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1. Introduction

The costs of mental health problems are amongst the highest in healthcare in the UK, estimated at around £105 billion (Department of Health, 2011). The social costs of depression and poor mental health are also high (Shaw and Taplin, 2007). Current governmental health policy emphasises the importance of information provision, a life course approach and building resilience to tackle mental health problems (Department of Health, 2011). Common estimates note that around 90% of all those with mental health problems only receive treatment in primary care (Reeves and Stace, 2005). Bibliotherapy is one important strategy that can contribute to improving the outcomes of mental health treatment in primary care. Bibliotherapy is a form of therapeutic interaction with either fiction and poetry (imaginative literature) or self-help informational texts. It is typically used as a supportive intervention for people with mental health problems like depression. Bibliotherapy schemes in the UK are typically run in partnership between public library services and health care providers and surveys reveal that information professionals play a significant role in leading and managing the schemes (Hicks et al, 2010).

Although a large number of models of bibliotherapy exist, in the UK one model has come to be particularly influential – the Books on Prescription model (Frude, 2004a). Since its inception as a pilot scheme in 2003, the Books on Prescription model has grown rapidly. Recent estimates suggest that there are around one hundred schemes currently in operation, making it the most widely used model of bibliotherapy in the UK (Hicks et al, 2010). The Books on Prescription model was also implemented across Wales as a flagship initiative known as Book Prescription Wales (BPW) in 2005 (Frude, 2008a). This paper addresses the question of how this scheme has come to be so widely adopted.

The importance of the provision of evidence-based interventions has been a key element of health care policy and practice over the past decade. Evidence-based practice (EBP) is also influential in other sectors including LIS. EBP has been defined as ‘the retrieval of rigorous and reliable evidence to inform clinical decision making’ (Booth and Brice, 2003: 2). The

prominence of the discourse of EBP in policy thinking could lead to an expectation that the dominance of the Books on Prescription model of bibliotherapy would be strictly based on evidence. Yet the facts are rather more complex.

While Books on Prescription is often presented as an evidence-based solution to the problem of providing accessible mental health treatment, the evidence base is not conclusive, and is applied to the model selectively (Frude, 2004b). Thus there is high-quality evidence for providing guided self-help bibliotherapy for several mental health conditions, but in the case of Books on Prescription the evidence is extrapolated to presume that a non-guided model of self-help can be applied to a diverse range of mental health conditions (Fanner and Urquhart, 2008; Gellatly et al, 2007). It is clear that Books on Prescription has therefore come to prominence for reasons other than the evidence base about its clinical effectiveness. The shift in healthcare towards providing patient-centred, personalised care has created tensions in policy making between EBP and patient choice. There is an awareness that professional expertise and patient perspectives are required to ensure that treatment is successful, and that while EBP is a useful tool for assessing effectiveness, it is not the only tool that should be used. Thus there is emerging a complex debate about the precise relationship between the evidence base and health care policy (Shaw, 2010). This paper seeks to contribute to that debate by examining the process by which Books on Prescription is justified and how it has come to be widely accepted without a conclusive evidence base.

This paper addresses the question of how far the Books on Prescription model can be seen as evidence based and how weaknesses in the evidence base are overcome ensuring that it emerges as a dominant model of bibliotherapy as mental health care. To do so it presents an analysis of the process of policy creation, exploring the reasons that the Books on Prescription model has been adopted in preference to alternative constructions of bibliotherapy as mental health treatment. The paper focuses on the arguments presented by those implementing the initial bibliotherapy scheme, emphasising the way that the evidence itself is applied ‘strategically or symbolically’ to support the introduction of bibliotherapy and its legitimisation within health care policy (Juntti et al, 2009).

The study uses an Actor Network Theory (ANT) approach to examine how the use of self-help books was translated from an informal practice into a national primary-care scheme. ANT is a particularly suitable method of analysis as it can be used to examine longitudinal

shifts in policy and practice (Sarker et al, 2006). ANT is ‘a guide to study how things, people, and ideas become connected’ (Cho et al., 2008:616). It can be used to question the concept that policy creation is a transparent and rational process, looking at factors that affect the implementation of a scheme and exploring how networks emerge and are sustained by the actors in them.

The paper is set out as follows; firstly it reviews the research literature on self-help bibliotherapy, before outlining ANT – the theoretical perspective used throughout data collection and analysis – and discussing methods used to collect the data. The paper will focus on the introduction of the initial Cardiff pilot, and the resulting BPW scheme. The findings from the study, framed using the ANT concepts of problematisation, interessement, enrolment and irreversibility will then be presented, followed by a discussion of the implications of allowing policy to drive self-help bibliotherapy schemes. Finally the outcome of the analysis is presented, emphasising that BPW is legitimised by drawing on key institutional agendas and not simply the evidence base suggested, which has potential repercussions for patients.

2. Bibliotherapy as a psychological therapy

The purpose of this section is to briefly outline and define bibliotherapy, exploring the prescription model before highlighting several key issues for the current delivery of bibliotherapy in the Books on Prescription model. These key issues can be defined as the model of delivery of services; the ‘class argument;’ the use of bibliotherapy for different psychological conditions; literacy; and the relation of the use of self-help to the resources available within the healthcare service (Richardson et al, 2008).

Firstly, there is a need to define bibliotherapy in its current context. One of the main misconceptions about bibliotherapy is that it is a new phenomenon (Tivnan and Curzon, 2008). While the delivery of formal schemes in public libraries has developed over the past ten years, the concepts behind the schemes have a much longer history (Fanner and Urquhart, 2008: 244-5). There are also a number of different definitions of bibliotherapy (Brewster, 2007). Some scholars choose to regard work with fiction and imaginative literature as a form of bibliotherapy; others include computer-based and audio resources within their definition (Bennett-Levy et al., 2010; Duffy et al., 2009; Marrs, 1995). Although there are arguments for including a variety of resources within definitions of bibliotherapy, research suggests that

using fiction or multimedia – rather than the self-help books discussed here – raise different issues for patients (Brewster, forthcoming).

For the purposes of this article, bibliotherapy will be defined as the use of self-help books predominantly based on cognitive behavioural therapy (CBT) techniques to help people with mental health problems like depression (Frude, 2004a). The model focuses on a list of books collated by a number of mental health professionals. The list is based on professional recommendations and selected according to categories recognised as common mental health problems (Frude, 2004a). It is designed to capture aspects of the expertise of psychiatrists, counsellors and psychologists and deliver advice in a primary care general practice setting. The scheme is usually run in partnership between the public library and the National Health Service (NHS), with the public library holding the collection of recommended books, and general practitioners (GPs) prescribing a specific book to a patient they feel could benefit from the techniques and information in the book (Frude, 2004a). The patient takes the prescription to the public library, in the same way that a prescription for medication is taken to the pharmacy. Surveys have revealed that psychotherapists informally recommend self-help books to some patients, but this informal recommendation differs from the standard application of the Books on Prescription model (MacLeod et al., 2009).

While the effectiveness of self-help bibliotherapy has been researched in randomised controlled trials (RCTs), its application in practice has been neglected. Chamberlain et al (2008: 29) note the benefits of bibliotherapy and conclude that ‘there is a wealth of evidence that supports the delivery of bibliotherapy for a host of mental health disorders.’ This evidence investigates the effectiveness of self-help bibliotherapy, and does not examine appropriate methods of delivering bibliotherapy. For purposes of this paper, the term ‘delivery’ is used to refer to physical access to the texts, focused on the requirement in the BPW model for the patient to go to the public library to borrow the title. The addition of this step within the prescription model differs from previous RCTs in which patients were given the titles they were asked to read, meaning that issues such as motivation to visit the library were not taken into consideration. Systematic reviews synthesising the results of RCTs have found that bibliotherapy is most effective when used with volunteers rather than a wider sample of the clinical population (Fanner and Urquhart, 2008). This increased success with those who volunteer to undergo treatment, rather than those who are referred to it by medical

professionals, suggests that personal motivation may have an impact on the effectiveness of the intervention.

There is a considerable body of research on the effectiveness of self-help bibliotherapy for some mental health conditions, mainly for mild to moderate depression and anxiety. Important systematic reviews and meta-analyses include Marrs (1995); Cuijpers (1997); Gregory et al. (2004); Gellatly et al (2007); and Fanner and Urquhart (2008). These studies state that there are arguments for using bibliotherapy in psychological therapy, with some caveats, namely that previous trials have had limited sample sizes; greater success with volunteers than referred patients; and the amount of 'guidance' provided by mental health professionals can affect the perceived effectiveness of the treatment. The National Institute for Health and Clinical Excellence (NICE) has assessed the evidence base on self-help bibliotherapy and concluded that there is an argument for recommending the use of guided self-help as part of a stepped-care model for depression, anxiety and bulimia nervosa (NICE, 2004a; NICE, 2004b; NICE, 2009a). NICE also concludes that self-help therapies are highly cost-effective (NICE, 2004c; NICE, 2009b). Therefore, there is evidence for recommending self-help bibliotherapy under appropriate conditions.

While self-help bibliotherapy has been established as an appropriate model, this does not address the question of the specific resources to be used. The 'class argument' was formulated following NICE's decision that while the effectiveness of one computerised CBT (cCBT) resource had been established, this did not mean that all cCBT resources could also be regarded as effective (Richardson et al., 2008). Richardson et al's (2008: 544) review also states that 'results from trials of one self-help product can only be generalised if all self-help manuals and materials are regarded as a single class of product.' RCTs examining self-help resources typically test materials that are unpublished sources of self-help and not commercially-available texts (Dysart-Gale, 2008). While some published texts have been the subject of RCTs, this is not the case with all the books on the BPW list (Floyd, 2003; Scott Richards et al., 2006). Thus the 'class argument' can be applied to state that it is inappropriate to generalise that one self-help book is of equal value to another (Richardson et al., 2008: 551). As the majority of the books in the BPW list have not been tested in RCTs, the 'class argument' challenges the assertion that these specific titles can be regarded as effective treatment.

Self-help bibliotherapy is not recommended by NICE for all mental health conditions, and the evidence to support its use for some conditions is limited. For example, the NICE guideline for Post-traumatic Stress Disorder (PTSD) states that a guided self-help approach *may* be useful for the condition, but that there needs to be further investigation of the evidence (NICE, 2005). Previous trials utilising self-help books for PTSD have found that self help is not a useful approach or were too small-scale to be conclusive (Ehlers et al., 2003; Basoglu et al., 2009). Thus, the recognised evidence base for self-help bibliotherapy does not support its use in every mental health problem on the BPW list. Although there are some other conditions for which bibliotherapy can be seen to be effective – Fanner and Urquhart (2008) and Marrs (1995) give alcohol dependence and weight loss as examples – these issues are not on the BPW list.

Despite the limitations of the evidence base for the use of self-help bibliotherapy for some mental health problems like PTSD, Richardson et al. (2010: 68) conclude that there are number of reasons that the BPW model – with its focus on a wide range of conditions including PTSD, anger management, depression, low self-esteem and anxiety – has found popularity in the UK:

- the need to treat common psychological issues in primary care
- a lack of access to psychological therapies, despite increased funding
- a shift in government policy towards self-care, particularly for long-term conditions.

In Richards' (2004: 117) view, there is a conflict between the expectations of healthcare services, and the financial limitations faced by these organisations; 'without an emphasis on self-treatment, northern hemisphere state health services would never be able to deliver the health improvement goals they have set themselves.' The Books on Prescription model is cost effective, and also easy to administer. McKenna et al. (2010) discuss the 'structured, transparent and clear' nature of CBT, stating that it is highly suited to self-help bibliotherapy, and the recent focus on CBT-based treatments for mental health in the NHS helps to explain the popularity of these schemes (Holmes, 2002; Layard, 2006).

Recent studies raised some concerns about current self-help bibliotherapy practice. Several studies examining readability found that a high level of literacy was required to read CBT-based self-help books (Martinez et al., 2008; Richardson et al., 2010). One argument presented as a strength of Books on Prescription is that it is accessible to all. These recent studies undermine one key element of the application of the Books on Prescription model.

Notwithstanding these potential limitations, self-help bibliotherapy is still a preferred model. The following sections of this paper develop the concepts established in the literature, applying the arguments presented here to the specific case of BPW and examining how these arguments were overcome or sidelined in its rise as a preferred form of mental health treatment.

3. Theoretical concepts

Throughout this paper, the concept of ‘legitimising discourses’ is presented as an explanation for the rationale behind the introduction of a nationwide bibliotherapy scheme. Building on the work of discourse analysts like Wetherell, Taylor and Yates (2001a; 2001b), and Fairclough (2009), the term tries to capture the concept of the situated use of specific arguments to ensure that bibliotherapy is seen as a valid, acceptable solution. For example, the use of the language and position statement of EBP are used purposely as a rationale for adopting the scheme, though they may not be the most robust justification for its implementation.

Actor-Network Theory (ANT) provides a structure for analysis of situations, relationships and systems. It can be used as a framework to explore what have been referred to as ‘relational understandings of power’ and to investigate the role of non-human actors within a network (Juntti et al., 2009; Latour, 1988). As Cho et al (2008: 616) assert, there is ‘no unified body of knowledge’ concerned with ANT, and only the key concepts relevant for this article will be defined here. ANT aims to facilitate a greater understanding that is not centred on the agency of individual human subjects; it awards agency to organisations and objects, examining the active role that they can play in social interactions. These actors are also not defined by size; an organisation, such as the NHS, can be considered an actor and can interact with an individual person as another actor of equal importance to form a network (Sarker et al., 2006). Using ANT allowed the self-help books to be viewed as an active participant, and ensured that their role in the scheme was analysed appropriately.

Using ANT as a framework for analysis, the paper will examine how the network was created and maintained, and how the main actors enlisted others in the project. In ANT, these concepts are referred to as ‘moments of translation’ in which the network is created – for this paper, the key concepts of problematisation, interessement, enrolment and irreversibility are central to the analysis (Callon, 1986). These moments of translation are defined as:

- Problematisation, in which the ‘focal actor’ defines the object of concern and identifies proposed actors in the network.
- Interessement, or ensuring that all actors in the proposed network agree to take the roles formulated by the focal actor as a solution to the problem.
- Enrolment, which can be defined as strengthening the network via relating defined roles and connecting the agendas of different actors.
- Irreversibility, or the extent to which it is possible to go back to a situation similar to that before the network was formed.

Cho et al. (2008: 616) link these abstract concepts to a more process-orientated understanding, defining the aims of ANT as to understand ‘how people and objects are brought together in stable, heterogeneous networks of aligned interests... through processes of translation.’ Shaw’s (2010) work on analysing healthcare policy from a ‘policy-as-discourse’ perspective was also used to provide theoretical background. Instead of viewing policy as ‘a formal, rational process that can be planned in advance,’ policy-making decisions are located as ‘an emergent stream of social action’ (Shaw, 2010: 196). Juntti et al.’s (2009) criticisms of evidence-based policy provide a parallel to this analysis, examining the constructed nature of evidence itself, the politics of policy-making, and the operation of power.

4. Methods

A number of methods of data collection were used to examine the introduction of BPW. The BPW scheme is evaluated by health and library staff using statistical methods recording the numbers of books on the prescription list issued annually. As these statistics are considered integral to demonstrating the success of the scheme, this study also collected and analysed book issue statistics to demonstrate the negotiated impact of the introduction of the scheme. The Public Lending Right (PLR) database was used to locate the issue figures for each title on the list (Public Lending Right, 2010). The PLR figures do not provide a complete picture of self-help book borrowing, but they are designed to provide a representative sample from a population of library services (Parker, 2009).

The main mental health strategy for Wales, *Raising the Standard: The Revised Adult Mental Health National Service Framework and an Action Plan for Wales* (Welsh Assembly Government, 2005a), and overall Welsh health strategy *Designed for Life: Creating World*

Class Health and Social Care for Wales in the 21st Century (Welsh Assembly Government, 2005b) were used to examine the role BPW plays in healthcare policy. Patient information leaflets, entitled *Books Can Help* and *Book Prescription Wales Patient Leaflet* were examined to gain further understanding of the perspective presented to patients about what they should expect from the scheme (Welsh Assembly Government, 2005c; Welsh Assembly Government, 2005d). Two semi-structured interviews were conducted with representatives identified as being key actors in the scheme. Interviews lasted around 45 minutes each, and were audio-recorded and transcribed before analysis. To protect anonymity of participants, it is not appropriate to provide further demographic data. These interviews were used to clarify key points, predominantly concerned with the chronology of the introduction of BPW. Analysis of the interview transcripts was mapped onto ANT concepts to highlight moments of translation.

5. Findings

5.1 Problematization

The first stage of network formation is considered to be problematisation, in which the focal actors define the object of concern and identify other actors who could be recruited to the network (Callon, 1986). Viewed using an ANT framework, all actors had to be aligned with the focal actor's formulation of the problem; the solution he proposed (which was to form a network); and their role in the proposed network to enact the solution. The translation process was a two-stage one; first, the need for a solution to access to psychological therapies had to be translated into a local Books on Prescription scheme; then this model had to be re-conceptualised as a national initiative – BPW. For clarity, this process is presented in figure one.

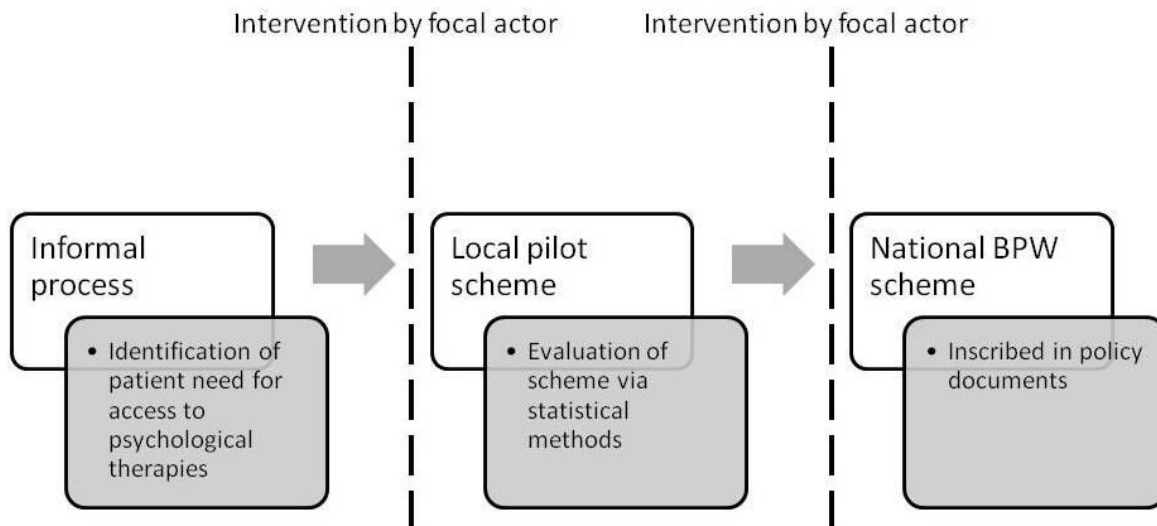


Figure one: BPW – a translation from informal practice to national healthcare policy

The scheme achieved wide acceptance, and as will be shown, this was not simply an outcome of EBP. The evidence-based ideology presented by healthcare services does not fully explain how certain treatments come to be accepted and others do not (Fitzgerald et al., 2003; Juntti et al., 2009; Morgan, 2010). The acceptance of BPW can be related to the current need for GPs to offer accessible and low-cost treatment. The use of evidence-based arguments is controversial because it legitimised a disregard for other relevant paradigms; in particular, patient perspectives are excluded.

The stated aim of Books on Prescription was to enable more people to access expert psychological therapy in primary care, without increasing demand on mental health services. The recommendation of a book fulfilled the need to access treatment options other than medication; and satisfied the expectations of both patient and healthcare professional. The acceptance of a need for bibliotherapy was the ‘obligatory passing point’ (OPP) through which all actors must pass, and reinforced the indispensability the focal actor (Callon, 1986:196).

The focal actor noticed a gap between the needs of patients, and the availability of psychotherapy services in his local area; *‘there was a waiting list of up to two years to see a psychologist and that was very frustrating. I thought there’s got to be something we can do to*

deliver these highly effective treatments to more people’ (Participant S1). The focal actor identified three elements to the problem, proposing BPW as a solution:

- a lack of expertise in treating mental health conditions in primary care
- a need for access to evidence-based treatments other than medication
- barriers for patients wishing to access psychotherapy by referral from general practice including waiting lists and limited resources.

The focal actor identified ‘a problem about which something can and ought to be done’ (Baachi, quoted in Shaw, 2010: 200). As Shaw (2010: 201) states, such “problems” are ‘never innocent, but are framed within policy proposals with power playing an integral role in the policy creation process.’ Having identified a problem, the focal actor formulated a solution: that the psychological expertise contained in self-help texts might provide adequate treatment for mild to moderate mental health conditions.

Patients did not need to be referred to mental health services to enable them to access these texts – but primary-care physicians would need to be aware of the high-quality resources recommended. There needed to be a ‘cascading of expertise’ from mental health services to primary care (Welsh Assembly Government, 2005c: 4). However this implies that such expertise can be successfully transposed from mental health professionals to those in primary care. It also conflicts with notions of an evidence-based scheme, relying on professional expertise rather than evidence and creating ‘localised understandings based on practical experience’ (Juntti et al., 2009).

Building on the argument proposed by the focal actor, the solution of a list of books recommended for different mental health conditions was proposed. The need for access to these texts, which could be expensive to purchase for individuals, also needed to be addressed. The purchase of books to give to patients in GPs’ surgeries would have required a significant increase in financial support for BPW; hence, a system of lending the books to patients was formulated. The ‘existing service infrastructure’ of the public library was to be used as a node in the network, to provide access books to the local population for free (Welsh Assembly Government, 2005e).

In order to establish the network, a number of actors needed to accept that the focal actor’s translation of the problem would result in a feasible solution. This process is represented in figure two. These actors were:

- Psychiatrists, who needed to agree that self-help books would be useful to patients. Their acceptance of the problematisation rested on their recognition of the importance of quality resources which would ease the demand on services and enable them to meet targets concerned with waiting lists, without removing their role as experts in the field.
- GPs, who were essential for administering the scheme by prescription and enrolling patients into the scheme. They needed to acknowledge the potential issues with referral to mental health services, and that self-help books might be an appropriate alternative. There is some anecdotal evidence that this practice has already been adopted by some GPs (Brewster, forthcoming).
- Patients needed to hold the same beliefs about the appropriate for mental health problems as their GP. Research suggests that this is not always the case (Churchill et al., 2000; Jorm et al., 1997). They needed to regard psychotherapy as a possible treatment but to accept that it was not suitable for them because of long waiting times; and that self-help was a suitable alternative treatment.
- Librarians, who were responsible for administering the book stock, needed to accept the expertise of psychotherapists over their own expertise in selecting resources and to see the thirty-three books on the initial list as valid and relevant. They also needed to accept the benefits of joining a network predominantly focused on meeting NHS aims. The benefits of the network were promoted to the library service as an increase in book issue and visitor figures, access to a socially-excluded audience and a prestige, funded partnership scheme

- Books, which needed to be available to buy for the library. The books needed to be low cost, and accessible to patients – both physically in terms of availability and including materials for those with low literacy. Of the focal actors listed above, books are excluded from figure two as they did not have an obstacle-problem to be overcome within the network; instead they were part of the solution, or the OPP in the diagram.

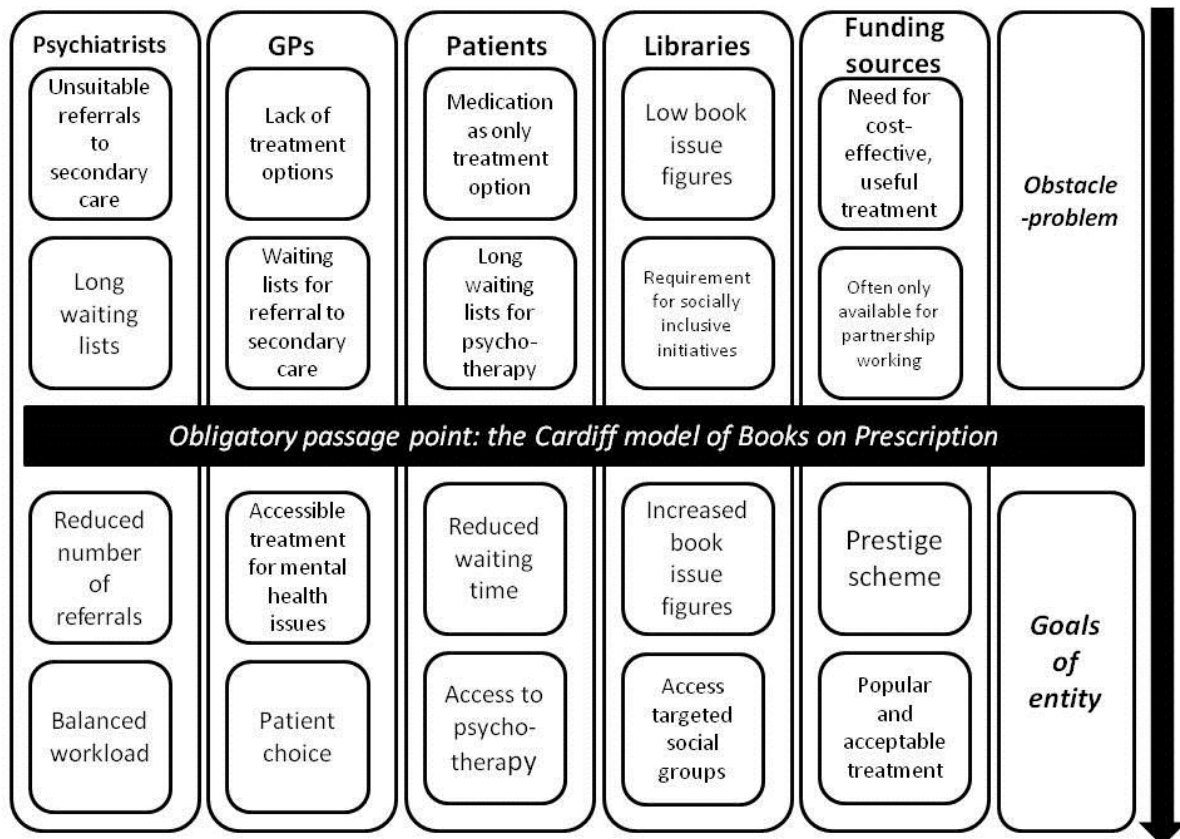


Figure two: from obstacle-problem to solution, via the obligatory passage point of the Cardiff model of Books on Prescription (adapted with permission from Callon, 1986)

The focal actor's argument was that if the treatment need was to be met in a cost-effective manner, bibliotherapy delivered by GPs and libraries must be used and would benefit all actors in the network (Frude, 2008b). The simplicity of Books on Prescription was a selling point of the scheme. Moreover, the essential elements of the scheme were already in existence; it was a question of 'joining the dots' together to create BPW; 'if somebody went to their GP and they got a prescription for a book which they would perhaps pick up from the library – but obviously the library would need to make sure it stocked the appropriate books, and the GPs would need to know about the list of books. So it needed really no new elements;

there were the libraries, there were the GPs, there were the books. It just needed them to be threaded together into a system' (S-1). Consequently, acceptance of the solution of the BPW model was achieved, and was seen as the most feasible solution to the multiple problems defined in access to psychological treatment.

5.2 *Interessement*

Interessement is defined here as an acceptance of network roles by all actors (Callon, 1986). There were several challenges during the interessement process, but the focal actor used EBP and healthcare policy to reinforce his argument that the scheme was viable. Relevant UK healthcare policy included the report *Better Information, Better Choices, Better Health*, which argues that patients need to take responsibility for their own treatment, with the role of the health service as the provider of information (Department of Health, 2004). The Welsh Assembly Government, supporters of BPW, subsequently observed that; 'the scheme provides an excellent example of how patients can be encouraged and empowered to manage their own health care' (Welsh Assembly Government, 2005e: 4). The Patient Choice agenda (Department of Health, 2007) was also appropriated to emphasise the provision of treatment choice by BPW; 'this is an alternative treatment option that can be used to support existing psychotherapeutic services giving greater patient choice and empowerment' (Welsh Assembly Government, 2005a).

Throughout the interessement process, the focal actor stabilised the identity of actors in the network via a number of translations; these translations included constructions of:

- Self-help books as accessible to all
- Libraries performing the role of pharmacies
- Prescription models as familiar to patients
- Geographical variation in care as unacceptable
- Cost-effective care as ideal
- Patients as responsible for their own self-management
- EBP as a legitimisation for treatment

(Frude, 2004a; Frude, 2004b; Welsh Assembly Government, 2005a; Welsh Assembly Government, 2005d; Welsh Assembly Government, 2005e).

At this stage in the translation process, the focal actor's definition of the accessibility of self-help books was linked to a construction of the ideal patient, who would view the CBT-based self-help text as '*a gardening manual or a recipe book*' (S-1) thus positioning themselves as

'somebody who is used to the notion of a manual to actually follow, to do car repairs or something' (S-1). The simplicity of this step-by-step approach positioned patients as responsible for the success of their own treatment.

The scheme was constructed by the focal actor in such a way that the question of whether or not the books were an effective treatment was not addressed; *'we know that bibliotherapy works; we know that many of the books have been tested in randomised controlled trials type things. We know that that bibliotherapy is very, very powerful but I think it's then a sort of act of faith to say if it works in America it's going to work in Wales'* (S-1, emphasis added). Acceptance of the scheme therefore rested on the belief in a strong, defined evidence base. As discussed above, this evidence base is only applicable in some situations; it does not necessarily reflect the conditions defined as suitable for treatment by the scheme. The 'act of faith' argument posited above is vital for acceptance of the scheme, with an interpretation of the evidence base as 'strong' as being more important than the evidence base itself. Thus, 'evidence is often used strategically or symbolically' (Juntti et al., 2009). Faith in the interchangeable nature of self-help books was also undermined by the class argument presented earlier, which concluded that 'the results of trials generated by one book... cannot be generalised to others' (Richardson et al., 2008: 551). Many of the books in the BPW list have not been tested in RCTs, challenging the assertion that a simple 'act of faith' provides evidence of effectiveness.

Thus, interessement established BPW as a network, despite the weaknesses of the model. As Brown (2009: 23) states, running a bibliotherapy scheme 'demands ambitious and creative partnerships between government, libraries, and the health service.' The arguments presented here appreciate that there needed to be agreement from all partners that the BPW scheme would be acceptable and fulfil their aims and needs. To achieve this, there needed to be recognition of key benefits of BPW over other possible solutions. Only then could the translation from a local pilot to a national mental health care solution occur. Translation was predominantly achieved using two methods to ensure the advantages were recognised; a linking of the aims of the scheme to key national agendas, and the use of statistics. It is to these methods of enrolment that this article now turns.

5.3 Enrolment: policy documents

Raising the Standard (Welsh Assembly Government, 2005a) lays out some of the key national agendas creating conditions in which BPW could flourish at a national level. It presents eight standards for improving mental health care in Wales. Those relevant to the introduction of the BPW scheme include ‘social inclusion, health promotion and tackling stigma’ and ‘delivering effective, comprehensive and responsive services.’ BPW can be seen as being implemented in response to a construction of NHS Wales as a provider of cost-effective, accessible, evidenced-based treatment.

Raising the Standard (Welsh Assembly Government, 2005a) sets out targets and standards for Wales, and BPW is a vital component in services provided to meet these targets. For example, a key target is for ‘all patients... who are assessed to require access to evidence-based psychological therapies will commence therapy within three months of assessment’ (Robinson, 2008). The availability of BPW in every library in Wales provides access to a form of treatment that facilitates the achievement of this goal and reduces waiting lists for psychotherapeutic treatment, which may undermine set targets, and reduces the number of patients initially referred to these services. Locating mental health treatment in primary care and ensuring its recognition as EBP enables a three month waiting time target to be achieved.

Designed for Life (Welsh Assembly Government, 2005b: 28) reinforces a focus on the changing nature of services, stating that ‘Mental Health Services will be remodelled over the three years to strengthen primary care.’ Situating BPW as a joint primary care/public library project supports a proposed shift away from referral to psychotherapeutic services for mild to moderate conditions. However, in an ANT framework, ‘policy is seen as a process of incremental decision making, or ‘muddling through’... that involves negotiation across multiple perspectives’ (Shaw, 2010: 200). As *Raising the Standard* (Welsh Assembly Government, 2005a: 6, emphasis added) states: ‘services need to ensure timely delivery of evidence-based interventions... such a cultural shift will require a change in... expectations of *where*, *when* and *how* services are delivered.’ Taken in the context of Shaw’s (2010) work, this statement can be seen as evidence of emergent strategy; this emergent strategy means that BPW becomes a solution to problems not previously defined. If BPW is accepted as an evidence-based intervention, its advantages are:

- it is instantly accessible;

- it focuses on changing behaviour that will be reflected in a treatment outcome (a key priority for healthcare providers hoping to reduce demand on mental health services);
- it provides an innovative solution to service location and delivery.

Raising the Standard (Welsh Assembly Government, 2005a) promotes the intention of the Welsh mental health care to ‘improve the collaboration between existing services. These system developments require little or no additional financial investment.’ Indeed, Key Action One in the document focuses on ‘strengthen[ing] inter-authority/ agency arrangements... [in order to] foster the development of life-skills’ (Welsh Assembly Government, 2005a: 10). BPW fulfils several distinct aims in service provision that are not fulfilled by the prescription of medication or referral to psychotherapeutic services with its focus on partnership working and providing advice.

Concepts behind BPW mean it is positioned as providing treatment within a holistic construction of mental health. As *Raising the Standard* (Welsh Assembly Government, 2005a: 36) states: ‘*our strategy and NSF [national service framework] have taken us from a purely illness, disease and treatment approach to one that makes the links between good mental health, poor mental health and the quality of life of individuals and communities. Improving the quality of people’s lives is at the heart of this strategy*’. As CBT and thus BPW concentrates on changing patterns of thought and behaviour, it is directly focused on this ‘improved quality of life’ argument.

The centrality of arguments about EBP to the acceptance of BPW were reinforced throughout analysis. While healthcare in Wales is a devolved subject, there is still an obligation to subscribe to the NICE clinical guidance that forms the basis of NHS policy in England. As stated, NICE recommend the use of guided self-help treatments for certain conditions (NICE, 2004a; NICE, 2004b; NICE, 2004c). Evidence from NICE was used by those championing BPW to support the appropriateness of the scheme (Frude, 2005). The importance of evidence from NICE was discussed in interviews: ‘*the National Institute for Clinical Excellence published guidelines on treatment for anxiety and depression and eating disorders, and in all of these they suggested that bibliotherapy was something to be considered... that GPs should consider books before considering medication*’ (S-1). The prescriber information booklet (Welsh Assembly Government, 2005d) also highlights the importance of the NICE evidence base, mentioning it on no fewer than three occasions

throughout the booklet, with comments like ‘NICE recommends bibliotherapy as an appropriate first active treatment strategy.’

One interview participant linked this back to the BPW model, and the appropriateness of using book prescription in its current format; *‘the problem was that while NICE said the high-quality books are really the ones to go for, they didn’t actually point out any books. So the GP who wanted to follow NICE guidelines couldn’t actually do it. With drugs they’re told ‘this drug’s good, that drug’s bad’, but with books they weren’t told’* (S-1). Consequently, GPs and health professionals were enrolled in the network by the suggestion that to do so would mean they were following nationally recommended, evidence-based guidance. Nevertheless, as explored here, although self-help bibliotherapy is recommended, specific titles are not, and instead a reliance on clinical expertise replaces clinical evidence.

5.4 Enrolment: statistics

Enrolment of medical professionals, librarians, and funders in the BPW network was also negotiated using statistics. Library services typically consider book issue figures to be an appropriate measure of the success of an initiative (Fanner and Urquhart, 2008; Porter et al., 2008). A higher number of books issued was taken to represent lower demand for psychiatric services, leading to reduced waiting lists, perceived as a benefit for healthcare professionals. BPW statistics are thus taken to illustrate the legitimisation of BPW as demonstrably achieving its aims of reduced demands on psychological services and enabling access to expert psychological therapies.

These book issue figures do not represent the effectiveness of the books as treatment – or even whether or not the books were read by those who borrowed them – but these statistics do perform a function within the network of self-help book prescription. This quantification can be said to perform as a ‘calculative lingua franca’ (Callon and Law, 2005: 724) in a scheme in which there is partnership working between groups with different agendas, requiring different outcomes. The importance of using a statistical approach was reinforced in interviews, with one participant stating that *‘our statistics are mainly based on what books are being borrowed’* (S-2). The value placed on the scheme directly relates to figures showing how many people had used the scheme.

The PLR database is used within this study to examine the impact of the introduction of BPW on book issue figures in public libraries. Table one shows the number of books on the Books on Prescription list issued in Cardiff libraries before and after the introduction of the scheme. It demonstrates the dramatic rise in issue figures that was used as evidence when considering the funding for BPW. While the increase in issue figures reflects a rise in the number of copies of the books available, it was also used to claim that usage has increased and the scheme meets a concrete, previously unmet need.

Table one: Books on Prescription list books issued in Cardiff 2000-2004

<i>Year</i>	<i>Total number of Prescription list book issues in Cardiff</i>
2000-1	84
2001-2	98
2002-3 [Books on Prescription introduced, 2003]	1113
2003-4	3704

Table two presents the data illustrating categories of books borrowed as part of the scheme in Wales as a whole in 2004-2008. As the figures show, BPW was introduced in 2005, dramatically increasing the number of books on each subject issued. Figures in bold represent the most borrowed categories in each year; books about anxiety, depression, panic and self-esteem make up the bulk of titles borrowed.

Table two: categories of BPW list books issued in Wales 2004-8

<i>Category of title, according to the BPW list</i>	<i>2004-5</i>	<i>2005-6</i>	<i>2006-7</i>	<i>2007-8</i>
Anger	23	278	329	249
Anorexia	7	67	66	90
Anxiety	2	351	458	472
Assertiveness	11	150	131	103
Bereavement	0	107	132	131
Bulimia/ binge eating	3	184	129	120
Depression	37	1012	1204	890
Head injury	5	31	26	20
Health anxiety	0	9	32	10
Manic depression	7	130	115	88
Obsessions	3	361	304	309
Panic	37	350	435	380
PTSD	3	136	142	104

Self-esteem	27	500	574	544
Sexual abuse	15	164	132	100
Social anxiety	19	177	158	127
Stress	0	347	443	296
Worry	9	185	183	144
<i>Total book issue figures for the year</i>	208	4539	4993	4177

Note: BPW was introduced in 2005

While this usage reflects the epidemiology of mental health issues, the categorisation can also be said to reflect the needs of service providers, rather than the evidence base, with books for self-esteem, panic, obsessions, and stress – conditions for which bibliotherapy has not been trialled, or not been established according to NICE criteria as evidence based – forming a significant proportion of those issued. The evaluation of the BPW scheme by Porter *et al* (2006) revealed that BPW was being used to fill in gaps in treatment programmes where it may not have been appropriate to do so. In the case of anger management, it was felt that there were a large number of referrals to BPW for books about anger because of a lack of other treatment options (Porter et al., 2006: 40). However, it is important to recognise that some categories within the BPW list could be regarded as addressing specific symptoms of conditions like depression and anxiety. Low self-esteem, for example, can be a symptom of depression, and panic attacks are often a symptom of underlying problems with anxiety.

These book issue statistics are used by actors in the network to represent all patients with mild-to-moderate mental health difficulties. From Mol's (2008) perspective, this reduction of a person's presumed successful treatment to a number indicates an agreed translation from a point at which a person is deemed 'ill' to one where they are considered 'well'. For BPW a substitution is made, deferring the question of recovery from illness by representing this recovery as the loan of a recommended text. In this way, patients are provided with a role in the network that does not enable them to speak about their experiences. They are silenced by other actors in the network, as the capturing of the patients' perspective is replaced by the book issue statistics given here. The patients' perspective is translated into a set of numbers which can be used to mobilise and maintain the network. Through the use of these statistics; 'the enrolment is transformed into active support' and can be easily represented in the format of graphs and diagrams demonstrating impact (Callon, 1986: 218). The use of issue statistics

is key to the argument presented by the focal actor; statistics speak for the librarians, patients and books; and all have achieved their aims as defined by the focal actor.

5.5 Irreversibility

BPW is legitimised by drawing on key institutional agendas including cost-effectiveness and reduced waiting times for treatment. These key agendas bypass the need for further evidence – for example, experiences of patients utilising the scheme. In this way, ‘a constraining network of relationships has been built. But this consensus and the alliances which it implies can be contested at any moment’ (Callon, 1986: 218-9).

Callon’s (1986: 196) final stage in the translation process is that of ‘irreversibility’. This can be defined as ‘the degree to which is subsequently impossible to go back to a point where alternative possibilities exist’ (Cho et al., 2008: 617). From the arguments presented here, it appears that this point has not been reached in the case of BPW. As Callon (1986: 196) asserts, ‘translation is a process, never a completed accomplishment, and it may... fail.’ In the case of BPW, the network is under constant pressure from realigned governmental agendas such as those accompanying a change of elected parliament and the re-structuring of health services. There are a number of barriers that may impact on use of the scheme, discussed earlier in the article, which may cause the network to break up. The readability of the texts may undermine the strength of the network, as the books themselves have had their accessibility (and thus role in the network) redefined by subsequent studies (Martinez et al., 2008). Issues of patient motivation also need to be taken into account when considering the stability of the network. The symptoms of conditions like depression include: reduced energy; decreased activity; reduced concentration; and difficulty carrying out ordinary activities (World Health Organisation, 2007). Thus, activities such as reading and concentrating on a text can be problematised for people with mental health conditions (Brewster, forthcoming). Patients, therefore, may destabilise the network with an inability to read and use the resources that have been designed to provide treatment for them.

6. Conclusion

This article has explored the wider implications of analysing policy formation to reflect socio-political processes at policy level, and has implications for concepts of policy making as a rational and coherent endeavour. It has also explored some criticisms of the application of the notion of EBP, demonstrating that the evidence can be translated to meet socio-economic

agendas. While BPW is presented by policy makers as a response to the needs of the general populace with mental health problems, this ANT analysis demonstrates that the needs of patients are interpreted to ensure that the requirements of policy makers are also fulfilled.

BPW is portrayed by service providers as an evidence-based, cost-effective scheme, providing patient choice and reducing inappropriate demand on psychiatric care. However, as this paper has demonstrated, the construction of the network is not a simple application of scientific evidence about effective treatments. EBP is presented as a justification for the introduction of the scheme, yet evidence is applied strategically, and carefully selected to ensure it is accepted by all actors. The focal actor represents the aims of the scheme in a language that appeals to the other actors in the network. EBP is appropriated as the most persuasive discourse to bond the disparate members of the network to accept the solution negotiated by the focal actor. Documentation and statistical evidence are used to ensure the continued stability of the network. Discourses of partnership working, meeting targets, and providing cost-effective care were also used to legitimise and strengthen the network.

While EBP is still presented as a legitimising discourse for many healthcare treatments, including bibliotherapy, there are growing criticisms of its underlying structures, including the perceived lack of an evidence base in support of an evidence-based approach (Cohen et al., 2004). Policy formation, as Juntti et al (2009) state, is a complicated political process, and this paper has added to the growing body of research examining the way in which EBP is used to legitimise decision making and policy. In the case of self-help bibliotherapy, the application of an evidence-based rhetoric has created a ‘black box’ which medical professionals can utilise with patients to produce a defined outcome – that of successful mental health treatment. While it might not be the case that a ‘black box’ does always produce the defined outcome, acceptance of this aspect of the model has been very important in terms of its recognition as a success by the actors within the network, and has legitimised the introduction of bibliotherapy.

Nevertheless, the aim of this paper is not to criticise EBP as a rationale for decision-making; or to disregard the evidence base concerned with the effectiveness of self-help bibliotherapy under specific conditions. Instead, the intention has been to show that the way evidence-based arguments are deployed selectively influenced by the requirements of policy-making. Currently, there is a shift in policy thinking towards inclusion of the service user or patient

voice, and this has implications for BPW, as well as EBP more generally. To date the use of the argument that EBP legitimises bibliotherapy has enabled the actors in the network to justify overlooking more patient-focused narrative of the experiences of treatment, and means qualitative evaluative work has not been conducted. Research currently being conducted by the author will supplement the strategic analysis presented here with data on the experience and perception of bibliotherapy scheme users and so help to widen the context of the policy debate (Brewster forthcoming).

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