

BIBLIOTHERAPY IN CLINICAL CONTEXT: AN UMBRELLA REVIEW

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Abstract: *Bibliotherapy represents a systematic intervention regarding the use of carefully selected reading materials in order to help clients of all ages to cope with personal problems. The scientific literature shows that this kind of interventions can be helpful in educational and clinical contexts. The focus of this study is to analyze the main articles that critically evaluate the relevant literature on bibliotherapy in clinical context. There were analyzed 18 systematic reviews and meta-analysis that aim to emphasize the role of bibliotherapy in clinical context, published in English language between 2000 and September 2017. The results of this review highlight the role that bibliotherapy has in the treatment of some mental disorders.*

Key words: *bibliotherapy, self-help therapy, clinical intervention, mental health.*

1. Introduction

By using the term “clinical context”, the authors intend to include “everyone with a long-term condition and/or long-term need for support” (Chamberlain, Heaps, & Robert, I., 2008, p. 25). The term “clinical context” implies identifying the set of circumstances that accompany the situation that maintains and activates the psychopathic structures of the personality. Bibliotherapy in the large sense is “the guided reading of written materials in gaining understanding or solving problems relevant to a person’s therapeutic needs” (Riordan & Wilson, 1989, p. 506). In the narrow sense, it represents “psycho-educational material, i.e., self-help manuals, which is a typical part of the adjunctive interventions” in clinical treatment (Rus-Makovec, Furlan, & Smolej, 2015, p. 26). For the purpose of this research project, bibliotherapy is defined as “program of selected activity involving reading materials which is planned, conducted, and controlled under the guidance of a physician as treatment for psychiatric patients and which uses, if needed, the assistance of a trained librarian” (Favazza, 1966, p. 138).

The main objectives of bibliotherapy are:

- To let the reader know there are others that experience similar problems.
- Allows the reader to notice that there are plenty of solutions to his problem.
- Helps the reader to observe different motivations that people engage in a specific condition.

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- Helps the reader to recognize the meaning of the experience.
- Provides the necessary evidence to identify the solution to the situation they are facing.
- Encourages the reader to confront the problem from a realistic point of view (Brewster, 2009).

The benefits of bibliotherapy are numerous. The main advantages of its use in the “clinical context”, highlighted by specialized studies are: economic efficiency (Centre for Economic Performance, 2012), reduced assistance time compared to other forms of psychotherapy (e.g. cognitive-behavioral therapy), etc.

Bibliotherapy, as a form of self-administered therapy, has significant improved results in reducing the symptomatology for anxiety disorders and mild or moderate depressive disorders and can contribute to increase the efficiency of mental health services, by reducing their costs. This kind of intervention has a positive effect on optimizing lifestyle, improving attitudes towards treatment, increasing mental well-being, and lowering levels of stress experienced by persons that experience some mental health clinical conditions (McCulliss, 2012).

2. Methods

2.1. Aims and Review Questions

The purpose of this systematic review is to provide an up-to-date synthesis that describes the outcomes from existing reviews that assess the effectiveness of bibliotherapy in clinical context. The review questions were: What is the effectiveness of using bibliotherapy in clinical context? Is there an economic advantage in using bibliotherapy in clinical context?

The aims of this systematic review are to identify the systematic reviews and meta-analysis on bibliotherapy in clinical context in order to determine the effectiveness of bibliotherapy in reducing symptoms of mental disorders and to determine the economic advantages in using bibliotherapy in clinical context.

2.2. Design

The reviews of reviews intend to analyze, summarize all systematic reviews on a specific topic “at a variety of different levels including the combination of different interventions, different outcomes, different conditions, problems or populations, or the provision of a summary of evidence on the adverse effects of an intervention” (Smith, Devane, Begley, & Clarke, 2011, p. 2).

A systematic review of systematic reviews and meta-analysis of the use of bibliotherapy for persons with mental disorders was undertaken. Following PRISMA-P 2015 Checklist, we initially create a list of potential selection criteria. Using indicators as importance and relevance transparency, we select only the criteria best suited to the topic of this research (studies characteristics as population, problem, interventions, outcomes, study design and report characteristics). The scope of the review was defined by these criteria:

Population: person with mental disorders.

Problem: obsessive–compulsive disorder (OCD), anxiety, distress, depression, post-traumatic stress disorder (PTSD), eating disorders, etc.

Interventions: randomized controlled trials and controlled trial, quasi-experimental designs.

Outcomes: subjective (quality of life and acceptability, emotional well-being) and objective (reduction of symptoms, practical and supportive information).

2.2.1. Inclusion/exclusion criteria

There were included in this systematic review only the systematic reviews and meta-analysis that met the following criteria: a. reported an intervention on the effect of bibliotherapy in clinical context; b. study design of the analyzed articles: RTC, quasi-experimental; c. paper written in English language; d. publication date from 2000 to September 2017. There were included all studies regardless of the country where it was conducted. There were considered ineligible the studies that did not meet the criteria stated above. Grey literature was not included.

2.2.2. Search method

The search was conducted in PubMed, PsycINFO, MEDLINE and Scopus electronic database. Search terms in series were combined using Boolean operand “AND”, “OR”. They were: “systematic reviews”, “meta-analysis”, “clinical context”, “mental disorders”, “clinical condition”, “bibliotherapy”, “reading therapy”, “Self-help therapy”.

2.2.3. Search outcome

Two investigators independently performed the literature examination. The first search revealed 106 reviews. After eliminated duplicates and screening by title and abstract, 18 studies were included in further consideration. Only 3 articles (Favazza, 1966; Glasgow, & Rosen, 1978; Fanner, & Urquhart, 2008) were excluded from the current review because they did not contain at least half of the required data (the names of the databases, the studied population, the search terms, etc.), being either succinct descriptions of some studies or describing the researcher’s subjective point of view based on studies / scientific articles. Disagreements between investigators were discussed and consensus reached. The final selection included 15 studies.

An instrument was developed, based on PRISMA checklist instrument, to evaluate the reliability/ quality of the systematic reviews and meta-analysis (Fig. 1. *PRISMA diagram describing the search strategy*). The lead author extracted data into Excel. The including data of interest were: study design, number of study, type of interventions, the clinical condition investigated, outcomes, identified possible further improvements.

2.2.4. Risk of bias in reviews

The authors made the effort to avoid the typical bias in this kind of reviews that influence data synthesis. Bias in reviews refers to “the use of a non-representative portion of the literature or preconceptions and opinions” (Haddaway, Woodcock, Macura, & Collins, 2015, p. 1599). Therefore, the authors try to cover all the reviews, systematic review and meta-analyses written in English, from representative databases. Also, it was used a significant number of synonyms for each search key-term. The investigators were not influenced by criteria as: the author ‘names, institutional affiliations and journal influence.

3. Results

The 15 studies selected for this review focus on the following disorders: 2 on obsessive–compulsive disorder (OCD) (Mataix-Cols, & Marks, 2006; Percy, Anderson, Egan, & Rees, 2016); 3 on anxiety (Parslow, et al., 2008; Jorm, et al., 2004; Cuijpers, Donker, van Straten, Li, & Andersson, 2010); 1 on elderly diseases (Eum, Yim, & Choi, 2014); 1 on childhood behavior disorders (O’Brien, & Daley, 2011); 1 on children whose parents have a mental illness (Reupert, et al., 2012); 1 on distress associated with disfigurement (Muftin, & Thompson, 2013); 3 on depression (Morgan, & Jorm, 2008; Cuijpers, Donker, van Straten, Li, & Andersson, 2010; Gualanoa et al., 2017); 1 on post-traumatic stress disorder (PTSD) (Glavin, & Montgomery, 2017); 1 on internalizing and externalizing behaviors (Montgomery, & Maunders, 2015); 1 on common mental disorders (Shehadeh, Heim, Chowdhary, Maercker, & Albanese, 2016), 1 on bulimia nervosa (BN) and binge eating disorder (BED) (Beintner, Jacobi, & Schmidt, 2014).

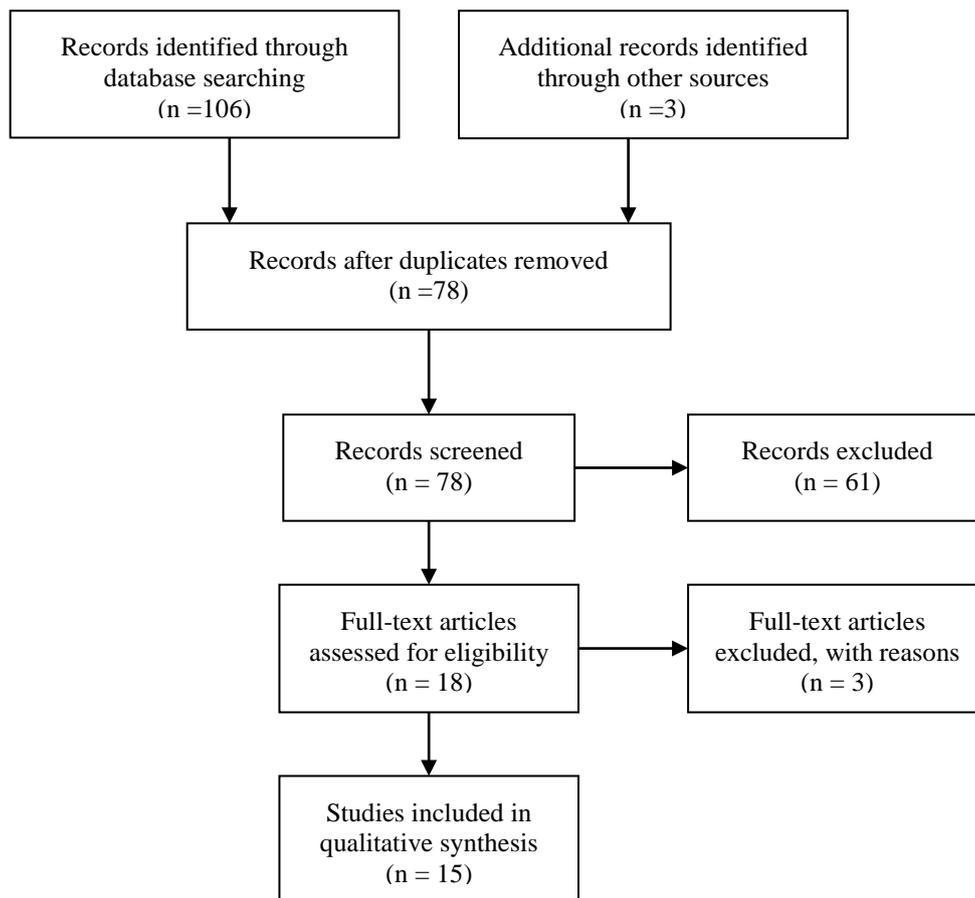


Fig. 1. *PRISMA diagram describing the search strategy*

Table 1

Identification data of the selected studies

N o.	ARTICLE	COUNTRY	STUDY DESIGN	STUDY Y No	STUDY TYPE	PARTICIPANTS (n=)	RESEARCH DATABASES	INVESTIGATED DISORDER
1	Mataix-Cols, D., Marks, I.M. (2006)	UK	R	11	SOT, OS	373	13, 14	obsessive-compulsive disorder (OCD)
2	Parslow, R., Morgan, A.J., Allen, N.B., Jorm, A.F., O'Donnell, C.P., Purcell, R. (2008)	Australia	R	11	CCS, ICS, Lq-RCT	-	8, 13, 14	anxiety
3	Jorm, A.F., Christensen, H., Griffiths, K.M., Parslow, R.A., Rodgers, B., Blewitt, K.A. (2004)	Australia	R	34	A	-	4, 8, 14	anxiety
4	Eun, Y., Yim, J., Choi, W. (2014)	Korea	R	-	A	-	-	elderly diseases
5	O'Brien, M., Daley, D. (2011)	UK	R	10	RCT, ICT	1673	4, 17	childhood behavior disorders
6	Reupert, A.E., Cuff, R., Drost, L., Foster, K., van Doesum, K.T.M., van Santvoort, F. (2012)	Australia, Netherlands	R	19	RCT, Q, WGPP, VF and PA	-	2, 4	children whose parents have a mental illness
7	Murfin, Z., Thompson, A.R. (2013)	UK	SR	11	C, RCT, Q	897	2, 4, 7, 8, 17.	distress associated with disfigurement
8	Morgan, A.J., Jorm, A.F., (2008)	Australia	SR	38	RCT	17048	4, 8, 14	depression
9	Giavin, C.E.Y., Montgomery, P. (2017)	UK	SR	0	RCT and NRT	0	1, 2, 3, 4, 7, 8, 9, 11, 12	post-traumatic stress disorder (PTSD)
10	Montgomery, P., Maunders, K. (2015)	UK	SR	8	RCT and CRT	767	1, 2, 4, 7, 8, 9, 11	Internalizing and externalizing behaviors
11	Cuijpers, P., Donker, T., van Straten, A., Li, J., Andersson, G. (2010)	Netherlands, China, Sweden	SR and MA	21	RCT	810	4, 8, 9, 14	depression and anxiety
12	Pearcy, C., Anderson, R., Egan, S., Rees, C. (2016)	Australia	SR and MA	18	RCT, QED	1570	3, 4, 14, 15	obsessive-compulsive disorder (OCD)
13	Shehadeh, M.H., Heim, E., [...] Albanese, E. (2016)	Switzerland, UK, India	SR and MA	8	RCT	/	4, 8, 9, 14	common mental disorders
14	Beunmer, I., Jacobi, C., Schmidt, U.H. (2014)	Germany, UK	SR and MR	73	RCT and CT	2586	3, 4, 14, 17	bulimia nervosa (BN) and binge eating disorder (BED)
15	Gualano, M.R., Beta, F., Martorana, M., Voglino, G., Andriolo, V., Thomas, R., Gramaglia, C., Zeppegnob, P., Siliquino, R. (2017)	Italy	SR	10	RCT	1347	14, 16	moderate depression treatment

R- review; SR- systematic review; MA- meta-analysis; MR- meta-regression analysis; SOT- small open trials; OS- Open studies; CCS- case-control studies; ICS- individual cohort studies; Lq- RCT low quality randomized controlled trials; A- articles; Q- qualitative; WGPP- within-group pre and post; VF- verbal feedback; PA- program attendance; C - Cross-sectional; NRT- non-randomized trials; CRT- cluster randomized trials; QED- quasi-experimental designs; CT- controlled trials; CS- case studies; OSR- original surveys; 1- ERIC; 2- MEDLINE; 3- PsychArticles; 4- PsycINFO; 5- AMED; 6- BNI; 7- CINAHL; 8- Cochrane library; 9- EMBASE; 10- King's Fund; 11- LISA; 12- PILOTS; 13- PsychLit; 14- PubMed; 15- Science Direct; 16- Scopus; 17 - Web of Knowledge

Table 2.

Summary of the selected studies

N	AIMS / OBJECTIVES	CONCLUSIONS	IMPROVEMENT RECOMANDATIONS	QUALITY RATING
0				
1	This paper reviews the OCD self-help literature. Based on the authors' own research, they make recommendations on how to best implement self-treatments in routine clinical practice. Finally, a stepped-care model for OCD is described.	Self-help approaches have the potential to help many more patients who would otherwise remain inadequately treated or untreated. Their dissemination could save resources used by health care providers.	The minimum amount, type and cost of human support needed to motivate patients to complete cost effective self-help remains to be determined.	Medium
2	To review the evidence for the effectiveness of complementary and self-help treatments for anxiety disorders and situational anxiety in children and adolescents.	Some complementary and self-help treatments might be useful (by providing massage, relaxation training and bibliotherapy instructing parents) for children and adolescents with anxiety.	Complementary and self-help treatments need to be tested adequately through randomized controlled trials before they could be recommended.	Medium
3	To review the evidence for the effectiveness of complementary and self-help treatments for anxiety disorders.	The treatments with the best evidence of effectiveness are kava (for generalized anxiety), exercise (for generalized anxiety), relaxation training (for generalized anxiety, panic disorder, dental phobia and test anxiety), and bibliotherapy (for specific phobias).	There is scope for further research extending treatments across the divide between anxiety and depression.	Medium
4	This study aims to suggest the preventive and new therapeutic possibility in old people through combining the elderly health with literature.	This study suggests a theoretical foundation of literature therapy for prevention and treatment by supporting the health of the elderly with literature.	A program for the health of geriatric issues and literature therapy should be developed as the next step in the future.	Weak
5	This review critically evaluated the evidence supporting the efficacy of self-help programs for children with behavior problems.	Self-help programs led to outcomes similar to those achieved with more intensive therapist input. Including minimal levels of therapist support in addition to self-help materials enhances child and parent outcomes. Parents view self-help favorably but significantly less so than programs including some form of therapist input.	The future directions for self-help parent programs include the need for longer-term follow-ups, the identification of moderators of outcome and economic evaluations of self-help programs.	Medium
6	Identifying and describing intervention programs in order to improve outcomes for children whose parents have a mental illness.	The core component across programs is the provision of psychosocial education to children about mental illness.	More rigorous research is required to establish the conditions through which children's outcomes are enhanced.	High
7	This review aimed to identify what is currently known about self-help for alleviating distress associated with disfigurement, to investigate its effectiveness, and its acceptability to users.	There is tentative support for the use of self-help to manage anxiety associated with disfigurement but little is known about the management of other psychosocial difficulties.	Further research and intervention development is required to examine the effectiveness, acceptability, and utility of self-help in managing the appearance related distress associated with disfigurement.	High
8	The aim of identifying promising interventions that could inform future health promotion campaigns or stimulate further research.	The present review has identified a number of self-help interventions that could usefully be evaluated for prevention and early intervention with depressive symptoms.	Promotion of effective self-help strategies for subthreshold depressive symptoms could fit within a clinical staging model for depressive disorders. A clinical staging model allows for different intervention approaches at different stages of illness development.	High
9	This systematic review was conducted to explore its effectiveness in reducing symptoms in adults with post-traumatic stress disorder (PTSD).	There is no evidence to suggest harms from the trial designs related to creative bibliotherapy and some low-quality and qualitative studies indicated this intervention may help PTSD symptoms.	Currently, there is too little evidence regarding bibliotherapy to begin using it in practice with populations affected by PTSD although the absence of harm would suggest that in the context of studies it would be worth further exploration. There is a clear need for further research to explore change mechanisms, feasibility, and acceptability.	Medium

Summary of the selected studies (continuation) Table 2.

No	AIMS / OBJECTIVES	CONCLUSIONS	IMPROVEMENT RECOMANDATIONS	QUALITY RATING
10	Assesses the efficacy and effectiveness of creative bibliotherapy for the prevention and treatment of internalizing and externalizing behaviors, and the strengthening of prosocial behaviors in children (aged 5–10).	Creative bibliotherapy can have a small to moderate positive effect on child behavior. Although no definitive model of creative bibliotherapy emerges from the included studies, to some extent all interventions reflected CBT mechanisms.	Further research could have the following objectives: 1) explicitly model the change processes taking place when children read or listen to literature; 2) develop and pilot an intervention drawing on this theory of change; 3) assess subgroup effects by gender, age, modality and literacy to understand for whom this intervention is effective.	High
11	The effects of guided self-help on depression and anxiety were compared directly with face-to-face psychotherapies for depression and anxiety disorders.	Guided self-help and face-to-face treatments for depression and anxiety have comparable effects and that there is no evidence that one or the other is significantly larger than the other.	There is no reason not to consider using guided self-help as a complement in clinical practice, and we suspect that face-to-face treatment and guided self-help will blend in with each other increasingly in the near future, for example by using computer assistance when providing psycho-educational material.	High
12	The study examined the efficacy of self-help interventions for OCD in the context of therapeutic contact.	A growing body of literature supporting to the use of self-help treatments for OCD is evident, however, further investigation through use of randomized controlled trials is required, particularly the use of stepped care and long-term effectiveness.	The current review identified studies of varying amounts of therapeutic contact. No studies, however, were identified as PTA, where a self-help tool is utilized in addition to standard therapy. This may be an important area for future research to determine if such tools can aid in the delivery of face-to-face treatment and furthermore identify if any significant differences exist between PTA and other levels of therapeutic contact.	High
13	To systematically search for evidence of the effectiveness of minimally guided interventions for the treatment of common mental disorders among culturally diverse people with common mental disorders; to analyze the extent and effects of cultural adaptation of minimally guided interventions for the treatment of common mental disorders	Our results support the results of previous systematic reviews on the cultural adaptation of face-to-face interventions: the extent of cultural adaptation has an effect on intervention efficacy.	More research is warranted to explore how cultural adaptation may contribute to improve the acceptability and effectiveness of minimally guided psychological interventions for common mental disorders.	Weak
14	The objectives of this systematic review are: (1) to identify measures of patient participation reported in trials on manualized self-help for bulimia nervosa and binge eating disorder and to integrate these measures across different trials, (2) to determine whether and to what degree differences in participation contribute to the moderation of intervention outcomes	Self-help interventions can contribute to bridging the treatment gap for bulimia nervosa (BN) and binge eating disorder (BED), especially if the features of their delivery and indications are considered carefully. While patients with BED might benefit from both guided and unguided self-help, guidance seems especially important for patients with BN, both to help them keep up with the self-help intervention and to achieve symptom improvements.	Further qualitative and quantitative research is needed to determine what optimal guidance is, what a good guide should and should not do, if poor guidance can do any harm, or what kind or dosage of guidance would meet the needs of the majority of patients. Such research could follow investigations on the patient provider interaction and on health care communication, examining the context, process, and content of guidance.	High
15	To verify the long-term effects of bibliotherapy	Bibliotherapy appears to be effective in the reduction of adults' depressive symptoms in the long term period, providing an affordable prompt treatment that could reduce further medications. The results suggest that bibliotherapy could play an important role in the treatment of a serious mental health issue.	Further studies need to be performed to gather more evidence, also analyzing how to maximize the benefits of bibliotherapy in different settings and on different patients, and to evaluate its cost-effectiveness throughout time.	High

Outcomes

Table 1 *Identification data of the selected studies* and Table 2 *Summary of the selected studies* describe the most important characteristics of the included reviews. In these articles there were analyzed: 6 reviews, 9 systematic reviews 1 meta-regression analysis and 3 meta-analyses. The study type for these reviews were: 12 randomized controlled trials, 1 small open trials; 1 open studies; 1 case-control studies; 1 individual cohort studies; 1 qualitative articles; 1 cross sectional studies; 1 non-randomized trials; 1 cluster randomized trials; 1 quasi-experimental designs; 1 controlled trials; 1 case studies; 1 original surveys.

The authors' affiliations were: 5 from Australia, 3 from Asia and 13 from Europe. The total number of studies that the selected reviews refer to is 7499 studies, with 27.071 participants. The studies included in this research were assessed as weak, medium and high quality. The criteria on which the studies were evaluated are: the nature of the study design and study type, the completeness of the data needed, number of studies and databases searched, relevance to the topic of bibliotherapy, the orientation of the researchers toward the studied disorder, the statistical procedures used, the clear presentation of conclusions and improvement recommendations, the relevance of conclusions and improvement recommendations. Thus, 8 studies (articles number from Table 2 *Summary of the selected studies*: 6, 7, 8, 10, 11, 12, 14, 15) were considered to be of high quality, 5 studies (articles number from Table 2 *Summary of the selected studies*: 1, 2, 3, 5, 9) were considered to be of medium quality, 2 studies (articles number from Table 2 *Summary of the selected studies*: 4, 13) were considered to be of low quality. Those considered weak quality had insufficient result data to justify the findings and reported outcomes distinctly for each study. The articles considered to be of medium quality met between 60 and 75 % of the criteria presented above and those of high quality met all the criteria.

Most of the reviews can be defined as complex analyses, as they covered good quality interventions. The efficiency of bibliotherapy is proved in all the reviews, supports the use of self-help strategies, being considered a high quality therapeutic alternative. Between the many advantages of bibliotherapy, the analyzed reviews indicate: easy-to-disseminate intervention (Montgomery, & Maunders, 2015); reducing the symptoms (Beintner, Jacobi, & Schmidt, 2014), low intrusive method, with long time effect and economic values, being considered low cost intervention (Gualano, et al., 2017). Therefore, we conclude that the research questions have a positive answer.

4. Discussion

This umbrella review synthesizes the evidence from 15 reviews, systematic reviews and meta-analyses on the topic: *bibliotherapy in clinical context*. The conclusions from this review are plentiful, informative and encouraging because they show an overview of level of evidence on interventions for clinical context. In this research were included heterogeneous reviews that can be useful for researchers, identifying a large set of interventions with positive psychological impact. The practitioners can have many concerns facing this broad perspective and lack of directions.

The inclusion of 15 reviews in this study emphasizes the efficiency of bibliotherapy in clinical context. Notwithstanding, the main limitation is that some of the studies did not

clarify the number of studies or the number of participants.

Bibliotherapy is „the guided use of reading, always with a therapeutic outcome in mind” (Katz & Watt, 1992). So, the findings made available best evidence of benefit for clinical decision-makers, education and support programmes for refining the alternative therapies.

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