# Impact of Help or Crisis Lines for Mental Health

Proposal for a systematic review using PRISMA-2020 statement

## Abstract

Helplines and crisis lines for mental health exist in different formats throughout the world [1, 2] as a form of intervention which appears to be intuitively supportive and useful to people in distress. It also has the advantage of being widely accessible, approachable, and bypasses the waiting times and bureaucracies of referral systems for accessing secondary mental health services.

The authors were curious about the existing evidence regarding measurable outcomes for helplines and crisis lines, beyond subjectively reported caller satisfaction. Is there evidence to suggest that the existence of helplines reduce suicide rates, or emergency attendances or referrals to the local mental health services? What outcomes have been studied for mental health helplines and crisis lines in terms of efficacy, effectiveness, and efficiency?

The authors explore the background and rationale for a systematic review to answer these questions.

*Keywords*: mental health, helpline, crisis line, outcomes, efficacy, effectiveness, efficiency.

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## Introduction

A possible intervention for people in mental health distress is a helpline or crisis line, where someone in need of help can connect with and talk to a person trained to offer psychological support in such situations. Such helplines are currently operational in various parts of the world [2]. The outcomes of this intervention have been studied in different ways but is mostly based on caller satisfaction and subjectively reported improvement in wellbeing.

Many helplines being anonymous, have inherent challenges in assessing outcomes in efficacy, efficiency and effectiveness on long term follow up.

## Aim

The authors aim to conduct a systematic review of evidence for mental health outcomes of service users of helplines and crisis lines.

## Research question and Methods

The research question was, 'What outcomes are evidenced in published literature for mental health helplines and/or crisis lines in terms of efficacy, effectiveness or efficiency?'

The method proposed is a systematic review of literature using the PRISMA-2020 statement [3]. The literature search would be done based on the PICOS [4] (Population-Intervention-Comparator-Outcome-Setting) framework to select keywords, inclusion, and exclusion criteria for our search. (Table-1)

**Population included:**
We propose to include the broad population experiencing any form of mental health distress. This includes subgroups that are suicidal or in crisis. We also intend to include papers studying services for specific target populations (such as veterans).

**Intervention reviewed:**
Helplines are different from ongoing talk therapy, since they are typically meant to be used for an immediate and one-time intervention in a crisis situation and may be staffed by volunteers or paid workers who have received short term training for specific scenarios, rather than licensed professionals. However, it has been found that callers sometimes use helplines repeatedly, and in various situations of distress (such as isolation) rather than just crises [5]. Helplines have traditionally been phone lines; however, in recent times, digital platforms such as chat or text have also been used to provide this service [6]. We will include all modes of delivery of service of a helpline in this analysis. Different publications have referred to this type of service by various names, as helpline, help-line, crisis line, hotline, or lifeline. We will include the variations in the nomenclature of this type of service all these terms in our search.

**Comparison versus alternative:**
In places where helplines are unavailable, there is typically no intervention until a more advanced stage of distress (such as a suicide attempt) necessitates medical intervention. Hence, this project compares the outcomes of helpline usage versus no intervention.

**Outcomes studied:**
One of the challenges in measuring the efficacy of helplines is that they are frequently anonymous, so outcomes after the call has ended cannot be tracked. Hence it is difficult to find data related to quantitative or long-term outcomes of helpline services. The efficacy of these services is often tracked based on caller or volunteer perceptions. Though our particular interest is on quantitative outcomes, we do not expect there will be numerous papers. Hence, to include a wide spectrum of evidence we intend to include both qualitative and quantitative outcomes, subjective and objective data to have a broad overview of the work that has been done so that future research proposals can be focused on areas where there is less evidence.

**Setting:**
Primary research publications pertaining to the qualitative or quantitative outcomes of helplines and crisis lines are included in this review. Only full publications (not just conference abstracts), in English, will be included. No other restrictions will be applied.

Databases included:
We would run literature searches using Web of Science, Ovid, PubMed and Scopus databases. Cross-checking against references in available literature would be done to improve the output.

Search strategy:
Based on the PICOS framework shown, the search strategy would be as follows:

Topic: "mental health" OR distress OR psychological OR psychosocial OR psychiatric OR suicid* OR anxiety OR depression OR stress*

AND Topic: helpline OR help-line OR crisis line OR hotline OR lifeline

AND Title: effic* OR outcome OR effec*

**Exclusion criteria:**
1. Reviews, editorials, case studies, opinion pieces, book chapters, letters
2. Ongoing talking therapies
3. Published in a language other than English
4. Only published as abstract (conference posters and presentations)
5. Papers looking at staff perceptions or caller demographics, reasons for calling rather than outcomes for callers
6. COVID related helplines. We decided to exclude these as they would have been temporary set ups and not likely to continue in future as the pandemic runs its course. We would like to concentrate on the data which has more long-term viability.

The literature search will be reported using the PRISMA-S statement. [Rethlefsen ML, Kirtley S, Waffenschmidt S, Ayala AP, Moher D, Page MJ, Koffel JB; PRISMA-S Group. PRISMA-S: an extension to the PRISMA Statement for Reporting Literature Searches in Systematic Reviews. Syst Rev. 2021;10(1):39. PMID: 33499930]

Once the papers have been identified using the above search strategy from all the databases, they will be merged, and de-duplicated to remove to make a final list. Two of the authors (MG, NC) will then go through the list and through the inclusion and exclusion criteria, select a final list of papers which will be included in the final analysis. Any disagreements will be resolved by co-author DD. Whether we would be able to do a meta-analysis, or just draw themes from the publications will depend on the results of the final search output. The authors look forward to publishing these results in future.

## Discussion

Previous publications include a systematic review on the effectiveness of crisis lines [7] covering publications up to 2018, and another on the effectiveness of youth helplines [8] covering publications up to 2020.

Hoffberg et al [7] studied the literature published between 1990 and 2018 and concluded that there was a dearth of high-quality evidence demonstrating effectiveness of crisis lines. This review was possibly the closest to our proposed methodology. However, we have a wider scope in not restricting the date of publication.

Mathieu et al [8] also concluded that there was indeed lack of controlled trials in the existing evidence and methodological/ethical barriers preventing such trials. They voiced the need for more research before conclusions regarding effectiveness of such services to the youth population can be made.

In an era of restricted resources and economic crunch, it is important to understand how funds and resources are utilised in providing effective and efficient services to people in mental health crises I the most cost-effective way. In preparation for continued funding or expansion of such services, the existing literature needs to be studied for evidence so that improvements can be made, and the right focus can be achieved.

We hope that our review in addition to the existing ones can also make the case for more rigorous trials which provide reliable evidence based on which important policy and planning decisions can be made.

**References**

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*Table-1*

| PICOS framework for the systematic review | | | | |
|---|---|---|---|---|
| **Population** | **Intervention** | **Comparator** | **Outcome** | **Setting** |
| mental health distress | helpline | no intervention | quantitative | papers published in English |
| psychological distress | crisis line | | qualitative | original research |
| suicidal | hotline | | | full publication |
| depression | lifeline | | | |
| anxiety | help-line | | | |
| stress | | | | |