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E-Therapies in Suicide Prevention: What Do They Look Like, Do They Work and What Is the Research Agenda?

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This chapter describes current e-therapies and their potential role in suicide prevention. It discusses the benefits and problems of e-therapies and uses the example of “The Journal” in New Zealand to show where e-therapies may fit into a national suicide prevention strategy. The chapter then looks at the evidence about the effectiveness of e-therapies and concludes by identifying a research agenda for using e-therapies in suicide prevention.

E-therapies definition

One of the problems in this area is defining e-therapies. E-therapies are considered to be a method of e-Health. One systematic review found 51 different definitions of e-Health, most of which incorporated the themes of technology and health (Oh et al., 2005). The World Health Organization defines e-Health as “the transfer of health resources and health care by electronic means. E-Health provides a new method for using health resources – such as information, money, and medicines – and in time should help to improve efficient use of these resources.” Health Canada defines e-Health as “an overarching term used today to describe the application of information and communications technologies in the health sector. It encompasses a whole range of purposes from purely administrative through to health care delivery”; whilst Wikipedia says e-Health is “a relatively recent term for healthcare practice which is supported by electronic processes and communication”.

For the purposes of this chapter e-therapies are defined as treatments delivered by computers in a health care setting, often on-line or by a mobile phone. Here “treatments” is used in a wide sense and can include prevention, assessment, screening and diagnosis, as well as treatments for specific conditions. Telemedicine, which extends the range of individual clinicians, and the use of email or text message, have been specifically excluded. However e-therapies may be used in addition to traditional face-to-face services. An alternative but pithy definition is the MeSH term used by Medline in indexing articles on this topic, “computer-assisted therapy” which is defined as “Computer systems utilized as adjuncts in the treatment of disease”.

**What do they look like?**

One conception of e-therapies is that they serve to provide information which produces change. In terms of suicide prevention, this can be thought of as a form of community development to improve mental health literacy. There are many web-based examples of this. For example, the National Suicide Prevention Lifeline in the United States presents videos of survivor stories (http://www.suicidepreventionlifeline.org/GetInvolved/Gallery), and The Suicide Prevention Resource Center (https://www.facebook.com/SuicidePreventionResourceCenter) and the Native American Suicide Prevention Program provide information on Facebook (https://www.facebook.com/NASPORG). However, the main focus in this chapter is on computerized therapies explicitly designed to produce change.

There are several generations of e-therapies. The first were essentially books on-line which required the user to read a lot of text, but there was little integration with mobile computing, and interaction was restricted to entering the answers to questionnaires. An example of this is MoodGYM (https://moodgym.anu.edu.au), which is based on cognitive behavioural and interpersonal therapies and aims to help people manage depression and anxiety. MoodGYM was not designed explicitly for people with clinical levels of depression and anxiety. Users work their way through five interactive modules that teach cognitive behavioural principles. It has over 500,000 registered users worldwide and has recently been translated into Chinese.

The next generation of e-Therapies involved not just text but some video and more interaction with the computer than just answering questionnaires. Examples are Beating the Blues and SPARX. Beating the Blues (http://www.beatingtheblues.co.uk) consists of eight sessions and