The second Randomised Evaluation of the Effectiveness, cost-effectiveness and Acceptability of Computerised Therapy (REEACT-2) trial: does the provision of telephone support enhance the effectiveness of computer-delivered cognitive behaviour therapy? A randomised controlled trial

Sally Brabyn,1 Ricardo Araya,2 Michael Barkham,3 Peter Bower,4 Cindy Cooper,5 Ana Duarte,6 David Kessler,7 Sarah Knowles,4 Karina Lovell,8 Elizabeth Littlewood,1 Richard Mattock,1,6 Stephen Palmer,6 Jodi Pervin,1 David Richards,9 Debbie Tallon,10 David White,11 Simon Walker,6 Gillian Worthy12 and Simon Gilbody1* on behalf of the REEACT Team

1Department of Health Sciences, University of York, York, UK
2Department of Population Health, Centre of Global Mental Health, London School of Hygiene and Tropical Medicine, London, UK
3Centre for Psychological Services Research, University of Sheffield, Sheffield, UK
4Centre for Primary Care, University of Manchester, Manchester, UK
5School of Health and Related Research, University of Sheffield, Sheffield, UK
6Centre for Health Economics, University of York, York, UK
7Academic Unit of Primary Health Care, University of Bristol, Bristol, UK
8School of Nursing, Midwifery and Social Work, University of Manchester, Manchester, UK
9University of Exeter Medical School, University of Exeter, Exeter, UK
10School of Social and Community Medicine, University of Bristol, Bristol, UK
11Clinical Trials Research Unit, University of Sheffield, Sheffield, UK
12York Trials Unit, University of York, York, UK

*Corresponding author

Declared competing interests of authors: David Richards reports grants from University of Exeter during the conduct of the study and is a member of the National Institute for Health Research Career Development Fellowship, Senior Research Fellowship and Transitional Research Fellowship Panel 2013 to the present.
Plain English summary

Depression is a common mental health problem. An effective talking treatment for depression is cognitive behaviour therapy (CBT). Computerised CBT (cCBT) is a more recently developed form of CBT that is delivered with help from a computer rather than a face-to-face therapist. Previous research indicates that the effectiveness of cCBT can be increased when it is supported with guidance delivered by telephone. We conducted a fair test of a freely available cCBT program [MoodGYM (National Institute for Mental Health Research, Australian National University, Canberra, ACT, Australia)] delivered in two different ways. In the first way, cCBT was delivered with minimal support, as offered in the UK NHS at the moment. In the second, the same cCBT program was delivered, but in conjunction with weekly telephone calls providing guidance delivered according to a manual (telephone-facilitated cCBT).

A total of 369 people with depression were allocated either (1) cCBT with minimal support or (2) telephone-facilitated cCBT. People recruited to the trial completed questionnaires about symptoms of depression, and general and mental well-being, at 4 and 12 months after the study started.

The telephone facilitation of the cCBT program resulted in additional reductions in depression severity in the short term, but we were no longer able to detect this effect at 12 months. The provision of telephone facilitation therefore increases the effectiveness of cCBT. We found that this enhancement of care was achieved at an acceptable cost and is likely to be good value for money for the NHS. When people with depression are offered cCBT, they should also be offered telephone support to increase the chances of deriving benefit.
Criteria for inclusion in the Health Technology Assessment journal

Reports are published in Health Technology Assessment (HTA) if (1) they have resulted from work for the HTA programme, and (2) they are of a sufficiently high scientific quality as assessed by the reviewers and editors.

Reviews in Health Technology Assessment are termed ‘systematic’ when the account of the search appraisal and synthesis methods (to minimise biases and random errors) would, in theory, permit the replication of the review by others.

HTA programme

The HTA programme, part of the National Institute for Health Research (NIHR), was set up in 1993. It produces high-quality research information on the effectiveness, costs and broader impact of health technologies for those who use, manage and provide care in the NHS. ‘Health technologies’ are broadly defined as all interventions used to promote health, prevent and treat disease, and improve rehabilitation and long-term care.

The journal is indexed in NHS Evidence via its abstracts included in MEDLINE and its Technology Assessment Reports inform National Institute for Health and Care Excellence (NICE) guidance. HTA research is also an important source of evidence for National Screening Committee (NSC) policy decisions.

For more information about the HTA programme please visit the website: http://www.nets.nihr.ac.uk/programmes/hta

This report

The research reported in this issue of the journal was funded by the HTA programme as project number 06/43/504. The contractual start date was in November 2013. The draft report began editorial review in July 2015 and was accepted for publication in February 2016. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors’ report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health.

© Queen’s Printer and Controller of HMSO 2016. This work was produced by Brabyn et al. under the terms of a commissioning contract issued by the Secretary of State for Health. This issue may be freely reproduced for the purposes of private research and study and extracts (or indeed, the full report) may be included in professional journals provided that suitable acknowledgement is made and the reproduction is not associated with any form of advertising. Applications for commercial reproduction should be addressed to: NIHR Journals Library, National Institute for Health Research, Evaluation, Trials and Studies Coordinating Centre, Alpha House, University of Southampton Science Park, Southampton SO16 7NS, UK.

Published by the NIHR Journals Library (www.journalslibrary.nihr.ac.uk), produced by Prepress Projects Ltd, Perth, Scotland (www.prepress-projects.co.uk).
**Health Technology Assessment Editor-in-Chief**

**Professor Hywel Williams** Director, HTA Programme, UK and Foundation Professor and Co-Director of the Centre of Evidence-Based Dermatology, University of Nottingham, UK

**NIHR Journals Library Editor-in-Chief**

**Professor Tom Walley** Director, NIHR Evaluation, Trials and Studies and Director of the EME Programme, UK

**NIHR Journals Library Editors**

**Professor Ken Stein** Chair of HTA Editorial Board and Professor of Public Health, University of Exeter Medical School, UK

**Professor Andree Le May** Chair of NIHR Journals Library Editorial Group (EME, HS&DR, PGfAR, PHR journals)

**Dr Martin Ashton-Key** Consultant in Public Health Medicine/Consultant Advisor, NETSCC, UK

**Professor Matthias Beck** Chair in Public Sector Management and Subject Leader (Management Group), Queen's University Management School, Queen's University Belfast, UK

**Professor Aileen Clarke** Professor of Public Health and Health Services Research, Warwick Medical School, University of Warwick, UK

**Dr Tessa Crilly** Director, Crystal Blue Consulting Ltd, UK

**Dr Eugenia Cronin** Senior Scientific Advisor, Wessex Institute, UK

**Ms Tara Lamont** Scientific Advisor, NETSCC, UK

**Professor William McGuire** Professor of Child Health, Hull York Medical School, University of York, UK

**Professor Geoffrey Meads** Professor of Health Sciences Research, Health and Wellbeing Research Group, University of Winchester, UK

**Professor John Norrie** Chair in Medical Statistics, University of Edinburgh, UK

**Professor John Powell** Consultant Clinical Adviser, National Institute for Health and Care Excellence (NICE), UK

**Professor James Raftery** Professor of Health Technology Assessment, Wessex Institute, Faculty of Medicine, University of Southampton, UK

**Dr Rob Riemsma** Reviews Manager, Kleijnen Systematic Reviews Ltd, UK

**Professor Helen Roberts** Professor of Child Health Research, UCL Institute of Child Health, UK

**Professor Jonathan Ross** Professor of Sexual Health and HIV, University Hospital Birmingham, UK

**Professor Helen Snooks** Professor of Health Services Research, Institute of Life Science, College of Medicine, Swansea University, UK

**Professor Jim Thornton** Professor of Obstetrics and Gynaecology, Faculty of Medicine and Health Sciences, University of Nottingham, UK

**Professor Martin Underwood** Director, Warwick Clinical Trials Unit, Warwick Medical School, University of Warwick, UK

Please visit the website for a list of members of the NIHR Journals Library Board: www.journalslibrary.nihr.ac.uk/about/editors

**Editorial contact:** nihredit@southampton.ac.uk