Using bibliotherapy to promote consumer health information in a library setting

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Abstract
In the light of increased focus on consumer health information and patient education, libraries are looking for innovative ways of delivering health information to patients and the public. The paper will address bibliotherapy as an effective method of health education and promotion. It will identify different ways of how self-help and creative bibliotherapy can be used to provide consumers with high quality and accessible health information. After a brief historical overview of bibliotherapy in a library setting, the paper will provide a detailed description of the most recent bibliotherapy-based projects successfully implemented in medical and public libraries to promote health and well-being to patients and the general public. The paper will also provide an overview of the development and implementation of the bibliotherapy program for children and women living with HIV/AIDS that the author has conducted at Nkosi’s Haven Village, Johannesburg, South Africa. The findings of the study show that bibliotherapy could be used as an effective tool in health promotion and education, particularly in a situation where a strong stigma is associated with a medical condition or disorder.

Key words: bibliotherapy; self-help; health literacy; health education; Acquired Immunodeficiency Syndrome.

Introduction
In recent years, consumer health information and patient education have generated a wide discussion in library circles. The discussion revolves around definitions, benefits for health care, ways of delivery of health information to patients and the general public, challenges and barriers, and roles of health libraries and librarians in promoting health information literacy in their institutions. It has been widely acknowledged that engagement with health information is highly beneficial for both patients and health care providers. According to the Patient Information Forum (PiF) in its 2013 report, information is an intervention that impacts health and wellbeing and it contributes to all three aspects of quality: clinical effectiveness, safety and patient experience (1). At the same time, concerns have been expressed that patients may lack either internet access or skills necessary to search, understand, evaluate, and utilize health information.

Approximately a third up to one half of the people in developed countries have low health literacy. Individuals at high risk for low health literacy include the elderly, disabled, and individuals with a poverty-level income and low literacy levels (2). On the other hand, inadequate health literacy has been linked to poor management of long-term health conditions (3). Furthermore, poor health knowledge is associated with more medication and treatment errors, higher rates of hospitalization and emergency admissions, longer hospital stays, and a decreased ability to make appropriate health decisions and use preventative services (1). In the light of current financial pressure on the health care system, improving health literacy can reduce health care costs. The survey of cost-benefit studies for patient education in managed care and other settings shows that an average of three to four dollars is saved for each dollar spent on
patient education. Savings are attributed to the confidence with which patients manage their own symptoms, thereby experiencing complications or exacerbations less frequently (4).

Within this context, finding effective ways of promoting health literacy becomes of special importance for librarians. The library literature reports a higher percentage of hospital libraries that provide quality consumer health information tailored to a wide range of cultural, educational and language needs to help patients and the general public make informed choices about their health (5-6). Patient Information/Consumer Health Information Centres have become an essential part of hospital libraries. Librarians and health care providers realize the important role that these resource centers pay in educating patients and families, thus helping them to participate in decision making regarding their conditions and treatment. Our survey of hospital libraries in the Greater Toronto Area (GTA) conducted in 2011 showed that 7 out of 10 hospitals have a consumer health information center, typically located in a separate room or in a separate section within the library. Furthermore, an internal survey of physicians and clinicians of the Rouge Valley Health System (RVHS) conducted by the Health Sciences Library as a part of the information needs assessment demonstrated an increased focus on patient information and consumer health among medical staff. The library survey data reports high demand in both online and print patient education resources, 85.9% and 69.7% respectively.

Another recent trend is forming collaborations between medical and public libraries and health care and social service providers. Within this context, bibliotherapy, in a variety of its applications ranging from collaborative “information on prescription” and “books on prescription” programs to read-aloud groups, has been generating interest among health care professionals and librarians. The paper aims at providing an overview of the most recent bibliotherapy-based projects successfully implemented in medical and public libraries to promote health and well-being to consumers. Based on a comprehensive review of recent publications in health librarianship and the author’s experience in implementing the “information on prescription” program in a hospital library, the paper will highlight benefits of health information literacy for patients and health care providers. Finally, the paper will discuss the findings of the bibliotherapy program for children and women living with HIV/AIDS that the author developed and delivered at the Nkosi’s Haven library in Johannesburg, South Africa, in 2010.

Methodology
The methodology included an extensive review of the academic and grey literature related to consumer health information, information therapy, and bibliotherapy. The analysis of bibliotherapy-based projects successfully implemented in medical and public libraries in the UK and North America helped to identify the ways bibliotherapy could be used to help promote health and well-being to consumers. Two case studies were included to describe the “Information on Prescription” service implemented at the Rouge Valley Health System in Toronto, Canada, and an innovative bibliotherapy program on HIV/AIDS piloted at the Nkosi’s Haven library in Johannesburg, South Africa. The latter involved one-on-one and group interviews with the participants of the program and observations in the form of reflective diaries maintained over the course of the project.

Background: Bibliotherapy and its recent applications
Bibliotherapy, as a part of expressive therapy, involves the systematic use of books to help individuals cope with mental, physical and emotional issues, combat social isolation, and maintain health and well-being. The etymology of the term bibliotherapy (biblio-/biblos is the Greek word for a book and therapy comes from therapeia, meaning curing or healing) aligns bibliotherapy with some other similar practices, such as art therapy, dance therapy, music therapy, and play therapy, emphasizing the idea of the healing and consoling power of art through its various forms. The idea of bibliotherapy emerged out of the true nature of a book and its power to influence human minds and souls. The power of the written word was discovered and acknowledged during the very early periods in the “history of reading” and the history of libraries.

It has been almost 100 years since the term bibliotherapy was introduced to describe the practice of using literary materials to address mental health issues. Throughout its comparatively short history, bibliography has undergone significant changes in regards to its principal features, such as goals and objectives, targeted client groups, settings and delivery modes. First introduced as an adjunct to treatment and recreation for patients of psychiatric and general hospitals, bibliography soon expanded beyond the medical sphere to target diverse groups of people in a variety of non-clinical settings, such as schools, public libraries, community centres, and prisons. Throughout this expansion, the primary focus of bibliography has shifted from helping individuals regain their mental health to helping them maintain their mental and physical health and well-being, thus helping them to take better control of their lives.

Since the beginning of the 21st century, the history of bibliography has seen a rapid growth of various clinical and non-clinical bibliotherapeutic interventions as well as the more creative design and implementation of bibliography schemes that address diverse client groups in a wide variety of settings. While clinical bibliography, primarily in its self-help model, has been gaining recognition among clinical and primary health care professionals as an effective approach to mental and physical health issues, the non-clinical (developmental, creative, or social) bibliography practised in schools, libraries, community organizations and prisons has been viewed as an effective means of improving individual and community well-being.

Over the past two decades, self-help bibliography, which involves the systematic use of self-help materials as part of clinical interventions, has become the most prevalent form of clinical bibliography. It has been widely used to address a wide range of mental, physical and emotional issues, from battling depression and anxiety, to coping with life-threatening diseases, to dealing with life crises and difficult transitions. Furthermore, self-help bibliography has been gaining recognition as an effective, simple, and cost-effective way of promoting health to consumers, thus empowering individuals to take better control of their health and well-being. This perception has been supported by extensive evidence-based research in bibliography. A comprehensive review of 93 bibliography studies including meta-analyses, randomized controlled trials, controlled clinical trials, and systematic reviews published between January 2007 and January 2013 provides evidence of the efficacy of bibliography in treating a wide variety of mental, physical, and psychological conditions and disorders, such as depression, anxiety, stress, hypochondria, obsessive-compulsive disorder (OCD), panic disorder, post-traumatic distress, borderline personality disorder (BPD), hoarding, social phobia, sexual disorders, insomnia, eating disorders, grief and bereavement, obesity, and alcohol-related disorders (7).
While clinical bibliotherapy tends to integrate self-help books and treatment manuals into therapy, creative, or social, bibliotherapy capitalizes on a natural therapeutic potential of imaginative literature to facilitate the change. It has been gaining recognition within the non-clinical sector as an effective means of improving individual and community well-being. Given that the focus of creative bibliotherapy is on “normality, communication and social interaction,” this model is more flexible, allowing for a wider range of clients, reading materials, and settings. (8). Creative bibliotherapy can be delivered in a wide variety of both clinical and community settings, including hospitals, hospices, libraries, schools, nursing homes, community health centres, shelters, and prisons. It has a potential to address a broad range of mental, emotional, physical, developmental and social issues — from fighting a mild depression to living with a chronic or life-threatening disease to dealing with bullying, poverty or relocation.

The literature shows that various applications of the creative bibliotherapy model have been expanding quickly and becoming increasingly popular internationally (7). One of the most promising approaches of creative bibliotherapy was introduced by the Reader Organisation in the UK. Founded by Jane Davis in Liverpool University in 2002, the organization works in partnership with local authorities and health trusts to deliver the Get into Reading program, an innovative “shared reading” model run by trained facilitators through weekly read-aloud reading groups. They take place in a variety of locations, including hospitals, mental health centres, neurological rehab units, care homes, schools, libraries, corporate boardrooms, job centres, hostels, shelters, prisons, and community centres.

A growing number of qualitative and quantitative studies provide evidence in support of “shared reading” schemes. The literature has identified a number of benefits of the creative bibliotherapy approach, including the flexibility of the model (it can be successfully adapted for different settings and for the needs of different client groups), accessibility (attracts people with low literacy or those who are not engaged with literature), and the improvement in mental, emotional, psychological, and social well-being of the participants (8-12). The success of Get into Reading groups has significantly contributed to the further development of creative bibliotherapy nationally and globally. The “shared reading” bibliotherapy model is becoming a widespread practice in the UK, Europe, Australia, and Canada. Canadian applications of the creative bibliotherapy model include La Bibliothèque Apothicaire in Quebec and the Read to Connect organization in Toronto, Ontario (7).

Discussion
An important change that has been observed in the recent developments of clinical and creative bibliotherapy is an increased focus on collaborative projects. Medical and public libraries, in partnerships with health care providers, introduce bibliotherapy-based programs to patients and the general public to improve health information literacy and promote health and well-being. During the last decade, a number of projects have been developed under the banner of “information on prescription” and “books on prescription” schemes. On the other hand, creative bibliotherapy model in the form of a “shared reading” group has been gaining recognition as an effective tool of health education and promotion, particularly in a situation where stigma is created around a disease or disorder. The following detailed description of bibliotherapy-based schemes implemented in medical and public libraries will show three different ways of
delivering consumer health information in a library setting. The mechanics, benefits and challenges of the schemes will be discussed.

“Information on Prescription”
The introduction of the “information prescription” concept provided further support for the expansion of the idea of “information therapy” within the framework of patient-centred care, which implies “the prescription of the right information to the right patient at the right time” (13). Introduced in 1990s and first defined as “the therapeutic provision of information to people for the amelioration of physical and mental health and well-being” (14), information therapy has become an essential part of health care. Although this is not a new concept, the increasing emphasis on patient-centric care, the use of electronic information technologies, and the interest of consumers in health information make the use of information therapy appear more feasible than in the past (15).

The term “information prescription” generally refers to “the provision of a prescription of information from a clinician to a patient in any format (hardcopy or electronic)” (16). The concept of “information prescription” was presented in publications by the UK’s Department of Health, setting strategies for health information for patients and the public. The white paper “Our health, our care, our say: a new direction for community services” (17) has proposed an “information prescription” service “for people with long-term health and social care needs and for their carers.” The document outlined a strategy for health and social care professionals for coordinating and developing information for individuals across health and social care. As stated in the document, “The information prescription will be given to people using services and their carers by health and social care professionals (for example GPs, social workers and district nurses) to signpost people to further information and advice to help them take care of their own condition” (17).

In 2012, Ontario’s Action Plan for Health Care has identified a patient-centered approach as one of the key priorities for health care. The document asserts that “keeping Ontario healthy” has become the primary goal of health care and requires putting increased efforts into “promoting healthy habits and behaviors” and “supporting lifestyle changes” (18). As Rick Ganderton, the President and CEO of the Rouge Valley Health System, pointed out during the discussion of the publication within the organization, the transformation of Ontario’s health care system set out in the government’s plan implies shifting the focus from acute intervention “to managing wellness, health, personal responsibility and management of disease at home with community support” (19). Within this context, the Health Sciences Library has been looking for effective ways of promoting consumer health information to patients, families and members of local communities. After conducting an extensive literature review on consumer health and best practices in the area of health promotion and education, the author has introduced the idea of the incorporating the “information prescription” scheme into library services.

The literature review has shown that information prescriptions became an essential component of patient-centred care. A growing number of health libraries provide consumer health information by using an information prescription mechanism. A number of qualitative and quantitative studies describe various applications of the information prescription scheme, highlight its benefits for patients and health care professionals, and identify potential challenges and barriers
Based on existing evidence in the area of information prescription, the Health Sciences Library has proposed the development of the “Information on Prescription” (InfoRx) service for patients and staff of RVHS and outlined practical steps towards its implementation. In June 2013, the library launched the service to assist physicians and nurses in providing patients with the information about their conditions, treatments, and medications.

The InfoRx is being delivered through the Tom Leon Health Resource Centre (TLHRC), an existing consumer health information centre run by volunteers and supported by the Health Sciences Library. Founded in 1997, the TLHRC has been providing print and electronic health-related resources to inpatients and outpatients of the RVHS and to the local community members. The launch of the InfoRx provided an opportunity to expand the role of the Health Sciences Library and TLHRC in educating patients and families on their conditions and treatment options and encouraging healthy habits and lifestyle. Library staff and TLHRC volunteers committed to creating a warm and welcoming environment where patients and families can get emotional support and receive accurate up-to-date health information.

The InfoRx service is simple and easy to implement: a physician or a nurse fills out the “prescription” form (available in both print and electronic formats) and refers a patient to the TLHRC. A trained volunteer puts together the information package using all available print and online resources. In situations where clients need more detailed information, a custom information search can be done by library staff. Prior to the launch of the InfoRx service, the librarian ensured that the TLHRC was equipped with high quality patient education and consumer health materials written in plain language. Throughout the process of selecting patient information resources, the criteria for assessing the quality of health information highlighted in the report by the Patient Information Forum (PiF) were applied: the information should be evidence based, comprehensive, current, clear, relevant, accessible, and readable (1).

The objectives for the InfoRx program were identified based on common benefits of information therapy for both patients and health care providers described in the literature. It was anticipated that the service would provide patients and family members with a sense of control, improve their physical and psychological well-being, and enable people to utilize self-care. On the clinical side, the InfoRx would save physicians time spent on providing patients with the information about their conditions, treatments, and medications. The latter would contribute to more efficient use of clinical time and hospital services and save the hospital’s dollars.

When identifying practical steps in the InfoRx implementation within the hospital, the author took into consideration one of the challenges associated with information prescriptions. As highlighted in the literature, a common barrier is the low awareness about health information literacy and the benefits of “information prescriptions” among medical practitioners (20, 22). Given that, the promotion of the program within the organization has received special attention. In our promotional campaign at the RVHS, we have adopted a direct customized marketing to clinical departments and programs. Based on marketing ideas collected from the literature, we have identified and implemented the following marketing strategies: 1) targeted direct mail (promotional flyers delivered to doctors’ offices/mail boxes; e-mail blasts to hospital groups); 2) presentations at a hospital group’s regular meetings (presentations at the Medical Association Committee (MAC), monthly meetings of clinical practice leaders (CPLs), morning huddles on clinical floors and in the Emergency Department); 3) publications in print and electronic issues
of the hospital newsletter; and 4) internal network (partnering with clinical departments and participating in their projects). In fact, the latter proved to be particularly effective and resulted in an opportunity of incorporating the InfoRx service into the Care After the Care in Hospital (CATCH) program, a new program implemented at the RVHS to help reduce readmission rates for patients discharged from the hospital.

Currently, the InfoRx service supports the educational component of the CATCH program by providing discharged patients with patient information handouts on specific medical conditions and prescribed medications. The service is seen to be beneficial to both patients and health care providers participated in the CATCH program. First, it saves the time that a nurse would otherwise spend on accessing, retrieving, and evaluating health-related information for clients. Second, it supports the overall goal of the CATCH program to help post-discharged patients increase coping and disease management skills, and thus take better control over their health and well-being. Furthermore, the implementation of the InfoRx service has expanded the hospital’s focus on customer service, health promotion and education. It also increased the library’s visibility and perceived value within the organization.

Overall, the implementation of the InfoRx service in a hospital setting shows a simple, accessible, and cost-effective way of delivering high quality health information to consumers. Also, it provides an example of a successful collaboration between the Health Sciences Library and medical staff. It proves that by partnering with clinical departments and participating in their programs, libraries can contribute to the promotion of patient education and consumer health within a health care organization.

**“Books on Prescription”**

This model of self-help bibliotherapy is based on prescribing self-help books to patients and involves a range of stakeholders, including health care professionals (mental health professionals and general practitioners), community-based health workers (nurses and social workers), local social welfare agencies, and local library staff (26). By participating in the “Book on Prescription” scheme, health professionals can partner with public librarians and community-service providers in educating patients and the general public about health-related issues and healthy lifestyles. After health professionals select a number of self-help titles on various medical conditions and disorders, the library service stocks a prearranged list of books. Doctors and mental health professionals then issue a book prescription for a specific self-help book, with the patient going to the library with the prescription rather than to the pharmacist (27).

As an adjunct to clinical bibliotherapy, “books on prescriptions” offer a promising way for mental health professionals and general practitioners to address a variety mental, psychological, emotional problems, and behaviour problems. The targeted individuals include children and adults with depression, anxiety, stress, obsessive-compulsive disorder (OCD), social phobias, eating disorders, panic disorders, sexual dysfunction, obesity, sleeping disorders, anger, bereavement, problem drinking, and other issues (16, 26-29). Overall, this type of clinical bibliotherapy provides a valuable alternative management for many patients with mild to moderate mental health problems who prefer non-pharmacological treatment options. It also supports the stepped-care model in a primary care, which has received increasing attention recently. By providing mental health patients with an interim management option, “books on prescriptions” bibliotherapy supports the goal of a stepped-care model “to begin one’s
therapeutic efforts with the least expensive and least intrusive intervention possible, and moving to more expensive and/or more intrusive interventions only if deemed necessary to achieve a desired therapeutic goal” (30).

Despite its comparatively short history, the “Books on Prescription” model of bibliotherapy has gained wide recognition among health care providers and librarians and is supported by evidence-based research. Health professionals involved in this type of clinical bibliotherapy acknowledge numerous benefits of integrating self-help materials (from popular self-help books to customized instruction manuals developed by expert health professionals for the purpose of treating a specific problem area) into their mental health practices. According to the 2006 Bibliotherapy/Books on Prescription audit of bibliotherapy activity across England, benefits for the health sector include the low-cost, relatively low-maintenance, and long-term sustainability of the book prescription activity (31). For some practitioners, library-based bibliotherapy represents a way to bring books to individuals who would not normally have either the financial resources or the inclination to engage in therapeutic reading (29). Also, health professionals no longer have to spend time to develop or buy their own resources or to photocopy other materials (28).

From the program participants’ perspective, library-based bibliotherapy enables people to cope with their mental health problems themselves thus encouraging and promoting self-help. The users of the “Books on Prescription” bibliotherapy scheme reported an improved sense of personal control over their health conditions. They particularly appreciated the pharmacologically independent nature of this intervention (29). As for libraries, the inclusion of bibliotherapy in public library services demonstrates the value of reading and libraries, contributes to the development of the library’s audience, stock, and resources, and opens up new partnerships and opportunities for libraries (27). Moreover, within the context of ongoing debates around the ethics of bibliotherapy in a public library, the integration of the “Book on Prescription” program into public library services helps dispel librarians’ concerns about practising “therapy” without proper training (7).

On the other hand, research has revealed barriers to the implementation of book prescription schemes in the health sector and libraries. Challenges for health professionals include lack of knowledge of the content of the resources; time required to write the prescription and to explain the process to people new to the concept of healthy reading; and the difficulty that some patients might have in using the resources because of their illness (such as severe depression), their cognitive skills, their motivation, or their reading ability. As for public libraries, the challenges identified include library staff training and marketing and promotion (28).

The creative bibliotherapy reading group
Creative bibliotherapy also provides librarians with new opportunities in integrating consumer health literacy into library programs. The following case study shows that it can be especially beneficial in the situation when stigma is associates with a medical condition. The case study presents a descriptive analysis of one of the aspects of the bibliotherapy program on HIV/AIDS that the author developed for the residents of Nkosi’s Haven in Johannesburg, South Africa, in 2010. Nkosi’s Haven is a recognized NGO offering long-term residential care for destitute mothers living with HIV/AIDS and their children, as well as orphans. The bibliotherapy program
aimed to meet the informational and recreational needs of the targeted group of children and women, dispel the stigma associated with HIV/AIDS, and assist in breaking the isolation and loneliness of the residents of the shelter. A total of 82 people — 59 children and young adults (ages 6 to 19), both HIV-positive and HIV-free, and 23 adults (ages 20 to 58), all HIV-positive — participated in reading groups over a period of three months.

Due to the well-recognized therapeutic value of a read-aloud group reading session, this constituted the main component of the program delivery. The author has adopted an approach taken by creative bibliotherapy schemes developed in the UK (the Get into Reading scheme developed within the Reader organization and The Reading and You Service (RAYS) in public libraries in Kirklees, UK) (8, 32). Each session included an introduction, a read-aloud component, and a group discussion. After introducing the topic of the session, the facilitator would read aloud a selection of literary materials. These would include a short story, an excerpt from a novel, a poem, or a passage, or case study from a self-help book on HIV/AIDS. The reading would be followed by a guided group discussion. During the discussion, participants were encouraged to ask questions and share their stories relevant to the issues and situations discussed (7, 33).

HIV education was identified as a primary goal of bibliotherapy with children. Thus, read-aloud sessions designed for young participants of the program included an educational component to increase their HIV awareness. The facilitator would explain the HIV/AIDS terminology and teach related issues while reading a particular children’s book on HIV/AIDS. Within the framework of HIV/AIDS, this becomes of special importance. The literature highlights the fact that stigmatization associated with the disease puts enormous psychological strain on children living with HIV/AIDS. In children experiencing stigma by association with their HIV-positive mothers, stigma is exemplified by reduced social interaction or isolation and feelings of shame. In addition, stigma by association is a predictor of adverse outcomes, such as depression, loneliness, externalizing behaviour, and low self-esteem (34). Moreover, lack of open discussion on HIV/AIDS within families and larger communities negatively affects the way children conceptualize the disease and results in negative attitudes and a lack of empathy towards HIV-infected people (35-36).

Due to the “secrecy” around HIV/AIDS, bibliotherapy was viewed as an effective way of educating children on HIV-related issues and engaging them into active communication around the disease. Children’s books selected for bibliotherapy sessions provided an effective channel of delivering HIV/AIDS-related information to the young audience. The following criteria were used to select appropriate bibliographic materials used during the bibliotherapy sessions: accuracy and currency of the information on HIV/AIDS; relevance of the content (reading and discussing the book provides insight into the problem to be solved); appropriateness of the information to the children’s developmental level; a high level of sensitivity in approaching terminal illness and death; literary value; good visual imagery; and accuracy of cultural details and interpretations (7, 33).

The participant outcome analysis based on the data collected throughout the evaluation shows that the program successfully met the informational needs of children affected by HIV/AIDS. By the end of the program, approximately 92 percent of young participants (54 out of 59)
demonstrated increased knowledge about HIV/AIDS and related issues and increased understanding of the universalities of difficulties they were experiencing. The fact that many children acknowledged an increase in their comfort level in thinking and talking about HIV/AIDS was considered one of the most important outcomes of the program. The facilitator documented her observations on how the reading session on HIV prevention helped teenage boys overcome their hesitation to ask questions related to sex education: “The topic of the session was the transmission and prevention of HIV/AIDS. The readings were followed by an intense discussion. Once again, children said that they never had open discussion on AIDS at school. Their questions revealed a lack of basic knowledge about AIDS, including the ways the HIV virus can be transmitted. For almost one hour, three 10-year-old boys kept asking me questions about infected blood and unprotected sex, covering a broad variety of scenarios that their imaginations would project. These questions revealed their fears of being infected, which are rooted in a lack of HIV education. I was surprised that they did not hesitate to ask me all these questions. I was moved when one of the boys said to me at the end, “Thank you for answering our questions” (7).

It has been observed that participation in the bibliotherapy program helped children alleviate their fears and anxieties around HIV/AIDS and change stereotyped attitudes towards the HIV-infected people at Nkosi’s Haven. Moreover, it contributed to spreading a positive message far beyond the shelter, thus fighting the stigma associated with the disease. The testimony of an eight-year-old orphan, HIV-positive, was considered one the most valuable achievements of the bibliotherapy program conducted at Nkosi’s Haven. After a few reading sessions, the girl said to the facilitator, “Do you remember you were teaching us about HIV? I told my auntie what you were teaching. I told her that if somebody has HIV, she should not be afraid of him. She can touch and hug him” (7).

Conclusion
In conclusion, in the light of the current focus on health literacy, bibliotherapy is seen as an effective way of promoting patient education and consumer health information within and outside clinical settings. Bibliotherapy, in a variety of clinical and creative schemes, can be widely used as a simple, accessible, and cost-effective way of health education and promotion enabling individuals to increase control over their health and well-being. Bibliotherapy-based programs can fill a unique niche within the context of services and programs traditionally offered in a library setting. By developing and providing “information on prescription” and “books on prescription” schemes and “shared reading” programs, public and special libraries may reinforce their commitment to the communities they serve, demonstrate the value of books and reading in addressing “living problems,” and strengthen relationships with the health care and social sectors.

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