



scottishdevelopmentcentre
for mental health

Evaluation of Healthy Reading Midlothian

October 2010

Scottish Development Centre for Mental Health

Scottish Development Centre for Mental Health (SDC) is an independent, not-for-profit organisation that aims to achieve better mental health and wellbeing for people in Scotland. We believe that everyone's mental health is important and that good mental health is everyone's business.

We work all over Scotland for and with all kinds of organisations. We also have good networks outside Scotland. Our clients and partners include voluntary organisations, businesses, health boards, local authorities, national bodies and networks. This breadth and scope means that SDC is ideally placed to bring a vision of the 'bigger picture' of mental health to inform everything we do.

We have an excellent record in seeking people's views about mental health and what affects mental health. We have experience in working with the general public, including children and young people as well as with those who have experience of mental health problems, to help people's voices be heard clearly and promote their participation in decision-making.

SDC Project Team

Ruth Stevenson, Head of Research

Sarah Shimmen, Project Manager

Scottish Development Centre for Mental Health
17a Graham Street, Edinburgh EH6 5QN
T. 0131 555 5959 **F.** 0131 555 0285
E. Ruth@sdcmh.org.uk **W.** www.sdcmh.org.uk

Charity number: SC 030204

Healthy Reading Midlothian Team

Penny Balfour, Clinical Associate in Applied Psychology, East and Midlothian
Community Health Partnership

Simon Miller, Midlothian Wellbeing Interventions Network Coordinator, Choose Life
Development Worker, Health in Mind

Elizabeth Oldcorn, Senior Health Promotion Specialist, NHS Lothian.

Philip Wark, Principal Librarian, Midlothian Council

Table of contents

1. Background and context.....	4
2. Aims and objectives of Healthy Reading Midlothian	6
3. Methodology.....	8
4. Rates of use of the service	9
5. GP views about Healthy Reading Midlothian.....	11
6. Library staff views about Healthy Reading Midlothian	17
7. Service user views about Healthy Reading Midlothian.....	24
8. Summary and conclusions	31
Appendix 1: Service user questionnaire	37
Appendix 2: Service user interview schedule.....	43
Appendix 3: Library staff interview schedule	45
Appendix 4: GP interview schedule.....	46
Appendix 5: List of all resources borrowed.....	48

1. Background and context

Healthy Reading Midlothian is a "Books on Prescription" scheme. It aims to improve the mental health and wellbeing of adults with mild to moderate mental health problems by providing access to recommended self-help resources through the local libraries and the Orchard Centre in Midlothian. It also offers alternatives to the prescribing of medication for people with mild to moderate mental health problems, and aims to promote the use of libraries as a source of information about wellbeing.

Midlothian is a mixed urban/rural community with a population of just over 80,000.

The idea for a "Books on Prescription" service in Midlothian developed from the Stepped Care mapping exercise conducted by Midlothian Wellbeing Interventions Network which aimed to identify gaps in mental health service provision. One of the suggested priority actions identified was the development of a "Books on Prescription" scheme.

A multiagency steering group was set up consisting of representation from East and Midlothian Community Health Partnership including psychology and health promotion, Midlothian Council Library Services, Midlothian Wellbeing Interventions Network, Choose Life, Midlothian Healthy Living Project and service user involvement. In line with Mental Health Service developments across the country, the scheme that was developed is based on the original "Books on Prescription" scheme developed by Neil Frude - a clinical psychologist from Wales.

In accordance with NHS Lothian guidance which aims to improve policies, plans and strategies, and to ensure that the resources do not inadvertently cause adverse impacts on any groups of people, the Mental Wellbeing Impact Assessment and Rapid Impact Assessment were conducted. The results of this were used to inform the development of the service.

The list of resources for Healthy Reading Midlothian was developed through reviewing other services, and consulting with health care professionals and mental health service users. The selected resources were reviewed by a focus group of service users. All the self help resources are based upon evidence based treatments, mainly Cognitive Behavioural Therapy. The Mental Wellbeing Impact Assessments highlighted the need for resources to be accessible to a range of individuals, for example to include people with literacy, concentration or memory issues. Therefore resources at a range of levels of intensity and complexity were provided, and many formats (audio books, DVDs and recommended websites) were identified alongside books. Lists of websites with resources in other languages were also developed.

The Healthy Reading Midlothian collection that was set up included 53 resources covering 21 subject areas. The collection included 30 books, 12 booklets, 6 audio CDs, and 5 DVDs. The resources were made available in specialised "Healthy Reading" sections in the 12 public libraries, including the mobile library and the Orchard Centre which is a local Voluntary Sector mental health resource centre run by Health in Mind.

Promotional material included a leaflet and poster which were developed by the steering group in consultation with the project manager at Malani (Midlothian Adult Literacy and Numeracy Initiative). A prescribers' pack containing leaflets, posters, a booklet with detailed information about the service (including who it was useful for, how to use it and a synopsis of the resources), and a resource list were also developed for health care professionals.

Feedback from other schemes showed that being given a book recommendation on a formal prescription from an NHS worker prescription pad was not always viewed favourably by patients and prescribers. However, it was decided by the steering group that the prescription may play an important part in helping some individuals access the service. Following on from developments in Edinburgh an electronic prescription was developed for NHS workers on Ref-help¹. Non-NHS workers could recommend the resources and give leaflets about the service, and interested parties were also able to 'self refer' to the Healthy Reading Midlothian scheme by browsing the books at the library. In practice, there has been variation in opinion about the prescription aspect of the service and whilst some services have viewed it as important to the success of the scheme one has stopped the prescribing aspect with patients being directed straight to their library instead.

The Healthy Reading Midlothian service was funded by NHS Lothian and Choose Life.

During 2009 and 2010 the Healthy Reading Midlothian service has been promoted to a range of target groups that were identified in the Mental Wellbeing Impact Assessment and Rapid Impact Assessment.

The service was introduced to library staff at a staff meeting and via email. Library staff were also provided with a full day's Mental Health Awareness Training which was provided by a facilitator from Health in Mind.

A Launch Event was held on 20th May 2009 at Dalkeith Library. The event was attended by NHS and Council Management and staff, Voluntary Sector workers, service users and members of the general public.

¹ Ref-help is NHS Lothian's web-based 'one stop' resource for all information regarding referrals, containing guidance, useful external links, addresses, telephone numbers and contacts for all clinics throughout Lothian.

The service was formally introduced to GP leads at the monthly GP Rep Forum. All Practice managers were e-mailed to request a visit to the GP practices to introduce the service. Five out of 10 practice managers replied and formal visits were arranged. This included a short presentation and dissemination of the prescribers' packs. The other practices were sent GP prescribers' packs during the year.

Prescribers' packs were also sent to other NHS workers including:

- Psychiatry;
- Psychology;
- Nurse Counsellors;
- Community Psychiatric Nurses;
- Occupational Therapists;
- Speech and Language Therapists;
- Community Pharmacists;
- Physiotherapists;
- Midlothian Substance Misuse Service;
- Social Work Mental Health Officers.

The publicity materials were distributed widely across Midlothian throughout the year. Emails were also sent via the Midlothian Mental Health Forum's email list which includes many NHS, council, and voluntary sector organisations. There was also a short presentation at one of their meetings. The Healthy Reading Midlothian service was publicised by Midlothian Voluntary Action via their e-newsletter. An article was published in Scottish Primary Care Mental Health Research and Development Programme newsletter and NHS Healthlink newsletter. Taking advantage of ongoing development in Midlothian, the Service is now advertised on Midspace (Midlothian's mental health and wellbeing website). The service was also advertised at a number of community events.

2. Aims and objectives of Healthy Reading Midlothian

The aims and objectives of Healthy Reading Midlothian are as follows:

Aims:

- To improve the mental health and wellbeing of adults with mild to moderate mental health problems in Midlothian;
- To increase mental health literacy amongst the general public and those affected by mental health difficulties including families, friends and carers;
- To increase access to a range of psychological interventions for adults with mild to moderate mental health problems in Midlothian;
- To offer alternatives to the prescribing of psychotropic medication within primary care for those with mild to moderate mental health problems;
- To promote the uptake of library services as a source of information that will promote wellbeing.

Objectives:

- To develop a list of recommended resources which will consist of evidence based self-help materials in a range of formats including books of varying intensities, audio books, DVD's and website addresses;
- Establish a specialised 'Healthy Reading' section in the 12 public libraries and the Orchard Centre in Midlothian;
- Develop and distribute publicity and information materials;
- To engage with key partners including GPs and service users in order to plan and advertise the scheme;
- To present the scheme to the Midlothian GP forum and other relevant forums;
- Arrange training for library staff on relevant issues such as the implementation of the scheme and mental health issues;
- Conduct Impact Assessments on the proposals and ensure the impact on inequalities are considered;
- Develop and implement a comprehensive evaluation plan which will inform the ongoing development of the scheme.

3. Methodology

To evaluate the Healthy Reading Midlothian scheme, a number of research methodologies were employed with a number of stakeholders. Details of the methodology used are outlined below.

- Library services data

Data on the uptake of Healthy Reading Midlothian was provided by the library services in Midlothian and rates of use of the service are reported in tabulated format.

- GPs and library staff

To gain a greater and more in depth understanding of the process and implementation of the Healthy Reading Midlothian scheme, in-depth interviews were conducted with two GPs and two members of Library Staff who had been involved in the service. These interviews were conducted by telephone, each lasting approximately 45 minutes.

- Service users

Research was also conducted amongst users of the Healthy Reading Midlothian service to explore their experiences of using the scheme.

Library staff collected contact details of those who borrowed books from the Healthy Reading Midlothian scheme who consented to be contacted for the purpose of the evaluation. These users were contacted by telephone, to conduct a 10 minute quantitative survey. In total, 53 service users consented to be contacted and 22 service users took part in the survey.²

To gain a greater and more in depth understanding of service users' experiences, in-depth interviews were also used to allow findings from the quantitative stage to be explored in more detail. A question was included at the end of the quantitative survey inviting respondents to 'opt in' to take part in a depth interview. Three in-depth interviews were conducted with service users by telephone, each lasting approximately 45 minutes.

Analysis and reporting

Information from all of these sources has been collated, analysed, and is reported in this document. It is important to note that due to the small scale of this research project, descriptions of experiences are indicative and should be taken as illustrative narratives rather than absolute findings.

² Please note that as this is a low base size for quantitative analysis, findings should be considered indicative rather than absolute.

4. Rates of use of the service

Data on the uptake of Healthy Reading Midlothian was provided by the library services, and is summarised in this section of the report.

A total of 1,691 resources were borrowed during the first year.

The following table shows the number of resources borrowed from the Healthy Reading Service between 20th May 2009 and 20th May 2010, by location.

Location	No. borrowed
Dalkeith	509
Penicuik	352
Bonnyrigg	308
Gorebridge	101
Newtongrange	94
Loanhead	80
Mayfield	65
Orchard Centre	51
Roslin	51
Danderhall	40
Woodburn	26
Mobile library	14
Total	1,691

Resources were borrowed from all locations. The areas with greater populations had the greatest number of items borrowed.

The five most popular resources were as follows.

Resource	No. of times borrowed
Feel the fear and do it anyway. (Jeffers, S. 2007).	99 (66 book and 33 audio book)
Overcoming depression. (Gilbert, P 2007).	88 (59 book and 29 audio book)
10 Days to great self esteem (Burns, D. 2000).	76
Relaxation and stress reduction handbook.(Davis,M. & Eshelman, E. 2008).	75
Worry cure, stop worrying and start living.(Leahy, R. 2006).	65

A full list of resources, along with the number of times they were borrowed, is included in appendix 5.

The following table shows the number of resources borrowed by subject matter.

Subject	No. of times borrowed
Depression	381
Anxiety	212
General mental health	165
Low self esteem	144
Stress	113
Anger	103
Worry	97
Sleeplessness	84
Assertiveness	58
Panic	46
OCD	43
Bereavement	41
Childhood sexual abuse	29
Eating disorders	28
Social anxiety	26
Post traumatic stress disorder (PTSD)	26
Alcohol	25
Mood Swings	24
Health Anxiety	21
Postnatal depression	20
Gambling	5
Total	1,691

The most frequently borrowed resources focused on depression and anxiety.

The prescription component was not often utilised by NHS staff or service users, with people preferring to access the resources independent of a formal prescription.

A total of 76 prescriptions were issued via Ref-help, as follows:

Profession	No. prescribers	No. prescriptions
GP	2	30
Psychologist	4	30
Nurse Therapist	4	15
Occupational Therapist	1	1
Total	11	76

Of the prescriptions that were issued, only five were handed in at the library to access the resources.

5. GP views about Healthy Reading Midlothian

In-depth interviews were conducted with two GPs who had referred patients on to the Healthy Reading Midlothian scheme in the course of their work. The GPs views on the Healthy Reading Midlothian scheme are explored in detail in this section of the report.

Communications to GPs

Both GPs first heard about Healthy Reading Midlothian at a monthly meeting of the Community Health Partnership where a presentation was given.

I first heard about it through the practice rep. We had a presentation about it and some of the books were brought along then I came back from that and told everybody here about it.

These presentations were well received by the GPs.

They gave some good information. I could see this could be quite positive – could be very useful.

It was quite informative – we knew what it was about and how to get people to get the books.

The approach to explaining the scheme and marketing it to GPs was considered to be a positive thing.

We're told not to do this and not to do that and then when someone comes along and says 'you can do this' it is quite a nice way to do it.

In particular, presentations were considered to be more helpful than leaflets.

Leaflets come into my room and I never find them again!

One GP commented that not all colleagues were so positive about the scheme.

They think it would be difficult to get people to take a prescription for a book.

However, the other GP had a more positive experience at their practice.

I don't think there is anyone here that is anti it! We are very keen as a practice to give them things to take away and read again as we know when they come and see us they go away thinking they can't remember it all.

Ease of use for the GP

The GPs felt that the scheme was appropriate and easy to use, which encouraged them to use it for their patients

It is straightforward and easy to use – there when I need it.

I thought it was a good idea – something we could use.

It is very helpful and something I have used quite a bit.

Selection of resources

The variety of resources was said to be a strength of the scheme, and the system of listings and descriptions available to GPs was very easy to use.

The list of resources is easy to read – it tells me what it is and how intense it is. It is easily laid out.

You don't want to give them something too easy or too hard.

Although the range of resources was considered positive, one GP commented that the categorisation was more detailed than they would usually consider necessary as they are most likely to refer to books on depression or anxiety.

We tend not to separate out as finely – there are more than I particularly use.

The other GP used a broader selection, as appropriate for the patient, indicating that it is helpful to have a variety of resources available.

I tended to go through the list with them and say 'this is what is available'. The ones I have used most are on depression and anxiety and insomnia.

The benefits for patients

The GPs felt that patients benefitted from reading information about their mental health conditions by increasing their knowledge about their own conditions.

Increase their understanding of what's wrong with them.

This enables patients to learn how to identify risk factors and manage their depression or anxiety. The GPs felt that as people with depression often have feelings of guilt or responsibility, a higher degree of understanding about depression tends to alleviate these feelings and help them to change the way they think about their condition.

This is particularly helpful because time is limited in GP appointments but books can be borrowed and renewed so that they can be digested at the convenience of the patient.

It is more than a 10 minute appointment can address.

This is particularly appropriate for people with depression who may experience problems with concentration and so may require more time to access or digest information.

Taking this further, some have been prompted to buy the books themselves.

I've had a couple of people going out and buying the books themselves so they can keep them.

Even if they do not wish to try the scheme immediately, GPs thought it was good to let patients know that it is available in case they choose to access it at a later date.

If they don't try it at first they know it is there to try later on.

The GPs felt that the system was easy for patients to use, and that the library staff had been very helpful.

I've not had any feedback that it was difficult at all – the library was very helpful.

Some people said they'd ordered a book in and picked it up later. But I've not heard of anyone not getting anything.

It is also a scheme which is very accessible to all which makes it an attractive source of information for the GP to refer to.

It is something that is very accessible to our patients – they don't have to spend money on it or travel far.

Healthy reading as a treatment option

The GPs felt that the healthy reading scheme would add to the range of treatment options that they were able to offer patients with mild to moderate mental health problems.

Mild to moderate anxiety – people who are worrying a lot.

The self-help aspect of Healthy Reading Midlothian was said to be the main benefit of the scheme as it is empowering and sustainable.

It shows they can help themselves.

They are doing it for themselves which is an important thing.

Self help allows the patients to make long-lasting positive change.

Where you can change the routine and change what they do – and it's not just me telling them to do something which sometimes doesn't work.

It means if they get into the same situation again they can do something about it for themselves, next time it's not going to be as hard for them. And for the future it reduces our workload a bit!

The main treatment options when Healthy Reading Midlothian was introduced were anti-depressants and/or referral to nurse counsellors, although Midlothian now has lower intensity treatment options including Guided Self Help and exercise on referral.

The GPs felt that having a selection of treatment options was essential to enable the GP to select the right treatment for an individual.

It's a negotiation – people actively make a choice.

Sometimes it is choosing different things for different people.

Healthy Reading Midlothian was considered to be a treatment option that could be offered to and discussed with those who preferred a non-pharmacological intervention for mild to moderate mental health problems.

People who are a bit anxious or depressed and don't want medication.

Hopefully they won't have to take as much medication, or none at all.

For both GPs, the Healthy Reading Midlothian scheme was also used as an alternative to counselling for individuals who required a less intensive intervention.

[It would be suitable for] a group of people who didn't have time or whose symptoms weren't bad enough for counselling.

Moving people away from the nurse counselling – saying 'you can do this yourself'

It is a good thing for us to try to stop things going any further.

It also has the benefit of being a treatment that can be used in conjunction with other interventions.

I tend to use it as an option in its own right but if I was starting someone on antidepressants I might say 'why don't you try this as well?'

We can say 'bring it back with you and we can work through it together'.

One GP commented that the prescribed book did not need to be used in isolation and that it was a pointer to using websites or other books as the patient preferred.

Here is one book but you can look at others in that section.

In order for the scheme to work, the patient must be open to trying something new and making a change.

You have to make sure it is someone who wants to try something different.

This is an option to help try and change their feelings and attitudes.

The Healthy Reading Midlothian scheme was also considered suitable for the significant others (partners, relatives, friends etc.) of people with mild to moderate mental health problems to help them to be understanding and be supportive of those with the condition.

While Healthy Reading Midlothian was thought to be a useful tool for people with mild to moderate depression it was not considered appropriate for people who are severely depressed as they may lack the motivation to take full advantage of the service.

People who are severely depressed don't have the wherewithal to use it.

If they are very depressed or very low they don't have the motivation to do it so you don't want to give them too much at once or they'll run away!

It depends how they are feeling if they'd want to sit down to a 300 page book.

Additionally, the GPs felt that it would not necessarily suit people who did not read or who were unwilling to go to the library – although alternative formats of resources make it possible to get around this.

If people can't read or tell you they can't read we can use the DVDs or CDs. You can ask people if they don't like to read or prefer a CD.

Overall, the GPs reported that they had seen some improvement in those that had been referred to Healthy Reading Midlothian.

It does seem to help a bit, definitely.

The ones that are motivated to use it get a good deal from it.

I had someone who was off work for a few weeks with stress and he's read the book and agreed with it and now he's gone back to work. We had a good chat about next time he feels it coming on he could go back and read the book and be aware of himself more.

Use of the prescription

The literal prescription was thought to be *a little bit gimmicky* but nevertheless effective because patients could take it away with them and it acted as a reminder for them to follow up themselves after they left the GP surgery.

If it is a formal piece of paper that looks official people might take it more seriously so having it more formal is a good idea.

For some however, the prescription could be seen as at odds with the more casual self-help ethos of the scheme.

In a way it might medicalise things too much.

Only one of the GPs had actually issued prescriptions, as the system for registration was felt to be complicated and time consuming.

I know we were supposed to get people prescriptions for it but I could never get that to work. You had to register to use it, but when you are with someone you don't have too much time and the rest of the time there is always twenty million other things to do. I tend to write them out on a bit of paper.

Although the GPs have issued prescriptions or recommendations for books, they have concerns that they are not necessarily used. This is a problem which is not limited to this scheme, but also applies to pharmacological treatments. The GPs felt that patients often want to 'please' their GP and do not always tell the truth about whether they have used or benefitted from treatment.

Some will take it and go away and not use it.

Nobody has said they won't do it – well not to my face anyway!

That's the problem with depression – when you press them they admit to not getting better [but they want you to think their condition is improving as] you're trying so hard.

Those who are most optimistic tend to be most enthusiastic about the scheme, and therefore are most likely to actually use it.

Suggested improvements

One GP suggested an improvement to the service. It was felt that it would be helpful to amend the website so that when a prescription was being issued the GP could select a book based on the level of intensity or reading skills required.

6. Library staff views about Healthy Reading Midlothian

In-depth interviews were conducted with two members of library staff who had worked with the Healthy Reading Midlothian scheme in the course of their work. The library staff members' views on the Healthy Reading Midlothian scheme are explored in detail in this section of the report.

Overall, the Healthy Reading Midlothian project was well received by librarians.

I think it is a very good thing.

It is a very positive thing. I think it is important.

The librarians felt that Healthy Reading Midlothian had worked well in their libraries with many people borrowing books and accessing the resources.

It has taken off quite well in the library here – it has been a good thing in the library here.

It does seem to have taken off.

External communications

The librarians were unsure how the project had been advertised externally but felt it had been successful.

Wherever they've put [the information], it has worked and people have been taking notice of it.

It was suggested that it would be good to advertise the scheme in GP surgeries and hospital waiting rooms if this had not been done already.

Communications to library staff

The librarians had a reasonable level of understanding about how the Healthy Reading Midlothian scheme worked.

People with problems, they are passed on via the doctor or medical service, to point them in the right direction to find the information they are looking for.

Patients in surgeries would be referred by prescription and they could borrow books from the healthy reading collection.

Although the scheme was formally introduced at a staff meeting, the library staff heard about it via emails publicising the service and letting staff know that the service would be offered at their library.

Via emails that we got through telling us it was coming to the library service.

From headquarters, there was an email bulletin saying we were going to have a healthy reading collection in each library.

It was to tell us the kind of books that would be included and it told you a bit about the people that would be coming up and asking about it.

Receiving an email was considered to be a fairly standard way of hearing about new initiatives for the library, and the emails received contained a sufficient amount of helpful information and details on who to contact with queries.

It gave you numbers you could phone if you had any questions.

Following this, the resources arrived, ready for the library staff to use in their library.

Then we got books delivered that we had to put out on display.

Setting up the project in the library

Healthy Reading Midlothian provided a selection of books, DVDs and CDs. These resources were provided in addition to the resources already available in the library.

We have a health section in the library, but [they sent] more specific things and more media.

We have got a few already, not specifically on certain subjects but on similar subjects.

The choice of resources was considered useful and helpful.

There was different media, which was good because people like different things.

The librarians received instructions describing what to display and how to display it.

We had to put them on display along with the signage for Healthy Reading Midlothian and set up a section specifically on that.

We got a list of the titles and we were told how to display them in a specific area in the library. We were sent a photograph of how to set it up in the library.

They wanted it eye catching and regimented through the libraries so that everyone's display looked similar and you'd know the section by the display.

This approach was considered unusual, but the librarians were happy to accommodate it and felt they were given clear guidance on how to do so.

It was a bit new – we do put on displays within the library service but it isn't usually a set thing. That was new having a whole thing on one theme across the libraries.

We've not had a collection specifically on healthy reading before, but we do have circulating collections of books.

The librarians were also asked to give longer borrowing times for these books, which was considered to be a reasonable request.

We gave people a bit longer on their date stamps – about eight weeks. The subject matter – you don't want to feel you are rushing people.

They get them out for longer – the normal issue is four weeks but people need them for longer so they get an eight week loan. Because there are multiple copies they can keep them out even longer than that.

Usability for patients

General observations by librarians, and anecdotal feedback from library users implied that the Healthy Reading Midlothian initiative was useful and relevant.

I had a few comments that the books were really good.

Quite a good level of interest.

Most of the feedback we got from the people who took the books out was positive.

A few of them said they were apprehensive to begin with – they didn't see how a book could help. But having taken the book out they then decided it was a good thing.

Staff observed that individuals were coming to the library to access the resources who had not been to the library before.

Quite a few from the GP and also people just passing and having a look.

A lot of people are just coming in and looking at them, you notice they are new when they come in and look lost.

Despite this, it was thought that some patients might not want to come to the library.

For some reason people have a fear of libraries, they think 'oh I don't go to libraries' and you think 'why not? They are for everybody!'

They might have got the prescription in the hand and thought 'oh I'll not bother' – especially for people for who it's an effort to get to the doctor when they are feeling that bad.

Literal prescriptions were being handed in at one library, but not at the other library.

They just come in and hand it to me and say they've been told to come in and get the book.

Although no literal prescriptions had been handed in at the second library, individuals were certainly using their prescription to find a book – which they were either borrowing from the library or sitting in the library to read.

I haven't had anyone hand in the prescription but I have seen people wandering about with prescriptions in their hand.

The library staff acknowledged the value of using books and other resources to access information about mental health issues.

You can always refer to it, you don't always have to contact you doctor.

It reassures you, even us having the collection. Some people feel a bit isolated but having the collection means other people have [mental health problems] as well. Bringing it into a public place means it is nothing to be ashamed of.

You maybe don't want to ask somebody all the personal things but you can look them up in a book for yourself and you can go over points if the terminology is daunting.

If they have a book they don't have the stigma of going to the clinic, and it is quite empowering to be able to do something for yourself. And it is a lot better trying to self help rather than medicate immediately.

Linked to this however, library staff observed that individuals accessing the Healthy Reading Midlothian resources were not always happy to make their interest in these books public.

I think it is very personal and people don't want to publicise it although they were finding the information helpful.

Few questions had been asked of the librarians, with individuals preferring to access the information privately. For this reason, the clear signage was particularly important.

They find the section themselves via the signage so they don't really need to ask at the desk.

People didn't want to ask about it so it was good that the signage was here.

Coincidentally, the placement of the section in one library helped to make people feel more comfortable looking at the books.

It is situated behind some signage, it is hidden behind there. I found people were looking at the subject and were quite happy with where it is because it is hidden behind something else from the desk so it is more private.

Because the subject matter is more personal to people I think they are keen to have a look at it themselves without having someone overlooking them.

Library staff were asked to collect consent forms from people who borrowed Healthy Reading Midlothian books, to use for the evaluation. The reaction to this form was a good example of how comfortable people felt about disclosing their use of the service.

We got a questionnaire we were to hand out to people but that was quite a difficult one as people didn't want to fill it in. The subjects within the healthy reading section were quite personal and people weren't keen to fill in the survey about that. Even though they have been quite popular and a lot of people had looked at them I don't think they were keen to give out the detail that they had been looking at them.

Suggested improvements

Given the feedback from the library staff, it would be good practice to set up the Healthy Reading sections of a library in a place where people do not feel overlooked or where they can easily access a private space to browse or read the books.

It could be useful to promote the books more widely so that people know about them even if the books had not been prescribed by the doctor.

We could regularly take the books out and promote them at community centres or doctors surgeries.

Although the signage and displays were considered adequate on an ongoing basis, it was felt that it was important to keep adding to the selection of books.

Keep it all current and up to date. At the moment it is all new, don't want it to go by the wayside now people have taken a liking to it.

I'd like to see the collection being added to.

Both librarians also suggested that Healthy Reading Midlothian could be expanded to cover other subjects around maintaining a healthy lifestyle.

Maybe expand it on to different subjects – always getting asked for healthy things. People referred from their doctors on low fat food which could be included. Things like Reiki and alternative therapies we get asked for quite a bit and we don't have much on that subject. That would be a good thing to go in amongst that.

It could be expanded to healthy eating, which is a big thing at the moment. How to eat properly and cook properly.

One librarian suggested that the Healthy Reading books could be located directly in a GP surgery.

They have healthy reading books in doctors' waiting rooms – they move a collection into the doctor's surgery. That's superb, a terrific idea. Let people take them out where they don't need to make the effort.

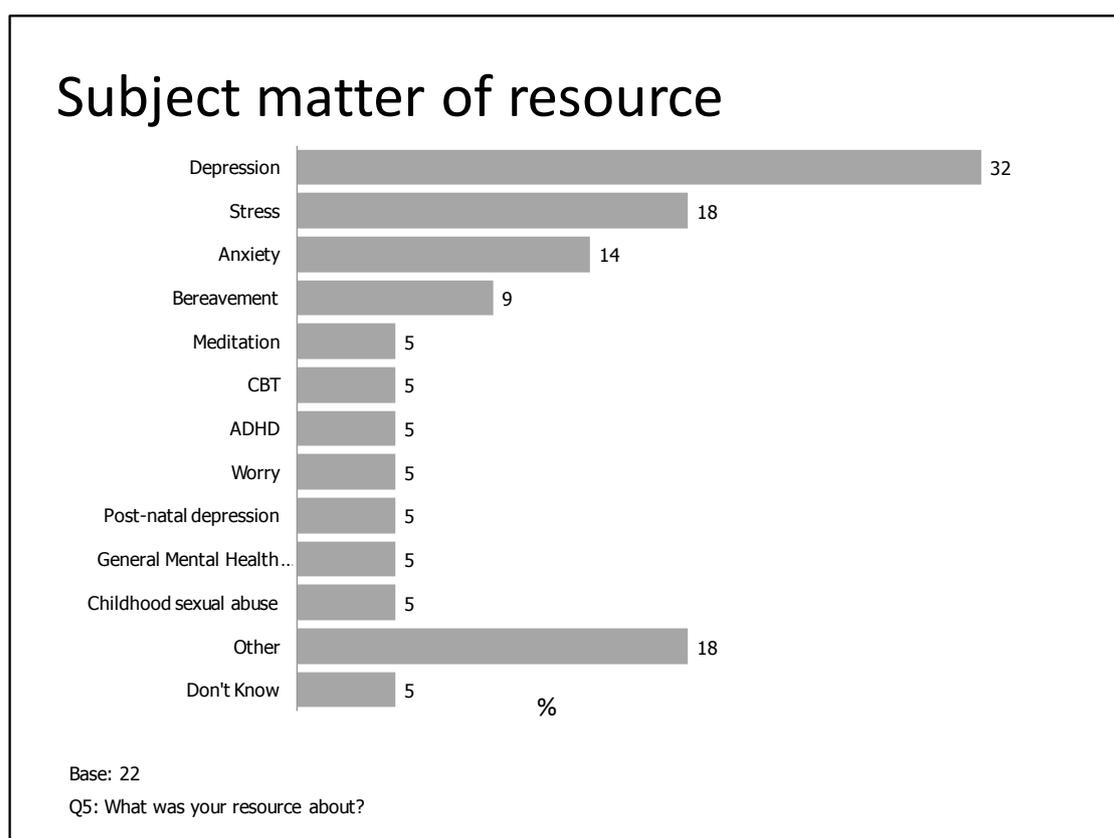
7. Service user views about Healthy Reading Midlothian

Quantitative interviews were conducted with 22 users of the Healthy Reading Midlothian service, and in-depth interviews with three of these service users. The service users' views on the Healthy Reading Midlothian scheme are explored in detail in this section of the report.

The narrative describes the findings from the quantitative survey, further illustrated by case study examples from the in-depth interviews³.

Although all of the service users were recruited to interview because they had borrowed a book from the Healthy Reading Midlothian scheme, only 86% of the service users were aware of the Healthy Reading Midlothian scheme at the time of interview, and 91% could recall borrowing a resource about mental health and wellbeing.

Nearly all of the respondents borrowed a book (86%) although one individual borrowed an audio book. The subject matter of these resources varied:



Around a third (32%) of the service users borrowed resources about depression. The next most frequently used subject matter was stress (18%) followed by anxiety (14%) and bereavement (9%).

³ False names are used to protect the anonymity of the participants.

Case study 1

Matthew, who borrowed a book about depression

Matthew first became aware of Healthy Reading Midlothian through the library. A regular visitor and user of the library Matthew noticed there was a new stand with mental health and wellbeing materials. As someone who suffers from mild depression Matthew has read a number of self help books to find out more about his condition.

Prior to visiting the library, the Healthy Reading Midlothian scheme was not something that Matthew was aware of. Matthew borrowed a book on depression by Chris Williams, which he found very useful. The book had an extended loan time of two months, which Matthew appreciated.

Matthew felt that the book was very well structured and methodical in its approach, and was broken down into manageable sections. Because the book contained forms for Cognitive Behavioural Therapy which were intended for filling in, Matthew suggested that each resource that required the user to complete sections should come with a paper resource pack, to be renewed each time the resource was returned.

Matthew found the CBT section of the book on depression very helpful. Since using the resource Matthew has seen positive changes in himself. His low mood has lifted, and although he is not where he would like to be he is still motivated to continue working on improving things for himself. He felt that using the resource improved his coping mechanisms and therefore prevented a visit to the GP.

Matthew felt that the Healthy Reading Midlothian scheme was a "healthy thing to happen", as he sees it as being a straightforward and comprehensive service. Matthew also said he "felt reassured knowing there was somewhere to go to seek help".

However, Matthew warned that "this is self participation, no-one can make you take the resource and use it, you have to be motivated to want to help yourself and explore the issues".

Eight in ten service users (82%) said they borrowed the resource for personal use. One individual borrowed a resource on behalf of someone else, and one borrowed a resource for academic interest.

Of those who had heard of Healthy Reading Midlothian, the majority (63%) first heard about Healthy Reading Midlothian at the library.

Case study 2

Martin, who learned about Healthy Reading Midlothian at the library

Martin is a regular visitor to the library and happened to be in the library on the first day that the Healthy Reading Midlothian material was being put out. Martin felt the presentation of the Mental Health & Wellbeing section was "prominent and impressive". The library assistant was very helpful and gave Martin a flier about Healthy Reading Midlothian and introduced him to some of the materials. Martin has always had an interest in the area of mental health and wellbeing and self help strategies so he was very interested in the scheme.

As Martin has a keen interest in this area and is known as a regular visitor to the library he didn't feel there were any barriers or stigma associated with borrowing books from the Healthy Reading Midlothian section. Indeed he felt very pleased to see the material on offer as it was clear to him that the service offered people options to help take better control of their lives.

Martin often borrows resources from the library in various formats, and he found that the resources consolidated his knowledge and acted as a reminder about things he had forgotten about.

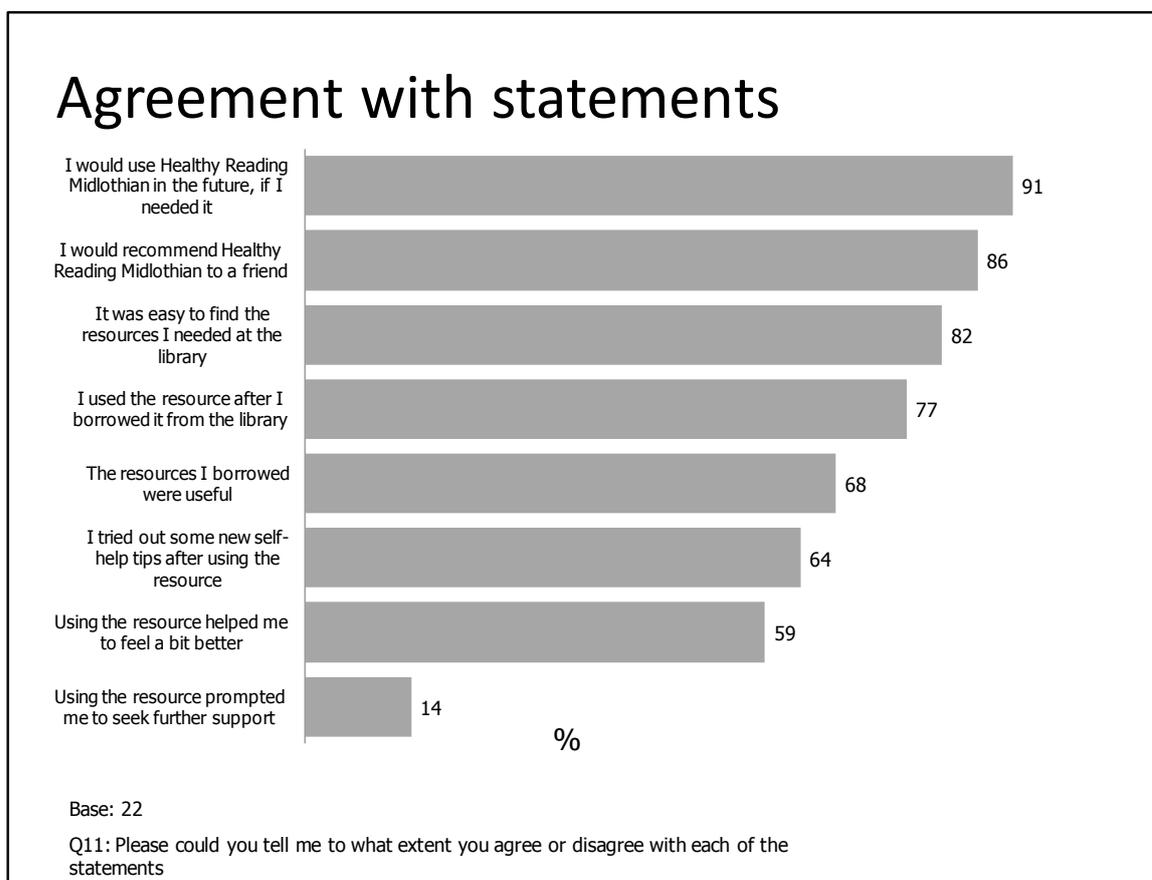
Martin recently borrowed the Susan Jeffers CD "Feel the fear and do it anyway", and a meditation CD. Martin uses the self help techniques he learnt through Healthy Reading Midlothian on a day-to-day basis, and as a result he completes a daily to-do list, monitors his weight and is involved in charity work. On occasion Martin also creates mind maps to help him understand himself better.

Martin felt that "giving people a chance to access self help resources" is particularly important, along with promoting an understanding of the various aspects of mental illness, including; depression, anxiety, stress and post-natal depression.

Additionally, 11% (two individuals) heard about Healthy Reading Midlothian through their GP, and 21% through another health professional.

The service users were asked the extent to which they agreed with various statements about Healthy Reading Midlothian.

The following graph shows the proportion of respondents who agreed strongly or slightly with each statement.



Overall, the Healthy Reading Midlothian scheme was very well received. Around nine in ten service users agreed that *I would use Healthy Reading Midlothian in the future, if I needed it* (91%) and *I would recommend Healthy Reading Midlothian to a friend* (86%).

It was felt that the scheme was easy to use in the library situation, with 77% agreeing that *It was easy to find the resources I needed at the library*.

The resources were also considered to be helpful, with almost eight in ten (77%) saying *I used the resource after I borrowed it from the library* and 68% saying *The resources I borrowed were useful*.

The Healthy Reading Midlothian resources prompted a certain amount of action, with 64% agreeing that *I tried out some new self-help tips after using the resource*. The statement eliciting the lowest level of agreement was *Using the resource prompted me to seek further support* (14%), which linked with the previous statement could indicate that the resources provided a sufficient level of support in themselves so they did not require further support.

Perhaps most importantly, more than half of service users (59%) agreed that *Using the resource helped me to feel a bit better*.

Consistent with the low number of service users who found out about Healthy Reading Midlothian through a medical professional, only one individual was issued with a Healthy Reading Midlothian prescription for a resource.

Case study 3

Mandy, who was issued with a prescription to borrow a book

Mandy first heard about the Healthy Reading Midlothian Scheme through her counsellor, although she remains unsure about the objectives of the scheme and feels more explanation is needed. Prior to borrowing the book Mandy was not given any specific information. She asked her counsellor to recommend a book and that is when the counsellor was prompted to give her a list of reading resources.

Mandy suffered from post-natal depression and was given a prescription by her counsellor to borrow a book from the library. She did go to the library and borrowed this book, however she did not hand over the prescription. She knows the people in the library and would have been comfortable using the prescription but she genuinely forgot to take it with her. Although she had little expectation of the experience in advance, when she was looking for the book she did experience a sense of "hopefulness".

The book really helped Mandy. Initially Mandy felt she had no control over her condition, however after reading the book she realised that she could do things to improve how she was feeling. The book contained self help exercises that Mandy found to be very therapeutic and effective. In fact the book helped her to deal with other underlying issues that have always been present, such as low self esteem and a lack of confidence, as well as managing to address her acute post-natal depression. The book acted as an acknowledgement that Mandy was not alone, which helped to address her self-stigma around her mental health issues by developing a deeper understanding of her condition. Overall Mandy found borrowing the book to be an empowering experience which has helped her to think more positively, learn self help techniques, and has consequently improved communications with her partner. Mandy felt the most helpful aspect of the service was giving people the tools to do something for themselves, providing hope that help is available and accessible.

It was easy for Mandy to access the Healthy Reading Midlothian service because she is already part of the mental health system, and the practicalities of going to the library and borrowing a book did not present any problems. However, Mandy felt that the service could be better publicised for people with mild to moderate mental health problems, and that using Health Visitors as a way of promoting the service would be a very good idea.

The individual who was issued a prescription strongly agreed that: *I borrowed the resource because I was given a prescription, I was happy to hand in my prescription at the library and Having a prescription made it easier to borrow these resources.*

Impacts of the Service

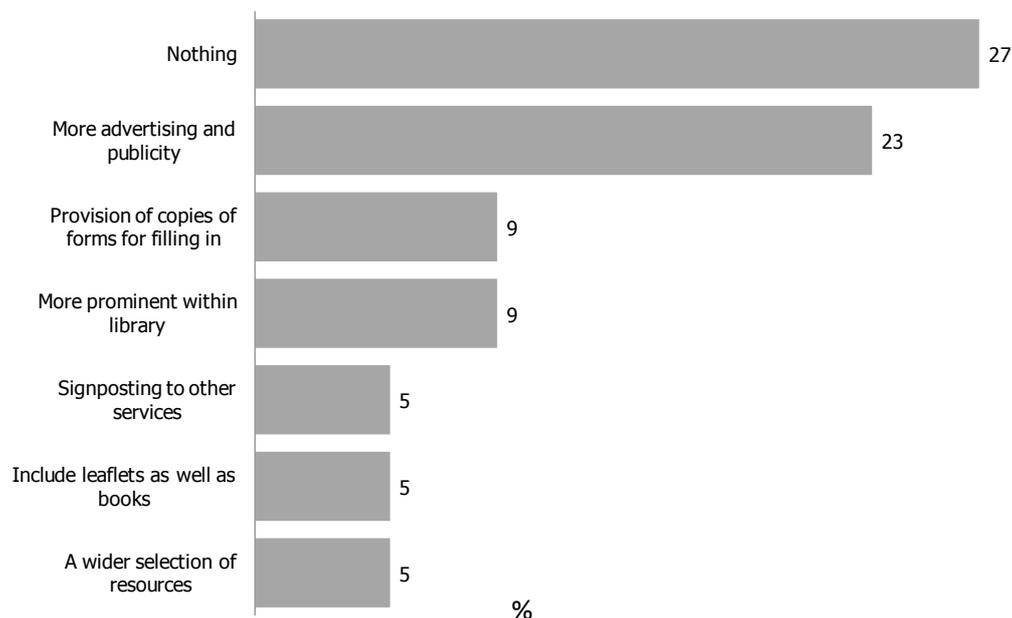
Healthy Reading Midlothian was an empowering experience for service users encouraging them to take control and help themselves.

Service users improved their awareness and understanding of mental health problems, which helped them to see that mental health problems are common and that there are many resources within the community to support people to recover from their mental health problems.

The information prompted self reflection and provided comfort and hope for people who had previously felt alone. Consequently, service users gained a greater understanding of themselves and their own feelings and behaviours, which in turn allowed them to make positive changes to improve their wellbeing.

As the changes were motivated by personal choice, they tended to be sustainable and led to improved mood and some reported reduced reliance on other sources of medical care.

Suggested improvements



Base: 22

Q12: Do you have any comments about ways in which Healthy Reading Midlothian could be improved?

The majority of service users did not make a comment on improvements for the Healthy Reading Midlothian service, and 27% specifically said that they did not think any improvements could be made.

Following this, the most frequently suggested improvement was enhanced advertising and publicity to enable more people to access the service.

How many people know about it? Needs to be more widely publicised.

Putting leaflets out in surgeries, advertising it better.

Other practical suggestions were also made:

More choices available on different topics.

Missing "what to do next" part. Local signposting.

More information leaflets rather than books.

8. Summary and conclusions

Use of the Healthy Reading Midlothian scheme

A total of 1,691 resources were borrowed during the first year of Healthy Reading Midlothian. Resources were borrowed from all locations, most frequently from Dalkeith, Penicuik and Bonnyrigg. More items were borrowed from the areas with greater populations.

Around a third of the service users interviewed borrowed resources about depression, and consistent with this the library records show that the most frequently borrowed resources focused on depression.

Overall, the Healthy Reading Midlothian scheme was very well received.

The majority of service users agreed that they would use the scheme again, or recommend it to a friend; which are strong indicators of satisfaction.

Communications and process

- GPs

The GPs interviewed first heard about Healthy Reading Midlothian at a meeting of the Community Health Partnership where a presentation was given. These presentations were well received by the GPs and considered to provide adequate and persuasive information in an appropriate situation and format.

The variety of resources was said to be a strength of the scheme, and the system of listings and descriptions available to GPs was very easy to use which encouraged them to use the service.

However, reactions to the process of referral varied, with one GP finding the prescription element straightforward, and another preferring not to use it at all.

The GPs felt that locating the scheme in the library meant that it was very accessible and easy for patients to use, and that the library staff had been very helpful.

- Library staff

The library staff who were interviewed said that they first heard about Healthy Reading Midlothian via emails, which was considered to be a sufficient and standard way of hearing about new initiatives for the library. The librarians were then sent the collection of books, DVDs and CDs with clear instructions describing how to display them.

The librarians were also asked to give longer borrowing times for these books, which they felt was a reasonable request.

The librarians felt that Healthy Reading Midlothian scheme was a positive thing and had worked well in their libraries with many people borrowing books and accessing the resources. Staff observed that individuals were coming to the library to access the resources who had not been to the library before.

- **Service users**

Although all of the service users were recruited to interview because they had borrowed a book from the Healthy Reading Midlothian scheme, several could not recall borrowing a resource about mental health and wellbeing from the library.

Of those who were aware of Healthy Reading Midlothian, the majority first heard about the scheme at the library and only a small number were informed by a health professional.

The service users found that the scheme was easy to use in the library situation, and that the resources were useful which supports the feedback from the GP.s.

Motivations for referral

The GPs used the Healthy Reading Midlothian scheme because they felt that the resources added to their suite of treatment options for patients with mental health problems. The GPs felt that having a selection of treatment options was essential to enable them to select the right treatment for an individual.

The GPs identified the following types of patients that would benefit from the scheme and thus would be appropriate for referral:

- Patients with mild to moderate mental health problems;
- Patients who require a less intensive treatment option than counselling;
- Patients who preferred or required a non-pharmaceutical treatment;
- Patients who are open to trying something new and making a change;
- Patients who could benefit from increasing their own knowledge about their mental health problems;
- Patients who have problems with concentration or who need more time to digest information;
- Patients who might like to access information at a later date;
- Patients who like to read;
- Patients who are willing to go to the library;

- The partners, relatives or friends of a person who has a mental health problem.

Healthy Reading Midlothian was not considered appropriate for people who are severely depressed as they may lack the motivation to take full advantage of the service.

The prescription

A total of 76 Prescriptions were issued via Ref-help, most often by GPs and psychologists. Of the prescriptions that were issued, only five were handed in at the library to access the resources.

The GPs felt that the prescription element of the scheme could be effective because patients could take it away with them and it would act as a reminder when they left the GP surgery. However, the prescription could also be seen as at odds with the more casual self-help ethos of the scheme.

Only one of the GPs had actually issued prescriptions, as for the other the system for registration was felt to be complicated and time consuming.

Although prescriptions were only handed in at one library, the librarians observed that individuals were using their prescription to find a book even if they did not hand them in. Anecdotal feedback from library users suggested that individuals accessing the Healthy Reading Midlothian resources preferred to do so privately and were not always happy to make their interest in books about mental health public.

Only one survey respondent was issued with a Healthy Reading Midlothian prescription and they were very satisfied with the experience, agreeing that it encouraged them to use the service.

The impacts

Service users improved their awareness and understanding of mental health problems, which helped them to see that mental health problems are common and that there are many resources within the community to support people to recover from mental health problems.

Borrowing resources acted as a call to action, with more than half of service users trying out some new self-help tips after using the resource that they borrowed. More than half of service users agreed that using the resource helped them to feel a bit better. Those who commented further on the impacts described learning new self help techniques as being empowering and encouraging positive thinking and enhancing their knowledge about mental health conditions.

As the changes were motivated by personal choice, they tended to be sustainable and led to improved mood and some reported reduced reliance on other sources of medical care.

The GPs felt that the self-help aspect of Healthy Reading Midlothian was the main benefit of the scheme as it is empowering for the patients, and allows them to make long-lasting positive change. Overall, the GPs reported that they had seen some improvement in those that had been referred to Healthy Reading Midlothian.

Conclusions

- ⇒ The Healthy Reading Midlothian scheme is popular, is viewed positively by service users and has a positive impact on their mental health.
- ⇒ Face-to-face meetings and presentations are essential to inform medical professionals of the benefits of interventions such as Healthy Reading Midlothian.
- ⇒ GPs do not have to issue a prescription, they can recommend resources if they prefer and they can judge whether a patient would respond better to one or the other. Appropriate patients may be issued with a prescription if the medical professional has 'bought in' to the scheme, and if the medical professional is sufficiently technically literate to use the processes. It would therefore be helpful to ensure that medical professionals are informed about possible ways to use the scheme, motivated to use it, and trained in the use of the systems.
- ⇒ If medical professionals see the benefits of the service they will tell their colleagues about it, which could increase referrals.
- ⇒ Library staff were satisfied with the way that Healthy Reading Midlothian has been implemented.
- ⇒ Most service users first heard about Healthy Reading Midlothian in the library. Measures could be taken to enhance communications about the service through other routes, and to non-library users.
- ⇒ Healthy Reading Midlothian adds to the range of treatment options available to healthcare professionals, for people with mental health problems.
- ⇒ Healthy Reading Midlothian is particularly appropriate for people with mild to moderate mental health problems, who prefer a non-pharmaceutical intervention. Knowledge of these factors could motivate health professionals to use the service, therefore they should be included in initial communications.
- ⇒ For some patients who are referred to the scheme by medical professionals, the prescription formalises the process and acts as a reminder encouraging them to borrow a resource.
- ⇒ Some patients will take a prescription to the library, and access the resources but will not hand the prescription in. Perceived stigma and self-stigma may play a role in the decision not to hand in a prescription at the library. This is not necessarily a failing of the prescription, as it is still an enabler, however it makes it difficult to monitor uptake. Measures at the library to reduce stigmatising situations, increase privacy, or collect the prescriptions in different ways may be helpful.
- ⇒ Where the scheme is prescribed to appropriate patients, or where books are borrowed by motivated individuals, the self-help element of the scheme means that there is the potential for long lasting positive change to be achieved.

Suggestions for improvements

The majority of service users did not suggest improvements for the Healthy Reading Midlothian service, and more than a quarter specifically said that they did not think any improvements could be made.

However, the following suggestions were made by research participants:

- ⇒ It could be useful to promote the books more widely using enhanced advertising and publicity so that people know about them even if the books had not been prescribed by the doctor.
- ⇒ A good place to advertise the scheme would be in GP surgeries and hospital waiting rooms, and one librarian suggested that the Healthy Reading resources could be located directly in a GP surgery.
- ⇒ Given the feedback from the library staff, it would be good practice to set up the Healthy Reading sections of a library in a place where people do not feel overlooked or where they can easily access a private space to browse or read the books.
- ⇒ Where appropriate, books could be issued with photocopied worksheet elements for filling in.
- ⇒ It was felt that it was important to keep adding to the selection of books, which could be expanded to cover other subjects around maintaining a healthy lifestyle.

Appendix 1: Service user questionnaire

SDC0219 Healthy Reading Midlothian – telephone survey

Intro

Please can I speak to

(If named respondent is out, say will call back and do not give details of the survey to protect the respondent's right to confidentiality)

My name is Sarah Shimmen and I'm phoning you to ask you some follow-up questions about a book or resource about mental health and wellbeing that you took out of the library recently. We have been given your contact details because we think you filled in a consent form at the library. Is this correct?

If yes, continue

If no, thank and close

I work for an organisation called the Scottish Development Centre for Mental Health. We are an independent research organisation, and we are evaluating a project called 'Healthy Reading Midlothian'.

Would you have five minutes to answer a few questions? It would all be completely confidential.

If yes, continue

If no, make an appointment

Thanks very much.

Main questionnaire

Q1 Before today, were you aware of a scheme called 'Healthy Reading Midlothian'?

- 1) Yes
- 2) No
- 3) Don't Know

IF ANSWERED Q1:01 (OTHERS SKIP TO Q3)

MULTICODE

NOTE TO INTERVIEWER: Do not read out response options, tick all that apply

Q2 How did you first hear about Healthy Reading Midlothian?

- 1) GP
- 2) Other health professional
- 3) Carer
- 4) Friend
- 5) Family member
- 6) Other word of mouth
- 7) Poster
- 8) Leaflet
- 9) Internet
- 10) Newspaper
- 11) At the library
- 12) Don't know / Can't remember
- 13) Other (please specify)

NOTE SECTION FOR INTERVIEWER: Add in any further detail if offered such as type of medical professional, website, where saw poster or leaflet etc

.....

READ OUT

Healthy Reading Midlothian is a 'books on prescription' scheme. It aims to offer alternatives to the prescribing of medication for people with mild to moderate mental health problems, and it also aims to promote the use of libraries as a source of information about wellbeing.

SINGLE CODE

Q3 Do you remember borrowing something about mental health and wellbeing from the library recently?

- 1) Yes
- 2) No
- 3) Don't know / Can't remember

IF ANSWERED Q3:01 (OTHERS SKIP TO CLOSE)

SINGLE CODE

Q4 What kind of resource did you borrow from the library?

NOTE TO INTERVIEWER: Prompt from list if necessary

- 1) Book
- 2) Audio book (tape / CD / spoken word)
- 3) Leaflet
- 4) DVD
- 5) Website
- 6) Other (please specify)
- 7) Don't know / Can't remember

SINGLE CODE

Q5 What was your resource about?

NOTE TO INTERVIEWER: Prompt from list if necessary

- 1) Alcohol
- 2) Anger
- 3) Anxiety
- 4) Assertiveness
- 5) Bereavement
- 6) Childhood Sexual Abuse
- 7) Depression
- 8) Eating Disorders / Anorexia / Bulimia
- 9) Gambling
- 10) General Mental Health Issues
- 11) Health Anxiety
- 12) Mood Swings
- 13) Obsessions and Compulsions
- 14) Panic
- 15) Post Natal Depression
- 16) PTSD / Post traumatic stress
- 17) Self Esteem
- 18) Sleeplessness
- 19) Social Anxiety
- 20) Stress
- 21) Worry
- 22) Other (please specify)
- 23) Don't know / Can't remember / Prefer not to say

READ OUT

Q6 Which of the following best describes the reason you borrowed the resource from the library?

- 1) Personal use
- 2) For someone else
- 3) Study / academic interest
- 4) Other (please specify)

IF ANSWERED Q6:01 (OTHERS SKIP TO Q11)

SINGLE CODE

Q7 Were you issued with a prescription to borrow this resource from the library?

- 1) Yes
- 2) No
- 3) Don't know / Can't remember

IF ANSWERED Q7:01 (OTHERS SKIP TO Q10)

SINGLE CODE

Q8 Did you hand in your prescription?

- 1) Yes
- 2) No
- 3) Don't know / Can't remember

IF ANSWERED Q8:02-03 (OTHERS SKIP TO Q10)

Q9 Why did you choose not to hand in your prescription?

.....

ROTATE ORDER OF STATEMENTS, READ OUT ONE AT A TIME

Q10 I am now going to tell you some things that people might say about Healthy Reading Midlothian.

Please could you tell me to what extent you agree or disagree with each of the statements. Just say if you...

- 1) Strongly Agree
- 2) Slightly Agree
- 3) Neither Agree nor Disagree
- 4) Slightly Disagree
- 5) Strongly Disagree
- 6) Don't Know
- 7) Doesn't Apply to me

- a) I borrowed the resource because I was given a prescription
- b) I was happy to hand in my prescription at the library
- c) Having a prescription made it easier to borrow these resources

ROTATE ORDER OF STATEMENTS, READ OUT ONE AT A TIME

NOTE TO INTERVIEWER: Do not read out intro if have done so at previous question

Q11 I am now going to tell you some things that people might say about Healthy Reading Midlothian.

Please could you tell me to what extent you agree or disagree with each of the statements.

Just say if you...

- 1) Strongly Agree
- 2) Slightly Agree
- 3) Neither Agree nor Disagree
- 4) Slightly Disagree
- 5) Strongly Disagree
- 6) Don't Know
- 7) Doesn't Apply to me

- a) It was easy to find the resources I needed at the library
- b) I used the resource after I borrowed it from the library
- c) The resources I borrowed were useful
- d) Using the resource helped me to feel a bit better
- e) I tried out some new self-help tips after using the resource
- f) Using the resource prompted me to seek further support
- g) I would use Healthy Reading Midlothian in the future, if I needed it
- h) I would recommend Healthy Reading Midlothian to a friend

Q12 Do you have any comments about ways in which Healthy Reading Midlothian could be improved?

.....

NOTE TO INTERVIEWER: If it seems appropriate...

Q13 We would like to follow up this survey by talking to some people in a bit more detail. We would make an appointment to call you back around March time and we would talk to you for about half an hour.

Would you be willing to take part in the follow-up?

- 1) Yes
- 2) No

NOTE TO INTERVIEWER: If yes, collect contact details

CLOSE SCREEN

Well that is the end of the survey!

Many thanks for your help with answering these questions.

Appendix 2: Service user interview schedule

1. My name is Sarah Shimmen and I am a researcher at SDC. SDC is a not-for-profit organisation working to improve mental health in Scotland and beyond.

We are currently working to evaluate Healthy Reading Midlothian, and we would like to speak to you because we believe you borrowed a Healthy Reading Midlothian book from the library. The discussion should not take longer than about 30 minutes.

If it is OK with you, I would like to record our conversation. This will not be shared beyond SDC and is just so that I don't forget anything you say.

Are you happy to proceed?

2. How did you first hear about Healthy Reading Midlothian?
3. What is your understanding of what Healthy Reading Midlothian does and offers people?
4. What was your involvement with the Healthy Reading Midlothian scheme? (*what type of resource did you borrow – format, content etc, did you get a prescription from your GP?*)
5. How involved were you in the decision to be 'prescribed' a book from Healthy Reading Midlothian?
6. What kind of information were you given before you borrowed the book?
7. What expectations did you have before you went to the library to get your Healthy Reading Midlothian book? (*What outcomes did you expect/hope for?*)
8. How did you feel at the library when you were looking for and borrowing your Healthy Reading Midlothian book?
9. In what ways did reading the Healthy Reading Midlothian book help you, if at all?
10. Did you go back to your GP and discuss the outcomes of reading the Healthy Reading Midlothian book? (*if yes, what did you talk about, what happened next?*)

11. Have you gone on to access other services (*voluntary sector or NHS services?*)
12. How do you feel about the way that Healthy Reading Midlothian works in practice? (*The literal prescription, going to the library to look for a specific book, being prescribed self-help*)
13. Have you seen any changes in yourself since you read the Healthy Reading Midlothian book? If so, what changes?
14. What do you think are the most helpful aspects of Healthy Reading Midlothian?
15. Are there any changes that could be made to Healthy Reading Midlothian to make it work better for people?

Appendix 3: Library staff interview schedule

1. My name is Ruth Stevenson and I am a researcher at SDC.

SDC is a not-for-profit organisation working to improve mental health in Scotland and beyond.

We are currently working to evaluate Healthy Reading Midlothian, and we would like to speak to you because we believe you know about Healthy Reading Midlothian through your work at the library.

The discussion should not take longer than about 30 minutes.

If it is OK with you, I would like to record our conversation. This will not be shared beyond SDC and is just so that I don't forget anything you say.

Are you happy to proceed?

2. For my context, could you tell me a bit about your job / role?
3. How did you first hear about Healthy Reading Midlothian?
4. What is your understanding of what Healthy Reading Midlothian does and offers people?
5. What kind of information and training were you given?
6. In practice, what do you think has been the level of uptake for the Healthy Reading Midlothian service? (*prescriptions collected, books borrowed, new members to the library*)
7. How do you feel about the way that Healthy Reading Midlothian works in practice? (*The literal prescription, patient going to the library to look for a specific book, any specific changes in practice you have made*)
8. Have you got any observations on the way that the people borrowing Healthy Reading Midlothian books feel about the service?
9. Is there anything that could be done to make Healthy Reading Midlothian work better? (*at the library, for the patients*)

Appendix 4: GP interview schedule

1. My name is Ruth Stevenson and I am a researcher at SDC.

SDC is a not-for-profit organisation working to improve mental health in Scotland and beyond.

We are currently working to evaluate Healthy Reading Midlothian, and we would like to speak to you because we believe you have referred people to Healthy Reading Midlothian. The discussion should not take longer than about 30 minutes.

If it is OK with you, I would like to record our conversation. This will not be shared beyond SDC and is just so that I don't forget anything you say.

Are you happy to proceed?

2. For my context, could you tell me a bit about your job / role?
3. How did you first hear about Healthy Reading Midlothian? (*Training, or Publicity materials – GP pack with leaflets for patients, GP booklet, resource list – what did you think of / how helpful were these?*)
4. What is your understanding of what Healthy Reading Midlothian does and offers people?
5. Under what circumstances would you refer people to Healthy Reading Midlothian? (*What sort of people are suitable - and the reverse, who/when not suitable, how have you used it? - as part of a stepped care approach – watchful waiting, an alternative to prescribing, alongside prescribing medication, an alternative to referring to other NHS services, to provide information*)
6. What expectations do you have for referring people to Healthy Reading Midlothian? (*What outcomes did you expect/hope for, for the individual or for yourself?*)
7. How do you feel about the way that Healthy Reading Midlothian works in practice?
 - Ease of use (*for GP / patient*)
 - The literal prescription (*Have you issued? Why? What is the value?*)
 - Patient going to the library (*range of resources – subject and format*)

8. Have you seen any changes in people since they tried Healthy Reading Midlothian? If so, what changes? *(any feedback from patients?)*
9. What do you think are the most helpful aspects of Healthy Reading Midlothian for you / the patient?
10. Are there any negative impacts or barriers for you or the patient?
11. What is your overall opinion of the service? *(Is it of value as a treatment option?)*
12. Are there any changes that could be made to Healthy Reading Midlothian that would encourage you to refer people onto it?

Appendix 5: List of all resources borrowed

Table showing the resources borrowed from the Midlothian Healthy Reading collection borrowed over the year.

	Title	Times borrowed	Subject	Format	Intensity
1	The things you do that mess you up. (Williams, C. 2007).	15	Alcohol	Booklet	Low
2	So you want to cut down your drinking? A self-help guide. (NHS Health Scotland. 2003).	10	Alcohol	Booklet	Medium
3	Overcoming anger and irritability, a self-help guide. (Davis, W. 2008).	42	Anger	Book	Medium
4	Overcoming Anger. (Dryden, W. 1996).	39	Anger	Book	High
5	Are you strong enough to keep your temper? (Williams. C. 2008).	22	Anger	Booklet	Low
6	Feel the fear and do it anyway. (Jeffers, S. 2007).	66	Anxiety	Book	High
7	Overcoming anxiety: a five areas approach. (Williams, C. 2009).	40	Anxiety	Book	Medium
8	Anxiety & phobia workbook. (Bourne, E. 2005).	36	Anxiety	Book	Medium
9	Coping with anxiety. (Royal College of Psychiatrists. 2008).	37	Anxiety	Audio-book	Medium
10	Feel the fear and do it anyway. (Jeffers, S. 2007).	33	Anxiety	Audio-book	High
11	Assertiveness: step by step. (Dryden, W. and Constantinou, D. 2004).	58	Assertiveness	Book	High
12	Coping with bereavement. (Royal College of Psychiatrists. 2008).	25	Bereavement	Audio-book	Low
13	Living with loss. (McNeill Taylor, L. 2009).	16	Bereavement	Book	Low
14	Overcoming childhood trauma, a self-help guide. (Kennerly, H. 2000).	17	Childhood sexual abuse	Book	Medium
15	Beginning to heal. (Bass, E. & Davis, L. 2003).	12	Childhood sexual abuse	Book	Low
16	Overcoming depression and low mood: a five areas	61	Depression	Book	Medium

	approach. (Williams, C. 2009).				
17	Overcoming depression, a self-help guide. (Gilbert, P. 2009).	59	Depression	Book	High
18	Living life to the full. (Williams, C. 2008).	49	Depression	DVD	Low
19	Overcoming Depression. (P. Gilbert, P. 2007).	29	Depression	Audio-book	High
20	How to fix almost everything, in 4 easy steps. (Williams, C. 2007).	40	Depression	Booklet	Low
21	10 things you can do to feel happier straight away. (Williams, C. 2007).	38	Depression	Booklet	Low
22	I can't be bothered doing anything. (Williams, C. 2007).	35	Depression	Booklet	Low
23	Why does everything always go wrong? (Williams, C. 2007).	27	Depression	Booklet	Low
24	Write all over your bathroom mirror. (Williams, C. 2007).	19	Depression	Booklet	Low
25	I feel so bad I can't go on. (Williams, C. 2007).	17	Depression	Booklet	Low
26	Why do I feel so bad? (Williams, C. 2007).	17	Depression	Booklet	Low
27	Anorexia nervosa: a survival guide for families, friends and sufferers. (Treasure, J. 1997).	16	Eating Disorders	Book	Low
28	Getting better bit(e) by bit(e). (Schmidt, U. & Treasure, J. 1993).	12	Eating Disorders	Book	Low
29	Overcoming compulsive gambling. (Blasynski, A. 1998).	5	Gambling	Book	Medium
30	Mind over mood. (Padesky, C. & Greenberger, D. 1995).	63	General Mental Health	Book	Medium
31	Manage your mind. (Butler, G & Hope, T. 2007).	55	General Mental Health	Book	Low
32	Reinventing your life: how to break free from negative life patterns. (Klosko, J. & Young, J. 1998).	47	General Mental Health	Book	High
33	Stop worrying about your health. (Zigourides, G. 2008).	21	Health Anxiety	Book	Low
34	Overcoming mood swings, a self-help guide. (Scott, J. 2001).	24	Mood Swings	Book	Medium
35	Obsessive Compulsive	16	Obsessive	DVD	Low

	Disorder. (Rathbaum, B.).		Compulsive Disorder		
36	The OCD workbook. (Pedrick, C. & Hyman, B. 2005).	15	Obsessive Compulsive Disorder	Book	Medium
37	Stop obsessing! How to overcome your obsessions and compulsions. (Foa, E & Wilson, R. 2001).	12	Obsessive Compulsive Disorder	Book	Medium
38	Panic attacks, what they are, why they happen and what you can do about them. (Ingham, C. 2000).	35	Panic	Book	Medium
39	Fight or flight. (Lampe, L. & Rapee, R.)	11	Panic	DVD	Low
40	Surviving post-natal depression, at home, no one hears you scream. (Aiken, C. 2000).	20	Post Natal Depression	Book	Medium
41	Overcoming traumatic stress, a self-help guide. (Herbert, C. & Wetmore, A. 1999).	26	PTSD	Book	Low
42	I'm not good enough, how to overcome low confidence (Williams, C. 2009).	29	Low Self Esteem	Booklet	Low
43	Ten days to great self-esteem. (Burns, D. 2000).	76	Low Self Esteem	Book	Medium
44	Overcoming low self-esteem, a self-help guide. (Fennell, M. 2009).	39	Low Self Esteem	Book	High
45	Getting a good night's sleep. (Johnston, F. 2000).	54	Sleep	Book	Low
46	Coping with sleep problems. (Royal College of Psychiatry, 2008).	30	Sleep	Audio-book	Medium
47	Overcoming social anxiety & shyness, a self-help guide. (Butler, G. 2008).	14	Social Anxiety	Book	Medium
48	I think, they think. (Lampe, L. & Rapee, R.)	12	Social Anxiety	DVD	Low
49	Relaxation & stress reduction workbook. (Davis, M. & Eshelman, E. 2008).	75	Stress	Book	Low
50	Coping with stress at work, (Royal College of Psychiatrists, 2005).	22	Stress	Audio-book	Medium

51	Everything you always wanted to know about stress. (White, J. 2006).	16	Stress	DVD	Low
52	Worry cure, stop worrying and start living. (Leahy, R. 2006).	65	Worry	Book	Medium
53	Worry box, All you need to end anxiety. (Williams, C. 2007).	32	Worry	Booklets	Low