



A review into the evidence base and impact of helplines

In collaboration with, and funded by, Helplines Partnership

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Background

Helplines Partnership commissioned NPC to undertake some desk-based research into the evidence base and impact of helplines. Being able to unpack research into helplines as an accessible form of support will inform Helplines Partnership's members in their strategic decision-making on how to evolve their helplines as a service offering.

This report captures the general direction and sentiment of publicly available research on helplines delivered through telephone and digital channels. (By 'telephone' we mean a live, verbal conversation over the phone. By 'digital' we mean a written exchange, which may or may not be live, and which normally takes place via an app or website. We also refer to 'blended' helplines, which use a mixture of telephone and digital).

This initial research is aimed at informing the direction of further research. We focused our research on the areas of mental and physical health in the UK, supplemented by global research where appropriate. For the literature review, articles were sourced from government websites, academic institutions, charity websites, google scholar, and general online resources. We also conducted five interviews with Helplines Partnership members to gather additional insights based on their experience, as well as receive signposting to further research -

All findings are based on the desk-based literature we reviewed and the interviews we undertook. The full list of the literature that we reviewed is summarised in the appendix and referenced throughout this report.

Key findings

- 1. Evidence of positive impact exists, but is conditional on key success factors.** These factors are: helplines' policies and remit, user expectations, the skill and experience of helpline operators, capacity, accessibility, and responsiveness to feedback. Helplines' policies place a boundary on how user interaction with helplines plays out, and they need to be clearly communicated to users whose expectations may diverge about what help is available. User interaction with helplines is usually time-limited, with the onus on helpline operators to leverage their skill and experience to structure and navigate an interaction—usually with limited information on the caller—towards a positive outcome. Capacity can be planned; however, it needs to be informed by good data on user volume, otherwise it risks support being under-resourced. Users expect to access a helpline when they need to, often unplanned. Accessibility from a user point of view needs to be aligned with helplines' resources and responsiveness to user feedback on a consistent basis is key to driving continuous improvement of the support provided.
- 2. Helplines are dominated by telephones.** They offer visual privacy and, more importantly, a very personal mode of contact for listening and emotional support—especially in situations for users with complex, unspecified problems. They also offer a knowledgeable entry point to signpost to complementary services. Evolution towards digital helplines is widespread, and they have their own advantages, discussed below. A blended model offering telephone helplines with a digital overlay maintains the personal advantages of a telephone interaction, meets expectations of 'always on' user accessibility, and supports 24-hour accessibility when telephone operators are out of office. Positive outcomes are reported when users access both channels interchangeably, and contact is sustained.
- 3. Digital helplines are increasing in importance,** due in part to being less expensive to maintain and with the potential to scale up cost-effectively. They provide anonymity and are perceived to be easier to engage with than verbal communication via telephone. With digital connectivity almost universally available (in the UK), they appeal to users who are high digital consumers, and in situations where a fact-based issue can be resolved online. Cognitive Behavioural Therapy ('CBT') can be delivered over the telephone, but is also increasingly being delivered over the internet, with or without guided support. Unguided CBT is more scalable but guided CBT generally results in better outcomes as support is sustained over a medium-to longer-term period. Technological innovation is advancing at pace, and research into the efficacy of new capabilities such as machine learning and AI is perhaps an area for future research.

4. **Impact is hard to measure.** Despite helplines being a heavily utilised form of support, evidence of their impact is relatively hard to come by. This is in part due to various methodological and ethical challenges in collecting data, and the fact that a variety of different measures are used across organisations, which makes it difficult to compare impact. Methods employed tend to focus on the individual user, and measurements are based on self-reported data. Data collected tends to exclude individuals deemed too at risk due to distress levels, which has implications for how helplines can intervene to support those in need of acute support. Response rates are higher when feedback is sought closer to the point of engagement, however, collecting data on a rolling basis will capture meaningful learning about impact, with positive outcomes generally observed over time. Notwithstanding the need to track impact over time, data collection is further complicated by mandates to maintain caller confidentiality and a need for informed consent during the interaction. Research studies have included innovative data collection workarounds, such as: analysis of taped calls, silent monitoring of calls, chat logs, and assessments completed by operators to substitute for self-reported measures.

A fuller description of these key findings follows in the next section of this report.

Full findings

Drivers of effectiveness

Key drivers of helpline effectiveness that have been highlighted across our preliminary research include: helplines' policies and remit, user expectations, staff/volunteer skill level, training and experience, capacity, accessibility, and response to feedback. These generally apply across all helpline channels.

- **Policies and remit:** Helplines offer a wide range of support related to mental and physical health. Their remit can be related to specific health conditions, or more general psychosocial support. Some helplines are set up to advise users, whilst others refrain from making explicit suggestions about an action plan for the user. Helplines must balance what they can resolve for the caller within the remit of their policies. Helplines must communicate their remit clearly in internal policies, and support staff and volunteers to keep within that remit. Externally, helplines need to communicate effectively what their boundaries are to better manage user expectations.
- **User expectations:** In seeking support, users go in with expectations that the helpline can help. Unexpected outcomes may arise when there is a gap between the advice given and the type of help sought. This mismatch has implications, such as the user resisting advice or support from the helpline, and limits usefulness of user feedback on the helplines' impact in such situations.
- **Skill level, training, and experience:** Operators moderating user interactions are trained on how to navigate a host of support services which could be in the form of knowledge, advice, referrals to other services, and problem resolution. Higher levels of training and tenure of experience increases the likelihood of resolution. Empathy conveyed to the user was singled out as an important determinant of positive engagement, leading to better outcomes. Training aids help operators to navigate interactions, as do feedback sessions with managers on what good practice looks like.
- **Capacity:** Helplines are very accessible, and there are situations where helplines have repeat callers who tend to absorb helpline capacity both in frequency and time taken. This limits helplines' ability to equitably respond to other users. Capacity can be better managed through a service model that caters to repeat callers, who may have persistent underlying problems with their physical or mental health. Key features of the model include allocating a dedicated and specially trained telephone crisis supporter, limiting the duration of repeat calls, and triaging callers through better links with statutory mental health services and

general practitioners. This type of service model should be informed by data analysis on repeat callers, their problems, and needs.

- **Accessibility:** Users interact with helplines with the expectation that access is almost instantaneous. The emergence of omni-channel access has improved the experience of user access, but raises the operational issue of managing delivery across several channels effectively.
- **Responsiveness:** The primary form of measuring outcomes is to request feedback directly from the user. Responsiveness varies depending on whether the feedback is sought soon after the interaction, or in staged retrospective surveys. The quality of recall is higher when closer to the time of interaction, but later surveys can be useful for measuring impact over time.

These drivers are described in more detail below, split by helpline channel.

Telephone helplines

Telephones still dominate as a form of helpline support and are therefore the most studied channel. Users find telephones accessible, offering visual privacy, a particularly personal mode of contact for listening and emotional support, and a knowledgeable entry point to complementary statutory services.

Skill level, as defined by professional certification, is increasingly becoming a requirement of people supporting mental health helplines (and with it, remuneration). Research in US and Canada on suicide prevention helplines¹ looked at the difference in outcomes achieved by three cohorts: skilled remunerated telephone operators, volunteers, and a mixed cohort of both groups. Results indicated no significant differences between the volunteers and paid employees on outcomes. However, volunteers and paid staff with over 140 hours of call experience had significantly better outcomes. Experience rather than professional certification was the key influencing factor.

Accessibility to telephone helplines is a key driver of positive outcomes for service users. It is seen as a core out-of-hours complement to mental health professionals in supporting service users 24/7. Not 'getting through to the line' is an inherent problem, especially for telephone lines positioned as being available 24/7. Resolution will require more funding. Telephone helplines are generally intended as a one-off or time-limited intervention; however, frequent callers are common. This

¹ Comparison of the Effects of Telephone Suicide Prevention Help by Volunteers and Professional Paid Staff: Results from Studies in the USA and Quebec, Canada - Mishara - 2016 - [Suicide and Life-Threatening Behaviour - Wiley Online Library](#)

cohort is a challenge for helpline operators as they have finite resources and a mandate to support all callers. Lifelines Australia is the largest non-profit helpline in Australia, supporting access to crisis support, suicide prevention, and mental health services. Lifelines Research Foundation² commissioned research into their cohort of frequent callers and confirmed that they represented 3% of callers but took up 60% of calls. The research concluded that they were not ‘time wasters’, but rather had major mental and physical health problems and were also accessing other mental health statutory services at the same time. The research highlighted the limitations of helplines and the need for frequent callers to be supported by a tailored service model.

Acting as a knowledge portal is a fundamental function of telephone helplines relating to physical health. These include information on post operative day surgery, medication, cancer treatment, diabetes, food allergies, arthritis, and AIDS. Telephone helplines are a good channel for users to access general information, as evidenced in research by Dutch AIDS³ and Dutch Cancer Helplines⁴. Outcomes from helplines offering specialty support, such as cancer treatment and psychiatric medication, are strengthened if operators are clinically trained with specialty knowledge of the condition. This came out in research by the Northern Ireland Chemotherapy Telephone Helpline⁵, and in Australia on a 24-hour telephone helpline providing specialist nurse support⁶.

The Swedish National Alcohol Helpline⁷, operating as a ‘quit line’, researched the effectiveness of combining specialised counsellors with telephone-based motivational techniques to support callers to quit alcohol. Callers’ alcohol levels declined the more frequently they participated in the follow-up counselling sessions.

Blended helplines

Augmenting telephone helplines with a digital channel is increasing. This blended channel helpline is expected to increase accessibility and flexibility, with the option of switching across to digital support when telephone operators are out of office. Blended helplines require a different underlying

² [Frequent callers to telephone helplines: new evidence and a new service model | International Journal of Mental Health Systems | Full Text \(biomedcentral.com\)](#)

³ [Evaluation of the Dutch AIDS information helpline: an investigation of information needs and satisfaction of callers - ScienceDirect](#)

⁴ [The Dutch cancer information helpline: More critical patients after 10 years - ScienceDirect](#)

⁵ [Utility, Caller, and Patient Profile of a Novel Chemotherapy...: Cancer Nursing \(lww.com\)](#)

⁶ [Can a Call Make a Difference? Measured Change in Women’s Breastfeeding Self-Efficacy Across Call Interactions on a Telephone Helpline | Maternal and Child Health Journal \(springer.com\)](#)

⁷ [An evaluation of long-term changes in alcohol use and alcohol problems among clients of the Swedish National Alcohol Helpline | Substance Abuse Treatment, Prevention, and Policy | Full Text \(biomedcentral.com\)](#)

service model, with implications for funding, resourcing, management oversight and coordination. Three studies focused on comparative research between telephone and digital helplines: Veterans Crisis US looked at telephone versus digital, UK charity CancerBACUP studied telephone versus website access, and NYC Well was keen to understand how users accessed both telephone and digital channels over time.

- **Veterans Crisis US responders**⁸ use various channels to respond to veterans in crisis. Responders shared that veterans frequently access the chat/text service as their first point of contact with mental health services, with reasons including a desire for anonymity and possible inability to use the phone. Responders indicated that chat services can supplement phone lines, but not replace them.
- **UK charity CancerBACUP**⁹ provides information to people with cancer through their website and telephone helpline. Their research looked at the difference in information sought by users of either channel. Users accessed their website for fact-finding on cancer. Although the website had a portal for personalised information, users preferred the telephone helpline for sensitive information.
- **NYC Well**¹⁰ in the USA is a free and confidential helpline for New Yorkers seeking emotional support, crisis or suicide prevention, peer support, information and treatment referral, connection to mobile crisis teams, and follow-up services for behavioural health concerns. NYC Well helpline operators include both counsellors and peer support specialists. Users were surveyed two weeks and six months after contacting the helpline. 89% of users reported that contacting the helpline helped them deal a little or a lot more effectively with their psychological distress. Rates of psychological distress decreased from 41% two weeks after the contact, to 29% six months later. Improvements were greatest for repeat users; 75% contacted the helpline more than once, most frequently by telephone. 64% received a referral during their contact. 75% used telephone exclusively, with 15% using multiple modes. Relatively few used only text or chat.

⁸ Expanding suicide crisis services to text and chat. Responders' perspectives of the differences between communication methods. Predmore Zachary et.al. *Journal of crisis intervention and suicide prevention* (0227-5910), 38(4), p 255

⁹ It's good to talk: comparison of a telephone helpline and website for cancer information - ScienceDirect

¹⁰ Satisfaction and Mental Health Outcomes Associated with a Large Regional Helpline, McClellan, Sean R. et. al. *Community Health Journal*, New York, Vol 58 Issue 6 (Aug 2022)

Telephone helplines are highly rated when users need to access specific medical information, usually to complement specialist advice by medical professionals. The NHS conducted research into the benefits of telephone helplines managed by specialist nurses in supporting outpatients with rheumatoid arthritis. The provision of the helpline service contributed to improved cost effectiveness via a reduction in GP appointments¹¹. Similar benefits have been found by helplines supporting anaphylaxis¹² and management of diabetes¹³. However, these helplines were limited in the advice offered, and less highly rated when specialist advice from medical practitioners was needed, as seen in research into the efficacy of Cancer Helplines in the UK¹⁴ and the Netherlands¹⁵.

Digital helplines

Text-based secure and confidential online counselling, also referred to as webchats, generally appeals to high consumers of internet content and is becoming more prevalent as a mode of helpline support. This mode is unique in that users do not need a quiet environment to discuss private issues, they can be accessed anywhere, and appeal to users who prefer to text rather than communicate verbally. Chat services have increased engagement with young people, as telephone hotlines are relatively underused by this demographic. Factors that increase the effectiveness of this channel are counsellors' interpersonal skills, chat communication, and persistence in follow-up counselling sessions. Factors that reduce effectiveness are poor response times to service requests and inadequate signposting to post-counselling sessions. Two studies in the USA and the Netherlands looked specifically at the efficacy of their chat services.

National Suicide Prevention Lifeline is a component of the mental health and suicide crisis response system in the United States. To increase access to crisis services, Lifeline extended its telephone service channel to include real-time chat crisis interventions, the Lifeline Crisis Chat Network¹⁶ (LCC). LCC is not specifically targeted at young people, but 40% of users were minors, and over 70% were under 24 years of age. The chat channel seemed to appeal to young people,

¹¹ [Review of the function of a telephone helpline in the treatment of outpatients with rheumatoid arthritis - PMC \(nih.gov\)](#)

¹² [Twenty four-hour helpline access to expert management advice for food-allergy-triggered anaphylaxis in infants, children, and young people: a pragmatic, randomized controlled trial - Kelleher - 2013 - Allergy - Wiley Online Library](#)

¹³ [Impact of 24-hour helpline service for people with diabetes - PMC \(nih.gov\)](#)

¹⁴ [It's good to talk: comparison of a telephone helpline and website for cancer information - ScienceDirect](#)

¹⁵ [The Dutch cancer information helpline: More critical patients after 10 years - ScienceDirect](#)

¹⁶ [National Suicide Prevention Lifeline crisis chat interventions: Evaluation of chatters' perceptions of effectiveness - Gould - 2021 - Suicide and Life-Threatening Behaviour - Wiley Online Library](#)

who are more likely to choose online rather than telephone crisis services. LCC also analysed pre- and post-chat survey data to study the effectiveness of the chat-based helplines. Two-thirds of suicidal users reported that the chat had been helpful, with just under half reporting being less suicidal. Positive outcomes were driven by quality of engagement with the counsellor on the chat. For example, the counsellor being perceived as genuinely concerned for their well-being, understanding them, and developing an action plan after the call. Chat log data is also a rich source of information to develop best practice protocol for intervention by counsellors on the chat. LCC's study confirmed that the chat crisis line was effective when counsellors adhered to LCC's crisis intervention model—build rapport, collaborate with users, and identify coping strategies.

A similar study was undertaken in the Netherlands by the Dutch suicide prevention organisation, 113Online¹⁷, who provide online services and volunteer-operated telephone helplines. The study focused on 113Online chat service outcomes. The study confirmed that chat services are an effective way to reach and engage with young people, but that they can be time consuming, averaging 54 minutes. 36%-49% of chat visitors were observed to be in a better emotional state after the chat, however, no change was observed in 43%-64% of visitors, and deterioration occurred in 0-13%. These mixed results were attributed to a lack of structure in the chat dialogue, and an apparent lack of focus on suicidality in the chats. Improvements were introduced to 113Online practice, training, and supervision.

Cognitive-based therapy (CBT) delivered over the internet tends to deploy a combination of online sessions, peer support via message boards, and email support from a clinician. Access to statutory psychotherapy services in the UK is an issue overall, due to a shortage of professional clinicians. Guided CBT over the internet is a hybrid model to bridge this gap and has been used effectively in a range of health and psychological disorders. Users learn new skills of self-management, which they can apply in daily life alongside continuation of the CBT programme. The efficacy of CBT-based interventions was examined by recruiting young people with eating disorders from nine UK specialist eating disorder clinics and the charity Beat¹⁸. There was good uptake of the CBT programme, and a positive attitude to eating habits was seen in the six-month follow-up.

¹⁷ Evaluation of the 113Online Suicide Prevention Crisis Chat Service: Outcomes, Helper Behaviours and Comparison to Telephone Hotlines - Mokkenstorm - 2017 - Suicide and Life-Threatening Behaviour - Wiley Online Library

¹⁸ [Cognitive-behavioural therapy for adolescents with bulimic symptomatology: The acceptability and effectiveness of internet-based delivery - ScienceDirect](#)

Measuring impact

Helplines provide immediate and confidential support to people in distress or in need of advice. They have evolved to include digital channels and are heavily utilised as a means of support. Measuring their impact will help to underpin their status as an important channel of support and contribute to developing practical solutions to improving their effectiveness.

However, measuring the impact of helplines is challenging for several reasons:

- **Self-reported data tends to exclude some of the most at-risk individuals.** Research studies have highlighted innovative data collection workarounds such as analysis of taped calls, silent monitoring of calls, chat logs, and assessments completed by operators to substitute for self-reported measures.
- **There are ethical challenges in collecting respondent data,** as users are reluctant to compromise their confidentiality and anonymity, and helplines are mandated to preserve this policy. Workarounds are possible, such as helpline operators seeking consent during the interaction.
- **Outcomes may get worse or better over time.** This raises the need for helplines to track meaningful longitudinal measures of effectiveness. But this is ethically and practically difficult. Furthermore, response rates and recall of an interaction are generally higher when information is sought soon after the interaction.
- **There is a variety of different measures being used across research studies to assess helpline impact, making it difficult to make comparisons.** There may be an opportunity for a common framework of standardised measures to make comparison more possible.

Implications for future research

Research into helpline effectiveness is growing, and helpline organisations are keen to invest in measuring impact. This preliminary desk-based research, alongside feedback from five interviews with Helplines Partnership members, has suggested future areas of research to consider:

- The development of new measurement approaches that balance ethical considerations with pragmatic data collection.
- How changes in technology are having an impact on the delivery of helplines, including more comparative studies between telephone, blended, and digital channels.
- The use and application of AI and machine language capabilities to helplines' digital channels, including risks and safeguarding.
- The impact of helpline staff/volunteers having relevant lived experience.
- Classifying helplines based on the type of work operators undertake (for example signposting, counselling, emotional support, onward referral, intervention) and methods deployed. This would set a framework for the evaluation of different helpline operating models.

Appendix: Summary of research articles reviewed

Phone	Digital	Research Study	Objectives	Summary Results
x		Frequent callers to telephone helplines: new evidence and a new service model International Journal of Mental Health Systems Full Text (biomedcentral.com)	<u>Lifelines Australia.</u> Research aimed at understanding cohort of frequent callers.	Frequent callers represent 3 % of callers, and account for 60 % of calls. They are isolated, have few social supports, not “time wasters;” have major mental and physical health problems and are often in crisis. Point to a tailored service model to better serve their needs; allocated a dedicated and specially trained telephone crisis supporter to promote better linkages to mental health care providers.
x		Research - Helplines 16 page amended.indd (rethink.org)	<u>Rethink Helplines NHS UK:</u> Evaluate their two helplines: Focusline for emotional, practical, and social support for people with mental health problems. Lincslines for listening and emotional support, and signposting to local services in conjunction with dedicated CMHT staff.	Good feedback on both lines. Issues with access to lines due to capacity. Lincslines could benefit from better accredited training to increase awareness of statutory mental health services.
x		Exploring a model of care for frequent callers to counselling helplines Vivekananda K. et. Al, 08/2019, University of Monash. Advances in mental health 2021, vol 19 no 1, 17-28	<u>Australia national helplines (Headspace, Blue Knot, Kids Helpline and Turning Point).</u> Study seeks to understand explore and clarify the current model of care for callers using helplines frequently due to their complex mental, physical, and social needs.	Helplines use a systematic model of care for managing frequent callers that has not appeared in the previous research. Better integration between helplines and face-to-face services is required for the mental healthcare of clients with complex needs.
x		Outcomes of information provision to callers to a psychiatric medication helpline Psychiatric Bulletin Cambridge Core	<u>UK.</u> Evaluate effectiveness of calls to a psychiatric medication helpline.	About 50% of callers reported changes to their medication (stopping, starting, switching or dose adjustment) after consulting the helpline, with the majority receiving reassurance, referral, review, and monitoring. Very high satisfaction with the quality of information and service provided by the helpline.

x		Comparison of the Effects of Telephone Suicide Prevention Help by Volunteers and Professional Paid Staff: Results from Studies in the USA and Quebec, Canada - Mishara - 2016 - Suicide and Life-Threatening Behaviour - Wiley Online Library	<u>US and Canada.</u> Study on whether paid volunteers were better at handling suicidal calls than professionals.	In the U.S. study, volunteers were more empathetic and often have better outcomes than professionals. In Quebec, Canada, no significant differences between volunteers and paid staff. The Quebec study indicates that helpers with more experience are more effective.
x	x	Satisfaction and Mental Health Outcomes Associated with a Large Regional Helpline, McClellan, Sean R. et. al. Community Health Journal, New York, Vol 58 Issue 6 (Aug 2022)	<u>NYC Well, free service under NY Mayor's Office.</u> Evaluate impact on mental health conditions from accessing counsellors and peer support specialists through phone, text, and offline chat.	89% surveyed reported that contacting the helpline helped them deal with a little or a lot more effectively with their problems. Rates of psychological distress decreased from 41.3% two weeks after the contact, to 29% six months later. Improvements were greatest for repeat users; 75% contacted the helpline more than once. 3/4 used telephone exclusively with 15% using multiple modes. Relatively few used only text or chat.
x	x	Expanding suicide crisis services to text and chat. Responders' perspectives of the differences between communication methods. Predmore Zachary et.al. Journal of crisis intervention and suicide prevention (0227-5910), 38(4), p 255	<u>Veterans Crisis Line USA.</u> VCL responders are paid employees with degrees in social work, psychology, mental health counselling, or related fields. Evaluate responders' perspectives on differences in channel access.	Reason for using chat and text instead of telephone; perceived anonymity, first step in seeking help, no access to paid telephone (e.g. homeless), more comfortable to disclose history of trauma than over the phone, typing easier than verbally expressing concerns. Responders see chat services as supplementing telephone crisis services – suicide risk assessment is easier by phone.
x	x	Callers' Experiences of Contacting a National Suicide Prevention Helpline: Report of an Online Survey: Crisis: Vol 33, No 6 (hogrefe.com)	<u>Samaritans UK.</u> Caller experience of contacting a national suicide prevention helpline where volunteers support callers on a short-term basis throughout an episode of crisis or trouble via telephone, email, text message, postal letter, and branch visit.	Perceived anonymity and confidential nature of contact makes it difficult to establish an evidence base. Qualitative measures reported for, Perceived Helpfulness of Service: 8/10. Experience of Contacting Samaritans: 62% felt they had been listened to, 30% sometimes felt they were listened to, 3% did not feel listened to very often, and 4% did not feel listened to at all. Those who had phoned or visited

				<p>a branch tended to report higher levels of satisfaction.</p> <p>Reactions to Being Asked About Suicide During Last Contact: 59% reported being asked during their last call (Samaritans policy is to enquire about suicidal feelings at every contact).</p>
x	x	<p><u>A cognitive-behavioural therapy assessment model for use in everyday clinical practice Advances in Psychiatric Treatment Cambridge Core</u></p>	<p>Cognitive-behavioural therapy (CBT) is a short-term, problem-focused psychosocial intervention.</p>	<p>Effective intervention for depression, panic disorder, generalised anxiety, and obsessive-compulsive disorder, Increasing evidence of usefulness in other psychiatric disorders.</p> <p>Effectiveness due to clear focus of issue related to user, structured CBT programme, treatment plan, and relationship with practitioner.</p>
x	x	<p><u>Effectiveness of cognitive behavioural therapy: An evaluation of therapies provided by trainees at a university psychotherapy training center - PMC (nih.gov)</u></p>	<p><u>Sweden:</u> Evaluate effectiveness of therapy provided by trainees versus outcomes achieved by experienced licensed cognitive behavioural therapists.</p>	<p>Trainee therapists able to deliver good treatment results for users. Users who completed the therapy gained a significant symptom reduction and their quality of life improved considerably.</p>
	x	<p>Open Research: Evaluating the feasibility and effectiveness of an Internet-based intervention for depression in a telephone counselling setting (anu.edu.au)</p>	<p><u>Lifelines Australia.</u> Study of Internet-based cognitive behaviour therapy (CBT) (MoodGYM and BluePages programs) to reduce symptoms of depression with and without weekly telephone tracking provided by a telephone counsellor.</p>	<p>Depression symptoms were significantly reduced in participants who received the Internet only and Internet plus tracking. Telephone tracking did not confer any advantage over delivery of the Internet intervention alone, in terms of both treatment adherence and outcome.</p>
	x	<p>National Suicide Prevention Lifeline crisis chat interventions: Evaluation of chatters' perceptions of effectiveness - Gould - 2021 - Suicide and Life-Threatening Behaviour - Wiley Online Library</p>	<p><u>National Suicide Prevention Lifeline, USA.</u> Analyse data from 30k+ pre-chat surveys and linked 19k+ pre- and post-chat surveys completed by chatters.</p>	<p>Chatters were significantly and substantially less distressed at the end of the chat intervention than at the beginning. By the end of the chat, two-thirds of suicidal chatters reported that the chat had been helpful, while just under half reported being less suicidal.</p> <p>Positive feedback on their counsellors on the chat; perceived as being genuinely concerned for their well-being, understood them, and had an action plan post chat for them, tend to drive ~90%</p>

				positive feedback of the chat helpline.
	x	Evaluation of the 113Online Suicide Prevention Crisis Chat Service: Outcomes, Helper Behaviours and Comparison to Telephone Hotlines - Mokkenstorm - 2017 - Suicide and Life-Threatening Behaviour - Wiley Online Library	<u>113Online Netherlands:</u> Evaluate 113online visitors engaging on the chat lines.	Average chat duration 54 minutes. 36%-49% of visitors observed to be in better emotional state at the end of the chat visit, but no change in emotional state was observed more often (43-64%), and deterioration occurred (0-13%). Study concludes that chat logs are an important database to investigate changes in visitors' emotional states and suicidality. Positive engagement observed when helpers implemented Applied Suicide Intervention Skills Training. Moderating chat conversations is more complicated than telephone or in-person, require training and supervision.

Phone	Digital	Research	Objectives	Summary Results
x		Evaluation of the Dutch AIDS information helpline: an investigation of information needs and satisfaction of callers - ScienceDirect	<u>Dutch Aids Telephone hotline:</u> Evaluate free of charge, 8 h a day helpline, operated by paid professionals to provide information about HIV and AIDS, referral to other relevant organizations, counselling via a co-worker of the helpline using protocols to answer a variety of questions.	Callers reviewed it as a well-appreciated source for a variety of questions and concerns about AIDS and HIV. Offers visual privacy; the telephone can make consults less stressful and more productive for people who are reluctant to discuss personal issues.
x		The Dutch cancer information helpline: More critical patients after 10 years - ScienceDirect	<u>Dutch Cancer Society Helplines.</u> Evaluate their 24 h helpline for ordering brochures with a voice response system (VRS). Three target groups – patients (39%), family and friends (35%) and public (26%).	92% of callers rated telephone as most appropriate to obtain information on cancer. 5% evaluated the telephone as being difficult for talking about cancer. 76% of all callers rated information received as positive. Patients rated it less positive than the public.
x		A descriptive survey of cancer helplines in the United Kingdom: Who they are, the services offered, and the accessibility of those services -	<u>UK Cancer Helplines.</u> Study aimed at understanding the offering from 95 helplines in the UK with a cancer related remit.	Access issues as lines were operating only during office hours. Cost barriers as only 30% were free. Half of the staff did not have a clinical background and could not answer medically related questions. Variability in

		Leydon - 2017 - Psycho-Oncology - Wiley Online Library		information offered as helplines are unregulated.
x		<u>Do cancer helplines deliver benefits to people affected by cancer? A systematic review - PubMed (nih.gov)</u>	<u>US Cancer Helplines</u> Evaluate the benefits that cancer helplines may deliver to callers affected by cancer.	Helpline staff provide education and coordinated referrals to other support networks. Do not engage in therapeutic counselling or offer medical advice. Callers generally satisfied with the advice. Limited psychosocial impact.
x		Evidence of Real-World Effectiveness of a Telephone Quitline for Smokers NEJM	<u>California Smokers Helpline.</u> Evaluate the effectiveness of a telephone counselling helpline protocol for smoking cessation, a 'quit line'	A telephone counselling protocol for smoking cessation, was effective when translated to a real-world setting. Its success supports Public Health Service guidelines calling for greater availability of quit lines.
x		Review of the function of a telephone helpline in the treatment of outpatients with rheumatoid arthritis - PMC (nih.gov)	<u>NHS:</u> Understand the cost effectiveness of a telephone helpline organised and run by specialist nurses in a district general hospital outpatient rheumatology department.	Clinical advice and support can be provided by a rheumatology helpline set up as an adjunct to a standard outpatient service. 95% satisfaction with all aspects of the helpline service and that 99% of callers would call the helpline again. 60% of callers would have contacted their GP, a cost avoidance to the NHS.
x		Operating a patient medicines helpline: a survey study exploring current practice in England using the RE-AIM evaluation framework BMC Health Services Research Full Text (biomedcentral.com)	<u>NHS:</u> Study on how many National Health Service (NHS) Trusts currently provide a Patient medicines helplines following hospital discharge, and how they are operated.	Patient medicines helplines are provided by just over half of NHS Trusts in England. However, the proportion of mental health and community Trusts that operate a helpline is less than half of that of the acute Trusts, and there are regional variations in helpline provision.
x		An evaluation of long-term changes in alcohol use and alcohol problems among clients of the Swedish National Alcohol Helpline Substance Abuse Treatment, Prevention, and Policy Full Text (biomedcentral.com)	<u>Swedish National Alcohol Helpline</u> Understand effectiveness of accessing this helpline that provides an easily available, low threshold service to hazardous and harmful alcohol users in the community.	At 12-month follow-up, respondents had significantly reduced their AUDIT score to half of the baseline values, and one third of the participants were abstinent or consumed alcohol at a low-risk level.

x		Twenty four-hour helpline access to expert management advice for food-allergy-triggered anaphylaxis in infants, children, and young people: a pragmatic, randomized controlled trial - Kelleher - 2013 - Allergy - Wiley Online Library	<u>UK</u> Effectives of a 24-hour telephone access to specialist clinical advice on food allergies, anaphylaxis.	Improved food-allergy-specific quality of life in children. Six-month intervention support resulted in sustained benefits for at least a further 6 months.
x		Can a Call Make a Difference? Measured Change in Women's Breastfeeding Self-Efficacy Across Call Interactions on a Telephone Helpline Maternal and Child Health Journal (springer.com)	<u>Australia:</u> Impact from accessing 24-hour telephone helplines to specialist nurse support.	A significant increase in self-efficacy was found. 53% showed improvement, 25% showed no change and 22% showed reduction in breastfeeding self-efficacy.
x		Impact of 24-hour helpline service for people with diabetes - PMC (nih.gov)	<u>Pakistan:</u> Evaluate a 24-hour helpline service in providing information and educating patients about self-management of diabetes.	Effective tool for providing continuous support to people with diabetes and their families, for the self-management of diabetes. It can help in the management of acute complications of diabetes, thereby preventing unnecessary hospital visits and admission.
x		Utility, Caller, and Patient Profile of a Novel Chemotherapy...: Cancer Nursing (lww.com)	<u>Northern Ireland:</u> Evaluate the Chemotherapy Telephone Helpline (CTH) service, located in a large inner-city Trust, is a unique nurse-led service within Northern Ireland.	Confirms the need of this nurse-led service. This service facilitates access to specialist advice and support for patients, their families, and allied health care professionals.
x		Fukkink, R.G., Bruns S., & Ligtoet, R. (2016) 'Voices of Children from around the globe: An international analysis of children's issues at child helplines' Children & Society, vol 30, no 6	<u>Netherlands:</u> Analysis of international database of 25 million registered calls at a total of 111 helplines affiliated with Child Helpline International. Aimed at understanding differences between reasons for calls from different parts of the world and shifts over a 10-year period.	All helplines contacted by young people who seek support with abuse, sexual matters, and school issues. Calls in developing world tend to relate to safety and health. Those in Europe, North America and the Pacific are to discuss social and psychosocial issues (mental health, peer, and family relations).

x		Hepburn A., Wilkinson S., Butler C. W. (2014). Research on language and social interaction. Vol 47, issue 3	<u>UK:</u> Review of the way conversation analytics in telephone helplines can make an impact in practical situations.	Three areas of research; giving of advice, managing emotion, and current policies & practices.
x	x	It's good to talk: comparison of a telephone helpline and website for cancer information - ScienceDirect	<u>UK Charity Cancer BACUP website and their helplines.</u> Study compared two sources for obtaining information on cancer - Internet and a telephone helpline.	Internet does not currently fulfil needs for basic cancer information. 23% sought cancer information on internet before calling the helpline. 71% of telephone calls were related to cancer treatments. Institution has seen a doubling in email enquiries, seen as a midway option between the internet and speaking to a nurse – retains anonymity and receives a personalised answer from a health professional.
x	x	<u>Cost-effectiveness of a helpline for suicide prevention - PubMed (nih.gov)</u>	<u>Belgium:</u> Cost effectiveness of a helpline in suicide prevention consisting of telephone and chat service.	Research over a ten-year timeline, showed that 36% of suicides were avoided with use of telephone and chat service. At the population level, an investment of €218,899 saved €1,452,022 for the public health service (national health insurance), mainly due to the telephone service.
x	x	Bloch, S. and Leydon, G. (2019). Conversation analysis ad telephone helplines for health and illness: a narrative review vol 52 no. 3	<u>UK:</u> Review of published work that examines interactions in health/illness-related telephone helplines established to help callers with physical and mental health inquiries (not emergency call).	Effectiveness driven by limits of physical access to caller and their concerns. Satisfaction of helpline reliant on how callers present their concerns, potential complexity of underlying issues, which influences how helpline advice can be delivered effectively.
	x	Chat-based hotlines for health promotion: a systematic review - PMC (nih.gov)	<u>US:</u> Literature search for research on for chat-based hotlines, to connect users to trained health providers or staff	Chat-based hotlines have been used for health promotion mostly in emotional support especially for younger (12–24 years old) and female user and have only been evaluated and published in high-income countries.
	x	Cognitive-behavioural therapy for adolescents with bulimic symptomatology: The acceptability and effectiveness of internet-based delivery - ScienceDirect	<u>UK:</u> Evaluate programme of online CBT sessions ('Overcoming Bulimia Online'), peer support via message boards, and email support from a clinician.	Significant improvements in eating disorder symptoms and service contacts from baseline to three months, which were maintained at six months. Participants' views of the intervention were positive.

x	Cost-effectiveness of a systematic e-assessed follow-up of postoperative recovery after day surgery: a multicentre randomized trial BJA: British Journal of Anaesthesia Oxford Academic (oup.com)	<u>UK:</u> Assessment by phone points (RAPP), a smartphone-based application (app), to evaluate patients after day surgery.	RAPP can be a cost-effective tool in providing low-cost health-care contacts and in systematically assessing the quality of postoperative recovery. The probability of the intervention being cost-effective was 71%.
x	<u>Volunteer and user evaluation of the National Sexual Assault Online Hotline - PubMed (nih.gov)</u>	<u>US:</u> National Sexual Assault Online Hotline (NSAOH) is a new model for delivery of rape and sexual assault crisis services through a secure, confidential chat-based online hotline.	Chat-based model found to be viable. Reached more survivors because of increased anonymity. Volunteer skill level and knowledge important for chat line usefulness.
x	What are the experiences of volunteers' delivery of an online helpline service? A qualitative study using the Behaviour Change Wheel approach in understanding barriers and facilitators. UCL study was commissioned by The Mix.	<u>UK:</u> Identify the influences on the delivery of online helpline support and suggest ways to improve and optimise the delivery of a UK based charity that offers online support to young people under the age of 25.	Behaviour change framework to explore the barriers and facilitators to the delivery of helpline webchats specifically for young people.
x	Ersahin, Z., & Hanley, T. (2017). Using text-based synchronous chat to offer therapeutic support to students: A systematic review of the research literature. <i>Health Education Journal</i> , 76(5), 531-543.	<u>UK:</u> Identify peer-reviewed empirical research of online counselling and key themes present in the literature.	Four themes identified: developing safe and youth friendly online services, online client characteristics, in-session online processes, session alliance & outcomes.
x	Dowling M., Rickwood D. (2015) A naturalistic study of the effects of synchronous online chat counselling on young people's psychological distress, life satisfaction and hope. <i>Counselling and psychological</i>	<u>Australia:</u> Investigate the effects of online counselling over a 6-week period and whether outcomes were influenced by number of sessions attended or having sought additional help.	Self-report questionnaire was used to evaluate effectiveness. Results: a small number of online counselling sessions may not uniquely improve levels of psychological distress, but that client hope may be improved during, an important outcome.

		research. Vol 15 issue 4		
x	x	King R., Bambling M., Reid W., Thomas I., (2006) Telephone and online counselling for young people: A naturalistic comparison of a session outcome, session impact and therapeutic alliance. Counselling and psychotherapy research vol 6, no 3	<u>Australia:</u> Measure the outcomes of 100 young people using Kids Help Lines telephone counselling, and 86 young people using single session of online counselling.	Identical measures were used to track client distress using the 12-item form the GHQ, a standardised index of general non-psychotic psychological disturbance. Results suggest telephone counselling is associated with better counselling outcomes, higher session impact and stronger counselling alliance when compared with online counselling. The result of greater communication efficiency of telephone counselling which enabled more counselling work to be undertaken in the time available.