



Changing lives.

Therapeutic texting

Understanding text
messaging as an e-therapy

Prepared by Youthline for Counties Manukau District Health Board

This report was prepared by Youthline Auckland for Counties Manukau District Health Board.

Youthline is a regionally focused, nationally linked service promoting community-based youth development. Youthline operates from an integrated model of evidence-based practice within a community development, training and youth development, and clinical services framework. Youth development is about being connected, having quality relationships, fostering participation and being able to access good information.

Counties Manukau District Health Board (CMDHB) was established on 1 January 2001 under the provisions of the New Zealand Public Health & Disability Act (2000). CMDHB is responsible for the funding of health and disability services and for the provision of hospital and related services for the people of Counties Manukau (Manukau City, and Franklin and Papakura Districts) as set out in the DHB functions and objectives in the Act. CMDHB's shared vision is to work in partnership with our communities to improve the health status of all, with particular emphasis on Māori and Pacific peoples and other communities with health disparities. Child and Youth health is one of the development areas the CMDHB will be focusing on over the next three years.

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Disclaimer

This review was commissioned by Counties Manukau District Health Board to understand the use of text messaging as an e-therapy. The opinions expressed in this document do not necessarily reflect the official views of Counties Manukau District Health Board, nor Youthline.

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2. Executive summary

2.1 Introduction

We live in a highly technological, electronic world. New media permeate practically every aspect of the modern world. In New Zealand, household access to cellphones has grown from 59 percent of households in 2000/01 to 73 percent of households in 2006/07 (Statistics New Zealand, 2007). With the importance of new technologies in our lives, we may ask what effect this technology has on the development of human beings. As cellphone use and ownership continues to grow in New Zealand, the possibilities around incorporating cellphones into social, commercial, health and other various initiatives continues to grow.

2.2 Project scope

The Counties Manukau District Health Board (CMDHB) has commissioned Youthline to scope and explore the potential development of online electronic and digital therapies, resources and services, particularly the use of texting for young people. This paper will offer a broad discussion on the development of these electronic and digital therapies, as well as provide a case study of the Text 234 counselling service offered by Youthline. Therefore, this paper will present some theoretical, academic and practical information to act as a foundation from which greater discourse and development of electronic therapies can take place. This paper will include:

- A literature review around electronic therapeutic intervention in practice with a focus on text messaging
- An analysis of Youthline's Text 234 service
- A discussion of the potential use and implementation of electronic and digital resources and services in Counties Manukau
- Recommendations for future work

Youthline is a unique organisation that employs a community-based approach to youth and community development. Youthline is committed to an integrated model of evidence based practice within a community development, training and youth development and clinical services framework. Youthline gratefully acknowledges the support and guidance of CMDHB in developing this paper.

2.3 Methods

Literature review

A broad search was conducted for literature regarding electronic and digital therapies. This search attempted to include all recent literature regarding the use, implementation, effectiveness or safety of

electronic therapies. Further information was collected regarding government policies for digital technology in New Zealand and cellphone usage in New Zealand and the Counties Manukau region.

A primary focus within the literature review was to identify literature specifically relating to online electronic and digital therapies, resources and services in New Zealand. As the expectation was that little or no direct evidence was likely to exist, a world-wide search on electronic therapies was also conducted. Primacy has been given to information that is directly related to text messaging, and to text-based counselling.

Youth advisory group consultation

Two youth advisory groups from the greater Auckland region were consulted in this project.

The Central Youth Advisory Group (CYAG) and the Counties Manukau Youth Advisory Group (CMYAG) were involved in focus group discussions regarding their experience and beliefs regarding counselling through text messaging and emails, as well as their thoughts on the internet as a resource to support young people.

Youthline Text 234 consultation

Youthline offers a text service to complement their long-running phone and e-mail counselling services. Youthline staff members involved with the Text 234 counselling service were interviewed. These staff members discussed the operation of the Text 234 service and the internal processes and safeguards in place to ensure clients of the service are given consistent, comprehensive and safe support. Statistics regarding use and trends of the Text 234 service were also obtained.

2.4 Literature review

Understanding text messaging as an e-therapy

No literature was found formally evaluating the therapeutic effectiveness of text messaging. It may be concluded from this that the use of text messaging is either too recent a phenomenon or too infrequently used as a therapy method to have been the focus of a study of effectiveness to date. Descriptive accounts exist discussing the nature of text messaging and its use for counselling.

The psychology of those who prefer text messaging *versus* phone conversations has been investigated. Understanding this may provide an insight into clients for whom text may be a valued therapy medium. For some people texting affords a more comfortable form of communication; for others, this is the case at particular times. Texting offers an alternative mode of communication with several unique advantages that outweigh disadvantages. Texting is not simply an additional medium for

communication; it is a distinct form of communication and is highly valued by a subset of society. There are therefore, clear imperatives to investigating effectiveness in text messaging as an e-therapy.

Challenges unique to text messaging

While related e-therapies are described and evaluated, some aspects of text message counselling are particular to this technology. Text messaging has its own limitations and requires novel skills and understanding on the part of the counsellor. The language of text messaging, with the efficiencies employed to minimise the number of characters used introduces one challenge, while the limitations of effective communication within 160 characters presents other challenges to both clients and therapists in terms of directness and clarity. As with other online communication, this is further compounded by the lack of visual and aural cues from the person seeking help, although the extent to which affects the outcome of therapy is not well understood.

The issues described here indicate that text messaging is sufficiently differentiated from other media to warrant separate investigation. As such, caution must be exercised when extrapolating findings from studies of other e-therapies, such as e-mail, to text-message counselling.

Outcomes of e-therapies

While e-therapy is a relatively new field, a number of studies have been undertaken to investigate its effectiveness in a range of therapeutic areas. The outcomes of these studies are described. It is worthwhile reiterating that while these findings may have relevance to the therapeutic effectiveness of text messaging, the results should not be directly extrapolated. Text messaging is a sufficiently unique medium to warrant such preliminary caution before further investigation is undertaken.

The therapeutic alliance formed by online therapy *versus* face-to-face therapy has been shown to be comparable. The working alliance where “both the therapist and client enter into with the hope of creating change” is significant in all types of therapy (Hanley, 2009). In Hanley’s United Kingdom based study, a number of themes emerged highlighting the benefits of online counselling, including anonymity, ease of access, control of the communication and valuing the service. Importantly, young users did not feel that there was greater chance of miscommunication online than in a face-to-face setting.

However, the strongest evidence for the effectiveness of online therapies has been provided by a comprehensive review and meta-analysis undertaken by Barak, Hen, Boniel-Nissim and Shapira (2008). The pooled data from 92 studies, found that online therapies and face-to-face therapy are similarly effective. Barak et al. further note that e-therapies were more effective for individual, rather than group, therapy. The authors conclude that:

“The Internet-connected computer is turning into a highly influential social tool ... Psychotherapy and counselling should adjust to this changing world and adopt new, innovative tools accordingly to fit into the world of today and tomorrow so as to better

meet clients' expectations and needs. The current review shows that this is not only theoretically possible but actually a developing professional reality." (Barak et al., 2008, p 148).

There is a growing literature base demonstrating the advantages and efficacy of e-therapies. While some authors express scepticism about the outcomes (e.g. Robson & Robson, 2000; Stofle & Harrington, 2002), it is evident that these new avenues for therapy are both demanded by and are meeting the needs of a particular subset in the population. Exploiting the strengths and mitigating the weaknesses of such media is essential to the future success of e-therapies.

2.5 Youth advisory group consultations

Central Youth Advisory Group (CYAG)

Members of CYAG confirmed that cellphones are of central importance to many young people's lives in the modern world. Many young people have more than one cellphone and frequently more than one SIM card (i.e. multiple accounts and numbers). As such, cellphones are a technology that is highly accessible for young people in New Zealand.

The use of text messaging and other electronic media for disseminating information was discussed. According to CYAG, cellphones are among the best ways to connect and talk with others. However, all CYAG members emphatically agreed that text messaging does not replace personal, face-to-face interactions. The text medium provided a means for maintaining contact. Texting was identified as a useful and non threatening way of initiating contact with a counselling service; it was not described as a replacement for face to face or telephone counselling.

CYAG suggested ideas for further cellphone based developments, including the potential for disseminating information to young people on issues relevant to them. In relation to the possible development of e-therapies in the Counties Manukau region, the feedback from CYAG indicates several potential avenues. CYAG discussed at length the importance of information being available and accessible through text messaging to young people. A potential future development identified was a database of information accessible by mobile phone to registered young people. Particular topic areas identified included sexual health, careers counselling and peer pressure.

Affordability of services for young people remains central to their success. CMYAG members stated that providing Text 234 as a free service is an essential component to ensuring it is accessible to people from all parts of society.

2.6 Youthline's Text 234 service

Background and service operation

The Text 234 service has been provided as a free service by Youthline since January 2008. Prior to this, Youthline offered a small-scale text service for which users paid their service provider's nominal text charge, usually 20 cents. The Text 234 service is provided 8:00am – midnight, every day of the year. Being provided nationally, any person, of any age and from any location in New Zealand may text the service. The general profile of those using the Text 234 service is young people of high school age. People text the 234 service for a variety of reasons; the most common involve personal and relationship issues, information seeking (e.g. regarding sexual health or careers advice), health concerns - particularly sexual health and mental health and friendship seeking.

Volunteer counsellors provide most of the Text 234 service. These counsellors undergo phone and text training and are mentored through incremental levels of autonomy and regular supervision. Volunteers and staff also receive on-going training regarding phone, Internet and text message counselling. Incoming texts are handled via an innovative web-based service that allows messages to be answered by any Text 234 counsellor from around New Zealand. Counsellors log in to a secure Internet connection from anywhere in the country and answer texts using a simple web interface.

The Text 234 service employs a crisis intervention process. This process allows for clinical back up staff to access to the client's cellphone number so that the client can be called and contact with Police, Accident and Emergency, Child, Youth and Family, or other relevant services can be made. Volunteer counsellors cannot view this information to maintain client confidentiality.

Current usage and trends

The volume of text messages received by the Text 234 service has grown rapidly. Currently text volume is fluctuating in the range 12,000 – 15,000 per month (400 – 500 messages per day) (Figure 1). This volume is substantially greater than Youthline had predicted and has occurred despite minimal advertising.

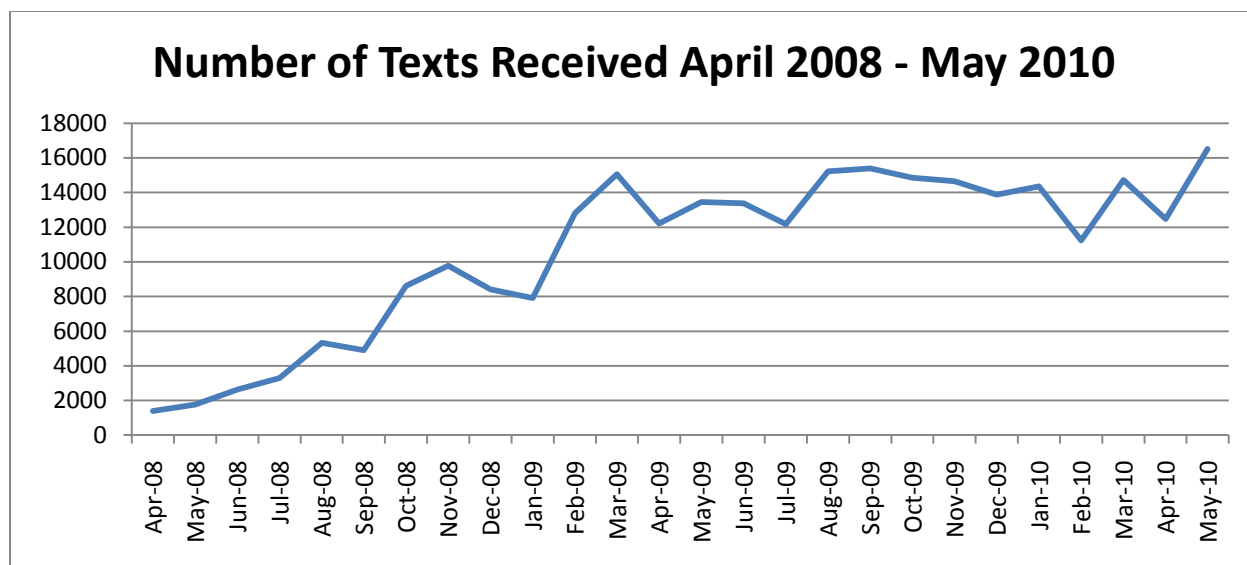


Figure 1: Text volumes by month for Youthline's Text 234 service

A keyword search to code and categorise the main issues clients have on contacting the service found that relationship concerns were approximately three times more likely to be the identified issue than any other. A range of other issues were identified, including health concerns- sexual health and mental health featuring most prominently. It is clear that a diversity of issues is discussed by young people using the Text 234 service (Figure 2). In addition to the rising volume of text messages, this indicates that this service plays an increasingly important role in young people's lives.

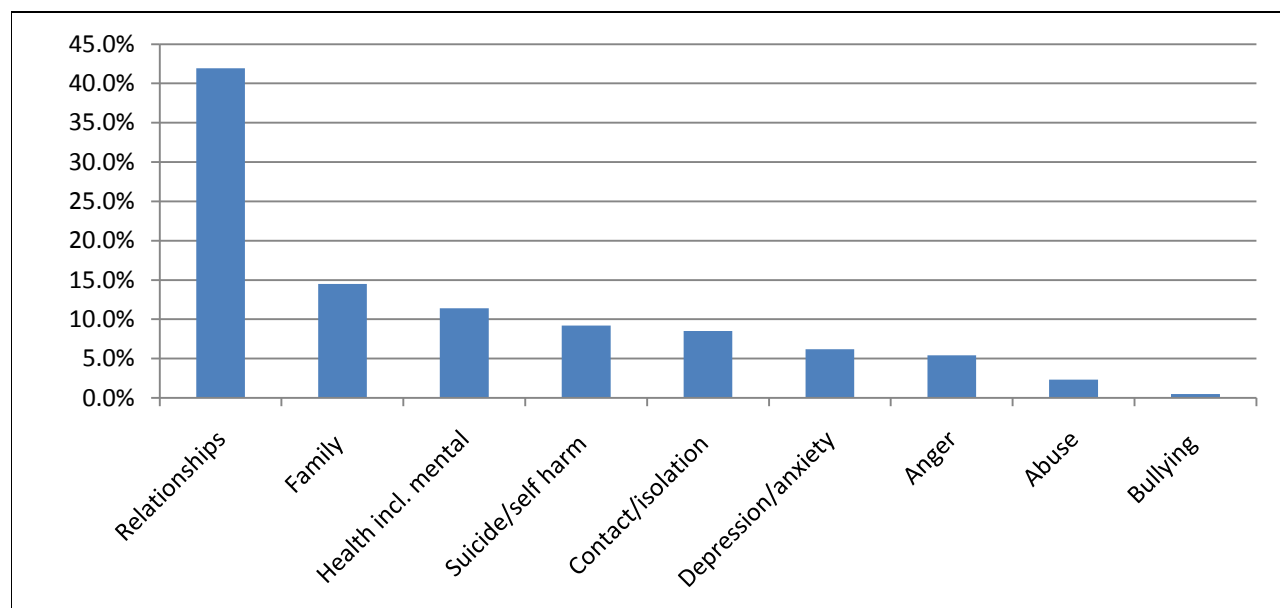


Figure 2: Top 9 presenting issues identified in text messages received by Youthline's Text 234 service.

Indicators of Effectiveness

It is outside the scope of this report to develop methods to formally evaluate the effectiveness of Text 234; however, several lines of evidence suggest that Text 234 is effective and warrants more complete evaluation. Firstly, text volumes are high and increasing. This indicates that people are continuing to contact and use the service and must find value in doing so. Secondly, staff members report that there is growing depth in text conversations. It is noted that this includes serious text conversations around relationships issues, mental health issues and suicide/self harm being disclosed by people through Text 234 service. Hence, young people are comfortable discussing important and difficult issues via text message. Thirdly, a recurrent theme reported by Youthline staff and noted by Haxell (2008) when discussing the Text 234 service is the increased anonymity afforded by texting, as evidenced by the following message sent to the Text 234 service: “Cn I jus txt, coz I don wan 2b heard”. Hence, this service is reaching a unique group of people who may not otherwise access services. Collectively, these factors provide informal evidence that clients find the service effective and that its reach is wide.

2.7 Counties Manukau: potential for e-therapies

Counties Manukau is a diverse and vibrant region, with a population of 330,000 people. The people of Counties Manukau are more culturally diverse than other areas of New Zealand. Youthline’s services, including Text 234, are freely available in Manukau. In expanding its profile and volunteer base in Manukau, Youthline will be able to provide services that are particularly well-tailored to the needs of the Counties Manukau community. Currently, Youthline is expanding its physical base in Manukau City, having recently acquired new premises.

Health priorities

Three key areas of young people’s sexual and reproductive health were identified in the 2008 report, *The Health Status of Children and Young People*, as focal points for CMDHB. These were teenage births, terminations of unwanted pregnancies, and sexually transmitted infections. These priorities for young people in Counties Manukau inform and shape the Youthline’s services in Counties Manukau communities.

The future of e-therapies in Counties Manukau

As Counties Manukau has a young population with a different ethnic composition than other parts of New Zealand, it is worth considering the relevance of current e-therapy services for the Counties Manukau region.

An advantage of Youthline offering e-therapy services in Counties Manukau is that Youthline take a youth and community development approach that is multifaceted. Youthline are adaptive and responsive to the means through which young people seek support; this includes face-to-face counselling, family therapy and youth development programmes in addition to phone, e-mail and text

counselling. Youthline will continue to be responsive to the young people of Counties Manukau. As such, e-therapy strategies are included as part of a larger youth and community development strategy for this region.

The potential of e-therapy to assist a community like Counties Manukau is substantial. The uptake of electronic and digital forms of communication is significant and growing in Counties Manukau. Also, Youthline, a pioneer of innovative e-therapy services, is developing a strong physical presence in Manukau city. The components are in place for innovative e-therapy strategies and services to be developed to benefit and support the young people of the Counties-Manukau region.

2.8 Recommendations

- **Diversification of services** – There is great potential for the development of further e-therapy initiatives. There is potential for valuable information to be shared with young people in the Counties Manukau region via text messaging. This would be developed in line with pre-identified key areas including sexual and reproductive health and to facilitate face-to-face sessions for young people with symptoms of depression, self harm or suicide. The objective would be the development of e-therapy services that are relevant and effective for the Counties Manukau communities.
- **More information** – There needs to be more information sharing amongst key stakeholders and also more research into these relatively new e-therapy strategies. Youth '07 data should be considered when developing novel e-therapy services for Counties Manukau. Also, the wider context needs to be tracked to ensure e-therapy developments in Counties Manukau are aligned with national developments around e-therapy and electronic and digital communication uses around the country. There is an urgent need to formally evaluate e-therapies such as text messaging to ensure they are therapeutically sound for clients.
- **Involve young people** – The participation of young people is pivotal to youth development. In introducing and shaping the form of e-therapies such as text messaging, Youthline has involved and will continue to involve young people to ensure the service is adaptive, responsive and appropriate their needs. This includes involving youth from as many areas as possible to ensure that diverse needs can be met by e-therapies, and that the advantages afforded by these technologies are fully utilised.
- **Developing a knowledge base** – Informed by the experiences of Text 234, there is scope to deliver ongoing, e-therapy support to other services providing e-therapy. Within the health sector, there is great potential for e-approaches to be utilised by health professionals in their care of clients.

3. Introduction

We live in a highly technological, electronic world. New media permeate practically every aspect of the modern world. The Internet, PCs, PDAs, MP3 players, DVD players, video cameras, web cams, e-mail, social networking, online banking and global positioning systems are just a few examples of the ever increasing technologies on offer to consumers. The reach of these technologies is extraordinary; the United Nations International Telecommunication Union estimates 4.6 billion cellphone subscriptions existed globally by the end of 2009 (International Telecommunication Union, 2009).

In the United States, the cellphone has rapidly become the favoured communication medium for the majority of American youth (Lenhart, A., Ling, R., Campbell, S., & Purcell, K., 2010). These authors identify that 75% of 12-17 year-olds now own cellphones, a significant and rapid increase from 45% in 2004. In addition, they identify that ownership of cellphones has percolated down to ever younger teens; in 2004, just 18% of 12 year-olds had a cellphone of their own, compared to 58% of 12 year olds currently. Furthermore, they note that 88% of youth who use cellphones send and receive texts, a sharp rise from the 51% of youth who were texting in 2006 and that more than half of young people (54%) are texting daily. Following changes to the way texting is charged by teleco providers, which included introducing unlimited, or virtually unlimited texting plans, one in three young people are currently reported as sending in excess of 100 texts a day (Goldberg, 2010).

In New Zealand, household access to cellphones has grown from 59% of households in 2000/01 to 73% of households in 2006/07 (Statistics New Zealand, 2007). With the importance of new technologies in our lives, we may ask what effect this technology has on the development of human beings. As cellphone use and ownership continues to grow in New Zealand, the possibilities around incorporating cellphones into social, commercial, health and other various initiatives continues to grow.

3.1 The local picture

Statistics New Zealand provides a broad picture of the technological environment in New Zealand:

- At the end of 2006, 1.011 million households had access to the Internet at home – 33.2% through broadband connections
- At the end of 2006, the New Zealand government's expenditure on information and communication technology was \$1.1 billion
- In December 2006, the most common Internet activity of those who had recently used the Internet was sending and receiving emails (90.3%)
- In 2006, 57.7% of individual Internet users accessed the Internet once or more a day
- 2006 saw 92.8% of 20-24 year olds and 92.5% of 25-29 year olds in New Zealand having use of a cellphone.
- In 2006, 4.7% of New Zealanders had been harassed via their cellphone through text bullying, inappropriate pictures and other cell-related harassment.

Census at School (2007) a joint educational venture between the University of Auckland, Statistics New Zealand and the Ministry of Education surveyed young New Zealanders between aged between 6 and 17 years old. This survey found that:

- At 14 years old, 88% of the young people surveyed owned a cellphone.
- At 9 years old, 26% of surveyed young people owned a cellphone.
- The most popular Christmas present for girls surveyed was a cellphone. For boys, cellphones ranked as the second most popular present.
- In 2007, 89% of 15 year olds owned their own cellphone.

According to the national youth health survey, Youth '07 (Adolescent Health Research Group, 2008), 28% of the young people surveyed spent three or more hours each day texting other people and 52% of young people used the Internet for one or more hours per day. Evidently, digital technologies are central to young people's worlds. Therefore, it is vital for the youth and health service sectors to consider how these technologies can be harnessed to support positive health and social outcomes.

The Broadcasting Standards Authority (2008) looked at cellphone use in New Zealand amongst 6-13 year olds. They identified cellphone ownership among young people rises steeply with age (5% of 6-8 year-olds; 25% of 9-11 year-olds; and 62% of 12-13 year-olds). They also identified that Pacific children are less likely than the average to own a cellphone (16% compared to 27% of all children) and they are more likely than the average to use a parent's cellphone (25%, compared to 13% of all children). This comprehensive survey also looked at how children are using social media. They describe cellphone use as largely a solitary activity (71% of children who use a cellphone use it alone). Cellphones are also identified as serving a range of purposes, but are most commonly used to play games (82%), send or receive text messages (81%), make phone calls (47%) and take pictures (43%). Notable proportions of older children (12-13 year-olds) also use their cellphones to browse the Internet (23%), and listen to MP3s (21%).

It is not the intention of this paper to judge the appropriateness of young people having unsupervised access to cellphones or the Internet. In providing this data, a picture emerges of how strongly cellphones are situated with young people, and of how texting in particular is a preferred means of communicating.

3.2 Project scope

The Counties Manukau District Health Board (CMDHB) has commissioned Youthline to scope and explore the potential development of online electronic and digital therapies, resources and services, and text programmes for young people. This paper will offer a broad discussion on the development of electronic and digital therapies, as well as providing a case study of the Text 234 counselling service offered by Youthline. It is the objective of the paper to present some theoretical, academic and practical information to act as a foundation from which greater discourse and development of electronic therapies can take place. This paper will include:

- A literature review of electronic therapeutic intervention in practice
- An analysis of Youthline's Text 234 service
- A discussion of the potential use and implementation of electronic and digital resources and services in Counties Manukau
- Recommendations for future directions

Youthline is a unique organisation that employs a community-based approach to youth and community development. Youthline is committed to an integrated model of evidence based practice within a community development, training and youth development and clinical services framework. Youthline gratefully acknowledges the support and guidance of the CMDHB in developing this paper.

4. Methods

4.1 Literature review

A broad search was conducted for literature regarding electronic and digital therapies. This search attempted to include all recent literature regarding the use, implementation, effectiveness or safety of electronic therapies. However, a systematic literature review was outside the scope of this project. The literature gathered was primarily found via electronic databases of peer reviewed literature, including the Google Scholar meta-database. Conference proceedings were included in the search.

As the area of study is an emergent field, relevant grey literature was also surveyed. The information reviewed includes working papers, as well as artefacts and data specific to Youthline's use of digital technologies. Further information was collected regarding government policies for digital technology in New Zealand, as well as information pertaining to cellphone use in New Zealand and the Counties Manukau region.

A primary focus within the literature review was to identify literature specifically relating to therapeutic approaches involving text messaging. As the expectation was that little or no direct evidence was likely to exist, the wider search for other electronic therapies was also conducted. Where possible, primacy has been given to information that is directly related to text messaging.

4.2 Youth advisory group consultation

Two youth advisory groups from the greater Auckland region were consulted in this project.

The Central Youth Advisory Group (CYAG) is a group of approximately 15 young people aged 15-20 years who give advice on specific youth and research projects including the Massey University Pathways to Resilience. This YAG is supported and facilitated by Youthline youth development workers. A facilitated discussion with this YAG occurred regarding the use of digital technologies, focussing on the Internet, texting, and especially counselling through text messages and emails.

The Counties Manukau Youth Advisory Group (CMYAG) also provided feedback regarding the use of electronic therapies in the Counties Manukau area. The CMYAG is involved in the planning and development of resources and services specifically for youth and has helped support CMDHB infrastructure developments aimed at improving the health status of young people. This group is similar to CYAG in terms of the number of young people who participated and the age groups represented.

4.3 Youthline Text 234 consultation

Youthline offers a text service to complement their long-running phone and e-mail counselling services. Youthline staff members involved with the Text 234 counselling service were interviewed. These staff

members discussed the operation of the Text 234 service and the internal processes and safeguards in place to ensure clients of the service are given consistent, comprehensive and safe advice. Various statistics about usage and trends of the Text 234 service were also obtained. These statistics give a broad view of the use of texting in New Zealand by young people for therapeutic purposes.

5. Literature review

5.1 An introduction to electronic therapy

The phenomenon of electronic or digital therapies and counselling is relatively recent in the realm of counselling and therapeutic interventions. Consequently, there is a limited evidence base available. However, the rapid increase of access to and use of various forms of electronic communication is encouraging and even demanding increased research into the theory and practice of these electronic therapies. There has been a swell globally in diagnosis of psychiatric and neurological conditions in recent years (Cottrell, 2005). This rise has resulted in greater resources being devoted to mental health in some countries including the United Kingdom, where the total cost of mental health including lost productivity is estimated at £77.4 billion annually (Sainsbury Centre for Mental Health, cited in Cottrell, 2005). These factors have necessitated more discussion and research on efficient and cost effective treatments, including the use of electronic and digital technologies for diagnosis of and intervention in psychiatric and neurological conditions.

While perceived as a relatively recent innovation, electronic technology has been used in therapy in various forms for more than four decades. The earliest research regarding computers and psychotherapy dates to 1966 (Weizenbaum, 1966). Much more widely utilised was the telephone for counselling, with the establishment of Samaritans in England in 1953 (Hambly, 1984), and locally Youthline in July 1970 (Donnelly, 1978). Numerous records of the effectiveness of telephone counselling for a range of issues have since been established (e.g. King, 1977; Litman et al., 1965; Stein & Lambert, 1984; Reece, Conoley, & Brossart, 2002; Mishara, Chagnon, Daigle, Balan, Raymond, Marcoux, et al., 2007). With the advancement of Internet technology, new forms of technological intervention have become feasible, such as text-based e-mail exchanges between therapist and client (e.g. Reynolds, Stiles & Grohol, 2006). Technologies such as Internet-based, real-time chat (e.g. MSN Messenger as used by Kids Help Line, 2006), and text messaging on cellphones also allow for different forms of written communication that have potential to be co-opted for therapy.

5.2 Text messaging as an e-therapy

5.2.1 *Understanding text messaging as an e-therapy*

No literature was found formally evaluating the therapeutic effectiveness of text messaging. It may be concluded from this that the use of text messaging is either too recent a phenomenon or too infrequently used as a therapy method to have been the focus of a study of effectiveness to date. Nonetheless, within the literature base, some relevant discussion of the use of text messaging exists. The psychology of those who prefer text messaging *versus* phone conversations has been investigated. Understanding this may provide an insight into clients for whom text may be a valued therapy medium. There has also been preliminary work discussing the nature of text messaging and its use for counselling; however only an anecdotal assessment of its effectiveness has been undertaken.

Those who prefer to use their cellphone for text messaging rather than for verbal communication may be a distinct subpopulation. In a British survey of 982 people, Reid and Reid (2004) found 'texters' (*versus* 'talkers') were more likely to be lonely and/or socially anxious. Given that adolescence is a socially anxious time, it is congruent that young people like this medium. A later survey supported these findings by identifying that lonely participants preferred talking to texting, whereas anxious participants believed that texting was a better, more expressive and more intimate communication medium (Reid & Reid, 2007). Those answering the survey were approximately evenly split between texters (46%) and talkers (54%), indicating that texters are a vast group within the population. This divide suggests text messages have real advantages over other communication methods that are valued by the many people who regularly use them. Reid and Reid (2010) note that text messaging affords certain advantages over other telephone or face-to-face exchanges, such as: portability, low cost, convenience, unobtrusiveness, and 'mobile sociability'. Text messaging also allows a delay between the writing and sending of messages, allowing a high degree of control over expression. Further Reid and Reid (2010) note that text messaging allows for extended conversations, and conversations with several other people. Of particular relevance to therapeutic practices, text messaging also affords a degree of privacy that is not always possible in a verbal conversation (Grinter & Eldridge, 2001). Hence, it appears that texting facilitates more comfortable communication for people who have a dislike of verbal telephone communication while offering an alternative mode of communication with several unique advantages that outweigh disadvantages for many people.

Anecdotal evidence exists for the effectiveness of text messaging as a part of therapy. Hazelwood (2008) describes her three years experience of using text messaging with clients being treated for anorexia nervosa in Britain. While this practice started out of necessity with one client, Hazelwood states the benefits of maintaining contact via text messaging became apparent and became standard with all her clients within one year. Hazelwood emphasises the significant level of shame experienced by those with eating disorders; texting alleviates some of the shame associated with health seeking. Similar shame is associated with help-seeking for mental health issues such as depression (e.g. Barney, Griffiths, Jorm, & Christensen, 2006). Hazelwood (2008, pp 28–29) summarises the benefits of using text messaging as:

- Clients who do not feel confident using their verbal skills have said they prefer text messaging to face-to-face contact.
- Texting has facilitated the development of intimacy and trust in the therapeutic relationship. For most clients, texting has encouraged more self-expression and self-reflection than face-to-face communication.
- For clients who struggle with social anxiety or issues of guilt and shame about their eating disorder, the texting medium has helped them as they cannot be 'seen'.
- Saved messages have been an accurate and rich source of information for reliving and re-evaluating the therapeutic relationship, as well as providing continuity within it.

- Clients have said that texting has helped them say exactly what they want to say, as they are afforded time to think and construct their message, revisit it and check it before sending it.
- The overall visual construction of a text message (frequency of line breaks, size of paragraphs, abbreviated words) helps reveal a client's mood and state of mind, and any change in that style or format shows their mood/state of mind has also changed.

The benefits of text messaging for Hazelwood and her clients may in part rely on the personalised nature of the messages.

Text messaging has been used for specific health related purposes in New Zealand. McKenzie (2009) reports the use by Family Planning, involving 794 respondents. This study was limited to providing one way text messages regarding appointment times and laboratory results and did not result in the anticipated decrease in failed appointments. However, what is of note is that 88.8% were happy to receive text messages from Family Planning, 80.6% were happy to receive appointment reminders; 69% were happy to receive a message about laboratory results, and 24% indicated they would be happy to receive health promotion messages.

New Zealand based applications have also occurred with a focus on addictions. Bramley, Riddell, Whittaker, Corbett, Lin, and Wi (2005) demonstrated the application of text messaging as a means of delivering health services to young people where current delivery systems were not working. A cellphone phone, text based, smoking cessation programme was successful in recruiting young Māori, and was shown to be as effective for Māori as for non-Māori young people for increasing short term self-reported quit rates. This shows clear potential as a public health initiative. Included in this approach was the use of Māori (te reo) health-related text messages. The researchers conclude that such messages could also be useful for similar interventions. This method of delivering health messages confers many advantages, including being affordable, personalised, age-appropriate, and not location-dependent. Services must continue to adapt corresponding to the continued evolution of communication technologies.

Bramley et al's finding that their intervention was as effective for Māori as for non-Māori is important due to higher rates of smoking and of smoking related disease in Māori compared to non-Māori. Smoking cessation services that can target and enroll young Māori in this way have the potential to deliver an equal benefit to Māori, and to positively impact on inequalities in health status.

Although there is a currently deficit in investigations pertaining to the effectiveness of texting as a therapeutic medium for counselling, the findings of Reid and Reid (2004, 2007) suggest that the use of texting rather than talking is preferential for a subset of the population. Thompson and Cupples (2008) in a New Zealand study of young people argue that texting may actually increase the information that is gained about the other person because the conversation is not happening face-to-face so mitigating embarrassment. These observations may explain why those using text services such as Youthline's Text 234 often state that they prefer not to make a voice call. Haxell (2008 p 405) notes this theme, stating that when counsellors ask text correspondents if they would like to make a voice call to simplify the

communication (from the perspective of the counsellor) a common reply is “Cn I jus txt, coz I don wan 2b heard”. Hence, texting is not simply an additional medium for communication; texting is a distinct form of communication and is highly valued by a large subset of society. Thompson and Cupples (2008) suggest that part of the value of texting is that it is frequently used to facilitate a face-to-face meeting. In this respect, texting transcends anxiety-provoking situations allowing for the development of relationships. Texting affords the user time to contemplate the discussion and respond when they are ready without being restricted by geographical factors. The user is therefore, more in control of the communication process. As one respondent of Thompson and Cupples’ study states:

Texting you can say exactly what you want to say and you don’t have any awkward silences where you don’t know what to talk about. It gets me all the time. It’s terrible . . .texting is so much easier . . . I just end up going um, so what are we going to talk about now? But with text, you can think about what you’re going to say before you say it. (Rebecca, 17) (Thompson & Cupples, 2009, p. 99)

Thompson and Cupples also identify that young people perceive their use of text messaging as a private, and often unseen and unheard practice, either by choice or to accommodate a particular situation. Being seemingly inaudible and invisible allows young people to have what may be difficult conversations without fear of being overheard. Having control over the means of communicating also afford the means for gaining help wherever and whenever the young person elects to use it.

There are, therefore strong grounds for further investigations into the effectiveness of text messaging as an e-therapy. There is strong interest in applications and interventions using mobile technologies, especially with young people. Emerging evidence in this field is promising and has encouraged further applications to be developed. One such innovation is a multimedia mobile phone life skills programme for teenagers, which is currently being trialled in Auckland. This study will contribute to the evidence base in the efficacy of the medium for cognitive behavioural therapies delivered over mobile phones (Clinical Trials Research Unit, 2010).

5.2.2 *Challenges unique to text messaging*

While related e-therapies are described and evaluated below, it is worth noting that some aspects of text message counselling are particular to this technology. Text messaging has its own limitations and requires novel skills and understanding on the part of the counsellor. For example Haxell (2008, p 407) describes a number of issues relating to providing non-directive counselling via text messaging:

The lack of familiarity with the medium places some [counsellors] at a disadvantage yet to be bridged. For some there is the added work of conscious translation needed as the use of text is actively negotiated. For people texting in, a non-QWERTY keyboard needs to be negotiated. The use of a screen that only allows 160 characters in combination with a keyboard that makes frequent use letters such as s or vowels subject to multiple key pad entry inscribes more and less likely practice; a minimisation of time, effort and costs and/or use of texting that is deliberately cr8ive is apparent... In

getting a message across in 160 characters or less, the potential for distortion is considerable. There is effort involved in reshaping words to be recognisable as well as succinct. There is also significant work made to connect via a platform that allows fewer cues to be observed than might be the case in face-to-face or conventional telephone counselling. Deliberately entering into this subculture takes work.

Hence, the language of text messaging, with the efficiencies employed to minimise the number of characters used introduces one challenge to therapists, while the limitations of effective communication within 160 characters presents other challenges to both clients and therapists in terms of directness and clarity. As with other online communication, this is further compounded by the lack of visual and aural cues from the person seeking help, although the extent to which this affects the outcomes of therapy is not well understood.

An additional risk for text counsellors is implicit in the emerging social norms of text messaging. As well as understanding and using appropriate language, replies to text messages are generally expected to be prompt. Citing a range of evidence, Reid and Reid (2010) note that delays in responding to text messages are often interpreted as rudeness, which could have negative consequences when translated into a therapeutic context. This issue indicates a need for any agency offering text support to be sufficiently staffed to meet the service demand in a timely manner.

The issues described here indicate that text messaging is sufficiently differentiated from other media to warrant separate investigation. As such, caution must be exercised when extrapolating findings from studies of other e-therapies, such as e-mail, to text-message counselling.

5.3 Other e-therapy approaches

5.3.1 *Key considerations with e-therapies*

Therapists and social commentators have raised a number of perceived advantages and disadvantages of e-therapy. The section summarises the opportunities and problems that are unique to e-therapies.

| Disadvantages | Advantages |
|--|--|
| Anonymity of clients – Robson and Robson (2000) argue that clients can hide their identities in e-therapy and if there was risk of harm or suicide, the therapist may not be able to intervene. Furthermore, age, gender or other demographics of the client may not be known or able to be verified. In chat rooms or support group sessions, it may be difficult or impossible to exclude sexual predators. | Anonymity of clients – Because of the anonymity of e-therapies, there may be less shame or stigma attached with help-seeking through these methods (Thompson & Cupples, 2009). Young people frequently cite embarrassment and fears about confidentiality as reasons to avoid seeking help (Youthline, 2005). E-therapies can afford better responses from clients by allowing them to respond in their own |

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| <p>Video conferencing may alleviate some of these issues, although this imposes an additional technological limit on clients and may reduce the positive aspects of the confidentiality afforded in an e-therapy setting.</p> | <p>time and to consider and edit their responses before they send them to the therapist. Using a synchronous communication - such as e-mail, message boards – provides a zone for reflection where people can consider and craft how to express themselves (Suler, 2004).</p> <p>E-therapies give potential clients the freedom to choose a therapist from local or international therapists. For families, e-therapy offers the chance to detach from ‘normal’ daily life and address family issues together (Stofle & Harrington, 2002).</p> |
| <p>Confidentiality, safety and security – Several commentators have expressed concern regarding maintaining confidentiality and secure lines of communication in an online setting. Santhiveeran (2004) poses several questions: Where are the communications between therapist and client stored? How can you truly validate the identity and needs of the ‘hidden’ client? What about using shared or public computers for e-therapy sessions? What about sensitive information being stored on computer hard-drives? What about un-encrypted Internet discussions and group therapy? Internet service providers may have a degree of access to the Internet communications used on their networks raising concerns of confidentiality.</p> <p>Robson and Robson (2000) also state that the safety of the client can be compromised if the client using a home computer where they may be continuously interrupted or live in an abusive home environment.</p> | <p>Accessibility – The rapid expansion and availability of electronic and digital communication means that, for many people, e-therapies can be accessed at any location. For geographically isolated people, or those with disabilities, e-therapies can facilitate easy access to mental health services where such services were difficult or impossible to access regularly before (Gedge, 2002).</p> <p>Recordability- a textual or audiofile record can be reaccessed providing potential for ongoing therapeutic benefit (Gedge, 2002)</p> <p>For clients using text messaging, it may be possible to access help to services when other options would not be possible. A cellphone is portable and can be used confidentially in situations where phone calls are not feasible. See the example conversation between Youthline staff and a client below (Section 6.2).</p> |
| <p>Technological problems – While electronic forms of communication afford unique conveniences, they are also vulnerable. Power surges or failure, Internet viruses, stolen passwords and data corruption are common technological issues that can affect or break an e-therapy session (Gedge, 2002).</p> | <p>Cost – E-therapies are relatively cheap to access as well as to provide. For the client, this means those who might usually be able to afford traditional forms of counselling can access mental health services they may desperately need. For the therapist, this can mean that they can broaden their professional practices and reach and work clients from backgrounds, ethnicities, communities or locations they might not usually work with (Gedge, 2002).</p> |

| | |
|---|---|
| <p>Verifying therapists –Robson and Robson (2000) express concern about the potential for unscrupulous therapists to exploit clients using e-therapies. Santhiveeran (2004) adds that there is little regulation over who can provide e-therapy. Thus, there is great potential for unsafe practices, even by well-meaning but insufficiently trained therapists. Clients have few avenues to verify the qualifications, licenses and work history of therapists offering services.</p> <p>The absence of face-to-face cues will have different effects on different people. For some the lack of physical presence may reduce the sense of intimacy, trust, and commitment in the therapeutic relationship. Typed text may feel formal, distant, unemotional, lacking a supportive and empathic tone. Others will be attracted to the silent, less distracting and more reflective opportunity of text relationships (Suler, 2004).</p> <p>Some norms of counselling practice have yet to be verified as effective within digital mediums. The absence of cues suggests more direct inquiry may be required for example in considering age appropriate responses toward a client (Haxell, 2008).</p> | <p>The therapeutic relationship – Cottrell (2005) argues that cognitive behaviour treatment works best with interactive and written forms of communication and therefore this type of treatment is well suited to work alongside e-therapies. Cottrell adds that with e-therapies, waiting times are reduced for clients and those who might communicate poorly in a face-to-face session due to anxiety may be able to express themselves with greater openness online. Tan (2008) argues that it is the narrative aspect that can be beneficial, aligning with the work of James Pennebaker, Tan identified value in the catharsis that accompanies writing in textually based formats. Mishara, Chagnon, Daigle, Balan, Raymond, Marcoux, et al. (2007) identified effective counselling techniques; these can be mapped within current services being provided by Youthline. Haxell (2009) has mapped the use of the Rogerian counselling skills of empathy, active listening, reflection, and affirming as being present within text counselling as implemented at Youthline.</p> |
| <p>Governance and regulation – Greater governance and regulation is needed for those using and providing e-therapies. There is also need for more ethical standards and codes of conduct to govern e-therapies. Professional bodies are now beginning to respond to these issues.</p> | <p>Governance and regulation – More professional bodies are responding to certain issues to improve the use and provision of e-therapies. The International Society of Mental Health Online, established 1997, promotes understanding of e-therapies and development of e-therapy resources for the mental health community (Dubois, 2004).</p> |

5.3.2 Outcomes of e-therapies

While e-therapy is a relatively new field, a number of studies have now been undertaken to investigate its effectiveness in a number of therapeutic fields. The outcomes of these studies are described below. It is worthwhile reiterating that while these findings may have relevance to the therapeutic effectiveness of text messaging, the results should not be directly extrapolated.

The therapeutic alliance formed by online therapy *versus* face-to-face therapy appears to be comparable. Hanley (2009) describes this working alliance as “the process that both the therapist and

client enter into with the hope of creating change” and notes its significance in all types of therapy. In a small study of email therapy with 17 clients, Reynolds, Stiles and Grohol (2006) found no differences in client ratings of either the Session Evaluation Questionnaire or Agnew Relationship Measure, which evaluate the quality of the session and the quality of the therapeutic alliance respectively. Reynolds et al. compared the online clients’ results with those previously reported in the literature for the same measures in a face-to-face setting. Reynolds et al. also evaluated the therapists’ views of the sessions using the same measures. Therapists reported higher session quality ratings than face-to-face therapists in the literature. Similar findings have been reported for telephone-based counselling (Reese, Conoley, and Brossart, 2002) and general online therapies (Cook & Doyle, 2002). Despite the small sample sizes in each of these three studies, these results suggest that the barriers around developing rapport and holding emotional conversations via digital media can be overcome. This has also been demonstrated with Youthline’s text service (Section 6).

Similar results for the working alliance developed between young people and online therapists have been noted. Hanley (2009) reports that 75% of young users of Kooth.com, an online counselling service in the UK, reported medium or high quality working alliance. In Hanley’s study, a number of themes emerged highlighting the benefits of online counselling, including anonymity, ease of access, control of the communication and valuing the service. Importantly, young users did not feel that there was greater chance of miscommunication online than in a face-to-face setting.

However, the strongest evidence for the effectiveness of online therapies has been provided by a comprehensive review and meta-analysis undertaken by Barak, Hen, Boniel-Nissim and Shapira (2008). The authors pooled data from 92 studies, totalling 9,764 clients, finding that online therapies and face-to-face therapy are similarly effective. Barak et al. further note that e-therapies were more effective for individual, rather than group, therapy. The authors conclude that:

“The Internet-connected computer is turning into a highly influential social tool ... Psychotherapy and counselling should adjust to this changing world and adopt new, innovative tools accordingly to fit into the world of today and tomorrow so as to better meet clients’ expectations and needs. The current review shows that this is not only theoretically possible but actually a developing professional reality.” (Barak et al., 2008, p 148).

In addition to counselling interventions, electronic media can also be valuable sources of information for children and young people. Oh, Form and Wright (2008) surveyed 3,746 Australians aged 12–25 years to investigate their help-seeking behaviour. Oh et al. found 71% of young people surveyed reported that websites and books would be helpful sources of information. This highlights the importance of services that are able to provide authoritative, high quality information to young people. One current New Zealand service is Urge/Whakamanawa, provided by Youthline under contract to the Alcohol Advisory Council of New Zealand and the Ministry of Health. The authors conclude that young people are open and able to access information about health online and that young people are generally positive towards help-seeking.

Recently, researchers have conducted focus groups with 26 online counsellors from Australian telephone and online counselling service, Kids Help Line (Bambling, King, Reid & Wegner, 2008). A number of themes emerged from this research. Counsellors providing online services felt that: the nature of online communication increased emotional safety due to the more distant nature of the communication as well as being within a familiar medium for the young person and in providing sufficient time to consider wording. The counsellors also highlighted the challenge of time delay between responses and the difficulty of communicating without the normal range of visual or auditory cues. These responses mirror the findings of other studies discussed here. Bambling et al. (2008, pp 112-113) also note that “[y]oung people can create sophisticated emotional responses using symbols and phrases to communicate feelings about issues, irony, abstraction, and humour.”

In their 2006 report, Kids Help Line Australia present a detailed overview of the main areas for which telephone and online counselling sessions were being utilised. A key preliminary finding of this report is the need to present a variety of e-therapy options to the public, so clients are able to access therapy through the medium they are most comfortable with and can afford (Kids Help Line Australia, 2006, p 3). Kids Help Line offers e-therapy counselling sessions through phone and online/email counselling. Youthline also employs a multi-faceted approach by offering e-therapies through phone, text messaging and online/e-mail. The top reason young people are contacting Kids Help Line services is identified as being about relationships with family, friends and partners (Kids Help Line Australia, 2006, p 7). In 2006, Kids Help Line engaged in 56,938 counselling sessions with young people with approx 22,000 of these sessions primarily about a young person’s relationships with their families, peers and partners. Other common presenting issues include child abuse, homelessness, and grief and loss.

Kids Help Line Australia also conducted additional analyses for indigenous and non-English speaking young people in Australia. For Aboriginal and Torres Straits Island clients, the main reasons for contacting Kids Help Line concerned child abuse, homelessness, grief and loss, drug and alcohol abuse. For non-English speaking young people and children, the main reasons for contact were around family and partner relationships, study pathways and self image issues.

The Kids Help Line Australia experience shows that their e-therapy services are rapidly growing in popularity with indigenous and non-English speaking children and young people. As Youthline explores expanding their e-therapy services to specific areas such as Manukau City with high number of Māori, Pacific and Asian children and young people, the progress of similar e-therapy services like those provided by Kids Help Line may be instructive. For example, the 2006 Kids Help Line report describes how “chatting” or social conversations through phone or email are extremely important when employing e-therapy services for indigenous and non-English speaking young people (Kids Help Line Australia, 2006, p 8). This chatting between client and counsellor may be either brief or lengthy. Chatting is considered crucial because indigenous and non-English speaking young people use this to evaluate whether a service and counsellor are sufficiently trustworthy for them to share their issues, needs or stories. Kids Help Line (2006) also states that e-therapy strategies can be effective for more

serious issues. Of the 56,938 counselling sessions in 2006, approximately 21,000 of these sessions were with children or young people classed as significantly distressed, vulnerable or at risk of suicide, self harm or other harmful behaviours. These clients were either counselled by the Kids Help Line team or referred other specialised therapeutic interventions or services.

In the New Zealand e-therapy environment, there are significant current developments. The Youthline experience in providing the Text 234 service is discussed later (Section 6). Also, SPARX, a guided, self-help programme for young people experiencing depression is currently being trialled in New Zealand. SPARX is an interactive, 3-D fantasy game that aims to teach users the skills they need to cope with life challenges and also to help young people with depression. SPARX is an innovative form of e-therapy based on cognitive behavioural therapy, combining new, relevant, popular and interactive gaming technologies with established principles of counselling and therapeutic intervention. The game aims to teach young people problem solving skills and more positive ways of thinking. Further findings will be published from the SPARX team in late 2010. As newer forms of technology are developed, there could be other innovative combinations of technology and therapy to create and develop other effective e-therapy strategies.

Another major development in New Zealand is the recently launched Ministry of Health's website, The Lowdown (<http://www.thelowdown.co.nz>). This site aims to help young people in New Zealand understand and cope with depression. This site is navigated through an interactive journey narrated by celebrities discussing their experiences of depression. There are also free text and e-mail services to support the information provided on the website. The website is high profile and its use is encouraged by workers in a number of fields. The text service provides information rather than engaging in counselling conversations.

Rapidly developing and increasingly used technologies necessitate that e-therapy strategies must remain flexible and sensitive to advancements. Such evolutions may see versions of e-therapies emerging from unexpected sources. An example of this comes from Tan (2008) who describes blogging on social websites like MySpace as a valid form of self therapy. Tan details the large, global population of bloggers and blog readers and how many bloggers use writing in their social network pages, chat rooms or personal websites as a form of cathartic expression and a form of self reflection.

There is a growing literature base demonstrating the advantages and efficacy of e-therapies. While some authors express scepticism about the outcomes (e.g. Robson & Robson, 2000; Stofle & Harrington, 2002), it is evident that these new avenues for therapy are permanent, whichever forms they may take in the future. Exploiting their strengths and mitigating their weaknesses is essential to the future success of therapy.

6. Youth advisory group consultations

Consultations were conducted with two Auckland-based youth advisory groups (YAGs) to gather the views of young people on the use of electronic technologies in helping relationships, e-therapies and information provision. Within this, the use of text messaging was explicitly discussed, both in the context of therapy and more generally, within young people's lives. YAGs were asked to discuss how effective such services might be, how they might operate, what services could be offered and how such services could be promoted to young people in the Counties Manukau area. Results and discussion from the facilitated groups are given concurrently.

6.1 Central Youth Advisory Group (CYAG)

CYAG discussed young people's general use of cellphones. Members confirmed that cellphones are of central importance to many young people's lives in the modern world. CYAG also stated that many young people have more than one cellphone and frequently more than one SIM card (i.e. multiple accounts and numbers). As such, the cellphone is a medium that is highly accessible for young people in New Zealand.

The use of text messaging and other electronic media for disseminating information was discussed. According to CYAG, cellphones are among the best ways to connect and talk with a majority of young people in New Zealand. However, they also stated that the Internet was a more comprehensive way of interacting with young people, particularly through social networking websites, including Facebook and Bebo. Nonetheless, CYAG noted that access to the Internet is limited for many young people whereas cellphones were more readily available to most young people. Thus, at least in the first instance, cellphones provide a highly effective gateway into young people's worlds. Youthline's presence on Facebook and Bebo are seen as contributing to a sense of connection and of belonging rather than having any counselling applications.

Regarding therapeutic interventions and counselling via cellphones, CYAG stated that some young people might prefer the types of interventions provided by Youthline's Text 234 service. However, all CYAG members emphatically agreed that although text messaging is desirable as an additional option, it should not be considered to be a replacement for personal, face-to-face counselling, particularly for young people facing issues such as self-harm and suicide. Such sentiments echo the findings in the literature (e.g. Stofle & Harrington, 2002). CYAG suggested that cellphones could be used to disseminate information to young people about issues relevant to them. Members also argued that texting could be used to build relationships and trust with young people with aim of facilitating face-to-face meetings with an appropriate counsellor or youth worker.

In relation to the possible development of e-therapies in the Counties Manukau region, the feedback from CYAG indicates several avenues for services facilitated or initiated by cellphones. CYAG discussed at length the importance of information being provided by text messages to young people. A potential future development for services such as Youthline's Text 234 could be periodic health promotion

information about topics such as sexual and reproductive health, which could be sent to a database of registered young people. Such a service would require considered planning to ensure messages are providing genuinely useful and practical information and not being seen as spam. The potential also exists for creating pull-down menu information. The Text 234 service could also act as an intermediary for young people who wish to seek face-to-face support but are unaware of the appropriate services in the Counties Manukau region.

6.2 Counties Manukau Youth Advisory Group (CMYAG)

CMYAG discussed young people's current use of text messaging and brainstormed the possible uses of text messaging for information dissemination in Counties Manukau. Members of CMYAG agreed that text messaging can be an effective method of e-therapy provided it maintains confidentiality. The members also felt that text messages needed to be consistent and informative for such a service to be useful. CMYAG discussed a model for disseminating information to service users on a range of issues. Members proposed that on a fortnightly basis, information could be texted to the database on key topics such as sexual health, careers counselling and peer pressure. They felt that either one or two messages a fortnight would be appropriate. These information text messages could contain phone contacts and website addresses for relevant services such as Youthline and Careers Services. CMYAG members stated that such text messages could be fun and interactive by including ongoing prize draws and competitions included in the regular texts that were sent out to people. Although privacy and unsolicited information laws were not discussed in the context of such a service, any model would need to carefully comply with all relevant legislation and provide young people with a simple method of opting out of such messages. Further investigation may be necessary to ensure that young people seeking help would not be dissuaded from doing so because of subsequent regular messages. Alternatively, the service could be restricted to only those young people who explicitly choose to receive such messages (e.g. by signing up to the service via the Youthline website, or by texting a code to 234). In the latter model – congruent with the proposal from CYAG above – the enticement of regular prizes may be sufficient to encourage use of the service, while introducing a number of young people to the 234 service who may otherwise have been unaware of it.

CMYAG agreed that large potential for e-therapies exist with texting for young people. With specific reference to the Manukau region, all members of CMYAG agreed that such services would be of great benefit to the Manukau community. CMYAG emphasised that in the context of text messaging as a source of support and information it is essential for the communications from the service providers to be consistent and ongoing in order for them to be effective for young people. CMYAG stated that young people are accustomed to getting large volumes of text messages and therefore messages with important information, helpful links and prizes and competitions would be attractive to young people.

In terms of promotion, CMYAG discussed several possibilities. Members also stated the need to make these services 'cool' and 'relevant' for Manukau youth. Members suggested partnering with local Manukau dance or theatre groups to promote these services in Manukau schools. They also talked

about getting as many local young people involved with both the promotion and the delivery of text messaging services. Finally, they discussed other promotional opportunities like the ASB Polyfest in Otara where these services could be promoted to a large regional audience.

Cost of services for young people remains central to their success. CMYAG members stated that providing Text 234 as a free service is an essential component to ensuring it is accessible to people from all parts of society. This confirms previous Youthline research findings (e.g. Milne & McBride, 2008 and references therein; Youthline, 2006). With the substantial and rising volume of text messages received by the Text 234 service (see Section 6.3 below), additional funding may need to be sought to enable Text 234 to be provided for free in the future.

CMYAG expressed excitement about the future of e-therapies and specifically the Text 234 service in their communities.

7. Youthline's Text 234 service

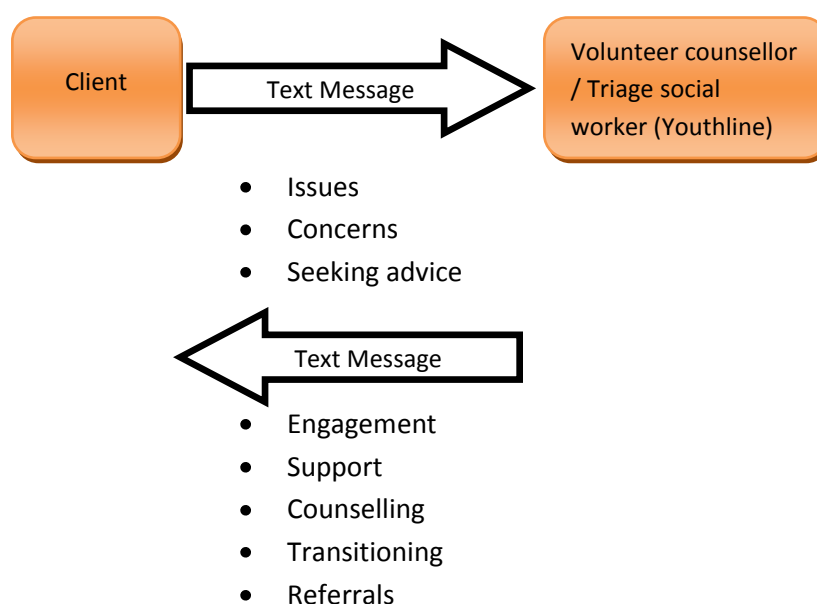
7.1 Background and service operation

The Youthline Digital Health Promotion Strategy (Youthline, 2010) defines, guides and informs Youthline's service delivery to ensure Youthline remains relevant to young people. Technology can be an effective enabler of health services for young people, and is demonstrably a preferred means through which young people access services. This approach, working with technology, is aligned with the New Zealand Digital Strategy 2.0 (Ministry of Economic Development, 2008). The vision of the Digital Strategy is for New Zealanders to be leaders in the digital world, responsive to the challenges of a rapidly evolving digital world, and through which we will achieve a healthy environment, high value economy, and vibrant communities.

Youthline places great importance on appropriate use of technologies to enable both staff and young people accessing Youthline services. Youthline endeavours to meet young people in the spaces where they are comfortable, and of their choosing.

Youthline's Text 234 service provides a useful case study of e-therapy in practice, and provides some anecdotal support for the effectiveness of text messaging as a medium for such support services. After discussing the general background and current usage of Text 234, the service will be discussed in the context of the Youth Development Strategy Aotearoa (Ministry of Youth Affairs, 2002), the overarching model for youth policy in New Zealand.

The Text 234 service has been provided as a free service by Youthline since January 2008. Prior to this time, Youthline offered a small-scale text service for which users paid their service provider's nominal text charge, usually 20 cents. The Text 234 service is provided 8:00am – midnight, every day of the year. The diagram below illustrates the essential transaction in this service. Any person, of any age and from any location in New Zealand may text the service; the general profile of those using the Text 234 service however, is young people of high school age. This is unsurprising as Youthline offers services tailored under the Youth Development Strategy Aotearoa for young people. People text the 234 service for a variety of reasons including: dealing with personal and relationship issues; seeking information (e.g. regarding sexual health or careers advice); seeking friendship or other types of support (see Section 6.3). Texts are free and there is no limit on the number of texts individuals can send to the Text 234 service. However, Youthline has taken steps to limit the number of texts recurrent texters or non-genuine texters can send to the line so as to free up the service for others. Texters who repeatedly make use of the service are redirected to the text queue for Youthline's "Triage" service, run by staff with additional training who are able to provide consistent ongoing support and may set limits on the number of text messages a day so that the service remains available to all.



























The volunteer counsellors who handle most of the Text 234 service undergo rigorous personal development and phone and text counsellor training before undertaking counselling for Youthline. The work of a counsellor is then supported by mentoring and incremental levels of autonomy and regular supervision. Volunteers and staff also receive on-going training regarding phone, Internet and text message counselling. Incoming texts are handled via an innovative web-based service that allows messages to be answered by any of the Text 234 counsellors from around New Zealand. Counsellors log in to a secure Internet connection from Youthline centres around the country and answer texts using a simple web interface. The database retains and sorts messages sent from clients and the replies returned by the counsellors. This ensures that a history of text conversations is available to enable the client to be assisted efficiently. As outlined in the above diagram, counsellors' responses are frequently concerned with transitioning and referring people on to other services, providing general information and offering direct counselling, support and engagement with the texter. Many of the messages concern a desire for contact, as one Text 234 counsellor states, many texters are looking for 'mates, friendship and even a parental voice' to communicate with.

When serious issues indicating imminent danger are communicated, the Text 234 service employs a crisis intervention process. Such a process may be used when clients present themselves as suicidal or are at immediate risk of hurting themselves or others. In this situation, the clinical staff on the Text 234 service can reveal the client's cellphone number so that the operator may call the client or contact the Police; Accident and Emergency; Child, Youth and Family; or other relevant services. Before this occurs, the Text 234 operator will advise the client that they are obligated to take the text message content seriously and that they have a responsibility to act on serious matters. Clients will be advised before the operator calls them or involves other services.

7.2 Example of a conversation

Below is an extract from a 'text conversation' between Youthline staff and a young person using the Text 234 service. All identifying data has been removed, some details changed and the date has been masked to ensure the client's confidentiality. This example demonstrates some of the serious issues that are discussed via the service. Messages in which the 'Status' column which show replied are incoming text messages from the client, while rows showing 'Sent' are Youthline responses. Details of the abuse endured were described previous to this excerpt and have been removed to further ensure confidentiality.

| | Date | Time | Queue | Message | Status |
|---|--------|----------|-------|---|---------|
|  | ██████ | 10:36 AM | 234 | My younger siblings have been physically abused in the last 2years and i dont no what to do please help | Replied |
|  | ██████ | 10:39 AM | 234 | Hey that is a big thing 2 try and deal with. Hav you told an adult u trust about this? | Sent |
|  | ██████ | 10:41 AM | 234 | Yes my ██████ sees it everyday but she doesnt do anything about it | Replied |
|  | ██████ | 10:41 AM | 234 | Is the abuse still happening? | Sent |
|  | ██████ | 10:43 AM | 234 | It stopped about 2weeks ago | Replied |
|  | ██████ | 10:48 AM | 234 | Is it someone at your home who does this & is there any1 else you can tell about this - like a school counsela? | Sent |
|  | ██████ | 10:48 AM | 234 | My 2 siblings are only 2 and 6 years of age | Replied |

| | | | | | |
|---|---|----------|-----|--|---------|
|  |  | 10:50 AM | 234 | Yes my  and no my parents have pulled me out of school | Replied |
|  |  | 10:51 AM | 234 | So there is a lot going on eh? We take this pretty seriously. How old r u? | Sent |
|  |  | 10:52 AM | 234 | Im 15 | Replied |
|  |  | 10:56 AM | 234 | A lot 2 deal with wn ur 15. Do u think sum1 needs to come and check out wat is goin on in ur home? | Sent |
|  |  | 10:59 AM | 234 | I would say yes but my parents will put on a show and make it look like everythings fine like always but really its not | Replied |
|  |  | 11:03 AM | 234 | So ur  knows wats goin on 2? Wn ppl report abuse we need 2 support u 2 tell sum1 or hav Youthline tell sum1 4 u. Wat do u think about these options? | Sent |
|  |  | 11:07 AM | 234 | My  calls it discipline she said that it teaches them a lesson and iv tried telling some1 but im not aloud on the phne and im not aloud to b left bymyslf | Replied |
|  |  | 11:10 AM | 234 | sounds lyk more than discipline. Wat about callin sum1 from ur mobile. | Sent |
|  |  | 11:12 AM | 234 | Iv got no credit my parents dont even no iv got one they took all the others off me | Replied |
|  |  | 11:13 AM | 234 | Cos there is a numba u can call 4 free who will be able 2 put u thru 2 sum1. If u call 0800211211 free from ur mob & tell them u want 2 report the abuse. | Sent |

| | | | | | |
|--|--------|----------|-----|---|---------|
| | ██████ | 11:14 AM | 234 | What happens if i report abuse what happens after that | Replied |
| | ██████ | 11:16 AM | 234 | Then other ppl take it seriously 2 and they try & find out wats happenin & get sum support 4 u & ur siblings & family. | Sent |
| | ██████ | 11:19 AM | 234 | I want to report it but my ██████ said if i stuff up she was sending me to my real dad and hes worse at child abuse than my step dad is towards my | Replied |
| | ██████ | 11:20 AM | 234 | Younger siblings | Deleted |
| | ██████ | 11:25 AM | 234 | if u do tell someone they will try to do the best to support you. it is really important that you and yr siblings feel safe and have no abuse. | Sent |
| | ██████ | 11:30 AM | 234 | Im not really good at talking to othas bout this stuff its taken me almost 3 years 2 tell someone | Replied |
| | ██████ | 11:32 AM | 234 | You are really brave and strong and this is the right thing to do for yourself and yr siblings. it is really hard to talk about aye | Sent |
| | ██████ | 11:34 AM | 234 | Yep it sure is my whole family knows and sees what happens but they never do anything about it | Replied |
| | ██████ | 11:40 AM | 234 | Iv bn arund violence my whole life i use to watch my mum gt smashd up every little thng i did wrng i use to get a highdng wen i was little i no wat my siblings | Replied |
| | ██████ | 11:41 AM | 234 | how frustrating! its not fair for you to be all alone with this. We do need to tell someone, we will help you with | Sent |

| | | | | | |
|--|--|--|--|------|--|
| | | | | this | |
|--|--|--|--|------|--|

The above text conversation illustrates the unique advantages afforded by text messaging. The young person has no other phone access, but is able to use text messaging to communicate and get help. Such communications would not have been feasible for this young person via a standard telephone call. In the remaining conversation following this extract, the young person agreed to have Youthline contact services to intervene in this situation, which was promptly arranged (not shown due to personal details).

This example of a Text 234 exchange also demonstrates the use of 'text language' in response to young people, which may help build rapport with young people despite the lack of audio-visual feedback.

7.3 Current usage and trends

The volume of text messages received by the Text 234 service has grown rapidly since its inception in 2008 (Figure 1). Over a 15-month period from April 2008 to June 2009, text volumes have increased from fewer than 1500 per month (approximately 46 messages per day) to fluctuations in the range of 12,000 – 15,000 per month (400 – 500 messages per day). The growth in the usage of Text 234 shows no indication that text volumes are reaching an upper limit; however, Youthline's most recent statistics indicate approximately 15,000 texts per month to be typical. This volume is substantially greater than Youthline had predicted at the launch of Text 234.

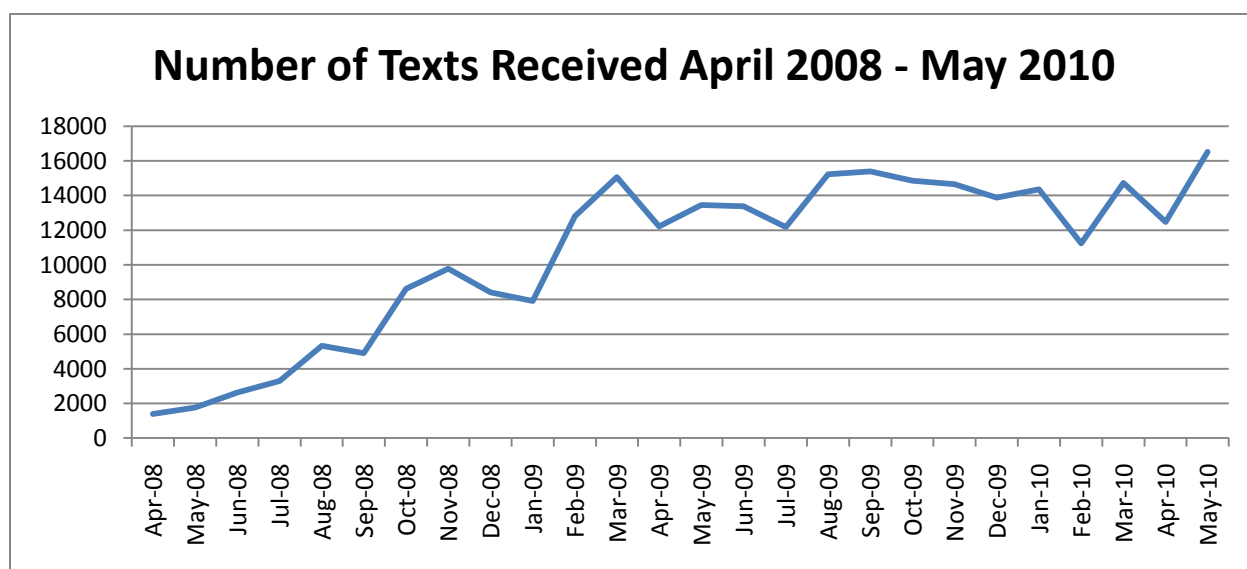


Figure 3: Text volumes by month for Youthline's Text 234 service

Youthline Text 234 staff used keyword searches to code and categorise the main issues or reasons why clients contact the service (Figure 2). The primary issue identified was relationships, which were approximately three times more likely to be the identified issue than any other. A range of other issues were identified.

It is clear that a diversity of issues is discussed by young people using the Text 234 service. In addition to the rising volume of text messages, this indicates that this service plays an increasingly important role in young people's lives.

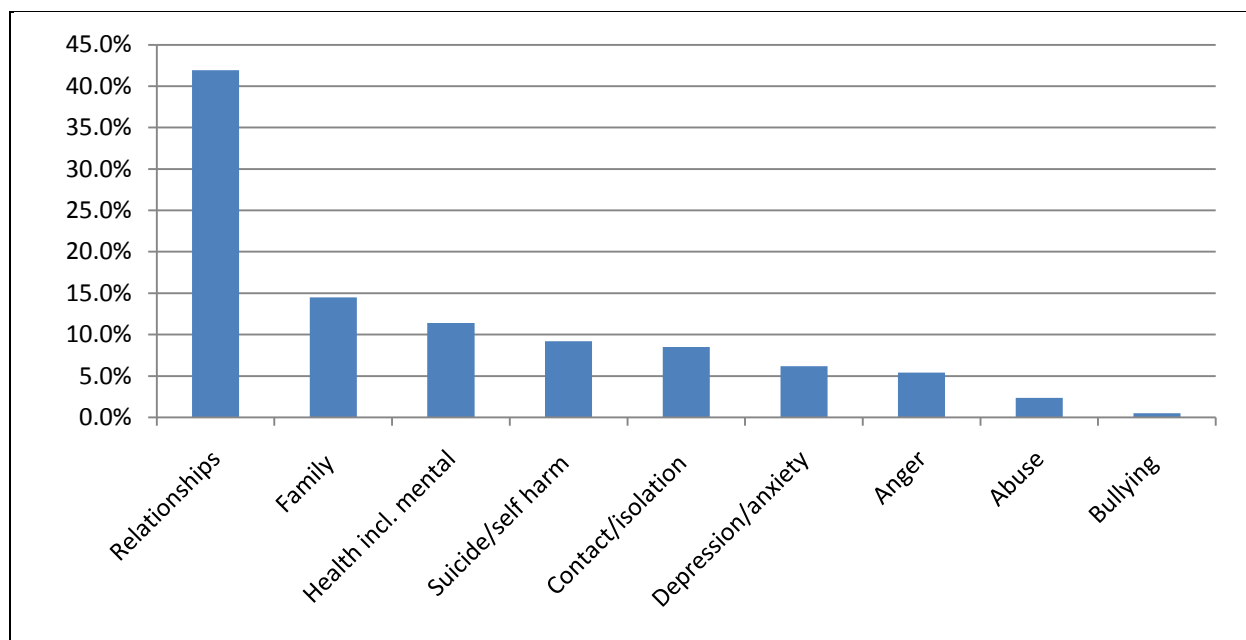


Figure 4: Top 9 presenting issues identified in text messages received by Youthline's Text 234 service.

7.4 Effectiveness

Youthline's Text 234 service has not been formally evaluated; no measures are currently used to determine the effectiveness of text messaging compared to other media within a therapeutic context. It is outside the scope of this report to develop methods and formally evaluate Text 234's effectiveness. However, several lines of evidence suggest that Text 234 is effective and warrants more complete evaluation.

Firstly, text volumes are high and increasing. This indicates that people are continuing to contact and use the service and must find value in doing so. There are also a number of regular texters, who include Youthline as part of their support network. These clients have contracts indicating a maximum number of texts per day (e.g. ten) to ensure the service continues to be available to others.

Secondly, staff members report that some counselling conversations by text reach significant depth. It is noted that this includes serious text conversations around relationships issues, mental health issues and safety concerns including intentions of suicide or self harm being disclosed through the Text 234 service. Hence, young people are comfortable with discussing important, difficult, and serious concerns via text.

Thirdly, a recurrent theme reported by Youthline staff and noted by Haxell (2008) when discussing the Text 234 service is the increased anonymity afforded by texting, as evidenced by the following message sent to the Text 234 service: "Cn I jus txt, coz I don wan 2b heard". In other words, young people texting

234 may not be comfortable or able to phone. Hence, this service is reaching a unique group who may not otherwise access any helping service.

Collectively, these factors provide informal evidence that clients find the service effective and that its reach is wide. It is recommended to implement fuller measures for future evaluation.

7.5 Youth Development Strategy Aotearoa (YDSA) context

As a Youthline service, Text 234 is operated from the strengths-based framework of youth and community development outlined in the Youth Development Strategy Aotearoa (YDSA, Ministry of Youth Affairs, 2002). A brief examination of how Text 234 relates to the YDSA is set out below.

| YDSA Principle | Text 234 Service |
|--|--|
| Youth development is shaped by the big picture. | <p>Youthline's service delivery and organizational ethos incorporate and are influenced by legal considerations, various cultural, value and belief systems, the Treaty of Waitangi and other key elements.</p> <p>Accordingly, the Text 234 service is delivered within this context, by staff trained within the Youthline culture. Staff members are trained to consider the wider context of the client.</p> |
| Youth development is about young people being connected. | <p>The Text 234 service facilitates young people who initiate contact for information, counselling or guidance to directly connect with trained counsellors. For young people who are socially or geographically isolated, the Text 234 service is a free service enabling contact with others.</p> <p>Text 234 counsellors transition and refer young people to other services the young person needs. There is a concerted effort to refer young people to services in their local community thereby connecting them to other organisations and relationships in their immediate environment.</p> <p>Finally, this connection is facilitated through cellphones, a medium of great familiarity and comfort to many young people.</p> |
| Youth development is based on consistent strengths-based approach. | Text 234 counsellors are trained in and work from a strengths-based position with young people using the service. For instance, counsellors work to build rapport with the young person and also build the resiliency of the young people to be able to resist risk factors around them. |

| | |
|--|---|
| <p>Youth development happens through quality relationships.</p> | <p>High quality relationships are difficult to forge through a service such as Text 234. Unless there is a referral to any of the Youthline face-to-face counselling services, the relationship between the counsellor and texter is built through back-and-forth messaging.</p> <p>It is not the purpose of Text 234 to form the quality interpersonal relationships described in the YDSA. Text 234 does, however, aim to support young people in strengthening connections for themselves in other spheres of their life and by doing this, quality relationships can be achieved between the young person and the organisation.</p> |
| <p>Youth development is triggered when young people fully participate.</p> | <p>Young people initiate contact with Text 234 as they need; it is by definition a participatory service.</p> <p>As is typically the case for Youthline projects and services, young people have also been involved in the design and inception of the service. Feedback from young people is incorporated into continually shaping and improving the service to meet their needs.</p> <p>There are further plans for supporting younger counsellors such as those in YAG to be involved in text counselling. The medium lends itself to considered, rather than time pressured responses. In addition, responses are able to be moderated prior to being sent.</p> <p>Introducing Text 234 into schools will provide another avenue for young people to be involved at the counsellor level and this initiative is currently being considered.</p> |

| | |
|---|--|
| <p>Youth development needs good information</p> | <p>Youthline has undertaken the Text 234 service without an evidence-base for practice. However, Youthline has a history of providing quality phone and e-mail services; text messaging for counselling purposes has developed through use of the skills already proven effective within these well researched services. Youthline's decision to initiate text counselling was undertaken in consultation with young people, and has been shaped in response to feedback received.</p> <p>Evidence is emerging for the effectiveness of e-therapies. Youthline will continue to be at the forefront of generating an evidence base for text counselling. Currently, research is being conducted at Youthline by AUT University PhD candidate, Ailsa Haxell. Haxell is investigating the use of emergent technologies in a youth counselling centre, the Text 234 service, email counselling and Internet message board postings provided by Youthline.</p> |
|---|--|

The Text 234 service is an innovative response to the changing technologies in modern society. Text 234 is one of several e-therapy initiatives that Youthline is constructing for its communities. These initiatives include email counselling and Internet message boards. Therefore, e-therapy, through creative projects like the Text 234 service, is gradually growing in use and popularity in New Zealand.

By designing and implementing services such as Text 234 within the YDSA framework, the possibility of harm is minimised and the probability of positive long-term outcomes for young people is maximised.

8. Counties Manukau: potential for e-therapies

8.1 Background

Counties Manukau is a diverse and vibrant region, with a population of 330,000 people. The people of Counties Manukau are more culturally diverse than other areas of New Zealand. European/New Zealander ethnicities comprise approximately 46% of Counties Manukau, compared to almost 80% nationally. Māori comprise approximately 15%, similar to the national average, while Pacific and Asian peoples are highly represented, comprising almost half of the Counties Manukau population (49%), yet only 16% nationally. The people of Counties Manukau are also young with the median age being 31.2 years compared to the national median of 35.9 years. Moreover, 26% of the Counties Manukau population is under 15 years old. At the time of the 2006 census, 59% of Counties Manukau households had Internet access at home and 75% of households had access to a cellphone (Statistics New Zealand, n.d.). These statistics were congruent with the national averages.

Youthline's services, including Text 234, are freely available in Manukau. However, by expanding its profile and volunteer base in Manukau, Youthline will be able to provide services that are particularly well-tailored to the needs of the Counties Manukau community. Currently, Youthline is expanding its physical base in Manukau City, having recently acquired new premises. This will be a substantial base for much of Youthline's operations.

8.2 Health priorities

In 2008, Counties Manukau District Health Board (CMDHB) published *The Health Status of Children and Young People*. According to this report, injury / poisoning (39.8%) and intentional self harm (30.7%) were the two highest causes of mortality for young people 15-24 years old nationally. These trends were similar in Counties Manukau.

Three key areas of young people's sexual and reproductive health were identified in the report as focal points for CMDHB. These were teenage births, terminations of unwanted pregnancies, and sexually transmitted infections. These priority areas for young people in Counties Manukau inform and shape Youthline's services in Counties Manukau communities.

The use of the Text 234 service provides a service that responds to young people's needs. The area of sexual health is one that young people often are hesitant to 'face up to' because of shyness, shame or avoidance of those they view as being authority figures. The use of the freely available Text 234 service allows access to services that are timely as well as accessible and affordable. There is also potential for the medium to become a health promotion tool through which 'pull down' information can also be accessed as and when needed. This would sit within the applications that were deemed appropriate by CMDHB YAG.

Given that Manukau's population includes New Zealand's highest population density of Pacifica people, the Pacific and Māori specific data from the Youth '07 survey is also relevant. This research indicated 27% of Pacifica young people were unable to access healthcare when they needed it (Helu, S.L., Robinson, E., Grant, S., Herd, R., & Denny, S., 2009). Pacific students were more likely than NZ European students to have been unable to access health care when needed in the last 12 months. This was the case for 25% of male Pacific students compared to 12% of male NZ European students and 28% of female Pacific students compared to 16% of female NZ European students (Helu et al.). Making health knowledge accessible, affordable and through channels deemed useful and appropriate by young people themselves would be an obvious strategy in attempting to reduce this.

The statistics of self-harm amongst this young Pacific population are particularly high. The Pacific specific data from the Youth '07 survey reported deliberate self-harm as relatively common among Pacific students, and particularly with young women. Twenty nine percent of female Pacific students and 17% of males had deliberately harmed themselves in the last 12 months (Helu et al.). While most of this self harm was described as relatively minor there is an obvious need to reduce barriers to access and to have health services as close as possible for this population. Suicide continues to be a leading cause of youth mortality in New Zealand. Suicidal thoughts and suicide attempts are not uncommon among Pacific students, with 27% of females and 10% of males reporting that they had thought seriously about suicide in the past 12 months (Helu et al).

The Māori specific data from the Youth '07 survey also demonstrates that for Māori young people there is serious need for concern regarding access to health services. Nearly a quarter (22.8%) of taitamariki reported that at some time in the previous 12 months they had not been able to access healthcare when needed (Clark, T.C., Robinson, E., Crengle, S., Herd, R., Grant, S., & Denny, S., 2008). Seventeen percent of taitamariki reported having serious suicidal thoughts in the previous 12 months and nearly 7% reported they had made a suicide attempt in the previous 12 months (Clark et al).

These issues for Pacifica youth and for young Māori indicate an urgent need for access to services to be on an anywhere and anytime basis, through media that is affordable, accessible, appropriate and ubiquitous. Text messaging may be a vital branch to healthcare access for these young people.

8.3 The future of e-therapies in Counties Manukau

As Counties Manukau has a young population with a different ethnic composition than other parts of New Zealand, it is worth considering the relevance of current e-therapy services for the Counties Manukau region. Certainly, there needs to be more discussion with key stakeholders to ensure that the e-therapies that are offered to these communities are both relevant and culturally appropriate. The Australian example of Kids Help Line (see above, Section 5.3.2) indicates migrant groups often have high utilisation of such services, which may be instructive for Counties Manukau. Quality information about the issues and factors for young people in Counties Manukau can help shape how organisations such as Youthline develop specific e-therapy services. In essence, Youthline must listen to these communities

and stakeholders and respond accordingly with its services. This process has already begun in consultation with CMYAG. Additional questions remain to be asked. For example, differences in dialects of text language arise with different populations of young people. Emoticon use is demonstrably different with Eastern or Western preferences. A face showing eyes and written on a horizontal plane, for example (*_*) is identified as originating from East Asia, while the contrasting, :-) is written left to right and is associated with Western use (Wenner, 2007; Burns, 2009).

Young people are more nuanced in the understandings of such differences and would be optimal candidates for delivering responses.

An advantage for Youthline in offering e-therapy services in Counties Manukau is that its youth and community development approach is multifaceted; Youthline operates face-to-face counselling, family therapy and youth development programmes in addition to phone, e-mail and text counselling. Youthline will continue to expand its services in Counties Manukau. As such, e-therapy strategies will be part of a larger youth and community development strategy for this region. E-therapy in itself is a valid method of therapeutic intervention, however can be best used as part of an overall approach offered in conjunction with other key services.

The capacity of Youthline and other providers to deliver such services is crucial. The text volume data shown above (Section 7.3) demonstrates the substantial number of texts being received via the Text 234 service. This volume of texts indicates there is a real need and demand for this type of service. Highly trained counsellors are critical in ensuring the services offered in e-therapy are effective, appropriate and relevant. Therefore, appropriate resourcing is vital for the future development and expansion of e-therapies in Counties Manukau. Youthline is able to manage the current demand for its Text 234 service, although the volume of text messages has been surprising.

The potential of e-therapy to assist a community like Counties Manukau is substantial. The uptake of electronic and digital forms of communication is significant and growing in Counties Manukau. The components are in place for innovative e-therapy strategies and services to be developed to the benefit and support of the young people of the Counties-Manukau region.

9. Recommendations

This paper has discussed current approaches and understanding of e-therapies in New Zealand and around the world. There has been a detailed discourse around Youthline's Text 234 service and the possibility of more e-therapy services in the Counties Manukau region. In closing, recommendations around these issues are listed below.

- **Diversification of services** – There is great potential for the development or improvement of e-therapy initiatives for young people. As evidenced above, the Text 234 service can be used for more than an e-therapy mechanism. Health promotion information could be texted to young people in the Counties Manukau region regarding priority area for health such as sexual and reproductive health, or to facilitate face-to-face sessions for young people with symptoms of depression, self harm or suicide. The aim would be the development of e-therapy services that are relevant and effective for the Counties Manukau communities.
- **More information** – There needs to be more information sharing amongst key stakeholders and also more research into these relatively new e-therapy strategies. Youth '07 data should be considered when developing novel e-therapy services for Counties Manukau. Also, the wider context needs to be tracked to ensure e-therapy developments in Counties Manukau are aligned with national developments around e-therapy and electronic and digital communication uses around the country. Internationally, there is an urgent need to formally evaluate e-therapies such as text messaging to ensure they are therapeutically sound for clients.
- **Involve young people** – As the impetus in introducing e-therapies such as text messaging is the uptake of new technologies by young people, it is essential that services involve young people. It is likely to be important to involve young from as many areas as possible to ensure that diverse needs can be met by e-therapies, and that the advantages by these technologies are fully used. The involvement of young people is also pivotal to youth development.
- **Developing a knowledge base** – Informed by the experiences of Text 234, there is scope to deliver ongoing, e-therapy support to other services providing e-therapy. Within the health sector, there is great potential for e-approaches to be utilised by health professionals in their care of clients.

10. Conclusion

E-therapies are already being offered in New Zealand in various forms, including via text message. In addition to its traditional telephone service, Youthline operates text message and e-mail counselling and posting information through Internet message boards. Ministry of Health website, The Lowdown offers a youth-friendly way for young people to access information including video postings by celebrities, musicians, and other young people. The Lowdown is also supported by text and e-mail counsellors providing information and help around depression. There is also anecdotal evidence that individual counsellors and therapists in New Zealand employ some e-therapy strategies with their clients.

The next stage for solidifying the use of e-therapies, and particularly text messaging as a therapeutic practice in New Zealand must involve building an evidence base for practice. This needs to be grown through empirical case study research and quantitative measures evaluating e-therapy services. The current, mostly anecdotal evidence provides a small but sufficient evidence-base to support continuation and further development of e-therapies. It is unknown at this stage how text messages perform as a medium of therapy, although there is evidence from several sources that such services access a part of the population not reached by traditional therapies. The anecdotal evidence is positive for this medium, but this needs to be replaced by formal research findings.

Technology is an essential platform of communication for young people. Changes in online preferences and tools happen quickly. It is essential those working with them remain responsive in providing the means for enabling young people to live successful, well connected, and vibrant lives, in an increasingly digitalised world.

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