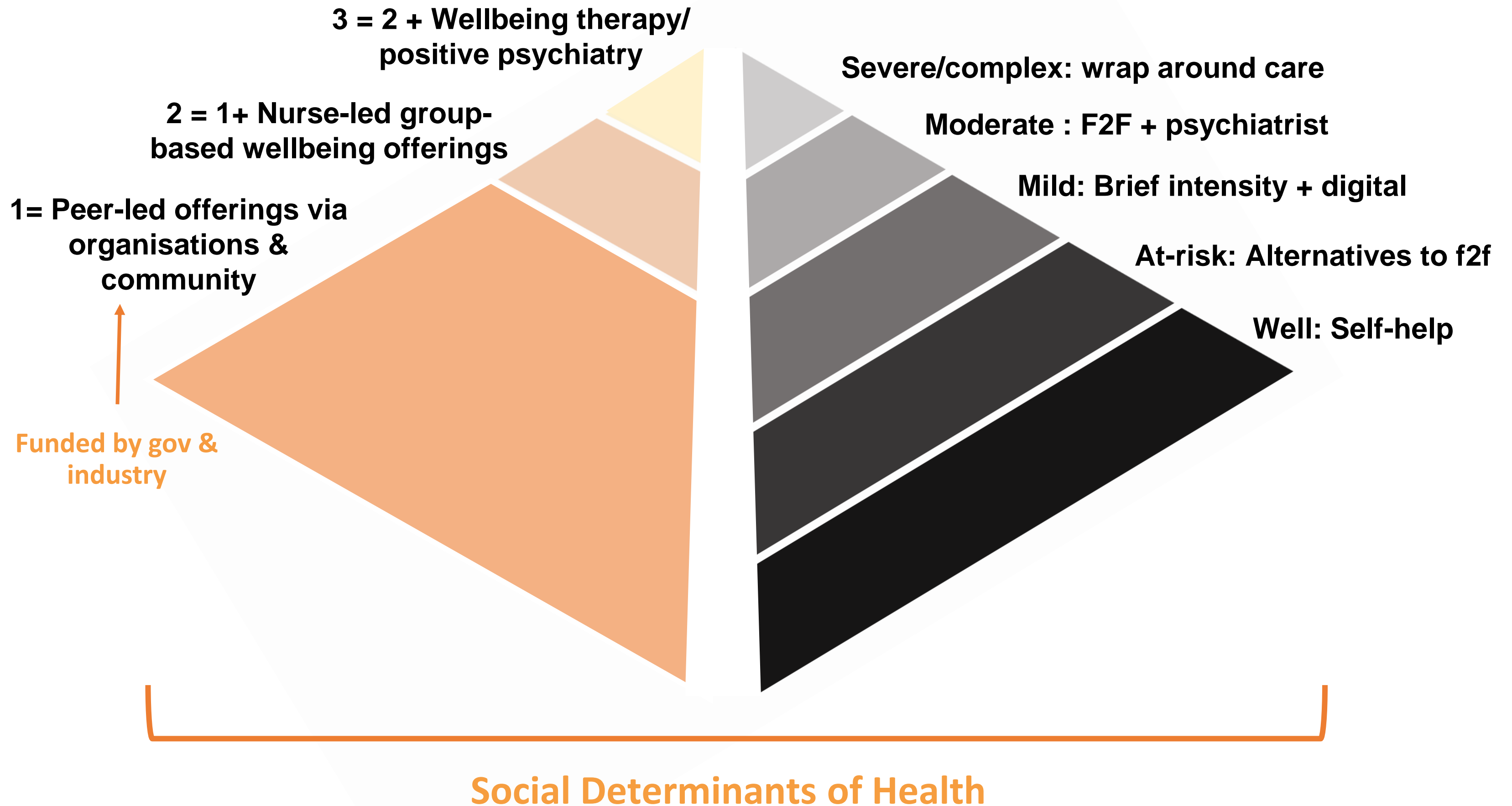
Mental health promotion interventions can be scalable & supported by technology

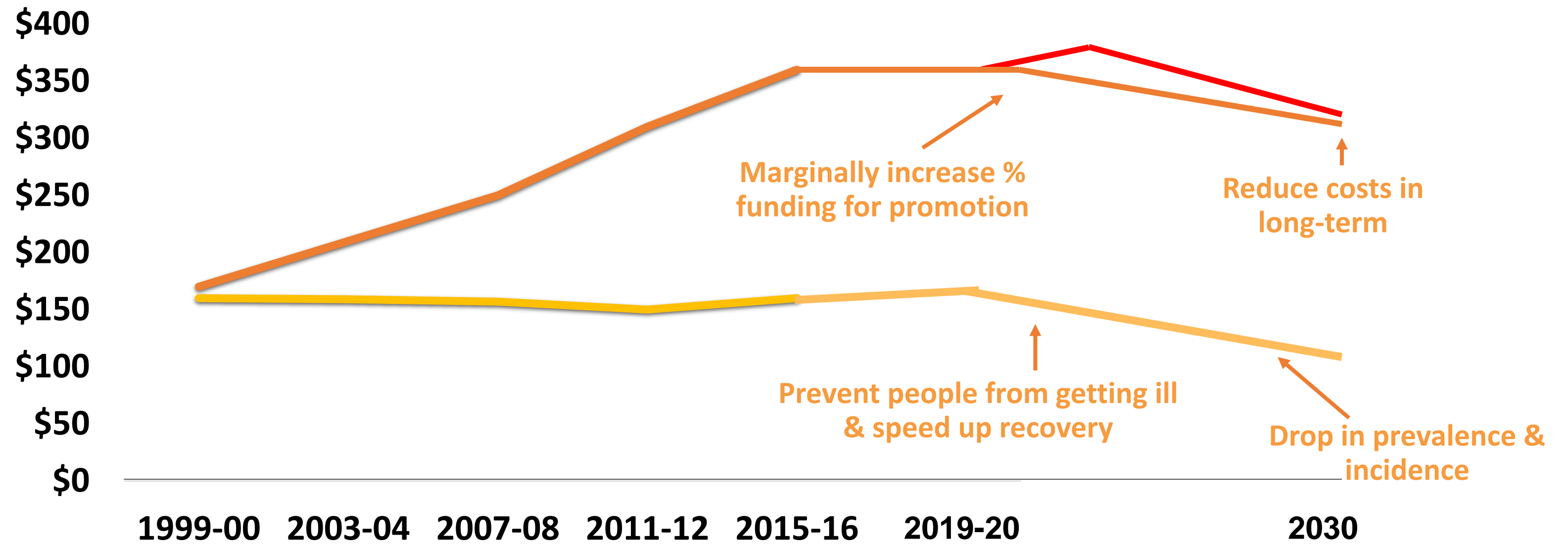
Bonus: no need to use clinical resources; frees them up for more severe needs

Bonus: reach people where they are in a proactive manner

Bonus: patients are engaged while they wait for f2f care

Bonus: it is cost-effective and will attract investment







Reforming our approach to how we use psychological strategies to build mental health is a no-brainer.

Other areas of reform (SDH, missing middle) is more difficult to achieve.

There is a clear theoretical & empirical rationale

The solutions are immediately available

There is capacity to deliver

It is cost-effective

It does not require an overhaul of the system



Time to set an intention

- What is the one thing you will take from this talk?
- Set an intention for a positive action you will take!



Questions?



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