

# FROM BPI TO eBPI

## Digital Support and Intervention For Depressed/Anxious Adolescents

Ian M Goodyer

Department of Psychiatry  
University of Cambridge

# Declarations

Co-Director of CambridgeBPI Limited

CambridgeBPI Ltd Receives Fees for Teaching BPI

Receives Grant Funds From NIHR For Research Purposes

# Youth depression and anxiety are on the rise

1 in 10 Adolescents in the UK suffer from Depression/Anxiety

54% increase in rates of Mental Health Problems in UK youth 2017-2021

Only 30%-50% treated(UK), even less worldwide

166 million cases worldwide

50-70% untreated youth has significant socio- economic costs  
Family, education, peer and future productive life, employment chances are harmed



# High demand, low supply: NHS MH services

NHS 2020-2023: 20% increase in staff but a 53% increase in referrals to CYPMHS\*

- ❑ Wait list times for treatment: 29-49 weeks (worse, worldwide)
- ❑ ~300,000 children, young people on wait lists in England!
- ❑ Huge welfare and economic costs accruing to nations due to unmet/untreated need

## Reducing wait list a top priority for NHS

Cannot be achieved by work force  
Not available and unaffordable.



\* Children and young peoples mental health services

# Psychotherapy For Youth : Active Ingredients Can Effect Change

Digital intervention should capitalize on existing effective content  
Change the vehicle retain the content

- (i) Behaviours and activities;
- (ii) Beliefs and knowledge;
- (iii) Brain/body functions;
- (iv) Cognitive and attentional skills
- (v) Human connections
- (vi) Socioeconomic factors

Multiple elements  
In all therapies

27 active ingredients  
Small effects for each

CBT  
Short-Term Psychoanalytic  
BPI  
(SSRIs )

Equivalence between Interventions

There are likely common mechanisms for change across all therapies  
Different active ingredients used in distinctive treatments but with same effects on outcome  
They may work on different elements of an abnormal mental state to achieve equifinality

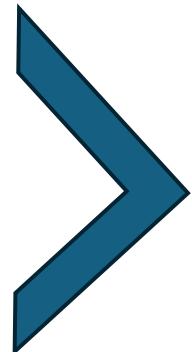
Current Reports suggest CYPMHS is low on clinical effectiveness (STADIA study)

# The Answer: Rapid Access Support Through Digital BPI

Brief Psychosocial Intervention (BPI)  
NICE Approved Treatment (face to face)

Clinical Benefits

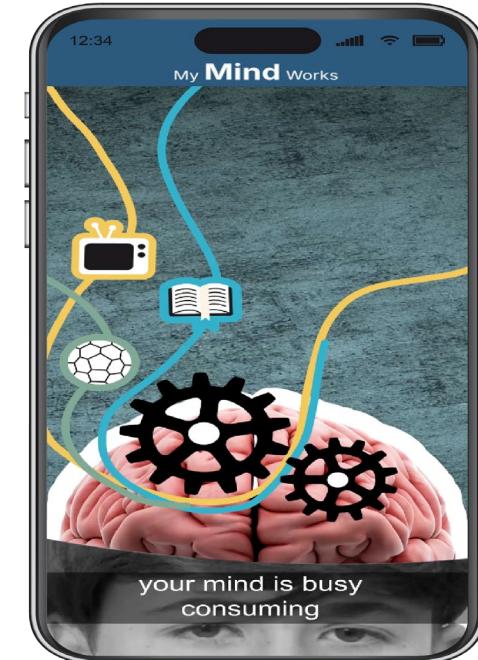
- Within 6 weeks
- Continues 12 months post treatment
- <5% service return rate
- From face to face to (waitlist) digital support
- Content Continuity - Changed Delivery Vehicle
- From BPI to eBPI



Digital Translation of BPI

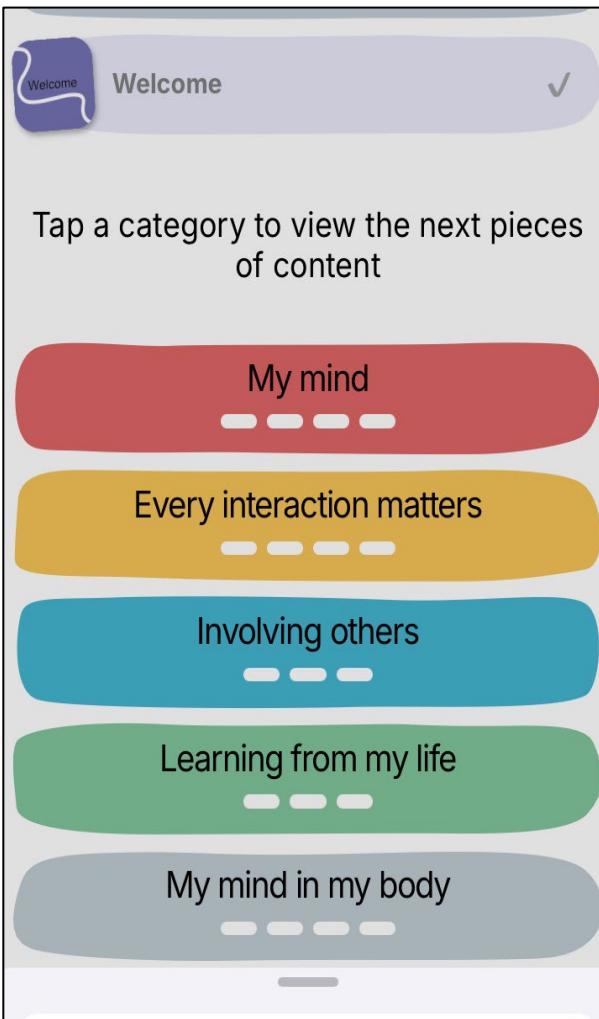
Delivering

- Mentalising knowledge
- Social Prescribing
- Ongoing Learning
- No limits on revisiting sections
- Self administered over 8 weeks
- Reductions in poor mental health

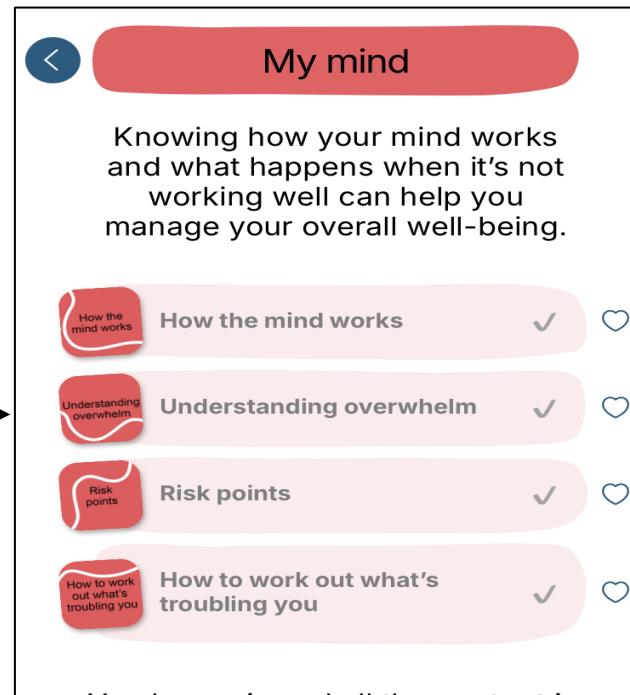


# eBPI Structure

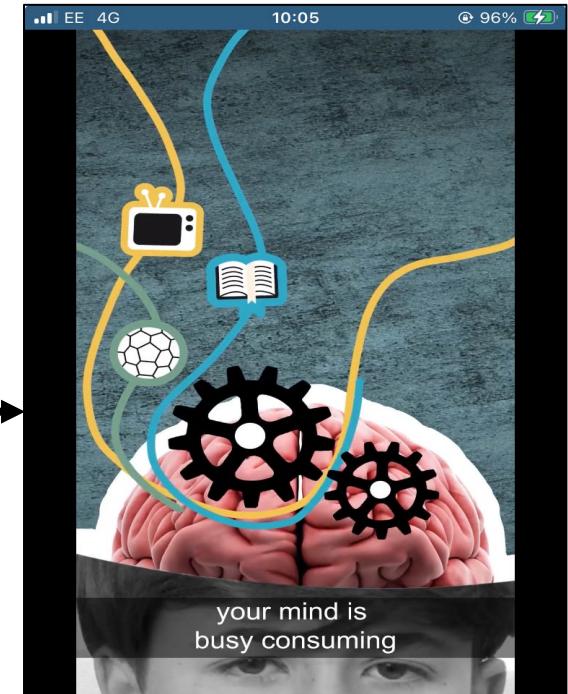
5 modules each with 3 or 4 episodes



This Module has Four episodes



How The Mind Works Episode



Self Administered and controlled by the user.  
Scrolling back and forth as they wish.  
Use as many times and for as long as the user wants for 6 weeks.  
Educative , informative, learning healthy habits, socialising and being in the external environment. 21 active components

## Production and Product Testing of eBPI

