

Bibliotherapy Programmes in Dublin Public Libraries: A Case-Study of Dublin City, Fingal and South Dublin Public Library Services.

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Abstract. Approximately one in four people suffer from mental health problems during the course of their lives, yet mental health is a taboo subject of which many people are ashamed (Department of Health, 2011). The aim of this research was to investigate bibliotherapy services in Dublin's public libraries in order to discover best-practice for implementing a therapeutic reading programme in a public library environment.

Keywords: Bibliotherapy, mental health, public libraries, implementation

1. Introduction

Therapeutic reading has existed in some form or other since the Middle Ages with the term 'bibliotherapy' being created in 1916 by Rev. Samuel McChord. Initially, bibliotherapy was used in hospital libraries and, during World War I, injured soldiers were prescribed reading material to distract them from their ailments or offer something to which they could relate (Jack & Ronan, 2008). With approximately 400,000 people suffering from depression in Ireland (Aware Web site, 2009) mental health is a topic that individuals from every community are dealing with on a daily basis and bibliotherapy programmes raise psychological awareness among staff and patrons by bringing a largely private problem into a public space, thus helping to break down the stigma which encircles mental health.

Bibliotherapy is now offered by public libraries in different countries in partnership with their health systems. 'A Vision for Change', the report produced by the Department of Health and Children in Ireland, identified community support as vital for those suffering from mental health difficulties (Department of Health and Children, 2006). Public libraries in Ireland fall under the Department of Environment, Community and Local Government (2007) and

in March 2007 Dublin City Public Libraries introduced their bibliotherapy programme in conjunction with the North Inner City Partnership in Primary Care, a part of the Health Service Executive (HSE). This was the first of many similar programmes in the country providing a free health service to the community. Fingal Public Library Service was the first to follow suit in May 2008 with their 'Healthy Reading Service', in partnership with the Sisters of Charity and the HSE (Fingal Public Libraries, 2008). The Library Council of Ireland launched a nationwide bibliotherapy scheme in 2009 entitled 'Power of Words' which targeted public libraries throughout Ireland. For this programme, a list of well-respected therapeutic literature and audio material was compiled by the Library Council with the help of Irish-based counsellors, GP's and psychotherapists (Library Council of Ireland, 2009). South Dublin County Council libraries launched their 'South Dublin Healthy Reading Scheme' in 2009 to complement the 'Power of Words' programme. The library service worked with Tallaght Adult Mental Health Service to create two leaflets of recommended reading material, one for adults and the second one designed for children and families (Department of Preventive Medicine and Health Promotion, 2010).

2. Objectives

The original purpose of this study was to answer the main research question:

- How can a bibliotherapy programme be developed and effectively implemented in a Dublin public library environment?

This main question fed into a number of areas including:

- How are bibliotherapy programmes currently being conducted in Dublin's public library services?
- What role do partnerships with health professionals play in bibliotherapy programmes in public libraries?
- How do these programmes impact upon the role of staff in the libraries?
- What, if any, are the barriers to bibliotherapy programmes currently in existence in Dublin's public libraries?
- What are the differences between a bibliotherapy programme in a public library and a similar programme in a health library?

3. Methods

A case-study model was chosen using qualitative research methods as they tend to be associated with interpretative epistemology and relies on understanding with an emphasis on meanings (Scott & Marshall, 2005). This was appropriate for the study as there was a distinct lack of Irish research in this area and the aim was to generate information in order to understand the phenomena. From the beginning the research project focused only on Dublin public library services, as time and financial restrictions limited the opportunity to conduct a nation-wide study. A combination of in-depth interviews and observation data were utilised in this study in order to comprehend specific aspects of bibliotherapy implementations and the library contexts in which they exist. In-depth

interviews made it possible to get detailed information from a small number of respondents from which generalizations could be built (Creswell, 2009) and, in total, eight people were interviewed between 16th May 2011 and 14th July 2011 including five public librarians, two health science librarians and a senior psychologist. Seven of these interviews were held face-to-face, while one was conducted via email due to geographic and scheduling constraints.

The in-depth interviews were conducted in a semi-structured manner using an interview schedule consisting of mostly open-ended questions surrounding the topic areas that needed to be addressed. The flexibility of semi-structured interviews was essential in this study because of the diversity of roles and institutions of the sample; the semi-structured approach allowed them to discuss the topics in a way that was relevant to their role and context. A separate interview schedule was compiled for the health science librarians as many of the public library queries would not cross over to the academic environment. A third interview schedule was developed for the psychologist: this focused on bibliotherapy from a medical perspective. Few of these questions overlapped with the librarian interviews, but similar topics were covered in order to be able to relate the responses directly to those of the library staff.

Observation took place within three libraries in order to better understand the layout of the bibliotherapy collections and accessibility for library patrons.

Sampling

Purposive sampling was used initially for the study as only a limited number of library employees were involved in the bibliotherapy projects directly and would be best qualified to comment on the decision-making and overall design of the schemes. Once the initial interviews were conducted snowball sampling, making contact with potential respondents on the advice of previous participants (Berg, 2007), was used to identify an appropriate health professional as it became clear a medical perspective would help to create a holistic study. The researcher sourced a contact within the mental health sector based on the advice of two public librarians who had worked with the individual when implementing bibliotherapy schemes in their library service.

The interview participants were broken down as follows:

| Participant | Institution | Official Job Title |
|--------------------|---|---|
| P1 | Dublin City Public Libraries | Divisional Librarian (Human Resources) |
| P2 | Dublin City Public Libraries | Divisional Librarian (Marketing) |
| P3 | Fingal Public Libraries | Senior Librarian |
| P4 | South County Dublin Public Libraries | Senior Development Librarian |
| P5 | South County Dublin Public Libraries | Senior Development Librarian |

| | | |
|----|-----------------------------------|---------------------|
| P6 | Health Library 1 | Liaison Librarian |
| P7 | Health Library 2 | Assistant Librarian |
| P8 | Health Service Executive (HSE) | Senior Psychologist |

4. Results

Features of Programmes

- *Current Procedures*

One of the public libraries and one of the health libraries operate a book prescription scheme utilising professional medical recommendations in the form of a written prescription to be presented by patrons to a member of library staff who 'fill' the prescription by supplying the relevant item. The remaining two library authorities and health library produced booklists or recommended reading which can be sourced either online or in individual branches with items held in an on-site collection. The standard loan, renewal and fines procedures are given to bibliotherapy items in both the public and health libraries and in each case patrons have to be members before borrowing with the exception of the public library prescription scheme which is more flexible; once a name is included on a written prescription full membership and extensions of the general three week loan period are permitted. No fines are charged on bibliotherapeutic material by this service, as it is considered to undermine the whole scheme: "I think to start imposing fines in a situation like that would have been totally counter-productive...." In opposition to this, another respondent mentioned the imposing of fines as a way of reducing any stigma that may arise from giving special treatment to those borrowing items from the collection.

In some cases the bibliotherapy collections appear in designated areas within the buildings based on the size and scope of library branches. One of the health librarians felt that having a specific section makes the collection more visible. In contrast to this, two public librarians were wary of specialised areas for the items: one has inter-filed their collection to allow for subtle browsing of the section while the other identified the problem of stigma if bibliotherapy items are kept behind the desk, away from other borrowers: "books for children with dyslexia...if you put the books in that section the parents know where to go but at the same time you're saying to that child, you're different"

- *Book Prescription vs Collection Displays*

Issues of stigma are prevalent among the schemes, particularly regarding the book prescription schemes and although over one thousand bibliotherapeutic items were borrowed within the first nine months of the Dublin City prescription programme, approximately only forty prescriptions were presented at circulation desks and the service in question ended up purchasing double copies to keep on the shelves for general access. All five public librarians and the mental health professional agreed that book prescription schemes seem unsuitable in an Irish context due to limited anonymity within the small

population of Ireland. Both health librarians agreed with this opinion, and pointed out that their limited clientele have even less opportunity of anonymity in their branches.

Role of Partnerships

- ***Mutual Opportunities***

Each library service worked in partnership with a HSE representative when implementing their programme, who recommended titles for the collection. Similarly, both health institutions compiled their bibliotherapeutic collections with the aid of medical professionals. Partnership with the HSE was fundamental to the success of the programmes as it offered them the medical expertise required to validate the schemes and GP's could support the scheme without having any extra workload. In each case the library services were approached by a HSE body or health professional who initiated the programme. The mental health respondent felt that it was vital to work in partnership with public libraries in this type of scheme rather in order to address and promote mental health in the public sphere. The librarians were equally positive about the partnership pointing out that the mutual benefits for the library and health services involved resulted in a successful collaboration: "it really was a team effort and I think that's how it worked so well."

- ***Promotion of Schemes***

Each library authority used posters and leaflets within the branches to ensure constant visibility of the service as well as online information and one authority linked in with local health centres to increase awareness. Only one authority was provided with funding from the HSE for the printing costs of their posters and leaflets and also had a HSE-funded launch of their scheme. One of the health libraries also launched their programme with the help of their partners from the health centre and their business sponsors. The mental health professional noted that promotion needs to be adopted by the health professional partners as well as the library services in order to make a bibliotherapy scheme more visible and trustworthy.

Brewster (2008) found that public libraries in the U.K. tended to be the main financiers of their bibliotherapy programmes despite working in partnership with health services. These unforeseen costs were a barrier to the schemes as funding often had to be removed from other parts of the library service but the respondents in this research all said that they had a certain budget and worked within this to develop their marketing material, and there was no mention of it being a barrier to the scheme or affecting funding from any other area of the library service.

The mental health professional, however, noted a lack of promotion on the part of the HSE, and suggested that without legitimate support from professional health care workers schemes such as these can often be viewed as amateur and as such patrons may be less willing to avail of them, as occurred with the 2009 'Power of Words' programme developed by the Library Council of Ireland. This was intended as a national bibliotherapy scheme but went largely unnoticed due to insufficient promotion within the health sector.

In terms of self-promotion there is a lack of online visibility of the programmes in Dublin's public libraries which could reinforce the specialisation of them within the wider library services. Currently, sourcing digital material on the schemes is difficult for all but one public library authority, forcing patrons to spend time seeking information which should be clearly signposted on the website, and potentially making them feel stigmatised and their needs neglected.

Impact of Bibliotherapy Schemes on Library Staff

All five public librarians described the bibliotherapy schemes as a formalisation of what library staff have been doing for years, with respondents noting how the open access to libraries results in staff regularly handling queries from those with mental health problems. The bibliotherapy programmes fill a niche, offering a formal booklist to which they can refer borrowers and finally acknowledging the library as a service for everyone in the community including those with psychological problems.

The positive attitude that library employees have towards the schemes was identified as a factor in the success of the programmes. Without enthusiastic and flexible frontline staff the schemes would not work because there would be nobody bridging the gap between members of the public and the library management teams. Only one authority had offered any formal training to staff in relation to patrons with psychological difficulties, and one of the other library services acknowledged that despite the lengthy informal experience of library staff some training around the issue would have been of benefit: "I think an hours training would have been beneficial, yeah, just in bibliotherapy in general and helping people in [relation to] health particularly."

Within the health libraries no staff training was provided with the introduction of the schemes other than information being passed on to frontline staff, but this was not considered to be a problem. The public service that did offer training did so with the help of a psychologist who designed a course for the libraries to inform staff about mental health in general.

Barriers to Programmes

- ***Limitations of Programmes***

The main issue among the public libraries seemed to be that only mental health was included in the schemes rather than general health, which bibliotherapy can also assist with. It was suggested more direct contact with the GP's and other health professionals in the area would have been beneficial in order to get feedback on the programme and develop the service beyond bibliotherapy: "if we had come up with the idea ourselves in the first place we probably might not have started with the area of mental health, we would have been looking at a broader general area."

- ***Specialisation of Schemes***

Two of the public library respondents noted that contact with the local GP's and health practitioners was limited to the design phase of the scheme. They suggested that working closer with the individual practitioners in the area could have broadened the bibliotherapy programme to include general health issues,

such as smoking, which in turn could have reduced its status as a specialised scheme and helped to tie it in with the mainstream services in the library authority. Future programmes could bring therapeutic reading into the fore of the library services and stigmatisation could be reduced which would encourage individuals to partake of the service on a larger scale.

In addition to this problem, the initial motivation for placing the programme within a public space was to normalise mental health issues, yet the programmes can often be considered specialised with only one or two individuals involved, setting them apart from the wider library services.

The current methods of self-promotion play a large role in the isolation of these schemes: although each library service has their own web site, only one of them has placed a link to their bibliotherapy scheme on the homepage, further implying that they are specialised areas not within the mainstream of the service, and so must be specifically sought out by patrons. The situation is similar on the health library websites where there are no clear links to the schemes.

- ***Lack of Standardised Practice***

Brewster (2008) identified a lack of standardised bibliotherapy practice as a barrier to schemes in the U.K. because each authority is offering the service in a different manner with some staff unclear if what they are offering is technically bibliotherapy. The failure of the ‘Power of Words’ scheme resulted in no standard practice for bibliotherapy programmes in Ireland and three of the public librarians in this study agreed that a lack of standard practice is an issue for their schemes. Respondents suggested that services could be improved if there was communication between the different authorities and a pooling of ideas. In this way the library authorities could support one another, and develop a best-practice approach for any services wishing to implement a bibliotherapy programme. If every public library offered bibliotherapy in the same manner a brand could be developed whereby all material relating to bibliotherapy would look similar including the booklists and promotional items.

Bibliotherapy Programme in a Public Library vs a Health Library

Although it could be expected that health libraries would have some special expertise or innovation in the area of bibliotherapy, during this research health librarians admitted to modelling their programs on ones already in place within the public library sector when choosing the design of the scheme and the items purchased. One of the health libraries utilises a book prescription scheme while the other produced a healthy reading list. Both health libraries offer the standard loan periods and fine procedures on bibliotherapy items although like the public libraries some flexibility exists if required. The health libraries work with on-site health centres, similar to the partnerships that exist between HSE representatives and the public libraries, and gave the same positive feedback about these relationships. Similarly to the public libraries, there had been little or no staff training prior to the programme’s launch, but like the public librarians, this was not considered to be a problem. Issues of anonymity from the perspective of borrowers were prevalent in both health and public libraries,

but are possibly more acute in the health libraries due to their more limited clientele.

5. Recommendations and Conclusions

- ***Develop a Standard Framework for Bibliotherapy Programmes***

By working together to develop a standard model for bibliotherapy schemes time currently spent in the design phase could be better used in evaluating the programmes and tweaking them where necessary in order to ensure the provision of the best possible service. A forum could be established to facilitate communication between librarians so that they can share their experiences and pool their resources. From this united approach to bibliotherapy a brand could be created whereby all bibliotherapy schemes are promoted utilising the same design which would increase the visibility of bibliotherapy schemes. The current marketing strategies that the library authorities use could be developed to increase online promotion which eases access for patrons.

- ***Broaden Context of Bibliotherapy Schemes***

The existing programmes are centred around mental health issues which has a certain level of stigma attached to it, apparently discouraging patrons from utilising the service, and giving the impression among library staff that it is a specialised service. If bibliotherapy programmes broadened to include physical health problems it would reduce the stigma attached to the schemes as they would be addressing all areas of health and not be limited to psychological problems. In addition to this, library staff would view it as a mainstream product within the library services and may be encouraged to implement a similar programme in their authority. The positive reaction that library staff have given to the structured schemes for those who have psychological problems suggests they would have a similar appreciation of a scheme for dealing with patrons who have broader health issues.

- ***Address Issues of Stigma***

The problem of stigma associated with mental health was a concern frequently referenced by the public and health librarians. It seems that there are a variety of ways which the authorities have dealt with this, some have chosen to treat those that utilise the schemes in the same way as any other borrower in order to avoid 'special treatment' which could attract negative attention from other patrons, where some have chosen to be more flexible with bibliotherapy patrons regarding fines and loan procedures so as to remove these potential barriers and attract as many users as possible. The mental health respondent suggested that the same rules should apply to all library users once they have borrower items, but that more relaxed rules when registering will help encourage individuals to partake of the schemes.

Future Research

This case-study was limited to three library authorities in Dublin, but there are similar schemes in place around Ireland which could be studied to build upon the data gathered in this research. It would also be beneficial to keep an account

of how regularly the individual bibliotherapy items are being borrowed in order to determine their value within the collection.

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