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## Chapter 2

# The Ostrich Community Internet–Cognitive Behavioural Therapy Program for Distress Related to Carrying Debt: A Digital Hand to Help People to Face up to and Cope With Debt

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### **ABSTRACT**

*Many individuals struggling with debt will experience associated psychological stress that negatively impacts both their physical and psychological health. People in debt may be too ashamed to participate in support groups or to seek face-to-face therapy but may welcome the more anonymous help that can be made available through an internet-based therapeutic intervention. The Ostrich community internet-cognitive behavioural therapy program was specifically designed to assist individuals with distress related to carrying debt, facilitating them to move out of denial of their financial problems to managing stress symptoms and mobilizing them to be able to cope more effectively with the financial problems. Preliminary outcome studies have demonstrated the feasibility of this approach and its effectiveness.*

### **INTRODUCTION**

People who carry financial debt can easily become overwhelmed and not be able to see their way out of it, thereby leading to denial as a defence mechanism against debilitating anxiety, but this pattern only

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leads to a spiral of intensifying the problems because strategies for coming out of excessive debt require direct confrontation and planning and calm, clear thinking. During the COVID pandemic, many people lost their jobs and therefore even more people have incurred debt.

The second author created an internet based cognitive behaviour program, called The Ostrich Community Internet-Cognitive Behaviour Therapy program which was designed specifically to aid individuals to manage their distress and to facilitate them to move away from denial of their financial problems. The goal was to help people to manage their stress symptoms and mobilize to be able to cope more effectively with their financial problems. In effect, the program offers a digital hand to help people to face up to and cope with debt.

This chapter will provide the background for the creation of this program, explain how it was designed, and describe the impact and outcomes of this digital intervention, which has been piloted in a range of settings including health care centres, unemployment services, and a university. Evidence from research conducted by the authors including a mixed methods study of feasibility and a qualitative research study which examined the range of difficulties experienced by individuals with debt related stress and depression based on the CBT Five Factor Model will be presented. The chapter will conclude with a consideration of future research and applications of the intervention, especially in light of the effects of the pandemic in exacerbating problem debt levels.

## **BACKGROUND**

### **1. Issues Related to Growing Psychological Distress Among People Due to Debt**

People have always dealt with underlying financial stress, mainly caused by multiple debts and diminishing financial credibility. However, the spread of the COVID-19 pandemic has brought this to light (Jones, Palumbo, & Brown, 2021). The inadequate finances have a significant impact on mental health, leading to an increase in anxiety. People have experienced emotional stress by envisioning how debts will affect their credit scores and amenities.

It has been evidenced that people having lower income profiles tend to have higher chances of facing poorer mental health (Elliott, 2016). However, the occurrence also depends on the seriousness and presence of debts. Multiple social policy studies have evidenced that based on the situation and experience, debt brings high depression, stress, and anxiety levels to people. According to Drentea (2000), the ratio of lower-income and higher credit card debts increases anxiety. Furthermore, psychological distress kept growing monthly with payment default (Cannuscio et al., 2012; Drentea & Lavrakas, 2000).

Most debtors can fill the gap between income and consumption, but people with lower income have a more significant gap and who have suffered the worst repercussions of the overall financial downturn (Step Change, 2015). They also do not have any savings for emergencies or have already utilised them, propelling them to rely on credit to manage their overall consumption. The Consumer Credit Counselling Service, a debt advice charity, reported that there were high debt-income ratios in families that earned £13,550 where the total unsecured debt ratio to their net income was 120%, meaning that they owed 20% more than their yearly income (Financial Inclusion Centre, 2011; Thompson, 2015).

Individuals trying to get through debts have suffered adverse effects on their mental well-being (Dooley, Catalano and Wilson, 1994; McKee-Ryan, Song, Wanberg and Kinicki, 2005). Individuals

struggling with financial problems, primarily because of impoverishment and redundancy, also have to fight health-related issues like anxiety, alcohol consumption, and depression (Compton, Gfroerer, Conway and Finger, 2014; Murphy, Zemore and Mulia, 2013). Governmental austerity measures have increased the acuteness of the psychological problems (Marmot, 2010; Wahlbeck and McDavid, 2012).

The COVID pandemic intensified anxiety in general, with The Office for National Statistics noting that around 50% of the British population experienced increased anxiety levels, and this anxiety can be intensified by the experience of financial stress with a survey reporting that 8.6 million people, whose earnings had been reduced, displayed inflated anxiety levels (16% increase). Over 25 million people registered their anxiety as “high”, which was higher than double the numbers back in 2019. Finance became one of the top priorities and problems for almost 5.3 million people, while another 8.5 million were concerned about their health, and another 6.2 million were worried about their professional life (Opinium Research, 2020).

Reduced income had a catastrophic effect on households and their expenses significantly increased. Additionally, many landlords issued notices to tenants that they should prepare for eviction notices when these would be allowed again following the pandemic moratorium, adding to overall pressure and stress. Other people complained that their employers planned to make them redundant after the furlough (temporary leave) subsidised by the UK government would end (BBC, 2020 and Opinium Research, 2020).

Another negative outcome of the employed austerity practices was the ongoing decrease in access to appropriate mental health services (Rethink Mental Illness, 2014; Royal College of Nursing, 2014). The Money Advice Liaison Group (n.d.) have opined that the Citizens Advice Bureau and various other institutions fail to provide adequate support to people facing economic and mental issues (Money Advice Liaison Group, n.d). Restricted access to proper assistance and support has made it difficult for individuals to face their financial problems and has increased the chances of them falling into more considerable debts than they were in before. Furthermore, debt can negatively impact well-being especially when combined with a lack of proper guidance for people on their mental and economic state, which has led to an acknowledgement by various financial institutions and the Government to understand they need to put more efforts to bridge the gap between these services (Financial Conduct Authority, 2014; Department of Health, UK, 2011b).

Internet-Cognitive Behavioural Therapy (ICBT) offers an appealing opportunity to lower the individual’s concerns about seeking help for mental health or debt in person (Department of Health, UK, 2011b). This is because people in debt experience self-contempt and shame, leading them to keep their financial struggles a secret (Fitch, Hamilton, Bassett, and Davey, 2011). It means that a person having economic problems may prefer to endure the strain in silence, as the support services lack anonymity (Zetterqvist et al., 2003; Smail et al., 2017). Cognitive Behavioural Therapy (CBT), Supportive Clinical Care, Interpersonal Therapy (IPT), and Antidepressants are recommended treatment alternatives to treat different types of depression (Ellis, 2004), whereas Individual/ Group Psychoeducational Interventions, Self-help Strategies, and Pharmacological tools are used to treat complex anxiety (NICE Guidelines, 2011; Vallury, Jones and Oosterbroek, 2015). The Ostrich Community Internet-Cognitive Behavioural Therapy program was specifically designed to address the unique needs of people facing stress associated with being in debt including depression and anxiety.

## **2. CBT Theory and Its Application**

Motivational Interviewing and Cognitive Behavioural Therapy (CBT) are regarded as effective psychological treatments for many psychological problems, especially addiction related issues and in particular problem gambling (Carlbring, Jonsson, Josephson, and Forsberg (2010). Generally offered face to face, only a small number of individuals who face gambling problems seek gambling treatment services, limiting the availability of access to evidence-based therapy procedures. Numerous barriers to this treatment have included resource limitations, personal factors, time constraints, and demographic limitations. Resource limitations included treatment expenses, special requirements for childcare, and a lack of adequately trained clinicians, and personal factors included denial, stigma, discomfort, and an impulse to manage everything solo. However, many individuals were using self-directed interventions which helped in extending assistance for health behavioural changes that surpassed the conventional treatment approaches. Self-help services were also accessible to underserved and distant populations, including people who were reluctant to participate in interventions (Dowling et al., 2021).

Although CBT has been evidenced as a highly effective treatment option for numerous emotional disorders and addictive behaviours, it is important to consider its limitations as in some circumstances it is unsuccessful in bringing any improvements or people drop out of treatment, and it has not succeeded in safeguarding people who have experienced vulnerability, relapse, and recurrence of symptoms (Robinson, Berman, & Neimeyer, 1990; Roth & Fonagy, 2005; Scher, Ingram, & Segal, 2005). Additionally, Cognitive Behavioural Therapy is not a universally applicable treatment for mental health disorders (Marzillier & Hall, 2009). CBT requires the client's compliance in engaging with psychotherapeutic tasks, including 'homework' tasks (Westra et al., 2007). Moreover, the client needs to keep an open mind and willingness to undergo experiments for changing behaviours and thoughts and overcoming initial barriers. CBT has been found to be most effective for people with higher self-assurance and self-control (Malin, 2002).

## **3. Research on ICBT Interventions for Psychological Issues and Controversies**

There is evidence that ICBT interventions are helpful for patients suffering from major depressive disorders (Andersson and Cuijpers, 2009; Spek et al., 2007). ICBT programs are better than Care As Usual (CAU), especially in lowering moderate to mild symptoms of depression (Klein et al., 2016). Moreover, interventions performed under the guidance of a therapist displays higher efficiency over programs implemented without any support (Andersson and Cuijpers, 2009; Richards and Richardson, 2012), demonstrating an argument for assisted computerised CBT programs. Provisional evidence highlights that ICBT interventions, when proffered with therapist guidance, deliver equally effective or even better inclusive effects on depression than in-person CBT (Andersson et al., 2014; Andersson et al., 2015).

It should be noted that numerous randomised controlled trials to assess the success rates of ICBT programs in decreasing symptoms of subthreshold depression in people gave inconsistent results (Choi et al., 2012; Donker et al., 2013; Phillips, 2014). There is a need for more systematised reviews that provide a thorough analysis of ICBT effectiveness in treating people with symptoms of subthreshold depression (Zhou et al., 2016).

There has been evidence of the effectiveness of internet-based cognitive behavioural therapy for the treatment of pathological gambling. A study of 284 participants in an 8-week ICBT program (Carlbring, Degerman, Jonsson and Andersson, 2012) with limited therapist contact through emails and 15-minute telephone conversations, demonstrated efficacy in reducing pathological gambling, depression and anxiety

and in improving overall quality of life from pre- to post-intervention measurement. These gains were maintained at follow-up measurements at 6-, 18-, and 36-months post-intervention. These studies may hold relevance to interventions for debt-related stress because some people with debt have perceived acquiring debt to be compulsive and therefore an addiction, as reflected in the 12 step self-help group Debtors Anonymous (<https://debtorsanonymous.org.uk/>), although this would not apply to people who accumulated debt because of unexpected job loss or sudden additional critical expenses such as for medical treatment.

Amit et al., 2020) conducted a systematic review of studies from the previous five years that aimed at assessing the impact of debt on mental health issues like stress, depression, anxiety, or suicidal ideation in Asian nations. Using PRISMA guidelines for searching on the data bases PubMed, Science Direct, Medline, Web of Science, and Scopus, 9 manuscripts were identified that complied with the inclusion guidelines. These studies were conducted in China, India, Thailand, Cambodia, Singapore, Korea, and Pakistan. The outcome of this research implied that indebtedness was closely linked to participants facing stress, suicide ideation, depression, and anxiety. Amit et al. (2020) noted that future studies should further clarify the relationship between psychological health and debt possibly by including qualitative and mixed methods studies. They also noted that the proper definition of ‘debt’ was not stated clearly in most of their manuscripts.

A systematic review and meta-analysis of studies examining the relationship between unsecured debt, mental and physical health (Richardson, Elliott, and Roberts, 2013) documented the presence of emotional eating, smoking, drug dependence, and drinking as unhealthy habits that people developed in an attempt to seek relief from their symptoms of anxiety, depression and stress related to being in debt.

The limitation in the research to date in not having a universally agreed upon definition of ‘debt’ is problematic, although it is often restricted to unsecured debt. This definition misses out on people who unrealistically overreach their financial resources when purchasing property. There are also controversies about whether acquiring debt can be compulsive and if this would affect the choice of treatment.

An under researched area in the literature would appear to be the emotional impact upon family members when one person is incurring debt and suffering ill effects related to this which has been reported in clinical cases but not studied more widely.

## **THE OSTRICH COMMUNITY INTERNET-BASED COGNITIVE BEHAVIOURAL THERAPY (OC-ICBT) PROGRAM**

The ICBT program by Ostrich Community was designed to help individuals who face difficulties managing their psychological stress related to debt (Smail, Elison, Dubrow-Marshall, & Thompson, 2017) based on the evidence base for the effectiveness of CBT generally, ICBT, and the use of trained therapists and debt counsellors to support people while they work through the internet program. It offers practical guidance on finance management and promotes the maintenance of an individual’s psychological wellness. It uses evidence-based psychosocial intervention strategies that are founded on theoretical justifications from the CBT Model (Williams & Garland, 2002). Each module utilises psychoeducation, money management stories/ quotes, and cognitive-behavioural techniques or worksheets to keep the individual engaged (Smail et al., 2017).

The Ostrich Community’s program was aimed for individuals suffering from moderate to mild depression, anxiety, and stress symptoms. It is also a good option for individuals who need guidance in

money management and is best suited for those with moderate amounts of debt. Individuals with severe mental health and debt issues are provided with basic information on the home page and signposted to various organisations that offer support. They may also use the toolbox to get tailored content based on their needs, along with extensive debt and psychological health support (Smail et al., 2017).

## **1. The Structure of the Ostrich Community ICBT (OC ICBT) Intervention**

The Ostrich Community ICBT (OC ICBT) program begins with an introductory video of two minutes, followed by eight web-based modules provided weekly; these sessions are expected to take 30-60 minutes each. The modules offer practical guidance on finance management, decision making, and life skills through motivational stories/ quotes and cognitive behavioural worksheets. Each module is offered in either video, audio, or textual form designed to be convenient and to improve interaction and motivation. ‘Homework’ is used to help the person practise skills that are being taught, and includes maintaining a problem diary, completing behavioural experiments, and keeping thought records, all standard CBT interventions.

The Ostrich Community brings CBT and self-help methods together in a unique way to assist the user in comprehending their emotions and their reason for these emotions. Throughout the ICBT program, participants also acquire strategies to modify how they feel, act, and think. Through the utilisation of video, textual, and audio mediums to present exercises that will help the individual focus on their abilities and general knowledge, information is made accessible to people with different preferred ways of learning. The program assists the person to apply these skills in their real life while focusing on solving their economic constraints. It also provides information and exercises to encourage the user to recognise and challenge negative thoughts while finding a practical and realistic way of solving financial issues. ICBT employs cognitive restructuring and other similar techniques to motivate precise evaluation of financial challenges. The cognitive approach offered in the third session inspires the individual to use their novel, pragmatic insights into their financial issues to resolve the determined difficulty, while the goal-setting strategy supports problem-solving techniques to form and achieve realistic goals. Mind-mapping exercises are used to provide resolution of any barriers faced while working towards goal attainment. Help-seeking behaviours, like taking advice or sharing thoughts, are encouraged. The OC program helps people to recognise unhealthy and irregular behaviours, particularly those related to finances, and offers guidance to modify these. The sessions also introduce new techniques for improving the person’s communication skills and coping abilities, making it easier for the person to share their debt issues with other agencies. They further focus on completing an activity scheduling and monitoring planner; this enables them to organise their time more effectively while working on problem-solving activities to manage the debt. Practical information and resources that are connected to financial problems, like budgeting exercises, are supplied. The OC-ICBT program also guides stepwise activities to make the person more financially competent. Lastly, the OC ICBT program has generalised exercises, videos, and information on other stress or anxiety management techniques, including progressive muscle relaxation, gentle exercises, relaxation training, and visualisation. All the elements of this program are directed towards ensuring improved finance management, coping more effectively with stress, and simulating relaxation, and participants were aided by therapists and trained debt counsellors as they worked through the program (Smail et al., 2017).

## **2. The Impact of the OC ICBT Program**

A mixed-methods feasibility study (Smail et al., 2017) of 15 participants who were not suffering from severe financial distress who were assisted in completing the 8-week OC ICBT Program was conducted. Participants rated the accessibility and feasibility of the program, and satisfaction and outcome measures of wellbeing, depression, anxiety, and stress were given pre and post intervention. The program was perceived to be accessible and feasible with high levels of satisfaction. Significant improvements were identified on the measures of wellbeing, stress, and anxiety. Seven participants were interviewed following completion of the program and themes were identified that the program had the potential to promote effective coping skills with financial stress and to improve overall wellbeing.

A qualitative study (OC Paper, n.d.) was conducted with a sample group of 9 male and 10 female participants, who belonged to varying ethnic backgrounds and were 18 to 75 years old. A total of 13 participants were single (8 female and 5 male), 1 was divorced, 1 married, 1 widowed, and 3 respondents were living with their partners. Furthermore, 2 participants from this group were retired, while 7 stated they worked in either full or part-time jobs, 1 was on sick leave from their work, and the remaining 8 participants were unemployed. The occupation of these respondents ranged from health care, education, and food departments to administration, retail, and sales. Additionally, the ethnic diversity of this sample included White British, White Irish, Asian British, Chinese, Mixed Asian & White, Black Caribbean, and Mixed White & Black Caribbean. Participants were requested to provide certain information about their income, expenses, and finances although this was optional. The data revealed that 14 out of 19 total participants lived in a mortgaged or rented residence. The remaining 5 participants reported that they lived with their parents. There were no formal reports of significant mental health problems or psychiatric diagnoses, but significant social phobia, anxiety, depression, and stress were reported. Participants were given the opportunity to participate in the ICBT program by the Ostrich Community.

Participants were interviewed post-intervention for approximately 30 minutes, and themes were identified that were closely linked with their experiences related to mental health and economic hardships. The participants reported that they had self-limitation thoughts along with feelings of anger, depression, sadness, and even guilt. These altered thinking patterns and emotions caused by debt-related stress resulted in self-isolation by the individual, reducing their social interaction and leading to adoption of unhealthy coping approaches. Some of these methods included heavy consumption of unwholesome food, excessive TV watching, alcohol intake, and other behavioural alterations. It was also seen that the individuals were suffering from physical symptoms such as headaches, hyperventilation, diarrhoea, and obesity (OC Paper, n.d).

A thematic analysis of the interviews yielded six themes: self-limiting thoughts, physical health impact of debt, psychological health impact of debt, financial avoidance, triggers and drivers, and results from taking action. The first five themes were further analysed in consideration of the theoretical framework of the Five Areas CBT Formulation Model (Williams & Garland, 2002) with some details below.

1. **Self-Restrictive Thoughts:** Based on the interviews, self-restrictive thoughts were recognised in most of the subjects, which makes them a constant factor in the study. These limiting notions were described as feelings that fostered low self-efficacy and self-confidence in the individual that demotivated them from overcoming complex economic problems
2. **Debt-related Mental Health Problems:** All participants who had experienced serious mental and emotional difficulties perceived that debt had a significant influence on their everyday lives.



3. **Debt-related Physical Health Problems:** After experiencing a challenging financial situation and enduring the psychological pressures that follow, indebtedness was also found to have impacted the physical well-being of the participants. In some cases, the subjects reported having severe headaches and increased heart rate which are often reported as psychological symptoms of anxiety and stress.
4. **Fiscal Refrainment (Financial avoidance):** For a few respondents, ignoring or avoiding their financial problems gave them a means of getting away from the real world and their situation. They also reported that financial avoidance became their coping mechanism instead of using more effective and healthy alternatives for receiving financial guidance and health care
5. **Drivers/ Triggers and Consequences:** The participants of the study also reflected on the numerous consequences and causes of stress generated by being in debt. Some also stated that managing and planning finances in such situations becomes challenging for them. This was mainly because all individuals continue to follow their initial spending habits, which was a major reason why they were trapped in the debt cycle.

Overall, the most salient finding was that staying in debt can deteriorate both physical and psychological health. Furthermore, debt also weakens the ability to face and combat challenging circumstances related to any fiscal problem (Meltzer et al., 2010). The participants displayed low self-esteem and stated that they felt embarrassed in freely sharing their financial history and issues with the other respondents. This was due to the social stigma that comes with facing debt-related matters, which also makes the individual feel guilty and isolated (Jenkins et al., 2008). This barrier alone can take a toll on the psychological health of the person experiencing debt and relevant stressors, whose effects intensify when combined with limited availability of supportive services that provide proper assistance in financial crises and medical guidance (Hick & Bien, 2010).

## **COVID AND USE OF ICBT TO REDUCE MENTAL DISTRESS IN A TIME OF EMOTIONAL AND FINANCIAL CRISIS**

The sudden emergence of the COVID-19 pandemic is being regarded as one of the most significant global emergencies in the last few decades, having significant impact on physical health, educational, economic, mental, and familial aspects of life (Bareket-Bojmel, Shahar and Margalit, 2020). The spread of the COVID-19 virus level took a significant toll on the well-being and health of people all over the world (Holmes et al., 2020). To lower the spread of this virus, most countries adopted stringent measures like lockdown to enforce proper social distancing (Parmet and Sinha, 2020). While imposing these strict steps has undoubtedly helped reduce the number of cases, the economic costs of following these have been enormous (Bureau of Labor Statistics, 2020; World Bank, 2020).

The World Bank estimated that the international GDP experienced around a 5.2% decline in 2020, which is the worst economic decline faced by the world in the last eight decades (World Bank, 2020b). A downturn in GDP directly affects employment rates, which also affects the general mental well-being of the individuals (Zimmerman and Katon, 2005). Unemployment has been shown to have increased psychological strain on the individuals while they faced the loss of income along with reduced social interaction, sense of competence, and status (Goldman-Mellor, Saxton and Catalano, 2010). Hence, the financial conditions posed an impending risk to the mental well-being and were accompanied by the physical wellness-related stress implored by the pandemic (Van Hal, 2015). Evidence obtained from the

earlier economic depression of 2007 clearly stated that financial stress is linked to facing depression and seeking mental health support (Gili et al., 2012; Hertz-Palmor et al., 2020).

An extensive nationally representative research was conducted in the United Kingdom during this period indicating that people who had no income or were unemployed in the pandemic were more stressed when compared to people who were employed. Moreover, the people who became unemployed during this crisis displayed higher distress than participants who were unemployed before COVID-19 started (Pierce et al., 2020; Hertz-Palmor et al., 2020).

In view of the ongoing COVID-19 pandemic in mind and restrictions to face to face services, internet-based interventions are especially attractive, and offer higher flexibility for people to gain adequate support for both psychological and physical health. Online CBT programs have essentially displayed efficiency in providing treatment and avoiding numerous stress-related disorders in individuals.

In order to particularly address the needs of healthcare workers during the pandemic, “My Health Too” CBT program, another ICBT program, was designed to help individuals to analyse and quickly treat discernible stress and stave off other psychiatric disorders. Three and six month follow up assessments were done in a randomized controlled trial comparing the treatment group with the intervention with an active control group who received (Weiner et al., 2020) and the intervention was found to be effective.

Five ICBT specialist clinics from Australia and Scandinavia performed a large-scale study on the successful deployment of the program (Titov et al., 2018) and identified a few key factors that play a role in successfully implementing ICBT in a regular care routine: organisations or management should systematise their implementation process; specially trained practitioners should be present at all times to assist; and digital programs should be evidence based. Additionally, treatment results and patient satisfaction rates should be supported at all times, along with clear assessment routines and other care measures (Titov et al., 2018; Weineland et al., 2020).

Mahoney et al. (2021) analysed the uptake and efficacy of ICBT for depression and anxiety symptoms observed in the Australian population during the first eight months (March- October 2020) of the COVID crisis. These findings were compared to the outcomes of the research done 12 months before the pandemic began. During this study, 6,132 adults started using ICBT; this sample was divided into two parts- 5,074 participants started the program during the pandemic, while 1,058 others began their program the year before. They underwent and completed the program, and pre- and post- depression and anxiety symptoms were measured. During the pandemic period, the monthly program registrations for ICBT increased to 504% as compared to the previous year. The highest increase for the enrolments was seen between April and June 2020, which was recorded as 1,138%. The initial severity of symptoms of both depression and anxiety was similar for both groups. Before and during the COVID-19 crisis, the ICBT program was shown to provide a significant decrease in symptom severity of depression ( $g = 0.92-1.12$ ) and anxiety ( $g = 0.94-1.18$ ) and also showed positive outcomes for psychological distress ( $g = 1.08-1.35$ ). The findings of these studies showcase that there is a substantial increase in the requirement of psychological support through the pandemic situation in Australia. They also demonstrated the effectiveness and versatility of ICBT programs in treating symptoms of depression and anxiety (Mahoney et al., 2021).

The global impact of the pandemic related financial stresses upon mental health was further noted in the Chinese population where higher depression and anxiety levels caused by worries related to study, job, income, and debts were displayed. (Li et al., 2020). The mental well-being of the Canadian population also gained significant attention after the pandemic struck where it was observed that people had high levels of anxiety about returning to work and were fearful of not being able to interact with others

## ***The Ostrich Community Internet-Cognitive Behavioural Therapy Program for Distress***

with the prospects of a second wave of the coronavirus. Ontario residents received support from their Government for getting free online access to mental health resources, including internet-based Cognitive Behavioural Therapy programs including Beacon Digital Therapy by MindBeacon and AbilitiCBT by Morneau Shepell. Both these programs provided comprehensive guidance and support by professional therapists directed towards helping the people to develop strategies and skills required for successfully addressing symptoms caused by depression and anxiety (AFHTO, 2020).

Research studies and surveys have demonstrated CBT's growing importance in the psychological treatment of a variety of disorders (Norcross, Karpiak & Santoro, 2005). The factors that support CBT's increasing adoption include well-articulated principles along with self-help books that accurately define the approaches of CBT. Furthermore, the structured manualised approach and short-term nature of CBT treatments facilitate empirical investigation and has led to an impressive number of studies with evidence based results demonstrating its effectiveness. Butler, Chapman, Forman, & Beck (2005) examined 16 meta-analyses of 325 clinical trials of CBT applied to diverse clinical populations to determine its effectiveness for treating anxiety disorders, mood disorders, anger, marital distress, chronic pain and childhood disorders. They reported that CBT treatment generated extensive improvements compared to control groups for depression, anxiety, panic disorder, social phobia, and posttraumatic stress disorder, conditions which would have expected relevance for people experiencing financial stress. CBT was more efficacious than antidepressants in adults. In more recent years, CBT has even achieved recognition in the field of treatments related to schizophrenia and bulimia. Considering these outcomes, various researchers and clinicians have started to propose altered approaches concerning CBT in the field of psychopathology and psychotherapy, and Linehan (2018) developed Dialectical Behavior Therapy to help people with borderline personality disorders.

Studies have also confirmed the utility of CBT in addressing substance abuse concerns. In the United Kingdom, a computerised treatment and recovery program known as Breaking Free Online (BFO) was developed to help substance abusers use computerised CBT as a form of self-help therapy that they could access in the privacy of their own homes, and without having to feel embarrassed about being seen at a drug clinic. Elison, Davies and Ward (2015) highlighted psychometric outcomes through data collected from 393 services using online support concerning misuse of substances through the BFO platform and found significant advancements in quality of life and psychological functioning, and a reduction of intense dependence on drugs and alcohol, anxiety, and depression.

Gambling disorder or problem gambling which involves excessive gambling is perhaps psychologically related to the accumulation of debt in terms of the financial stress that is experienced. Schaffer and Martin (2011) observed that in problem gambling, individuals maintain the hope that they will gain money despite the realistic probability that they will lose. It has been noted that problem gambling triggers negative consequences for the gambler and/or people in their social circle along with the community (Blaszczynski and Nower, 2002; Molander et al, 2020) which again could be parallel to the experiences of people in debt. Behavioural, cognitive, and integrated CBT are currently leading the therapy trends following extensive outcome research related to gambling issues with positive results for treatment groups compared to control groups. (Grant & Potenza, 2007). CBT and behavioural therapies have several additional benefits in cost-effectiveness, long term impact and availability of booster sessions to help prevent relapse. A considerable portion of the treatment aims at offering assistance to the client to deal with issues related to and resulting from their gambling addiction. CBT helps gamblers to develop coping skills, including life and social skills and in reducing problem behaviours, thereby ensuring long-term benefits.

## CONCLUSION

Internet-based Cognitive Behavioural Therapy covers a range of topics including Cognitive Restructuring, Behaviour Activation, Psycho-Education, Behaviour Monitoring, and more. All these programs are formed on self-help interventions, delivered through audio files, video clips, and textual content. Few ICBT programs are complete self-help-based courses that do not require any human support, contact, or guidance, while several others also include expert guidance from a therapist to increase the overall efficacy. Another benefit of these programs is their easy to access setup, where they can be used anytime and anywhere they have access to a stable Internet connection. Its scalability and aptness make it a befitting treatment option for a large number of individuals who tend to avoid seeking help for their mental well-being, particularly due to issues around shame. Thus, following an ICBT program will be a valuable addition to the conventional face to face psychotherapy and primary healthcare facilities (Zhou et al, 2016).

The National Institute for Clinical Excellence (NICE, 2009) advised generally that CBT played an essential part in effective anxiety and depression disorder management. It also advocated that these should be treated as ‘first line’ therapies of choice, as they are equally beneficial to antidepressants (Hofmann & Smits, 2008; Roy-Byrne & Cowley, 2007). Moreover, CBT is also a highly compatible process when paired with medication (Hollen et al., 2002). However, Hess (2006) emphasised that more studies should be performed to analyse CBT with other therapies before it gets the ‘first line’ title and that numerous other therapies are equally successful and have not received enough financial support or acknowledgement as. CBT has received the most attention and its structure and manualised style make it easier to conduct randomised controlled trials than other therapeutic approaches that might be just as valid. Regardless of these ongoing debates, the evidence base for CBT has been well established, especially for anxiety and depression disorders (Butler et al. 2005, Cuijpers et al. 2008, Hofmann and Smits, 2008).

The rationale behind the Ostrich program is that debt is a significant risk factor for mental health issues such as depression, anxiety and stress (Department of Health, 2011) and interestingly, there appears to a shortage of emotional support that is suitable or targeted towards these individuals. Furthermore, there has been a lack of co-ordinated multidisciplinary treatments available, which are tailored to encompass debt support with emotional support together (Dorling, 2009). Therefore, this program was designed to fill this gap.

The research covered in this chapter clearly highlights the increasing worries about the health and well-being of individuals who are in financial troubles and the correlation between mental health and debt is becoming more evident now since the current economic downturn due to the COVID-19. There is a shortage of co-ordinated activity between health and financial organisations which should be addressed by the UK government and this is an area that Ostrich Community would like to research further.

The recent qualitative research on the Ostrich Community has given some exclusive insights into the lived experiences of indebted individuals in the United Kingdom, and particularly, the ways wherein their financial issues, health problems, life events, and poor financial decisions may be linked. Further research is needed to understand more fully both the impact of being in debt and the interventions that help to relieve the associated emotional issues.

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