



Background and Hypothesis

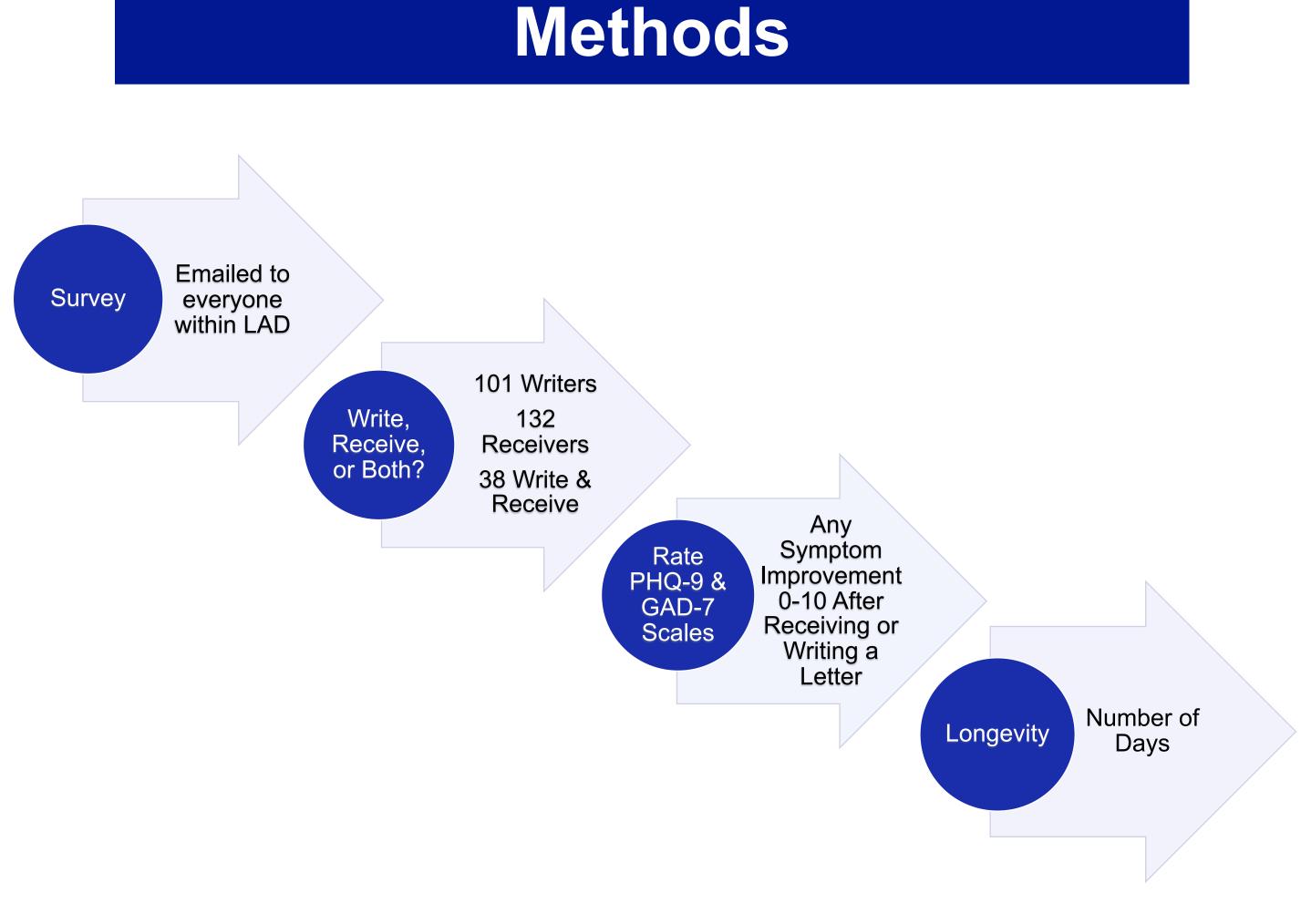
Prior experiments have explored the effectiveness of the following types of letters on suicide prevention:

- caring letters/postcards
- short, typed letters containing generalized wishing-you-well statements
- short email or postal mail letters for military personnel²

However, none have explored the effectiveness of personalized, handwritten letters such as the one to the right.

Dear	John Doe,
	I can totally understan
	I can totally understan of being embarrased to re support, but I am so g because you do deserve you don't feel that way.
	you don't feel that way.
	You explain your struggl that I can relate with words to stuff I could
	words to stuff I could and To work to could
	that. You are not alone.
	(actually nost of the tim
	So happy that you have
	words to stutt I could and I wan't to say t that. You are not alone. to sometimes feeling lik (actually most of the tim hard having such strong to so happy that you have fight these feelings, wh you alive. It can be ho such strong feelings.
	Then I don't have
	I know I don't know but this world genuin you. You talk about t
11	aswas, the again us.
	days. I hope this left well and brings light to upon reading it. I hap that there will be
	that there will be
	Best, J

Volunteers and letter receivers at LAD might be functioning as a support group. One meta-analysis comparing peer support with usual care reported a significantly greater reduction in depression (p=0.002).⁴ Similarly, a randomized controlled trial demonstrated that individuals engaging in forums on a support group website had reduced depression scores. Reasons for why group therapy is effective in controlling symptoms of mental illnesses include interpersonal input, group cohesiveness, understanding, and instillation of hope amongst others.⁶



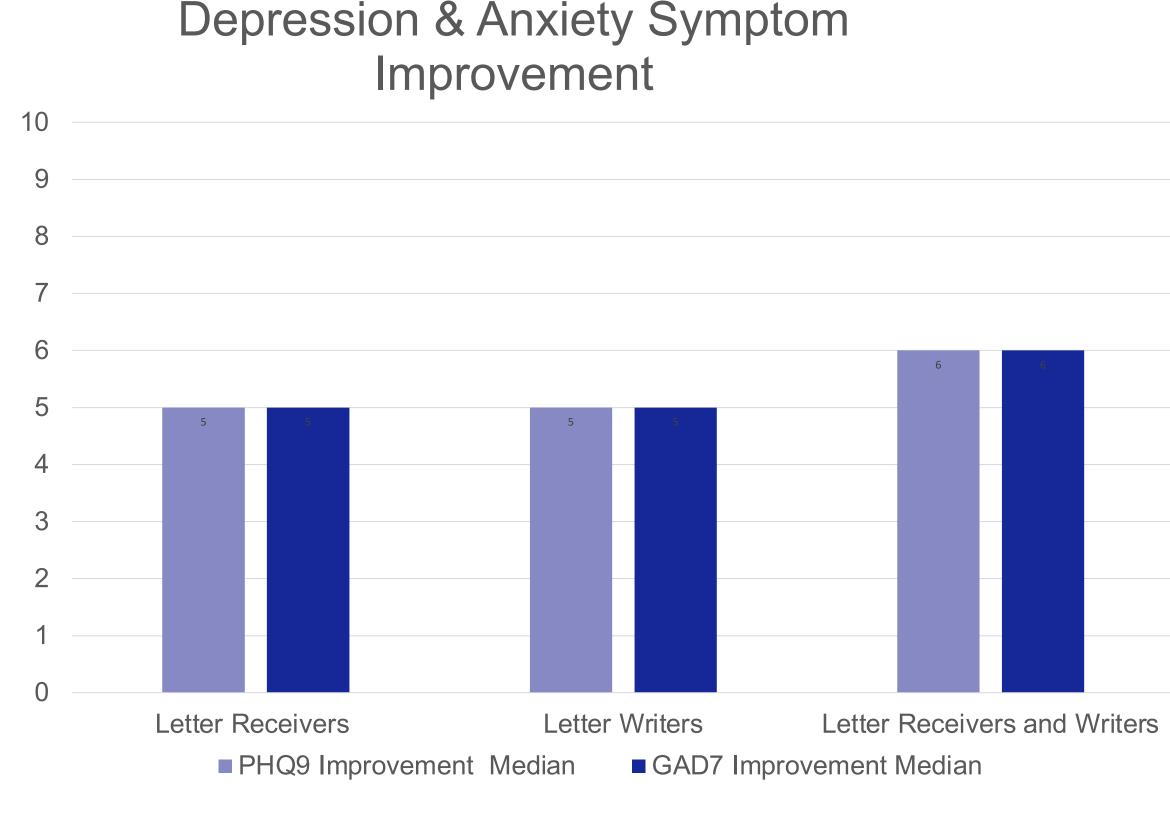
Median and mean values of PHQ-9 & GAD-7 & longevity of symptom improvement scores were calculated.

A p-value of <0.05 and 95% confidence intervals were used to confirm if comparisons were statistically significant.

Impact of Handwritten Letters on Mental Illnesses: A Cross-Sectional Pilot Study David Horvath and Megan Horvath.

Faculty Advisor: Lori McGrew, PhD.

Results



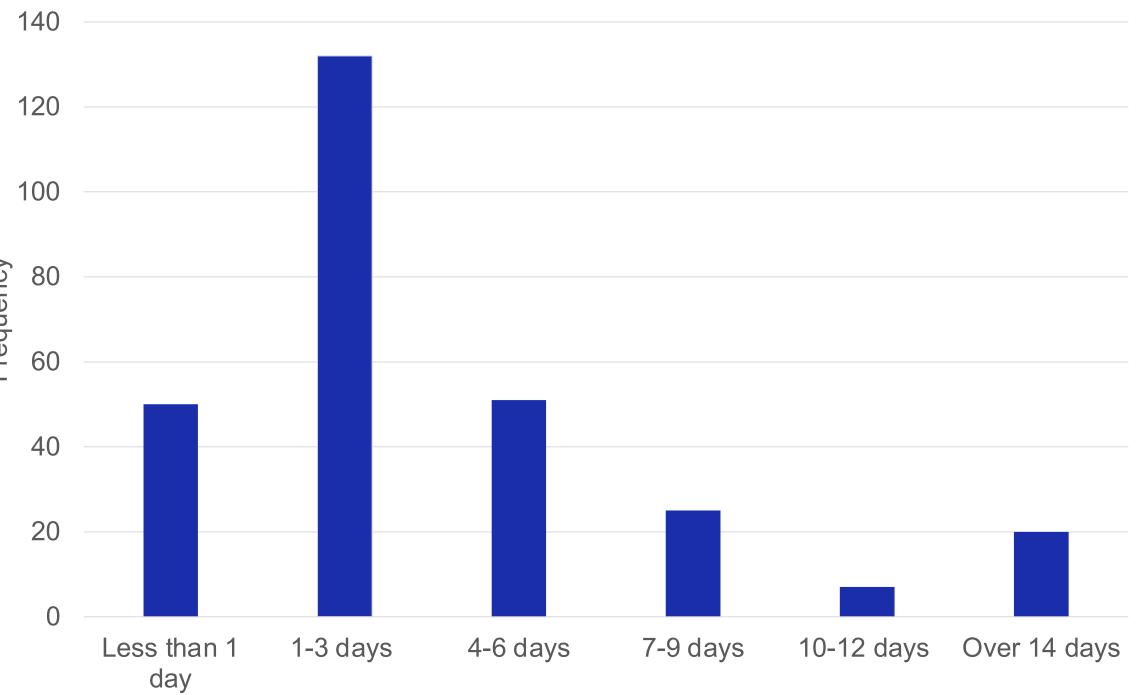
98.52% of participants selfreported an improvement in PHQ-9 or GAD-7 symptoms.

91% participants reported letters improved other mental illnesses.

Chi-square found a statistically significant association between writing and/or receiving letters and improvement of symptoms from other mental illnesses (p < 0.001).

A 95% confidence interval showed that those who do both writing and receiving did not benefit more than those who are just writers or receivers.





One to three days was the most frequent period reported for symptom relief for participants.



Keep moving. nd the feeling each out for its (even if

les in a way th. You put Int verbalize hank you for I can relate e a burden). It can be Feelings. I.am Something to ch has kep and to have

you personally by <u>cares</u> about ter finds you jour day 2 you know setter days. Jane Doe



1-3 days was the most frequent period reported for symptom relief for letter writers, receivers, and those who do both.

•Studies have purported that a PHQ-9 change score of 5.0 and a GAD-7 change score of 4.0 reflects a clinically relevant change in individuals receiving pharmacotherapy.^{7,8}

•The median PHQ-9 and GAD-7 symptom improvement immediately following the reception or writing of a letter was 5.0 on a scale of 0-10.

•The improvement in PHQ-9 and GAD-7 scores from letter writing may be explained by LAD functioning as a "mail-carrier support group," since writers craft a letter offering interpersonal input, understanding, hope, and a sense of group cohesiveness.

•The benefit we observed by individuals receiving letters may be explained by Jointer's interpersonal-psychological theory of suicide, which states that individuals with "thwarted belongingness" are more likely to attempt and complete suicide.⁹ Individuals receiving caring, personalized messages experience symptom improvement because these messages facilitate belongingness.

Acknowledgments and IRB

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Behavior. 1976;6(4):223-230. Accessed August 5, 2022. https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1943-278X.1976.tb00880.x 2. Luxton DD, June JD, Comtois KA. Can postdischarge follow-up contacts prevent suicide and suicidal behavior? A review of the evidence. Crisis: The Journal of Crisis Intervention and Suicide Prevention. 2013;34(1):32–41. doi:10.1027/0227-5910/a000158 3. Carter GL, Clover K, Whyte IM, Dawson AH, D'Este C. Postcards from the EDge: 5-year outcomes of a randomised controlled trial for hospital-treated self-poisoning. Br J Psychiatry. 2013;202(5):372-80. doi: 10.1192/bjp.bp.112.112664. 4. Pfeiffer PN, Heisler M, Piette JD, Rogers, MAM, Valenstein, M. Efficacy of peer support interventions for depression: A meta-analysis. *Gen Hosp Psychiatry.* 2011;33(1):29-36. doi: 10.1016/j.genhosppsych.2010.10.002 5. Griffiths KM, Mackinnon AJ, Crisp DA, Christensen H, Bennett K, Farrer L. The effectiveness of an onlive support group for members of the community with depression: A randomized controlled trial. 6. Yolam I, Leszcz M. The Theory and Practice of Group Psychotherapy. 5th ed. Basic Books; 2005. 7. Löwe B, Unützer J, Callahan CM, Perkins AJ, Kroenke K. Monitoring depression treatment outcomes with the patient health questionnaire-9. *Med Care*. 2004;(12):1194-201. doi: 10.1097/00005650-200412000-00006.

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Discussion

References

1. Motto J. Suicide prevention for high-risk persons who refuse treatment. Suicide and Life-Threatening