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An evaluation of a Books on Prescription (BOP) scheme in a UK public library authority, identifying areas for development to meet the needs of users and library staff.

Rebecca Furness
Northumbria University, Masters Graduate, Information and Library Management (2011)
Email: rebeccafurness@blueyonder.co.uk

Biddy Casselden
Northumbria University
Programme Leader MA/MSc Information & Library Management,
School of Computing, Engineering and Information Sciences,
Northumbria University, NE2 1XE, UK
Email: b.casselden@northumbria.ac.uk

Abstract

This article discusses an evaluation of a Books on Prescription (BOP) scheme in an anonymous UK public library authority which was conducted by the author and submitted as a dissertation for the MSc in Information and Library Management to Northumbria University. The dissertation was supervised by Biddy Casselden, Northumbria University, and was awarded a distinction. The dissertation made recommendations about BOP schemes which could make them more accessible, enabling vast numbers of people to lead more fulfilling lives.

Dissertation Context

Books on Prescription (BOP) schemes are increasingly a standard aspect of library services in many library authorities across the UK. Professor Neil Frude, a consultant clinical psychologist, developed the first scheme in Cardiff in 2002. Frude wanted to address the huge demand for treatment for common mild-to-moderate mental health problems such as anxiety, depression and panic⁽¹⁻³⁾, which one in four of us will experience in our lifetime.⁴

Traditionally pharmacological treatments, such as anti-depressants, have been prescribed by GPs⁵ although research has repeatedly shown that “self-

help bibliotherapy”, a term used to describe the use of reading non-fiction guides to improve wellbeing, can provide an effective treatment option for many.⁽⁶⁻¹⁴⁾ In 2011 the NHS in England spent over £270 million on anti-depressant prescriptions¹⁵ providing relief from symptoms without addressing the root causes of problems. The wider cost to the Exchequer resulting from mental illness is estimated to be approximately £28 billion a year.¹⁶

In 2002 Frude and colleagues agreed a list of approximately 25 self-help titles covering a range of problems to create the first BOP scheme in Cardiff. Many books in the scheme use cognitive behavioural therapy techniques (CBT); the same techniques used in talking therapies. The professional recommendation of these titles helps patients identify titles they can trust, in contrast to a search of the Internet, which is likely to retrieve an overwhelming number of titles of variable quality. After the first BOP scheme had been implemented in Cardiff, GPs and mental health practitioners had another treatment option to offer patients: they could complete a Book Prescription and refer patients to the library service to collect a recommended title. The scheme demonstrated that it could deliver effective treatment to large numbers of people at very low cost. In 2005 the BOP scheme was rolled-out across Wales with a standard booklist. From 2005 onwards the scheme has been progressively introduced in library authorities across the UK, though **without any standardisation of schemes amongst authorities**. BOP schemes are now a recognised useful treatment resource in the initial step of the NHS IAPT (Improving access to psychological therapies) programme.^(17,18)

Literature review

The literature review identified a wealth of research supporting the efficacy of “self-help bibliotherapy” as a treatment option.⁽⁶⁻¹⁴⁾ Much of this research consists of systematic literature reviews and meta-analyses^(6-10,13) with a small number of controlled trials.^(11,12,14) Several evaluative studies of BOP schemes were identified in the literature search.^(13,19-23) Recurrent themes emerged from these studies such as: staff training, evaluation of schemes, library procedures, confidentiality, promotion, access by non-library members, referred and casual scheme usage. Case studies provided especially rich

detail.^(19,20,23) Hicks notes that the perspective of scheme users is notably lacking in the existing literature²⁰ and the ethical difficulties of capturing user feedback are noted by Chamberlain, Heaps and Robert.¹³ This dissertation attempted to gain some insight into the user's perspective of accessing a BOP scheme.

Dissertation Methods

A case study approach was taken, using mixed methods and triangulation. Recurrent themes identified through the literature review informed key areas of interest. The case study centred on one anonymous UK library authority which is a member of a public library consortium, with permission of the head of service. The research aimed to evaluate the BOP scheme in the case study library authority from the perspective of users and library staff. The research comprised three phases: 1) desk research 2) participant observation 3) library staff questionnaire.

Desk research

In addition to the case study library authority three neighbouring library authorities were included in the desk research. The three neighbouring library authorities were all within a 40 mile radius of the case study library authority. One neighbouring authority belonged to the same public library consortium as the case study authority: for simplicity we will refer to this as "the partner authority". The desk research scrutinised the book lists of the four library authorities, the availability of website information and the eligibility for users to access the schemes.

Participant observation

The participant observation or "mystery shopping" focused solely on the case study library authority and was intended to reveal the perspective of scheme users. The researcher herself was the mystery shopper, which admittedly raises concerns about researcher bias. It was decided that the researcher would be the mystery shopper as ethical reasons would prevent genuine referred users of the scheme from being recruited for this purpose. The mystery shopper, posing as a referred BOP user and current non-library

member, presented a Book Prescription at five library branches **where the researcher was unknown to staff**. Written recording took place immediately after each episode in a consistent format, using a mixture of quantitative and qualitative measures. This is the first known application of mystery shopping to the context of BOP.²⁴

Library staff questionnaire

Only the case study authority was involved in the library staff questionnaire. The questions reflected the recurrent themes identified in the literature review, and asked specific questions to elicit respondents' knowledge and understanding of the delivery of the scheme in the case study authority. The information collected from the questionnaire enabled findings from the mystery shopping to be corroborated; an important opportunity to counteract researcher bias.

Discussion of Results

Desk research

The desk research revealed substantial variation between the BOP schemes delivered in the four library authorities studied. Availability of website information was inconsistent, eligibility criteria to access the scheme varied, the items included in the scheme were different and in some instances subject matter (e.g. anorexia nervosa, bereavement) was covered in one authority's scheme but absent from another's. Across the four library authorities the mean number of items in schemes was 30 ($r=3$). Further scrutiny revealed that only nine titles were common to all four schemes.

Comparison of the case study library authority's scheme with that of the partner authority revealed confusing inconsistencies for both users and library staff. In the case study authority the scheme was open to everyone: referred users and casual users alike. However there was no website information and no book list information available to the public. In the partner authority the scheme was only accessible to referred users despite the fact that plenty of clear information, including a book list, was available on the library service's website. There was little consistency between the book lists of these two

authorities: less than half the titles were common to both schemes. This was potentially confusing for library staff using the consortium catalogue and users viewing the website.

Participant observation

Mystery shopping illuminated the experience of users accessing the scheme and was found to be a useful evaluative tool in this context. It also provided an insight into the subjective experience of how it felt to present a Book Prescription, which may contain sensitive personal information, at the library. The Book Prescription states the name and address of the referred user and the title and author of the prescribed book. The book title is likely to indicate the personal circumstances of the referred user. This point is best illustrated through the following example: *Breaking free: help for survivors of child sexual abuse*.²⁵ A sensitive title such as this, when noted on a Book Prescription alongside the name and address of the referred user, demonstrates the importance of privacy and confidentiality for those accessing the scheme.

The mode time taken to serve the mystery shopper was 9 minutes. On one occasion the process stalled, taking 36 minutes in total, partly due to inadequate provision of information for library staff reference. The mystery shopping confirmed that staff knew to place a reservation free of charge if the item was unavailable. It also demonstrated uncertainty among staff about whether the Book Prescription itself was acceptable ID to join the library. Most importantly it revealed uncertainty about what happens to the Book Prescription after it has been presented to the library – in one instance library staff wanted to keep the Book Prescription for statistical recording purposes, whilst others were happy to return it to the mystery shopper. The process of obtaining the prescribed book relied heavily on staff remembering to manually over-ride various settings on the LMS whilst serving the customer.

Library staff questionnaire

Approximately 1:3 employees across the case study library authority completed an anonymous questionnaire. Respondents indicated that no specific staff training about the BOP scheme had been received. The most

frequently cited source of information about the scheme was staff meetings. A minority of respondents knew where to find reference information about the scheme, such as book lists. All respondents knew that free reservations could be placed for items within the scheme, but were unclear about other policies such as eligibility criteria, loan periods and the use of Book Prescriptions as ID for library membership. The majority of respondents were uncertain whether overdue charges were applicable to items in the scheme. Few respondents were able to correctly identify BOP titles from a list of health books, although the majority knew that a green sticker on the cover of the physical item indicated its inclusion in the scheme. Responses indicated uncertainty about what library staff should do with Book Prescriptions after they had been presented at the library. This was a salient finding given the importance of privacy and confidentiality in relation to the information contained within Book Prescriptions.

Implications for practice

The findings of the dissertation were fed back to the head of service in the case study authority and improvements to the scheme are underway in response to the key points. The improvements take advantage of the case study authority's recent implementation of Radio frequency identification (RFID) self-service. RFID allows users to issue and discharge books themselves, without the need for staff intervention, and therefore offers new opportunities, and greater privacy, for users to access BOP schemes. The intention is to create an item category on the LMS (Library Management System) for BOP with an automatic 6 week loan period and free reservations. Clear information about the scheme for the general public is being produced for the library website, including a book list with hyperlinks to each item on the online catalogue. Printed information leaflets promoting the scheme will also be available. The aim of these improvements is to make the scheme more accessible for both casual and referred users. Library staff will be briefed about the scheme: its purpose, library procedures, eligibility for access and the needs of users. The information provided for the general public through the website will also provide useful reference information for library staff.

The results of the desk research demonstrated the need for consistency and standardisation in the contents and procedures of BOP schemes across different library authorities. The dissertation reflected on how inconsistency of BOP schemes might be affecting wider promotion. Several missed opportunities to raise the profile of the existence of BOP schemes in national media were noted during the research period.^(5,26) The dissertation recommended the implementation of a national standardised BOP scheme. This recommendation has been taken up by the Public Libraries Health Group, who were awarded funding from Arts Council England's Libraries Development Initiative (February 2012) to establish a national BOP scheme.²⁷ It is expected that by 2014 a national standardised BOP scheme will be implemented, allowing large numbers of people to access low cost, yet effective, treatment for a range of mild-moderate mental health problems.

Conclusion

A decade after Frude pioneered the first BOP scheme the latest research suggests that widespread mental suffering persists and access to effective treatment is still inadequate. Of the 6 million adults in England currently suffering from depression or anxiety disorders only one quarter are receiving any treatment.¹⁶ A standardised national BOP scheme that is simple to access, nationally consistent and widely promoted could address this situation and allow many people to benefit from improved mental wellbeing and enriched quality of life.

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