



THE UNIVERSITY *of York*

The Department of Health Sciences

# REEACT

Mental Health and Addiction Research Group (MHARG) sits within the Department of Health Sciences. More than 40 staff work within the group and around a quarter of these work on the Randomised Evaluation of the Effectiveness and Acceptability of Computerised Therapy (REEACT) project. The University of York leads this project, in collaboration with research partners in the Universities of Bristol, Manchester, and Sheffield and the Hull York Medical School.

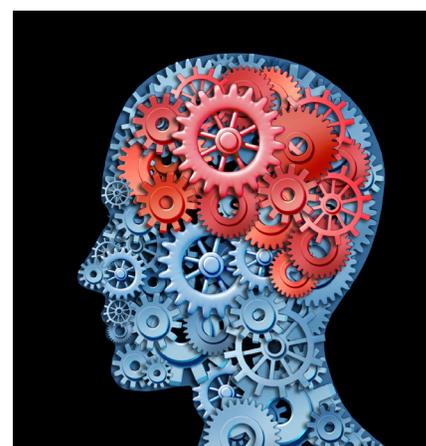
The need for this research was identified by the NHS, and the research was commissioned by NIHR Health Technology Assessment Programme, following an open national competition. The chief investigator of the study is Professor Simon Gilbody and the project manager is Dr Liz Littlewood.

## Introduction

Depression is the most prevalent of all mental health problems, and is expected to become the second-leading cause of disability amongst all general health problems by 2020. Most people experiencing depression will receive treatment from their GP, and in many cases this will involve the prescription of anti-depressant drugs. A general dissatisfaction with medication and concerns about rising rates of anti-depressant prescriptions, has led to demands for the provision of psychological and socially based (psycho-social) treatments and interventions. In light of this, it is important to find out what actually works and what is cost-effective.

MHARG has built a programme of research around answering these questions for those suffering common mental health disorders such as depression and anxiety. The ultimate aspiration of this work is to allow the NHS to deliver high volumes of effective therapy in an efficient manner.

Mental Health  
and Addiction



## Contact

Department of  
Health Sciences  
+44 (0)1904 321321

[dohs-enquiries@york.ac.uk](mailto:dohs-enquiries@york.ac.uk)

[www.york.ac.uk/  
healthsciences](http://www.york.ac.uk/healthsciences)

## Problem

The form of psychological therapy with most research evidence underpinning it is Cognitive Behavioural Therapy (CBT). This tackles unhelpful ways of thinking which come to the fore when a person is depressed. It also addresses the unhelpful avoidance and lack of positive reinforcement preventing recovery. The theory and evidence behind this technique is good, and there are clear training programmes and manuals for 12-20 weeks of CBT, delivered by trained therapists. The problem with this approach is that it is costly and waiting times can be long. The REEACT trial aims to assess if it is possible to replace the therapist with a structured computer programme which delivers CBT sessions. If this worked, it could reduce waiting times and enhance access.

On the face of it, the evidence to support computerised CBT (cCBT) is quite good. Some trials have shown that cCBT enhances the care delivered by GPs, though no trials have yet compared cCBT to face-to-face CBT. In addition, there are very few independent trials for cCBT, as many people spend years developing a program and then evaluate it themselves. No believable estimates of cost effectiveness for this treatment exist, and it is still unknown if cCBT is acceptable to those people struggling with depression who would have to use it.

## Solution

In 2007, MHARG was successful in winning a £1.8M commission from the NIHR Health Technology Assessment Programme, to try and answer some of the questions surrounding cCBT through the REEACT trial. This trial is the largest independent trial of cCBT to date.

## Evaluation

The REEACT trial has now recruited 691 people with depression, and each of these people has been allocated either a cCBT treatment package, or routine GP care. The trial will follow these people over a two-year period to judge whether the cCBT they receive works and is cost effective. Qualitative methods will find out what stops and what encourages the use of cCBT.

## Implementation

Depending on the results of the trial, REEACT may be able to provide evidence in the support of increased spending and implementation of cCBT. In turn, this could decrease the time that people have to wait to receive treatment, and also improve the accessibility of the treatment. On the other hand, if cCBT is shown to be less effective, then REEACT could provide evidence against further spending in this area. More research might therefore be needed into this common and often debilitating condition.

