



Effective Implementation of  
Electronic Cognitive Behavior  
Therapy (eCBT) for Depression  
Patients in Palliative Care

By Clinton Ng (Abstract no.: P1.3)

# Outline:

1. Background- Psychological therapies in palliative care
2. Objectives - Introduction of electronic psychotherapies
3. Practices - Effectiveness of electronic cognitive behaviour (eCBT) in treating depression
4. Implications - Limitation of eCBT and possible directions of implementation

# Background- Psychological therapies in palliative care

High prevalence of mental illness in palliative care: Generalized Anxiety Disorder (GAD) and Major Depressive Disorder (MDD) are the most common illnesses

Around 15 % of all palliative patients have MDD (Rayner, Higginson, Price & Hotopf, 2015).

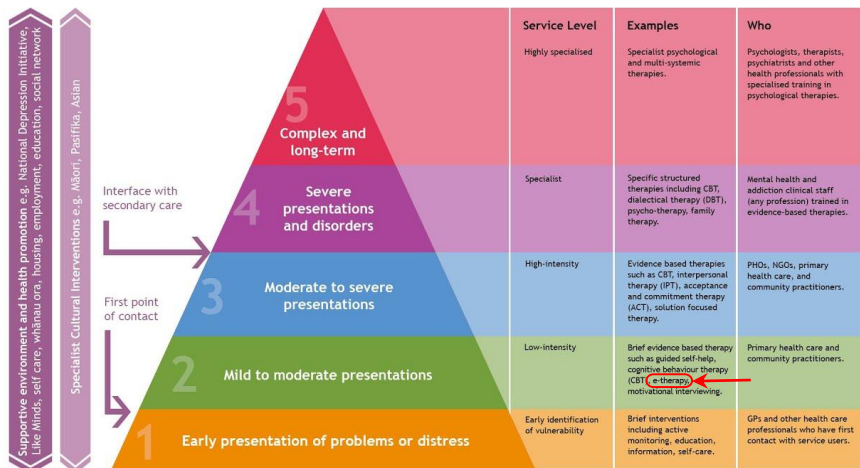
# Evidence based psychological therapy for depression

- Cognitive Behaviour Therapy (CBT)
- Interpersonal Therapy (IPT)
- Acceptance and Commitment Therapy (ACT)
- Solution Focused Therapy

# Objectives - Introduction of electronic psychotherapies for depression

Electronic therapy for mild to moderate depression

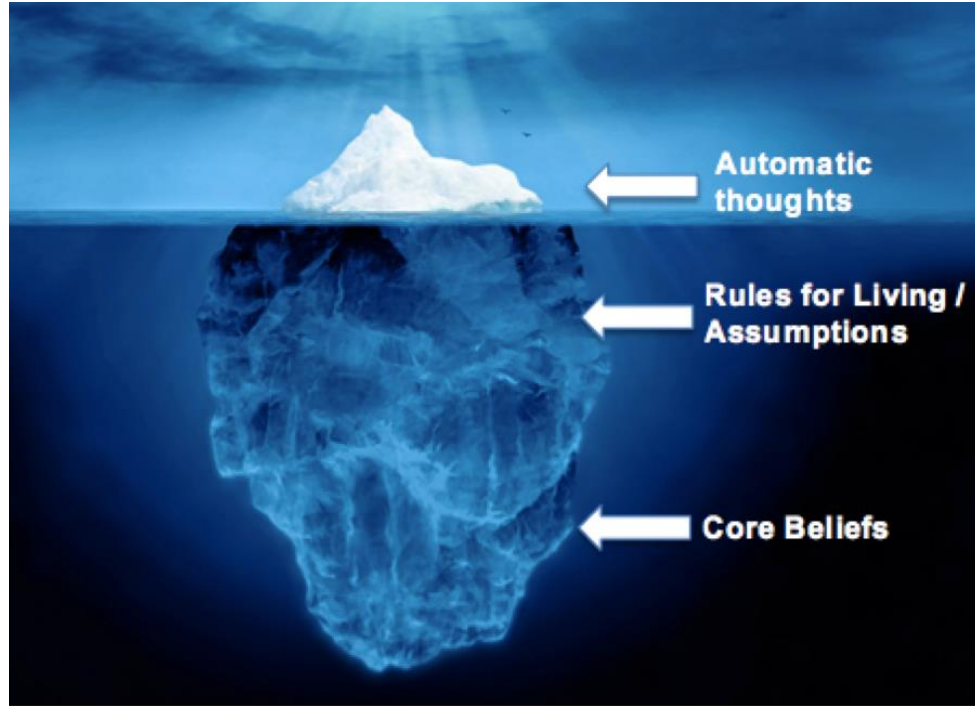
- adopted in the Stepped Care Model for mental health care
- National Health Service (2020)



# Electronic Cognitive Behaviour Therapy (eCBT)

- based on conventional face-to-face cognitive behaviour therapy (CBT)
- Around 15 pre-recorded videos and video calls delivered to patients
- CBT techniques are delivered: cognitive restructuring, role-playing, journaling and relaxation, etc.

# eCBT in palliative care



- identify flawed rules of living
- reframe negative thoughts into positive beliefs

# Practices - Effectiveness of electronic cognitive behaviour (eCBT) in treating depression

- Conventional CBT is as **effective** as eCBT in coping with MDD
- They are compared in Randomised Control Trials (RCT)
- Both psychiatric settings (Andersson & Cuijpers, 2009) and palliative care (Hamedi et al., 2020)



# PROS of eCBT:

-Cost-effective:

-> patients can rewatch therapy videos

-> can reuse for various patients

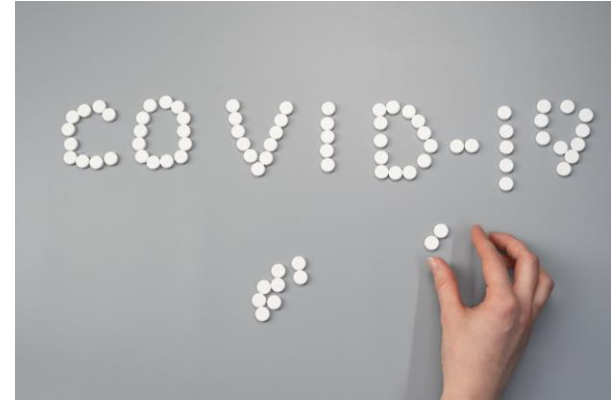
-Breaks the temporal & spatial barriers e.g, COVID-19 pandemic

-Higher flexibility in manpower

-Lower treatment cost for patients

-Saves travelling time to complete end-of-life wishes

-Efficiency: more patients treated with less therapists

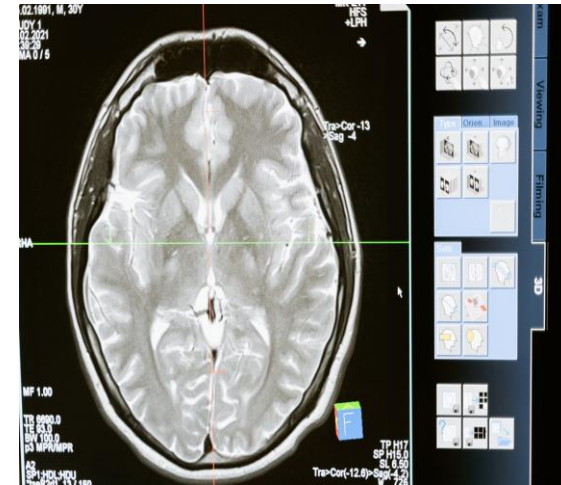
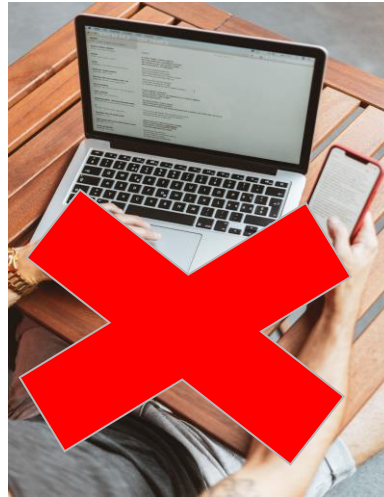


# Implications - Cons of eCBT

-Patient compliance

->cognitive decline e.g. dementia patients, older adults

->patients without computers



# Main targets of eCBT

- Children
- Young adults
- Adults with technological capability



# Future Research Direction

-Delivery form: guided (with therapists support) or unguided (without therapists support)

->Non guided therapy has a high dropout rate

->does this apply to palliative care?

-Cultural factor

->acceptability of eCBT varies across cultures and countries



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Mental health matters in palliative care!

Feel Free to ask me any questions and give comments.



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