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Mind the Gap: Do Librarians Understand Service User Perspectives on Bibliotherapy?

Liz Brewster, Barbara Sen, and Andrew Cox

Abstract

Bibliotherapy schemes aim to improve mental health and well-being. Schemes focus on engagement with either imaginative literature or self-help texts and are now commonplace in U.K. public libraries. Impetus for bibliotherapy schemes was influenced by health policy and a drive toward partnership working. There is a recognized need for in-depth evaluation of bibliotherapy services; the lack of evaluation is problematic, as the schemes are designed without reference to service user perspectives. There is a need to identify and analyze usage to assess effectiveness of the schemes. Drawing on data from interviews and focus groups with library and health professionals and service users, this article explores the service provider and service user perspective on bibliotherapy schemes. It concludes that—for service providers—there is a lack of clarity and understanding about how bibliotherapy works, and this impacts on the experience of service users. While service providers and service users share a common goal of improving mental health and well-being, their understandings of bibliotherapy differ, meaning there is a potential gap between service provision and service user needs. The article concludes that in-depth research influenced by user-centered design principles, may help to improve services in practice.

Introduction

Bibliotherapy is the use of written materials (fiction, nonfiction, or poetry—typically in book form) as psychosocial support or psychoeducational treatment. Since 2001, bibliotherapy schemes have been offered in U.K. public libraries, and surveys reveal that librarians play a significant role in managing these schemes, often in partnership with healthcare providers (Hicks et al., 2010). The aim of the schemes is to provide access

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to selected materials, which will have a positive impact on mental health conditions and general well-being.

Recent U.K. government initiatives focus on the measurement of well-being as an indicator of social conditions, placing improving well-being at the center of government policy (Matheson, 2011). Current government health policy emphasizes the importance of information provision and a life-course approach to tackle mental health problems (Department of Health, 2011). Bibliotherapy is a nonmedical intervention that fulfills these agendas and enables public libraries to contribute to this broad well-being agenda. It can contribute to desired outcomes as a cost-effective, nonmedical resource to improve mental health and well-being (Bower, Richards, & Lovell, 2001). Although bibliotherapy as a concept has been in use since 1916, these recent developments have led to a resurgence of the practical application of bibliotherapy in the United Kingdom (Crothers, 1916).

Bibliotherapy schemes have achieved widespread popularity in the United Kingdom, with over one hundred local authorities operating a scheme, but there is a lack of up-to-date knowledge about current practice (Frude, 2008; Hicks et al., 2010). The present article makes a timely contribution to updating knowledge of existing schemes, examining their strengths and weaknesses in light of questions of user-centered design (Blomkvist et al., 2003). The article demonstrates the need to comprehensively evaluate the schemes and to translate this evaluative research into practice and policy to improve the accessibility and usefulness of bibliotherapy schemes.

The focus here is on the relationship between bibliotherapy schemes and the use of reading as therapy by people with mental health problems. There is currently top-down implementation of service provision, coupled with limited evaluation of bibliotherapy services, with service providers not fully identifying all of the uses and benefits of bibliotherapy, leading to an undervaluing of the services. In the current challenging financial environment, it is important for public libraries that their contribution is recognized. The research identifies new directions for policy and service provision, focused on a user-centered perspective to improve well-being and enable libraries to demonstrate how they are an important source of health and well-being information and support.

The data presented here are taken from two exploratory studies of bibliotherapy conducted for masters-level and doctoral research at the Information School, University of Sheffield (Brewster, 2007, 2011). The article is set out as follows. Bibliotherapy is first discussed and defined in relation to the research literature. The article examines the three models dominant in the United Kingdom, then considers the context in which these schemes have emerged, revealing a limited evidence base for the design of the schemes and a top-down approach to implementation. The main data collection methods (interviews and focus groups) and theoretical

framework (interpretive interactionism) are outlined. The findings highlight that library and information services staff and their colleagues in the health sector have been unable to evaluate the schemes, driving their direction without user input. The findings then explore interview material gathered from service users to draw a contrasting picture of how readers use books to improve their well-being, identifying a gap in understanding between service providers and service users. Practical examples of user-centered bibliotherapy are presented. Finally, the outcomes of the analysis are discussed, focusing on the value of conducting research that can be taken forward to inform policy and practice, and the article concludes with recommendations for practice.

Bibliotherapy in the United Kingdom

Bibliotherapy is defined as "a form of supportive psychotherapy in which the patient is given carefully selected material to read" (National Library of Medicine, 2009). This definition is concise yet limited, in that it does not engage with the recent U.K. practices of bibliotherapy. There are currently three main models of bibliotherapy used in the United Kingdom, with some variations. One model, Books on Prescription, provides a list of recommended cognitive-behavioral therapy (CBT)-based self-help books to access and use as psychological treatment (Frude, 2004). The second model, the Reading and You Service (widely known as RAYS), operates groups that read aloud and discuss selected fiction and poetry and also focuses on individual discussions and other therapeutic activities, including creative writing (Duffy, Haslam, Holl, & Walker, 2009). The third, Get into Reading, is similar to RAYS but focuses only on group reading of a smaller canon of texts (Dowrick, Billington, Robinson, Hamer, & Williams, 2012). As more creative models, RAYS and Get into Reading have a social understanding of mental health problems, providing psychosocial support.

The aim of Books on Prescription is to provide self-supported psychological treatment. Its emergence as a scheme was motivated by increasing demands on psychological care that could not be met by current resources (Frude, 2004). Patient dissatisfaction caused by increased waiting times for psychotherapy was also a factor considered in the implementation of the scheme, combined with a need for cost-effective, accessible, evidence-based care for mild to moderate mental health conditions (Frude, 2008). Thus, the model was designed using the existing infrastructure of health care in general practice (e.g., physicians' surgeries) and the public library to widely distribute evidence-based CBT resources using a prescription method (Frude, 2004). The model transferred findings on the effectiveness of self-help bibliotherapy and guidance from the National Institute for Health and Clinical Excellence (NICE) into practice (NICE, 2004; 2011). The focus of the scheme around a specific booklist of mainly CBT-based self-help texts means that it is the least flexible model of bibliotherapy currently operating, and there have been criticisms about its accessibility

for those with lower literacy levels (Richards and Farrand, 2010; Martinez, Whitfield, Dafters, and Williams, 2008).

While over 100 Books on Prescription-type schemes operate in the United Kingdom, there are no national standards, and there is some disparity in service provision. A lack of evaluation means that variations in service provision are not always in response to service user feedback but may alter because of other external pressures. For example, some public libraries just hold the collection of titles and do not facilitate access via prescription because the local health service is not in a position to run a partnership scheme. However, differences may also be taken as evidence that some schemes are responsive to service user needs—for example, public libraries in the metropolitan borough of Tameside (2011) now provide shorter titles with lower reading ages; online, DVD, and audio resources; and self-help books in community languages. There is a need for localized understandings and adaptable models responsive to the needs of those who use bibliotherapy schemes.

In contrast, RAYS can be regarded as the most flexible model of bibliotherapy currently operating; it uses any imaginative literature, including contemporary and classic novels, short stories, and poetry to achieve its aims of increased public library use, enjoyment of literature, and awareness of the well-being benefits of reading (Duffy et al., 2009). The project developed over time to include work with people with more enduring mental health problems and adapted to meet their needs. Its work also aims to be socially inclusive, engaging with people who may not usually use the library and offering outreach work in a variety of locations as well as working with groups in the public library (Duffy et al., 2009).

The final model of creative bibliotherapy currently in operation, Get into Reading, emerged from the School of English at the University of Liverpool. The aims of this project include providing increased access to the literary canon (e.g., Dickens, Tolstoy, or Tennyson) and self-improvement (Davis, 2008). As the project evolved, there was a shift from the recognition of the educational benefits of reading to the health and well-being benefits. Get into Reading is regarded as a social outreach project, aiming to tackle the problem of the low number of people—particularly from deprived backgrounds—reading the literary canon. Its focus on perceptions of high-quality literature makes it less flexible than other models of creative bibliotherapy, although it responds to the needs of those participating in its reading groups by reading aloud and focusing on short stories rather than novels with some groups (Dowrick, Billington, Robinson, Hamer, & Williams, 2012).

The design of the Get into Reading scheme also excluded the views of service users within its construction. The formulation of the scheme around the literary canon, reading books that are regarded as "classics," implies the placing of a value judgment on literature, suggesting that some

titles are better for the reader than others. As Gold (1990, p. 24) states, "What is regarded as great literature is what the authorities have decided will last," critiquing notions of the literary canon in relation to narratives of power. Similar debates abound throughout the academic literature discussing the provision of materials in public libraries, with some authors concluding that the aim of libraries is to provide literature for the betterment of the general populace, with others arguing that libraries should provide the materials that readers want to read rather than those they "should" read (Black, 2006; Stewart, 2006; Usherwood, 2007).

The conceptualization of classic literature as the correct literature to read does not allow the reader to place their own value judgment on the texts and does not allow for the possibility that the reader will not enjoy the texts. This contrasts with the other creative bibliotherapy scheme (RAYS) operating in the United Kingdom, which places an emphasis on the idea that "there are no right or wrong books to read" (Duffy et al., 2009). Their statement that "every response to the novel is unique to the individual" suggests a more socially inclusive scheme, focused on the use of a variety of literature (Duffy et al., 2009). As outlined, RAYS can be considered to be the most flexible model of bibliotherapy, using all imaginative literature and poetry as needed. However, in practice, there are still some aspects of bibliotherapy required by participants that are not included, such as accessing practical, symptom-related information.

The emergence of these three schemes has been influenced by developments in health and social policy, including an increased focus on social well-being, particularly with regard to Books on Prescription, which meets a distinct policy need. Bibliotherapy schemes emerged to fill a very real need at times of limited funding and increased demand on psychosocial and psychoeducational methods of support. However, they also demonstrate that factors other than service user needs have an impact on the provision of services. Research from other disciplines including assistive-technology research and information systems design emphasizes that user-centered design perspectives may create services that fulfill service user needs more efficiently, more effectively, and with greater benefit to service users (Blomkvist et al., 2003; Newell, Gregor, Morgan, Pullin, & Macaulay, 2010). The integration of user-centered principles into the provision of library services has also been widely discussed but not consistently applied (Dalrymple, 2001; Zweizig, 1976; Zweizig & Dervin, 1977). The present article therefore aims to answer the research question of whether this model of service delivery has led to gaps between the understandings of service users and service providers regarding bibliotherapy.

Research Design

Interview and focus group data form the basis of the research discussed in this article. The research was conducted from an interpretative per-

spective, meaning that there were no preconceived expectations of the outcome. An ethnographic approach was taken to data collection and analysis. While this approach is not widely used in library and information science (LIS) research, it allows the opportunity to examine phenomena in depth and in context. An ethnographic approach is appropriate in light of the aim to analyze the relationship between the schemes as they currently operate and the wider use of bibliotherapy by people with mental health problems.

For this study, the ethnographic approach known as interpretive interactionism was chosen as an analytical framework. Interpretive interactionism concentrates on understanding individual or private experiences and contextualizes them in the "public reactions" to these individual experiences (Denzin, 1989, 2001). There was a need to critically analyze bibliotherapy schemes (the public reaction) and to explore service user perspectives (the private experience), which meant that interpretive interactionism presented a useful framework for answering the research question. Interpretive interactionism is ideally suited to examining gaps between service provision and experience (Denzin, 2001) and can be used as an "evaluative" research method, examining whether "policies and interventions actually benefit the people the schemes target" (Mohr, 1997, p. 273).

Data Collection

In-depth interview and focus groups allowed for the collection of rich, detailed data. Three periods of data collection were undertaken: professional views from librarians and health care staff about bibliotherapy were gathered in three snapshots, with interviews in 2007, focus groups in 2009, and further interviews in 2009–2010. Service users were interviewed in 2009–2010. For all strands of the research, a convenience sampling method was used, talking to all participants who volunteered to be interviewed and met these criteria.

Interviews, 2007. Twelve public librarians were interviewed for the dissertation element of master's research (Brewster, 2007). Interviews were in depth, ranging from twenty-five minutes to forty minutes in length, and were audio-recorded and fully transcribed, and questions included what respondents understood by the term *bibliotherapy*, how bibliotherapy schemes were run, and what role the public library had to play in the implementation of bibliotherapy schemes. An e-mail was also sent to a listserv of public library staff, requesting help with the research, which provided several contacts for interview. This method of convenience sampling was appropriate because of the sporadic uptake of projects within the United Kingdom and the need to explore a range of views. The final sample of twelve library professionals all had some experience with either Books on Prescription or other bibliotherapy schemes and reader development.

This gave a broad perspective of seven different public library authorities, from which a variety of experiences could be drawn. No demographic data were collected about the sample.

Focus Groups, 2009. The second data collection snapshot was conducted with library, social work, and health care staff. Again, the focus was on staff involved in implementation of current models, but the work was used to confirm relevance of previously established concepts of bibliotherapy. These data were collected as the pilot project for doctoral research. This data collection was conducted at a bibliotherapy conference workshop in 2009. Because bibliotherapy is a small area of research and practice, this conference represented the largest gathering of staff knowledgeable and experienced in the area of research in the United Kingdom. Workshop participants again represented a diverse national sample of staff and experiences.

Workshop participants were asked to discuss questions about the scope, audience, and location of bibliotherapy. The purpose of the second data collection snapshot was to clarify terminology and update research previously conducted (Brewster, 2007). Thirty participants in eight groups contributed to the data. The majority of participants were female, and there was an equal mix of representatives from the library and health sectors. There was also an equal spread of ages represented, but the sample was not ethnically diverse. A basic thematic analysis of the data was conducted, concluding that concepts of bibliotherapy in practice emerging from research in 2007 were still relevant.

Interviews with Professionals and Service Users, 2009–2010. The findings from the first data collection snapshot in 2007 highlighted the need to talk to service users about their experiences, with library staff highlighting the need for further evaluation, and formed the basis of the justification for the doctoral project. Interviews were thus conducted for doctoral research with twenty-seven service users and six professionals involved in facilitating bibliotherapy schemes (a mental health policy advisor, a clinical psychologist, two managers of a bibliotherapy scheme, and two bibliotherapy group facilitators). Interviews lasted between forty and ninety minutes and were all audio-recorded and fully transcribed. Questions centered on how a service user could used a bibliotherapy scheme to manage their mental health, what books were included, the experience of running a bibliotherapy scheme, and how bibliotherapy formed part of a service's strategic planning.

For this doctoral research, five areas of the United Kingdom were selected as representing different models of bibliotherapy, and staff and service users were recruited via gatekeepers, as is common in ethnographic research. Advertisements in public libraries were used to recruit service user participants, and recruitment initially focused on participants in formal bibliotherapy schemes. As recruitment progressed, public library

users with mental health problems who identified with the concept of bibliotherapy also volunteered to participate. These participants' experiences of using therapeutic reading had obvious implications for current models of bibliotherapy, as they are potential users of the schemes, and are included in analysis presented here. Pseudonyms are used throughout this analysis to maintain confidentiality of service user participants. The participants represented a diverse sample of the population in terms of gender, age, and socioeconomic background.

Analysis

Interview design analysis was conducted according to Denzin's (2001) interpretive interactionist criteria ensuring that rich, descriptive data were gathered. Analysis of interview data took influence from Merrill and West's (2009) guidance on how to read interview transcripts and identify the key themes within them. A coding structure, based on close reading of the data, was constructed using NVivo 8. The approach was similar to pattern, or focused, coding, which aims to define and organize codes to refine the structure (Saldaña, 2009). This structure was then used to code all transcripts. A process of simultaneous coding was adopted to address the complexity within the transcripts, and codes were allowed to overlap to express multiple meanings and conceptualizations (Saldaña, 2009). The coding framework and conclusions from the data were regularly discussed by all the authors to provide additional insight and consider other perspectives on the data.

For this article, quotations from interview transcripts have been edited for clarity, but care has been taken throughout to contextualize comments and maintain an accurate sense of the conversation as recorded. The sensitive nature of the data collected, some of which was highly personal to participants, meant that maintaining confidentiality and following ethical guidelines was seen as paramount. The University of Sheffield's ethical research policy was followed throughout the research, complying with guidelines for participant safety and anonymity.

Findings

First, this section addresses the key questions asked of public library and medical professionals throughout all strands of the research—What is bibliotherapy? Who is bibliotherapy for? How does it work? Second, it examines the service user perspective on bibliotherapy, focusing on the way that bibliotherapy is used in practice. These differing perspectives are then drawn together in summary before being further considered in the Discussion.

Professional Perspectives on Bibliotherapy

Staff felt that bibliotherapy should be for everyone but might be more appropriate for people with mild to moderate problems: "Bibliotherapy

is for people who are 'self-helpers' rather than with acute psychological disorders" (focus group two, 2009). On the whole, library staff thought that "it's for people with mild to moderate anxiety or depression" (focus group three, 2009). There was a strong feeling that bibliotherapy schemes should be provided in accessible and nonthreatening environments. Libraries were mentioned as an example, but it was felt that other safe environments were also appropriate locations: "Libraries [are the] perfect partners but can it happen anywhere where people can access? Prisons, schools, health centers, care homes, hospitals, homes, where ever it is needed" (focus group six, 2009). The mix of expertise between library staff and health care workers was seen as the key to establishing successful partnership working schemes: "Bibliotherapy should be provided by libraries and health sector working in partnership. Two areas of expertise coming together" (focus group one, 2009).

However, these questions of who bibliotherapy is for and how it works were often not easy to answer, due to the lack of in-depth evaluation. Library staff often noted that the impact of bibliotherapy schemes is difficult to ascertain, and thus the true value of such schemes is difficult to evaluate:

> The anonymous nature of libraries . . . it makes it difficult to know what it is that people are getting out of the books that we lend them . . . but we assume that some people are getting amazing things out of them. Life changing things really . . . but we don't know because we don't ask them, and it's not for us to ask. It's a private thing that they're doing" (librarian, 2007).
>
> I hope that the more information that people can get about any sort of condition, situation, problem that they have, the more likely they are to improve on it . . . I think it must be helping people, just having it there, and there has been some research done that shows it has been beneficial but as I say, it's one difficulty, getting libraries to know, because they don't come back and say I borrowed that book and now I'm better (librarian, 2007).

These quotes show that conducting evaluation research on services can be difficult, particularly when the service has "soft" outcomes such as improvement in mental well-being and mental health. As with all mental health treatments, it is also difficult to attribute improvement in well-being to one aspect such as a bibliotherapy scheme or counseling. Often a combination of contextual factors also contribute to improvement in mental health, and it can be difficult to ascertain the impact of one element of a treatment plan.

Due to the difficulties of evaluation, it was difficult to integrate service user views in use or evaluation: "I've no idea. I mean, it's not one of the things that we are privy to, we don't get that sort of feedback [from service users]" (mental health policy advisor). Evaluation of the scheme was instead based on a quantitative measurement of book issue figures, with

the increased borrowing figures taken as an indicator of success: "Our statistics are mainly based on what books are being borrowed . . . in terms of people's opinions of whether they think it's a good thing or a bad thing—we've never had a feedback form" (mental health policy advisor). The value placed on the scheme directly relates to figures showing how many people had used the scheme, negating the need for further evaluation. All library and health staff interviewed felt that the evaluation of bibliotherapy schemes is often difficult, but is highly necessary to ensure the quality of the scheme: "There is a need for evaluation models and a system all partners can use—case studies etc." (focus group one, 2009). Library staff commented that this was not always a simple matter: "There is a difficulty of measuring outcome—perhaps a need to link to other projects" (focus group three, 2009).

This ambiguity in evaluation attached to self-help and creative bibliotherapy schemes emphasizes the need for research examining the perspective of users of the service. As will be shown, service user views differ and they use any form of literature to find information, access escapism, or as a form of emotional engagement as needed.

Service User Applications of Bibliotherapy

Turning now to the interview data with users of bibliotherapy, analysis shows that uses of bibliotherapy in practice were highly varied. Participants in this research were often library users who identified with the concept of bibliotherapy but had not engaged with a formal bibliotherapy scheme. Their independent use of the practices of bibliotherapy presented a rich picture of experiences of reading to maintain good mental health and well-being.

Several important findings emerged in discussion with service users, centering on the impact of symptoms of mental health problems on the ability to read. Many participants found that when they were experiencing symptoms, they were unable to read information about how to manage mental health problems. Nathan, for example, found his symptoms affected his choice of texts. He tried to read books about depression to understand his condition but could not: "I couldn't engage with it at all. I think because I was still too depressed to settle. I'm still too anxious and depressed to do that effectively." Nathan's experience has implications for the current models of bibliotherapy such as Books on Prescription that recommend informational self-help titles.

Similarly, some participants felt that the texts they were able to read when depressed differed, with Olivia admitting that when she was feeling low, "I find that escapism is much preferable." Examples of authors regarded as escapist included Terry Pratchett and Stephen Fry. The accessibility of these works was their light-hearted, humorous nature. For Olivia, these texts engaged her attention without challenging her emotional state

of mind. This need to read nonchallenging literature would impact on Olivia's ability to engage with the aim of the Get into Reading scheme to read "classic" literature and be emotionally engaged by it. Olivia, along with several other participants, read children's books when depressed or anxious because of her desire to avoid difficult emotional content: "I really can't cope with big themes, like love and death and people having intense emotional traumas. Which unfortunately does actually rule out a lot of what you might call literature." Other examples of favored texts read at difficult times included crime fiction and narrative nonfiction. For Nathan, it was the familiar tropes of crime-genre fiction that provided him with the escapism he needed: "I read detective stories of the rather old-fashioned, very safe type. I think I wanted reassurance that there were boundaries. Despite the fact that somebody's been hideously murdered in the study, there is a safe boundary all around it and someone's going to come along and solve it."

For most participants, engagement with literature changed over time. For example, Nathan found that as his symptoms started to decrease, he decided to try to engage with some of the texts he had bought to educate himself about his symptoms. Taking the example of *Sunbathing in the Rain* by Gwyneth Lewis, which Nathan had been initially unable to read while acutely depressed, he commented that "it was a good book but I thought she doesn't quite communicate the horror of it, and interestingly when I was depressed, I couldn't tolerate even the gentle approach she made." This changed perspective on the title demonstrates that participants' use of reading as therapy is affected by their personal situation and that different types of bibliotherapy may be appropriate at different points in their lives.

Large numbers of self-help books are available in the United Kingdom, with around thirty CBT-based titles recommended on Books on Prescription booklists. Not all participants felt there was value in using self-help books for therapeutic purposes. Connor was familiar with CBT-based therapy, finding its techniques useful in coping with depression. Nevertheless, he did not see the benefit of reading about CBT, preferring to access therapy through a face-to-face model: "I think I've got a reasonably good understanding of [CBT]. I use it a lot. But I don't think I've learned it from a book."

Vivienne felt that while there were texts that she found helpful in coping with a bereavement, these were not necessarily to be found within the corpus of self-help literature: "There's loads and loads of self-help books out there, but they're not necessarily the ones that will inspire you." Alfie recognized that people required high motivation and concentration to use self-help books successfully, which may have been problematic for people with symptoms of mental health problems such as low motivation and concentration: "Self-help books are very good but the point is a lot of the

time you've got to stick at them, ain't you?" The comments of Vivienne, Connor, and Alfie demonstrate that, for some people, self-help therapy may not be an option.

Summary of Findings

To summarize, the findings indicate that while service providers endeavor to provide a high-quality service that helps those with mental health problems to access titles suitable for their condition, there are difficulties in evaluation that have meant that the services are not as user-centered as many librarians would consider appropriate. The cost of evaluation, the difficulty of measuring soft outcomes, and the role the schemes play in fulfilling policy initiatives to tackle poor mental well-being in the community have led to the development of schemes that have foreclosed in-depth, service user–driven evaluation. There is broad agreement within the profession about the role of bibliotherapy, the appropriate service users who may benefit, and the need for stronger evaluation. This agreement is not necessarily reflected in the views of those using bibliotherapy.

Interviews with service users have shown that there are ways that bibliotherapy is used that are not currently recognized within the research literature or schemes. For example, the finding that people who are depressed find it difficult to read about depression and its treatment has implications for current models of Books on Prescription. The need for an ability to concentrate and to cope with complex themes to read classic literature were also mentioned and show that, for some service users, the Get into Reading model may not be the most appropriate. The following section draws together these findings using the interpretive interactionist framework to analyze the differing perspectives presented by service users and service providers. Analysis shows that these two groups might have different priorities and concludes that there needs to be adequate evaluative research conducted to ensure that services are designed with service users in mind.

Discussion

Several key points emerge from the analysis of interview and focus group data. First, there are a number of problems with evaluating practice in the public library. Resources and research skills are vital to conduct an in-depth evaluation of services with vulnerable service users. Current service provision has been evaluated using book issue statistics, but these statistics are not reflecting both the strengths of the services and the problems with service provision and access. The uses of bibliotherapy by people with mental health problems are not widely understood or appreciated because of the problems with evaluating bibliotherapy schemes, including the cost of the evaluation and the difficulty of measuring "soft" outcomes like improved well-being. There is a need for either library staff to possess

skills to design appropriate data collection instruments to gather service user views or to commission independent evaluation of the schemes by LIS researchers to improve understanding.

Nevertheless, as noted by library staff, the anonymity of the bibliotherapy schemes is an important characteristic of their current popularity, allowing service users to access texts without having to self-justify. Awareness of the anonymity of bibliotherapy schemes, and of the public library in general, may be a key aspect of service users' willingness to use bibliotherapy, although this was not discussed by service users in this research. All service user data presented in the findings section are anonymous, and while service users were aware they would not be identified in the research, they all still chose to identify themselves to the researcher—suggesting that anonymity is not a key concern for participants in this research. This may be a limitation of using a self-selected sample of participants in the research.

Professional Understandings Differ from Service User Perspectives

The second key point of the discussion is that service users have different objectives than those running the schemes. Although the aim of the schemes and the service users is the same—to improve mental health through reading—from the point of view of service users, the important element of bibliotherapy is its outcome rather than the text used, which differs from the perspective of many service providers. Investigation of the independent use of bibliotherapy by library users to manage mental health problems has emphasized that there are some aspects of bibliotherapy that are not currently understood or integrated into service provision. For example, the inability of some participants to read about how to cope with mental health problems is not acknowledged within Books on Prescription schemes. Recognition of these factors is key, as their identification may contribute to service improvements. Public library staff and health professionals also felt that bibliotherapy should be used for people with mild-to-moderate mental health problems, while those using bibliotherapy in this case had a much more diverse set of diagnoses. This shows that there may be uses of bibliotherapy that have previously not been integrated into service provision.

The findings from this study have significant implications for practice. The initial implementation of bibliotherapy in response to policy needs, and the perceived high costs of evaluation has not left space for the evaluation of user views and revisions to schemes in line with these views. Investigation of the relationship between health and social care policy and the implementation of bibliotherapy schemes also highlights the limitations placed on current bibliotherapy schemes, which are framed within specific guidelines imposed on a top-down basis. This study has shown that working closely with service users will lead to the improvement of

services in line with their needs and help to identify future directions for services and highlighted that public library staff recognize this need for a more user-centered service but lack the training and resources to instigate this (Brewster, 2007). If evaluation is conducted, resources also need to be available for the changes recommended by service users to be implemented, creating a further barrier to user-centered service provision.

The Limitations of Current Evaluation

Thus, a fragmented picture emerges, in which different models of bibliotherapy have come to prominence in response to local pressures and requirements and have been sustained by current national agendas in health and social care. While they are designed to fulfill wider agendas, this does not necessarily allow them to be responsive to the needs of people with mental health problems, who may benefit from using the bibliotherapy service. Relating this to the aims of Denzin's (2001) interpretive interactionist approach, it is therefore not evident if these schemes meet the needs of those using the services. There has been little in-depth evaluation of the use of bibliotherapy schemes in the United Kingdom, despite their rapid proliferation throughout the country. The need for critical investigation and evaluation has been discussed throughout this article and should be implemented with the aim of affecting service provision.

As previously discussed, these current models do not fulfill all the needs of participants because their focus on specific texts (e.g., CBT or the literary canon) limits the ways in which interaction can be shaped. However, personal understandings presented by participants in this research challenge some aspects of current models. For example, the majority of participants who engaged with literature for information and self-education did not use a CBT-book prescription-based model to access this information. While some participants could see the value in recommended book lists, the data showed that participants in this research have a wider conceptualization of bibliotherapy in practice.

Relating these findings to previous knowledge is complicated by a lack of previous independent research on the subject. Two major surveys of bibliotherapy and of health and well-being provision in the public library were conducted by Hicks (2006) and Hicks et al. (2010). Initial conclusions from Hicks (2006) centered on the limited engagement with bibliotherapy in the United Kingdom; by 2010, although many more public libraries were providing resources in this area, Hicks et al. (2010) concluded that public libraries needed to think more strategically to ensure that their health and well-being offer was recognized as such. While this is an important consideration, the proposed solution of a top-down, centralized core offer concerning health and well-being services would continue to focus attention on the views of the key opinion leaders who form the

basis of Hicks et al.'s (2010) analysis and would not consider service user needs at a local level. While Hicks et al. (2010) present an argument for a national minimum standard of delivery, the research presented here shows that there would be benefits to using in-depth user-centered research as a driving force for these changes to service provision. Implementing a more user-centered design process would help to address previously unrecognized aspects of bibliotherapy services, such as service user difficulties in reading information about coping with mental health problems when experiencing acute symptoms.

Creating a User-Led Service

The findings presented here highlight the main conclusion of the study, demonstrating that there is a gap in service users' understanding of bibliotherapy and that of service providers. While bibliotherapy schemes are regarded as successful within the sphere of library and information services practice, these findings show that if service providers were able to capture and understand the impact of bibliotherapy on those who use reading as a supportive therapy for mental health problems outside formal schemes, then this would improve services and make them more user-centered. The findings support the recommendation that there is a need to implement and modify bibliotherapy schemes in line with service user needs, rather than from a top-down policy perspective. Talking to service users also helps to identify previously unrecognized benefits that may not have been considered and thus have not been promoted to other service users. These include reading escapist literature and being unable to read about depression or to read classic literature while experiencing symptoms of mental health problems.

Conclusions and Recommendations for Practice

Identified stakeholders in bibliotherapy schemes include librarians, health professionals, service users of bibliotherapy schemes, people with diagnosed mental health problems who may not yet use bibliotherapy schemes, and library users looking to improve their well-being and prevent the experience of poor mental health. An increased awareness of the potential uses of bibliotherapy, including those presented here, will benefit all stakeholders. On a practical level, there is a need to create more service user-led models of bibliotherapy to provide guidance on how to improve current schemes. Recent health care policy has focused on patient involvement and patient choice and with the aim of ensuring that services are user-centered to help to improve interaction with the service (Department of Health, 2001, 2004, 2007). Service providers could benefit from engaging with people with mental health problems, including those who do not regularly use the library, to establish their needs and improve bibliotherapy schemes in practice.

Some limitations to the study should be acknowledged. The interview sample was self-selecting, which means that only those interested in talking about bibliotherapy contributed to the research. While the sample still represents a diverse cross-section of the potential population, further research is still needed to explore uses of bibliotherapy throughout the United Kingdom. The purpose of the study is not to provide specific generalizable recommendations but to demonstrate that the current lack of evaluation leads to a lack of awareness of the varied needs of service users and an underappreciation of the uses and benefits of bibliotherapy.

Current models of bibliotherapy operating in the public library do not map directly onto service user understandings and their interaction with texts as therapy. Therefore, communication with those using the services is vital to understand their needs and use of texts. This communication will inform service design and provision, enabling service providers to bridge gaps that might exist in understanding users' needs. The main implication for service providers is that they need to be aware that there should be flexibility within their models of bibliotherapy. Consultation with service users is therefore essential. Bibliotherapy is a powerful tool for mental health if used correctly, and user-centered design principles will help to achieve this aim.

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