Comparing Digital Peer Support Services

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Vendor	**Services / Features**	**Is it a similar experience to talk therapy? (Live, synchronous conversations with real humans)**	**Is it available on-demand 24/7? (accessible in one minute or less)**	**Does it function seamlessly within the member portal/provider directory without requiring that the user to leave the health plan's website?**	**Does it meet the Speed To Care criteria?**	**Does it cost at least 50% less than coaching, counseling or therapy?**	**Is there clinical improvement in one session?**	**Does it meet the Speed To Care criteria?**	**Are there minimal steps required of the user to begin using the service?** **1 to 2 clicks/steps: Green** **2 to 3 clicks/steps: Yellow** **4+ clicks/steps: Red**	**Does it have real-time crisis detection and effective protocols for member routing?**	**Are users triaged to appropriate behavioral health services such as CBT self-care tools, coaching, therapy, crisis support, SUD programs?**
CABANA	**Pre-Scheduled Group Sessions** Users can drop into one of the daily, live groups meeting via video. Users can choose confidentiality features like voice-masking and aliases.	Yes, similar to group therapy with peers joining a pre-scheduled session on a particular topic.	No. The user must monitor the calendar of upcoming sessions and attend the session at the pre- scheduled time.	Yes. The website states tools and resources, including group sessions, can be accessed from a client's portal.	No, since group sessions are pre-scheduled at specific times.	Yes. Assumed to be at least 50% less expensive than coaching, counseling, and therapy.	Yes. Group sessions facilitated by a professional can provide measurable emotional support. However, no peer-reviewed published research on outcomes.	No, since group sessions are pre-scheduled at specific times.	No. Users must register an account online using an employer-provided 6 digit access code.	No. Crisis detection is dependent on the group leader with no known crisis detection models monitoring conversations in real-time. No known routing capabilities to crisis care.	No. The group leader is not assessing individual participant needs.
	Video Courses 10-minute wellness modules called "Voyages" to learn practical insights and skills.	No. these are not live, interactive conversations one experiences in counseling or therapy. They are static self-care tools.	Yes. These are short video lessons available on demand, 24/7/365.	Yes. The website states tools and resources, including group sessions can be accessed from a client's portal.	No, since these are self-care tools. These are not live, interactive conversations you experience in counseling or therapy.	Yes. Assumed to be at least 50% less expensive than coaching, counseling, and therapy.	No data available. These are typical self-care tools.	No. these are not live, interactive conversations one experiences in counseling or therapy. They are static self-care tools.	No. Users must register an account online using an employer provided 6 digit access code.	No. These are independent self-care tools.	No. These are independent self-care tools.

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happy TECHNOLOGY MENTAL HEALTH	**Phone Calls** Monthly telephonic outreach & check in by a volunteer minimally trained peer "Support Giver."	 Yes. This is a live, telephonic conversation with a volunteer peer.	 Not likely. Telephonic outreach is outbound. It is unknown if members can get support from their "Support Giver" on demand.	 No. The service is designed as a telephonic outreach program.	 No, since the service is a telephonic outreach program and not an on-demand service for the member.	 Yes. Assumed to be at least 50% less expensive than coaching, counseling, and therapy.	 Yes. It is expected that 1:1 member-to-listener conversations can provide measurable emotional support from venting. However, no peer-reviewed published research on outcomes.	 The proactive outreach by "Support Givers" to at risk members is designed to identify and engage individuals before a crisis occurs.	 There are no steps required by the member other than answering the phone call.	 While it is up to the "Support Giver" to detect whether the user is experiencing a crisis, the "Support Giver" is likely trained on crisis detection. Crisis routing may not be possible during a phone call.	 Most likely yes. Since "Support Givers" are outreaching to "at risk" plan members, they are most likely suggesting members try appropriate behavioral health services.

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Kindly Human	**Recordings** Users can find and view recorded (audio & video) inspirational stories uploaded by volunteers.	No. These are pre-recorded user generated content. There is no two way communication occurring.	Yes. These are pre-recorded user generated content, accessible online, on demand, 24/7.	No. "Kindly Human" is promoted as a stand-alone platform. The business model is for "Kindly Human" to be an employer's benefits portal.	No, since these are pre-recorded content. These are not live, interactive conversations you experience in counseling or therapy.	Yes. Assumed to be at least 50% less expensive than coaching, counseling, and therapy.	While there is no data found, there is likely some level of emotional improvement when listening to an inspirational story.	No, since these are pre-recorded content for viewing. These are not live, interactive conversations you experience in counseling or therapy.	No. Account setup is required. Users must register on the "Kindly Human" website using an authentication code from their employer.	No. These are pre-recorded user generated content for viewing. There is no two way communication taking place.	No. These are pre-recorded user generated content for inspiration. There are no ecommendations or referrals being made.
	Phone Calls Users can schedule a phone call with a volunteer "listener" who has completed 4 hours of online training.	While there is likely venting and listening taking place, "Listeners" are volunteers who are not sufficiently trained in a 4 hour on-line course to guide the conversation towards a clinical outcome.	No. Listeners are volunteers and can only be reached during acceptable and mutually agreed upon times.	No. "Kindly Human" is promoted as a stand-alone platform. The business model is for "Kindly Human" to be an employer's benefits portal.	No. Listeners are volunteers with 4 hours of training and can only be reached during acceptable and mutually agreed upon times.	Yes. Assumed to be at least 50% less expensive than coaching, counseling, and therapy.	While there is likely venting and listening taking place, "Listeners"are volunteers who are not extensively trained in a 4 hour on-line course to deliver a clinical grade outcome. No published research available.	No. Listeners are volunteers with 4 hours of training and can only be reached during acceptable and mutually agreed upon times.	No. Account setup is required. Users must register on the "Kindly Human" website using an authentication code from their employer.	No. Listeners are volunteers with 4 hours of online training. These are telephonic conversations and no crisis detection technology is being used.	No. Listeners are volunteers with 4 hours of online training and would not be capable of recommending appropriate behavioral health services.

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Supportiv	**Peer-to-Peer Live Chats, Professionally Moderated** Users join precision-matched small group, topic-specific live chats 24/7 with less than 60 seconds wait. Synchronous peer chats are led and safeguarded by a rigorously-trained paraprofessional in real-time, across hundreds of topics. Users receive resources and referrals in real-time based on contextual understanding of expressed needs.	Yes. Supportiv replicates group therapy with live, synchronous peer-to-peer chat in the presence of a trained moderator. Moderators receive over 140 hours of training to ensure conversations are guided to deliver a clinical grade outcome.	Yes. Users can join a live, moderated, peer-to-peer chat in under 60 seconds, on-demand 24/7/365.	Yes. Supportiv is designed as a "chat now" widget (webapp) that is embedded and can be accessed right from the member portal / provider directory. Members can experience a chat without leaving the health plan portal or app.	Yes. Supportiv is a similar experience to group therapy, and can be accessed on-demand, 24/7 directly from the health plan portal at the point of provider search and scheduling.	Yes. Less than 50% the cost of coaching, counseling, or therapy.	Yes. Multiple peer-reviewed published research studies validate that the user experience generates significant improvements in stress, loneliness, sadness, anger and optimism in just one session.	Yes. Supportiv is a similar experience to group therapy, and can be accessed on-demand, 24/7 directly from the health plan portal at the point of provider search and scheduling.	Yes. Users can access a live, moderated chat in just one click from their health plan portal. No scheduling, account to set up or questionnaires to complete. The service may be anonymous or authenticated.	Yes. Multiple crisis detection language models are working in real-time to alert the moderator if a user may be experiencing suicidality, active abuse/violence, self-harm, a medical emergency, or panic attack. Moderators are trained to activate crisis protocols and route users to appropriate crisis resources within seconds.	Yes. Health plans can leverage Supportiv's resource library and community services as well as configure resource and service referrals to include a full spectrum of plan options including self-care tools, coaching, counseling, therapy, psychiatry, specialized stepped-care, and crisis support based on the needs being expressed by the member in real-time. Members receive in-chat hyperlinks for immediate routing.

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togetherall	**Wiki Forum** "Talkabouts" where users post messages and content for others to read and respond to asynchronously. Users can filter by 27 topics. All users have access.	 No. These are asynchronous wiki forums. Peer responses are neither real-time not guaranteed when emotional support is needed most.	 Yes. Wiki forums are available for posting messages 24/7.	 No. Togetherall is designed as an independent, multi-featured platform/ app. Users must leave the health plan / EAP website to access.	 No. While online wiki forums are accessible on demand 24/7, they do not provide live, synchronous communication which is foundational to therapy.	 Yes. Assumed to be at least 50% less expensive than coaching, counseling, and therapy.	 Not likely. While users may get some relief reading user generated content posted by others, there is no live, synchronous communication to more thoroughly address a struggle. No peer-reviewed published research on outcomes.	 No. While online wiki forums are accessible on demand 24/7, they do not provide live, synchronous communication which is foundational to therapy.	 No. Users must first register and set up an account using an access code provided by their plan sponsor. They must also complete a questionnaire to receive recommended forums to join. After joining forums they post questions and comments and monitor their feed for responses.	 No. While crisis detection technology is used to monitor posts, it is not done so in real-time. Users are encouraged to report any concerns they see to "Wall Guides".	 No. Users are not referred to their health plan's / EAP's available services.
	Group Wiki Forums "Group Talkabouts" where users post messages privately on topic specific groups. There are 17 topics to choose from. Only group members have access.	 No. These are asynchronous wiki forums. Peer responses are not guaranteed and nor live when emotional support is needed most.	 Yes. Wiki forums are available for posting messages 24/7.	 No. Togetherall is designed as an independent, multi-featured platform. Users must leave the health plan / EAP website.	 No. While online wiki forums are accessible on demand 24/7, they do not provide live, synchronous communication which is foundational to therapy.	 Yes. Assumed to be at least 50% less expensive than coaching, counseling, and therapy.	 Not likely. While users may get some relief reading content posted by others, there is no live, synchronous communication to more thoroughly address a struggle. No peer-reviewed published research on outcomes.	 No. While online wiki forums are accessible on demand 24/7, they do not provide live, synchronous communication which is foundational to therapy.	 No. Users must first register and set up an account using an access code provided by their plan sponsor. They must also complete a questionnaire to receive recommended forums to join. After joining forums they post questions and comments and monitor their feed for responses.	 No. While crisis detection technology is used to monitor posts, it is not done so in real-time. Users are encouraged to report any concerns they see to "Wall Guides".	 No. Users are not referred to their health plan's / EAP's available services.

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togetherall (continued)	**Creative Image Sharing** "Bricks" where users post drawings, photos or images with commentary for others to respond to.	No. These are asynchronous wiki forums. Peer responses are not guaranteed and nor live when emotional support is needed most.	Yes. Wiki forums are available for posting messages 24/7.	No. Togetherall is designed as an independent, multi-featured platform. Users must leave the health plan / EAP website.	No. While online wiki forums are accessible on demand 24/7, they do not provide live, synchronous communication which is foundational to therapy.	Yes. Assumed to be at least 50% less expensive than coaching, counseling, and therapy.	Not likely. While users may get some relief reading content posted by others, there is no live, synchronous communication to more thoroughly address a struggle. No peer-reviewed published research on outcomes.	No. While online wiki forums are accessible on demand 24/7, they do not provide live, synchronous communication which is foundational to therapy.	No. Users must first register and set up an account using an access code provided by their plan sponsor. They must also complete a questionnaire to receive recommended forums to join. After joining forums they post questions and comments and monitor their feed for responses.	No. While crisis detection technology is used to monitor posts, it is not done so in real-time. Users are encouraged to report any concerns they see to "Wall Guides".	No. Users are not referred to their health plan's / EAP's available services.
	Direct Messages "Friendships" where users can request and accept "friendships" for private, unsupervised direct messaging.	No. This is direct messaging between untrained users, similar to social media.	No. While direct messaging other users is available on demand 24/7, there is no guarantee that the "friend" will reply.	No. Togetherall is designed as an independent, multi-featured platform. Users must leave the health plan / EAP website.	No. This is direct messaging between untrained friends with no guarantee that the user will receive a response. There is a risk that the response could make things worse without a moderator present.	Yes. Assumed to be at least 50% less expensive than coaching, counseling, and therapy.	Possibly, but risky. Direct messaging a "social media friend" and getting a response can have a positive impact. Without a moderator, the message or advice could make things worse. No peer-reviewed published research on outcomes.	No. There is no guarantee that a "social media friend" will respond or respond in a timely manner. No peer-reviewed published research on outcomes.	No. Users must first register and set up an account using an access code provided by their plan sponsor. They must also complete a questionnaire to receive recommended forums to join. After joining forums they post questions and comments and monitor their feed for responses.	No. While crisis detection technology is used to monitor DMs, it is not done so in real-time. Users are encouraged to report any concerns they see to "Wall Guides".	No. It is not possible for "social media friends" to make referrals to the appropriate resources available for stepped-care.

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wisdo	**Online Wiki Forums** Users post messages and content for others to read and respond to asynchronously.	No. These are asynchronous wiki forums. Peer responses are not guaranteed and nor live when emotional support is needed most.	Yes. Wiki forums are available for posting messages 24/7.	No. Wisdo is designed as an independent multi-featured platform/app. Users must leave the health plan / EAP website.	No. While online wiki forums are accessible on demand 24/7, they do not provide live, synchronous communication which is foundational to therapy.	Yes. Assumed to be at least 50% less expensive than coaching, counseling, and therapy.	Possibly. While users may get some relief reading content posted by others, there is no live, synchronous communication to more thoroughly address a struggle.	No. While online wiki forums are accessible on demand 24/7, they do not provide live, synchronous communication which is foundational to therapy.	No. Users must first register and set up an account using an access code provided by their plan sponsor. They must also complete a questionnaire to receive recommended forums to join and be assigned a Helper. After joining forums they post questions and comments and monitor their feed for responses.	No. While "troll" and "crisis detection" language models are being used to review posts for inappropriate behavior and crisis prior to being published, there is no immediate outreach or intervention in the moment. Users can also report inappropriate or unsafe content to "Supervisors" who will review and respond asynchronously.	No. Stepped-care resources from the health plan / EAP are NOT being recommended to users.
	1:1 Asynchronous Texts Text with "Helpers" who receive minimal training. Matches are generated after the user completes a questionnaire.	No. This is asynchronous text communication with an assigned Helper (Wisdo user with minimal training).	No. While users can text message their assigned Helper on demand, 24/7, there is no guarantee that the response will be timely.	No. Wisdo is designed as an independent multi-featured platform/ app. Users must leave the health plan / EAP website.	No. This is text messaging with a minimally trained "Helper" with no guarantee that the user will receive a response. There is a risk that the response could make things worse without a moderator present.	Yes. Assumed to be at least 50% less expensive than coaching, counseling, and therapy.	Possibly, but risky. Text messaging with a volunteer Helper and getting a response can have a positive impact. Without a moderator, the message or advice could make things worse.	No. This is text messaging with a minimally trained "Helper" with no guarantee that the user will receive a response. There is a risk that the response could make things worse without a moderator present.	No. Users must first register and set up an account using an access code provided by their plan sponsor. They must also complete a questionnaire to receive recommended forums to join and be assigned a Helper. After joining forums they post questions and comments and monitor their feed for responses.	No. While "troll" and "crisis detection" language models are being used to review posts for inappropriate behavior and crisis prior to being published, there is no immediate outreach or intervention in the moment. Users can also report inappropriate or unsafe content to "Supervisors" who will review and respond asynchronously.	No. It is not possible for "Helpers" to make referrals to the appropriate resources available for stepped-care.
	Group Coaching Users register and attend scheduled video conference sessions on specific topics via zoom.	Not likely. Group coaching sessions are large groups with the coach presenting content. While users can comment and ask questions, the forum and large group size is not conducive to peer-to-peer support and collaborative problem solving.	No. Users must monitor the calendar of upcoming sessions and register to join at the scheduled time.	No. Wisdo is designed as an independent multi-featured platform/ app. Users must leave the health plan / EAP website.	No. Group sessions are scheduled at specific times and are not available on demand.	Yes. Assumed to be at least 50% less expensive than coaching, counseling, and therapy.	Possibly. Group coaching sessions can provide assurance and validation, but the group size and educational format of the session is not conducive to peer-to-peer support and collaborative problem solving.	No. Group sessions are scheduled at specific times and are not available on demand.	No. Users must first register and set up an account using an access code provided by their plan sponsor. They must also complete a questionnaire to receive recommended forums to join and be assigned a Helper. After joining forums they post questions and comments and monitor their feed for responses.	No. The platform being used is Zoom and no crisis detection technology is built in. It is up to the group coach to detect crisis risk.	No. These are group coaching sessions with the coach presenting on a specific topic and facilitating questions and dialogue. There is no ability for the coach to recommend stepped-care services to each individual.

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wysa	**Chatbot** Generative AI chatbot app designed to provide on-demand mental, emotional and social support.	🟡 Possibly. Wysa uses generative AI to mimic texting with a therapist. However, studies such as this one published by MIT media labs reports users with higher trust in AI actually experience greater loneliness and emotional dependency after using AI chatbots for emotional and social support.	🟢 Yes. Users can access the Wysa chatbot on-demand, 24/7 after downloading the app to their mobile device.	🟢 Yes. Wysa can be accessed via a web app directly from a client's portal / website.	🟡 Yes, however recent studies show there are risks associated with AI chat bots providing emotional and social support. Additionally, the user must download the app and enter an access code before using.	🟢 Yes. Assumed to be at least 50% less expensive than coaching, counseling, and therapy.	🟡 While past studies promoted by Wysa showed positive user feedback, emerging studies are starting to highlight the risks associated with the use of AI chatbots within certain populations. For example, this study published by MIT media labs reports some users experience greater loneliness and emotional dependency after using an AI chatbot for emotional and social support.	🟡 Mostly. While the AI chatbot is available on-demand 24/7, the user must download and set up the app versus launching directly from the health plan portal.	🔴 No. Users must download an app using an access code provided by their plan sponsor. Users then select the types of "challenges" they want help with and whether they prefer self-care or guided support.	🟢 Yes. Built-in AI crisis detection for self harm and suicide ideation to refer users to crisis resources when needed. SOS button also appears at the top of the app for instant access to crisis support.	🟢 Likely yes. While no information is disclosed regarding stepped-care referrals, it would appear to be possible.

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