

SUICIDE PREVENTION IN AUSTRALIA USING ONLINE INTERVENTIONS

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POLICY CONTEXT

Suicide is the third leading cause of death in youth (Mann, 2005). It is known that as many as 90% of those who attempt suicide or complete it have visited a health professional in the previous 12 months, but that "more than 90% of suicides in depressed youth are untreated at the time of death". Suicide Prevention has been the topic of a Senate Inquiry (2010) and a NSW Parliamentary Inquiry (2010). Despite the recognized importance of the topic, very little research in methods to prevent suicide is conducted. Policy makers and practitioners are unclear as to what interventions might be effective or feasible. The observations that many suicidal young people are "online" raises the possibility that online services might attract those at risk, and that screening for particular risk factors online might serve as a bridge to encourage helpseeking.

KEY FINDINGS

- A systematic literature review revealed that there is emerging experimental research evidence for the effectiveness of online interventions in reducing suicide risk either by targeting risk factors of anxiety or depression, or directly through a CBT automated online intervention, developed in the Netherlands. There is evidence that email counseling, bulletin boards, and chat with professional workers are popular services, but their effectiveness for suicide have not been evaluated in randomized controlled trials. Online interventions for post suicide survivors have been piloted, but no strong evidence has yet emerged. There is limited but positive evidence for the usefulness of suicide screening mounted on websites. If screening is to be used we recommend instruments developed for the US by Thomas Joiner.
- People at risk for suicide are online. A suicide portal service for Australia may attract individuals at risk of suicide who do not use either current telephone based services or face to face services. The core features of a portal would be online crisis intervention and emergency services, online therapy, moderated online forum, and automated self help programs for those with psychiatric risk factors.

For more details, go to the [three page report](#)

The research reported in this paper is a project of the Australian Primary Health Care Research Institute, which is supported by a grant from the Australian Government Department of Health and Ageing under the Primary Health Care Research, Evaluation and Development Strategy. The information and opinions contained in it do not necessarily reflect the views or policies of the Australian Government Department of Health and Ageing.