



Remote digital delivery of real-time psychotherapy compared with face-to-face therapy for depression or anxiety

Plain Language Summary | SHTG Assessment 01-21 | January 2021

What are anxiety and depression?

Anxiety and depression are common mental health conditions.

Anxiety symptoms include worry and fear which can cause distress and affect daily life.

People experiencing depression may have continuous sadness and feelings of hopelessness. They may lose interest in things which they previously enjoyed.

What is remote digital delivery of real-time psychotherapy?

Remote digital delivery of real-time psychotherapy is when a person receives treatment for their anxiety or depression either by a video call over the internet, telephone or a messaging service. It can be used instead of a face-to-face setting where the person and their therapist are together in the same room.

Remote digital delivery uses the same type of psychotherapy as is delivered in a face-to-face setting and it still allows for the person to talk with their therapist directly so they get a response straightway.

Why is this important?

This is important because providing a service in this way may mean more people with these common conditions can get help.

What we did

We looked at the evidence on whether this way of helping people with anxiety or depression is as effective as working with a therapist face-to-face.

We looked to see if it is safe and good value for money.

We also looked for studies on whether people like this way of getting help.

What we found

Most of the studies were on a type of psychotherapy called cognitive behavioural therapy (CBT) which aims to change how a person thinks and behaves in relation to the problems causing their distress. This type of therapy can help a person think about daily life in a more positive way.

The evidence we found for delivering psychotherapy remotely for anxiety and depression was not of high quality, this means that the conclusions should be treated with caution.

We found evidence that receiving psychotherapy remotely, for example by a video call, was as good as face-to-face sessions for treating patients with anxiety and depression.

Patients with depression seemed to find remote psychotherapy as acceptable as face-to-face treatment, and were just as satisfied with the service.

There was no evidence which examined acceptability and satisfaction of remote psychotherapy for anxiety.

We didn't find any evidence to tell us if remote psychotherapy is good value for money or not.

What is our conclusion?

Remote psychotherapy appears to generate the same benefits, and be as acceptable to people, as face-to-face treatment for patients with anxiety and depression. However the evidence we found was not high quality.

A study is needed to evaluate if remote psychotherapy is good value for money or not.

What next?

This work is going to be used by NHS Education for Scotland to help plan their psychology services.

This plain language summary has been produced based on SHTG Assessment 01
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