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CENTRE FOR MENTAL HEALTH RESEARCH

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.
- 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.

POLICY OPTIONS

We determined that a suicide portal service should incorporate 4 core features:

- The provision of online crisis intervention and emergency help delivered through chat, email and telephone. The content of the crisis intervention will be support and reflective listening, appropriate brief interventions, and referral to online health professionals (with and within the service (see below)) and to primary care. The service will be connected to local emergency mental health teams or to the police if rescue is required. The service would not require registration and would be anonymous. Initially, the service would operate in extended office hours and be manned by health professionals. However, once the protocols were fully developed for chat and email communication it is envisaged that this service would be manned by trained lay counsellors, supervised by senior health professionals, and would operate 24/7.
- Online therapy (CBT, DBT) for suicide ideation. Online therapy is currently not offered directly through crisis intervention. We believe this should be the case. This would require registration and contact details provided by the caller. It provides 'continuity' for the caller. The therapy offered should be evidence-based (CBT for depression; DBT for those with borderline personality disorder). Ideally assessment would be offered by psychiatrists and psychologists before the commencement of the therapy, but the decision to involve assessment would need to be reached in co-operation of the caller/site visitor. The therapy could be offered through telephone, chat, email. A recommendation to commence antidepressant therapy would require referral of the person by the online psychiatrist/doctor to a general practitioner. The online therapy feature will be suitable for those with a recent history of suicide attempt, those with intrusive suicidal ideation, those with depression combined suicidal ideation who have a strong preference for the online service, or for whom face to face treatment is not available or possible. It is envisaged that this service would continue to be manned by health professionals trained in their discipline who also possess specific specialised online skills, and that this would continue past the set up phase.
- A moderated online forum (or internet support group). This service is likely to attract those at risk of suicide and offer the opportunity for them to connect with others like themselves. The board would be moderated every 2-3 hours by lay moderators (supported by health professionals). There would be strict protocols about what was permissible to post. Research from Europe suggests that these boards and forums primarily provide positive peer support.
- Online guided self help for those at risk of anxiety, depression, alcohol and drug overuse (risk factors for suicide). This service would offer a targeted prevention program. The guided self help consists of regular email or telephone contact by a lay counsellor who assists the person through an evidence-based web application. The service is suitable for those who have risk factors for suicide but do not require emergency assistance, for those who regularly call crisis lines, who are not immediately suicidal, but use the service as a means of managing their mental health needs.

It is not clear how a suicide portal might be funded. There are a range of organisations that provide online services through the telecounselling measure introduced by COAG in 2007. There are also current NGOs who provide emergency suicide support. The service might be introduced within the largest provider of these services (eg. Lifeline), which has advantages (already seen as the lead), and disadvantages (tends to favour a lay counsellor approach, though also provides professional services). Current COAG funded groups (etherapy at Swinburne, E hub, ANU, Crufad at UNSW) do not yet provide suicide specific services, however, they have a strong tradition of providing high quality anxiety and depression interventions that reduce suicide risk factors.

METHODS

The method consisted of a systematic review of the literature and structured interviews with leading suicide experts. Table 1 outlines

Table 1: Centres which provided information for the review

Name	Key Review Questions
<p>Professor Thomas Joiner at the University of Florida, USA. 10</p>	<p>Professor Joiner has developed one of the most comprehensive models of the psychology of suicide suggesting that suicide results from a combination of factors including: loss of feeling of belonging, a developed capability to take one's own life, intense desire to die, and feelings of perceived burdensomeness. As one of our major aims of proposal is to understand the usefulness of screening for suicide risk we explored with Joiner the methods he is using to measure these constructs.</p>
<p>Prof Azy Barak, University of Haifa, Israel. y health care delivery.</p>	<p>Barak introduced and researched one of first internet-based support services to assist those at risk of suicide (SAHAR – Hebrew acronyms for “Support and Listening on the Net”). (See Barak, A. (2007). Key aspects of this site visit provided</p> <ul style="list-style-type: none"> • insights into the use, effectiveness and procedures of internet support services to prevent suicide • research data on their efficacy, effectiveness, acceptability, potential risks • detailed information on how these services are managed, how they operate and specific skill sets needed to keep them operating.
<p>Professor Ad Kerkhof at Vrije Universteit, Netherlands.</p>	<p>Professor Ad Kerkhof at Vrije Universteit in the Netherlands is an expert in suicide prevention, but the particular work that attracts us to visit this site was the research evaluation of an automated on line e health application which aims to reduce suicide ideation. Professor Kerkhof has developed an online program which attempts to reduce suicide ideation using dialectical behaviour therapy.</p>
<p>Dr Jan Mokkenstorm [mokkenstorm@gmail.com] Director of www.113Online.nl, Netherlands policy setting and context.</p>	<p>Dr Mokkenstorm is the director of the www.113Online.nl service which provides telephone, chat and email support to those at risk of Suicide in Amsterdam and the Netherlands. This visit provided us with an understanding of the value of direct person contact with online chat, telephone and web services for suicide prevention. To our knowledge this is the first comprehensive program to offer web services for suicide prevention. We visited and talked to Dr Mokkenstorm to get an understanding of how these services might operate in Australia, the skills and strengths of those who man the service. We also visited the offices of the service.</p>

For more details, please go to the [full report](#)

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