



daylight



Daylight Oncology FAQs

Your frequently asked questions, answered

How do I refer patients to Daylight?

Simply direct them to:

trydaylight.com/macmillan

Who is Daylight for?

Daylight is for adults who have difficulty with worry and anxiety. Please see specific information regarding suitability by visiting trydaylight.com/suitable - Additional oncology information is available at bighealth.co.uk/macmillan

How often should someone use Daylight?

We recommend using Daylight daily. Individuals tend to see the most benefit from utilising cognitive behavioural techniques when they are practiced regularly, and in daily life situations. Accordingly, Daylight promotes daily use of the app.

How long should someone use Daylight?

It is up to the patient how long they use Daylight. Daylight patients will receive weekly feedback on their progress. When they have achieved their desired goals, they can keep using the app, either as a way to practice techniques daily, or as a way to check in on their worry and anxiety weekly. In our research, we have seen that patients who use Daylight frequently (approximately daily) can start to notice benefits in as little as 3-4 weeks, and that using the app frequently for up to 6 weeks may result in more benefit.

How are techniques presented within Daylight?

Techniques in Daylight are presented as “cards”. Each card provides instructions for a technique and guides the patient through an exercise (10-15 minutes). Once a patient has completed a card, they can repeat it as often as they like, or complete shorter (~5 minutes) practice versions.

How is Daylight tailored for specific individuals?

Daylight provides different feedback for individuals based on their input (e.g., how they are feeling, their experience during a particular technique practice, etc.). Feedback is customised to help individuals tailor their practice of specific techniques (e.g., “Looks like Tense & Release was really helpful for you! Keep practicing this one!”). Patients also receive weekly feedback and guidance based on their progress (e.g., their scores on brief measures of worry and anxiety, mood, and sleep).

How is progress monitored in Daylight?

At the onset of Daylight, patients provide information about their worry and anxiety (GAD-2), mood (PHQ-2), sleep (SCI), and goals. They are asked to report on these weekly during “check-ins”. They are provided with information and guidance regarding their progress.

Do patients need to use Daylight forever to maintain improvements?

No. Proven cognitive and behavioural techniques are designed to be practiced enough that they become habits - ways that people automatically respond to worry and anxiety. Similarly, patients of Daylight should notice that as they keep practicing, they are able to work the techniques into their daily lives as necessary. They can choose to keep using Daylight as a way to monitor worry and anxiety levels or continue practicing less frequently, if desired. We see from our research that users may continue to benefit from Daylight even after they stop using the app (with our randomised controlled trial demonstrating that the benefits of Daylight were maintained up to a month after patients stopped using the program).

Is there anyone for whom Daylight would not be safe to use?

Please see information regarding suitability by visiting trydaylight.com/suitable

How will users know if Daylight is appropriate for their concerns?

Users are provided with information on the suitability page at trydaylight.com (see above), which is presented to them upon enrolment for the program. They also receive a safety email after signing up for Daylight that describes who Daylight is most suitable for.

What happens if a user's worry and anxiety or other mental health concerns worsen as they are using Daylight?

Users are informed from the onset of the program (both in the program, and in a safety email that they receive upon enrolment) that Daylight is a web-based and mobile digital application that provides users with self-help tools to address worry and anxiety, and that they should contact their doctor for medical advice in the event that they feel worse. This is reiterated each time they report feeling worse from week to week.

How were the four techniques in Daylight chosen?

The selected techniques are supported by a strong evidence base and were endorsed by clinical experts. The following rating strategies were used to decide on the techniques in Daylight:

1. Expert endorsement: Four clinical psychologists specialising in the research and treatment of anxiety disorders rated their clinical preferences across a range of techniques.
2. Evidence-base: Treatment guidelines for GAD produced by the Anxiety Disorders Association of America (ADAA) were consulted to validate the levels of evidence behind different treatment approaches/techniques for GAD. Techniques were rated against these guidelines and with input from the clinical experts.
3. Feasibility/effectiveness in digital format: We considered subjective ratings of the ease of translating specific therapy techniques into effective and engaging digital formats.
4. Trans-diagnostic applicability: Techniques were rated based on their relevance to other conditions that will be subsequently targeted, such as unipolar depression, stress, and other anxiety disorders.