



e-Therapies evidence review

e-Therapies: a systematic review

As part of the MindEd programme, The National Collaborating Centre for Mental Health was commissioned to carry out the UK's first ever comprehensive systematic review of e-Therapies and computer based-applications (free and paid-for services) for the prevention and treatment of mental health problems and substance misuse in children and young people.

The review also enlisted the help of two focus groups of young people under the age of 25 who tried several computer-based applications for anxiety and depression – two of the most common mental health conditions amongst this age group – to provide user feedback, including acceptability of the program design.

What are e-Therapies?

'e-Therapies' use technology to facilitate therapy. There are two main types:

- **e-Mediated therapies:** traditional face-to-face therapy delivered via technologies such as video conference, email or telephone. Technology is used to aid, but not replace, the input of a therapist.
- **Computer-based therapies:** normally used independently by the service user (without or with little contact with a therapist) via the internet, CD-ROM, mobile phone or tablet.



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e-Therapies: summary of findings

- The evidence from this review was limited. However, when considering e-Therapies collectively, the treatment delivered using this medium shows promise and may be beneficial for improving the mental health of some children and young people. We believe that this evidence establishes 'proof of concept' for e-mediated and computer based therapies.
- Feedback from the focus groups suggested that e-therapy products must be engaging and up-to-date. They should be used in addition to continued contact with therapists, endorsed by medical professionals and have the ability for the user to set their own goals.
- e-Therapies are not a replacement for face-to-face therapy and, if used, should form part of a child or young person's overall therapeutic plan.
- Computerised cognitive behavioural therapy (cCBT) for the treatment of depression and anxiety in young people (12-25 years) showed promise and some individuals may find these programs beneficial.
- Evidence for cCBT for depression and anxiety in children (5-11 years) was not as strong and, although there were some overall improvements, it was insufficient to specifically recommend the two programmes reviewed.
- Other computer-based applications relating to attention deficit hyperactivity disorder, conduct disorder and substance misuse showed some, but more limited, evidence of benefit, but none were free to use.
- There was very limited evidence of benefit for cCBT for social anxiety and autism.
- Some e-Mediated therapies used to treat depression, eating disorders, Tourette syndrome, psychological distress and obsessive compulsive disorder demonstrated limited evidence of benefit, but collectively, show some promise.
- No interactive mobile phone or tablet based apps used for psychological therapy could be recommended for use by children and young people as we did not find evidence that was sufficiently robust for inclusion in this review.

Recommendation:

Government and other funding bodies should invest in the development and evaluation of e-Therapies for children and young people with mental health conditions to determine their true worth.

To find out more, or to download a copy of the systematic review, please visit www.minded.org.uk