Suicide Prevention in Australia using online technologies

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Centre for Mental Health Research

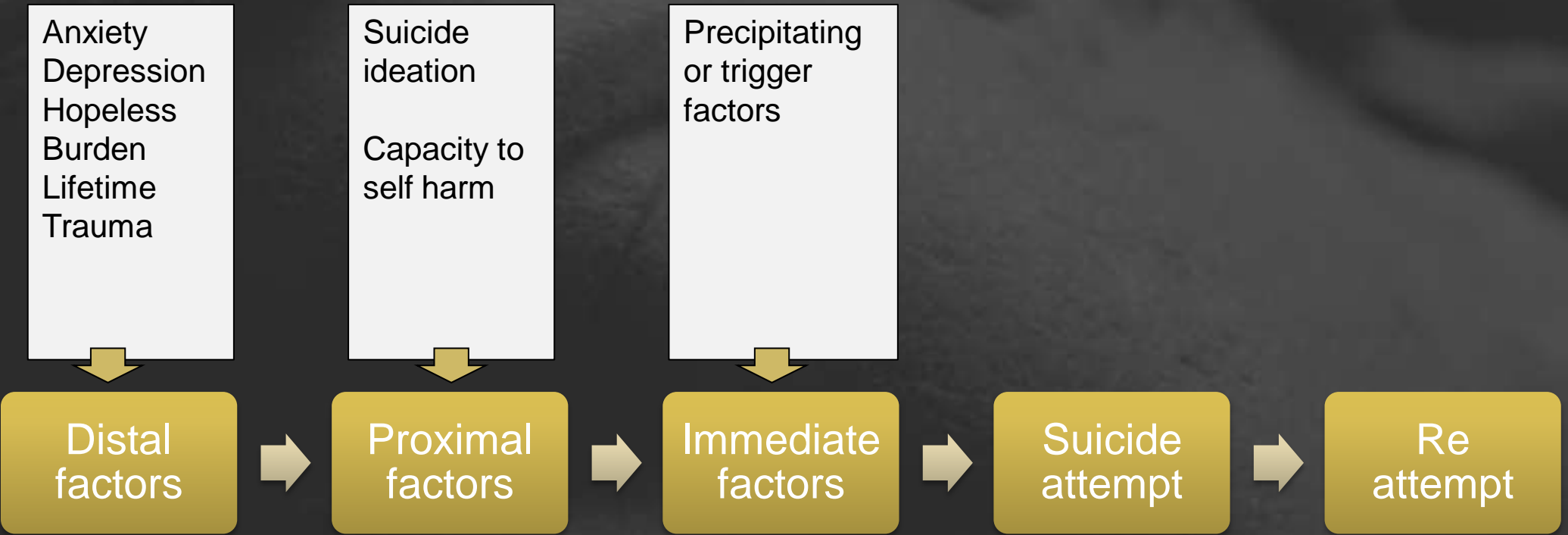The Australian National University, Canberra, AUSTRALIA

Ms Dawn O'Neil, CEO Beyondblue, formerly CEO of Lifeline Australia
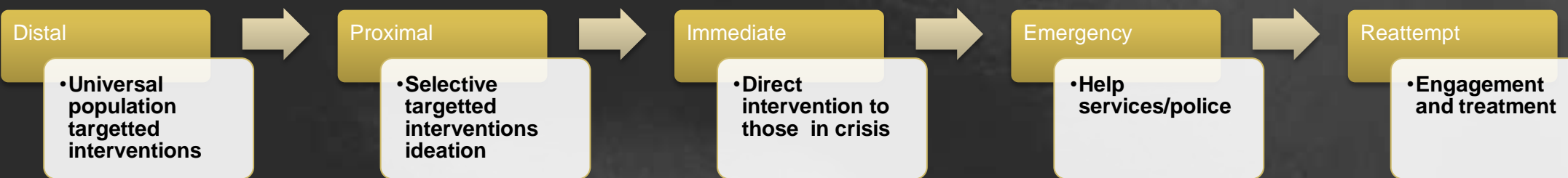
ANU

THE AUSTRALIAN NATIONAL UNIVERSITY

Preventing suicide?

Anxiety Depression Hopeless Burden Lifetime Trauma	Suicide ideation Capacity to self harm	Precipitating or trigger factors

Distal factors → Proximal factors → Immediate factors → Suicide attempt → Re attempt

MODEL OF SUICIDE ATTEMPT AND REATTEMPT

Prevention across spectrum

Distal		Proximal		Immediate		Emergency		Reattempt
•Universal population targetted interventions	→	•Selective targetted interventions ideation	→	•Direct intervention to those in crisis	→	•Help services/police	→	•Engagement and treatment

SUICIDE PREVENTION INTERVENTIONS

Distal		Proximal		Immediate		Emergency		Reattempt
•Universal population targetted interventions	→	•Selective targetted interventions ideation	→	•Direct intervention to those in crisis	→	•Help services/police	→	•Engagement and treatment

SUICIDE PREVENTION INTERVENTIONS

Prevention   Intervention   Prevention

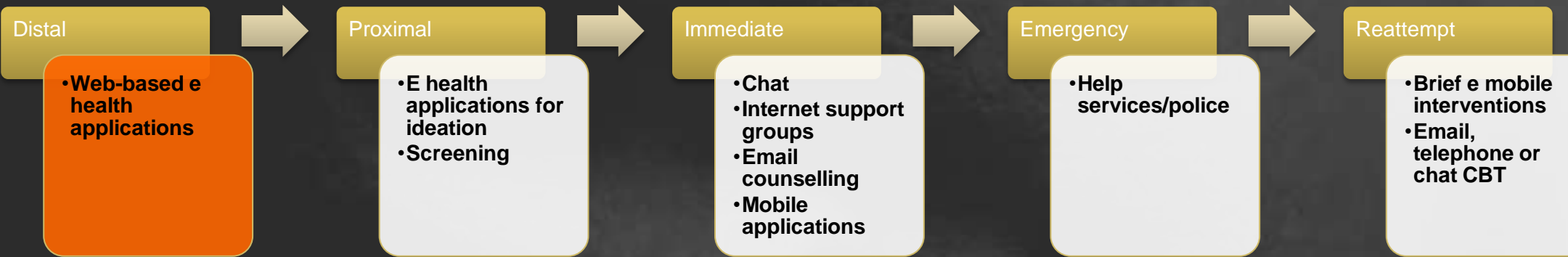| Distal	Proximal	Immediate	Emergency	Reattempt
• Needle in the haystack	• Smaller haystack	• Small haystack but lost needles	• Needles but perhaps many lost needles	• Needles but many more lost

Why use online suicide prevention interventions?

Those at risk of suicide use the internet to seek help as frequently as they seek help from professionals (Gould, 2002). As many as 40% of those with suicide ideation if combined with hopelessness will seek help from the Internet. Those with suicide ideation may be more likely to seek help from support groups than those without suicidal ideation (Song, 2008). They may have less off line support (Ybarra, Alexander and Mitchell, 2005).

Internet interventions have the capacity to reach large numbers of individuals at low cost. They are feasible as a means of offering population based interventions.

Why use online suicide prevention interventions?

Low base rate in the general population – reachable

Higher base rate on internet- reachable

Those at risk are online and prefer these sorts of services. Internet services can reach allmost everyone at low cost
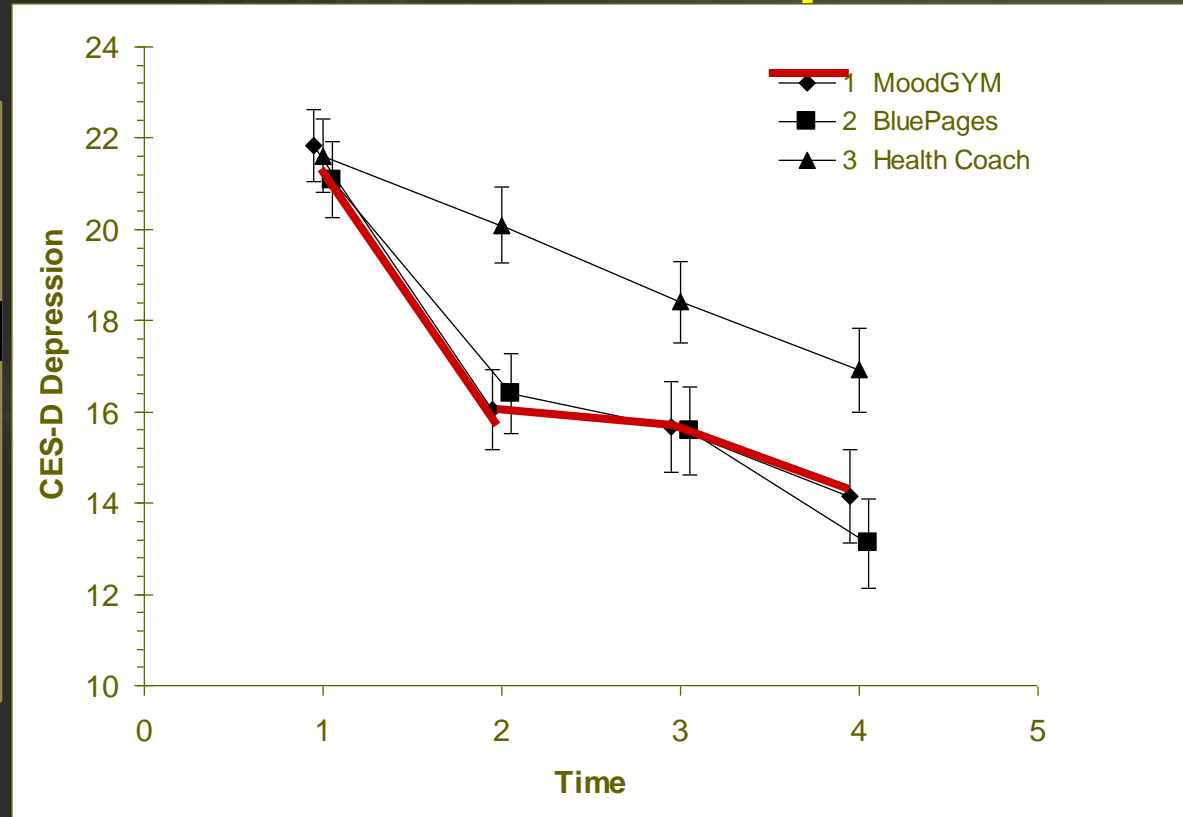
Distal		Proximal		Immediate		Emergency		Reattempt

Distal
- Web-based e health applications

Proximal
- E health applications for ideation
- Screening

Immediate
- Chat
- Internet support groups
- Email counselling
- Mobile applications

Emergency
- Help services/police

Reattempt
- Brief e mobile interventions
- Email, telephone or chat CBT

SUICIDE PREVENTION INTERVENTIONS

Universal internet intervention to prevent anxiety or depression

Automated

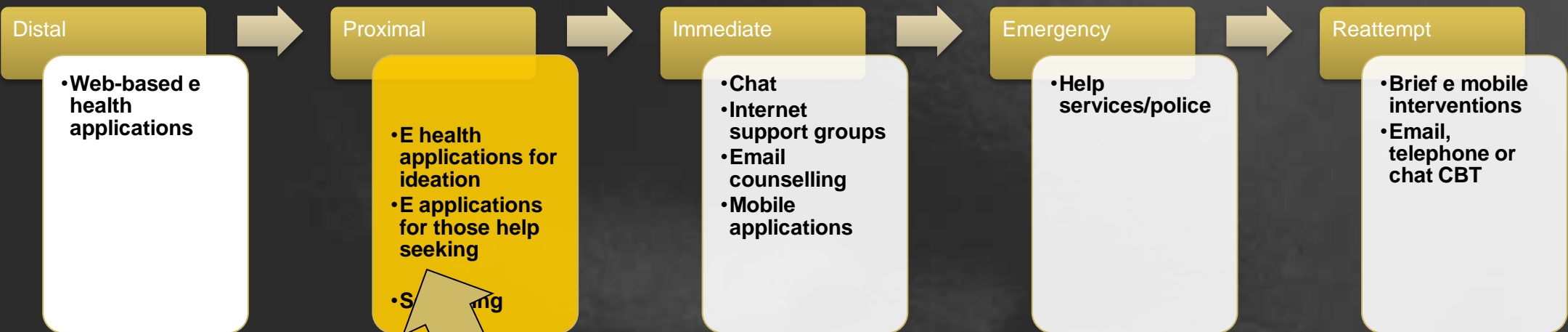# RCT in community setting for individuals with depression:

CES_D

Time

Christensen, Griffiths and Jorm BM[...] 2 month data shown above.

Distal	Proximal	Immediate	Emergency	Reattempt

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- E applications for those help seeking
- S_____ing

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SUICIDE PREVENTION INTERVENTIONS

Targetted interventions for those at risk

Find people at higher risk

Many individuals seek help through helplines

Many have chronic mental health problems

Helplines provide support and "counselling" but do not necessarily provide "evidence-based psychological interventions"

Is it possible to deliver interventions to help line callers using e health applications?

How essential is the role of the counsellor in implementing the application with the caller?

What we provided to callers

web only, where participants received web-based automated depression psychoeducation combined with 5 modules of CBT,

web with tracking, where callers received the web intervention and were telephoned to complete weekly modules,
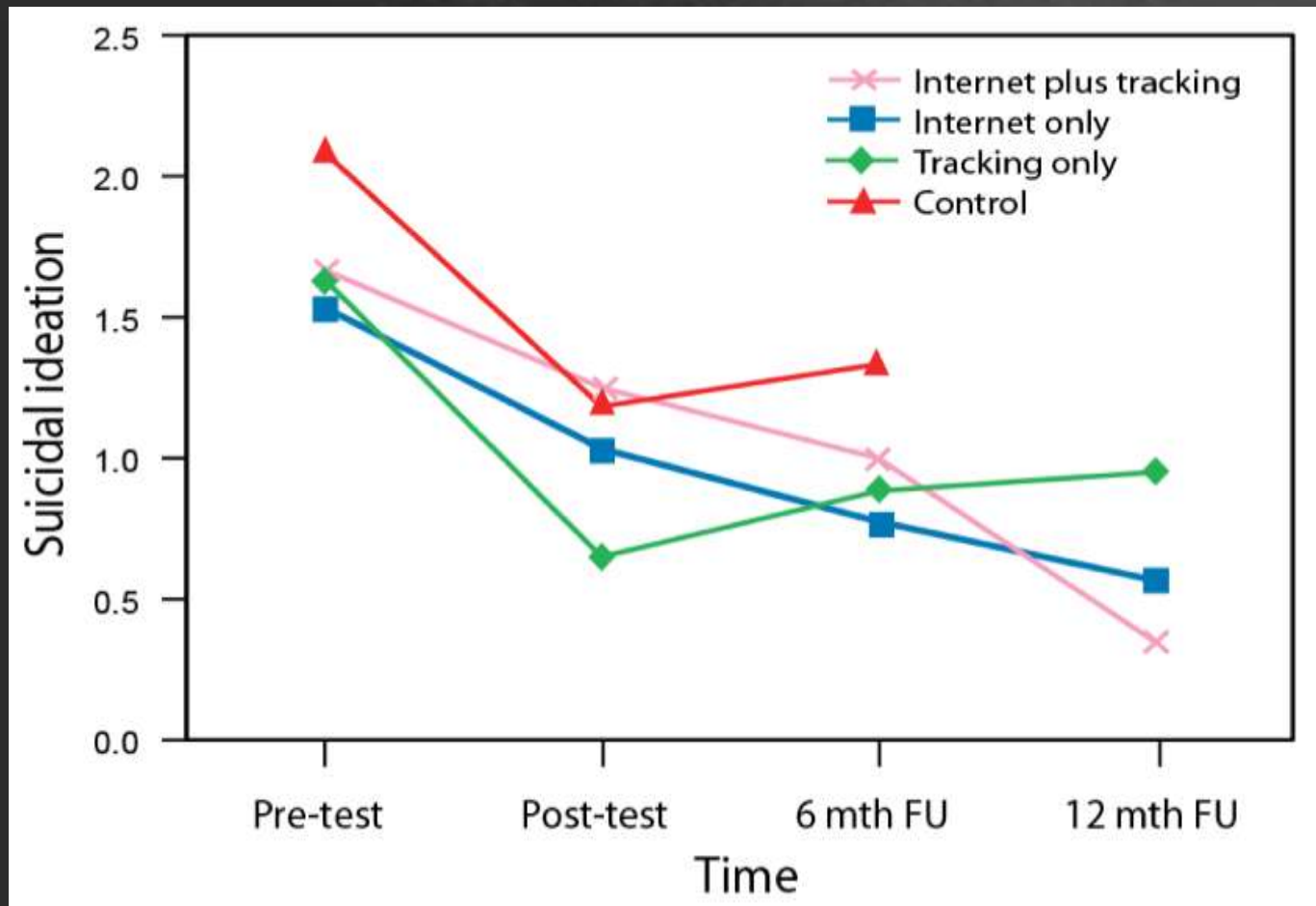
tracking only, where callers were telephoned weekly by a telephone counsellor but were not provided with the web program, and the

control condition, where participants received neither the web intervention nor weekly calls.

The effect of a website in Lifeline

Farrer et al., (submitted).
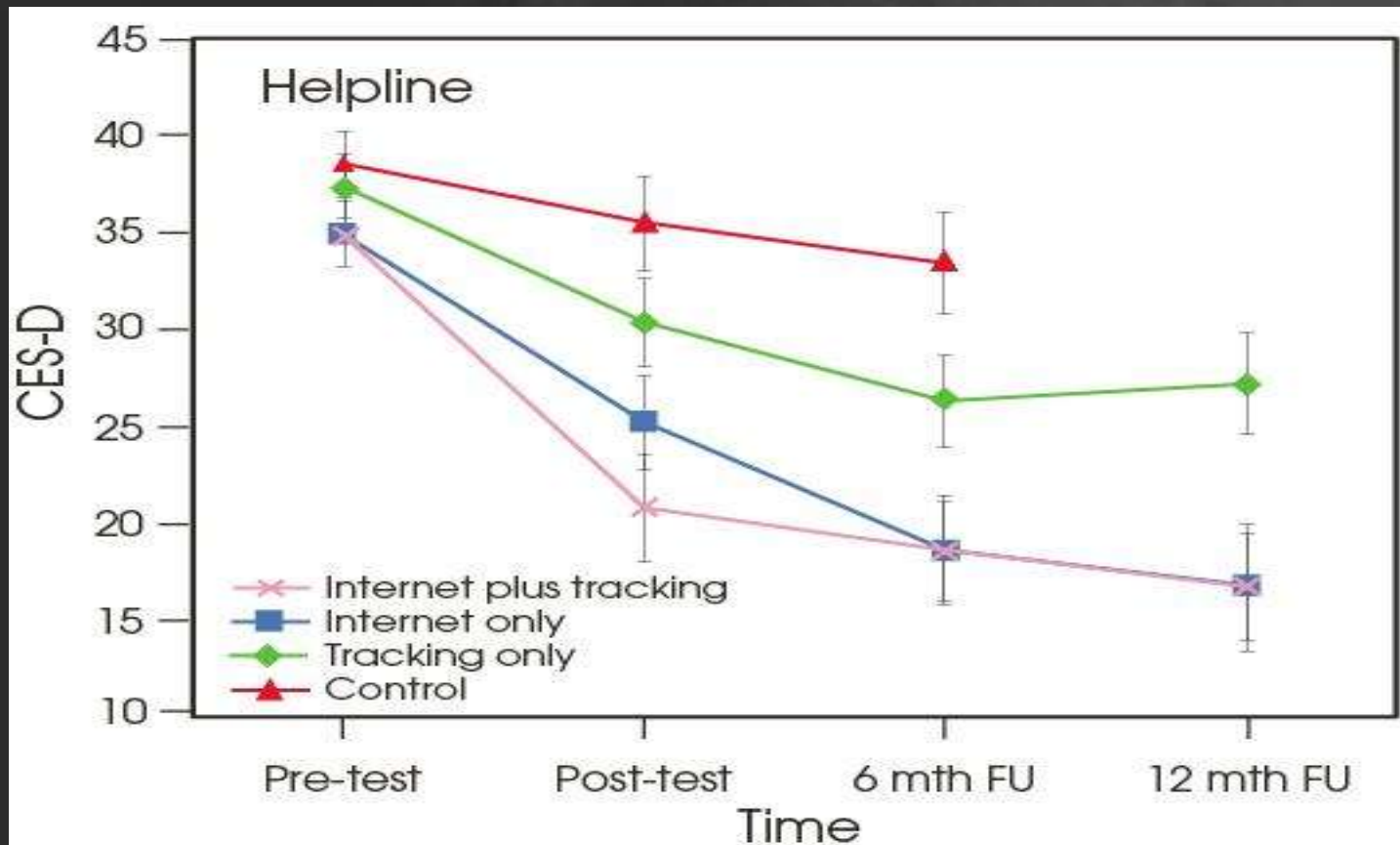
Changes in suicide ideation

# Screening for ideation in universal populations

Haas et al., 2008. University website: Emails sent to students to take a screen. 8% took screen, 84% were at risk, 19% attended f2f, and 13% entered treatment. 94% of these had no previous psychotherapy.

Offer automated interventions for those with suicide ideation

Photo of Ad Kerkhof and BAJ van Spijker
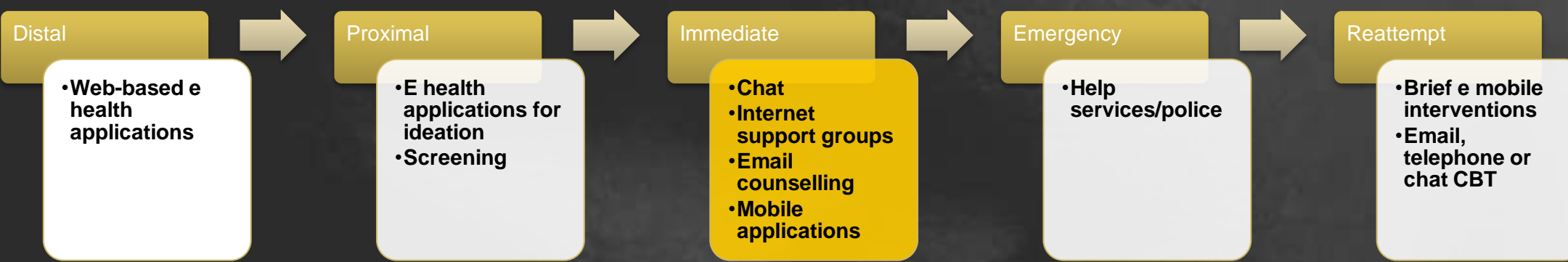
LMM: suicidal thoughts (ITT)
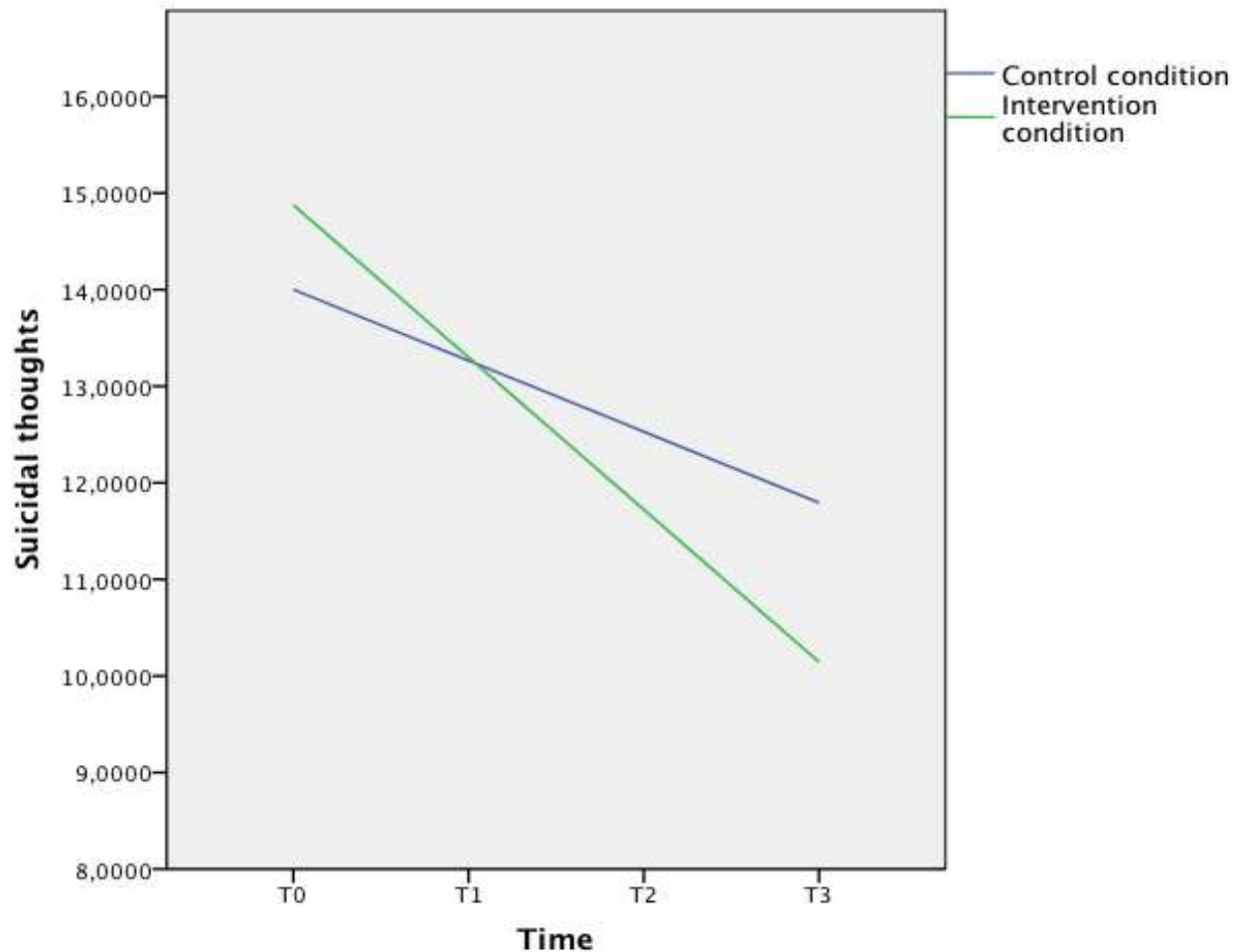
Control condition: b=0.74

Intervention condition: b=1.58

Mean change and effect size

	Control (n=120)	Intervention (n=116)	*p*	d
Suicidal thoughts (Δm, sd)	2.30 (6.6)	4.47 (8.7)	**0.036**	0.28
Symptoms of depression (Δm, sd)	1.82 (8.8)	3.93 (10.1)	0.086	0.22
Hopelessness (Δm, sd)	0.68 (3.6)	1.91 (4.9)	**0.029**	0.28
Worrying (Δm, sd)	2.12 (10.1)	5.48 (10.1)	**0.010**	0.34
Anxiety (Δm, sd)	0.51 (3.3)	1.03 (3.9)	0.270	0.14
Health status (Δm, sd)	-3.00 (18.3)	1.96 (19.7)	**0.045**	0.26

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SUICIDE PREVENTION INTERVENTIONS

SAHAR (Israel)
113Online(Netherlands)

Email therapy
Acute chat crisis counselling 10-12 hours a day (office hours)
Support groups
Website

Photo of Azy Barak

Consists of email, individual chat, support groups, a website and a 'patrol' service (established in the last 2 years).

It has been in existence for 11 years, is portrayed as for people with "emotional difficulties" (the word suicide is not explicitly mentioned) and it provides 'basic emotional support" and operates as a NGO. The service is virtual, consists of between 40 and 60 "helpers" plus an administration manager (CEO), a professional manager (a health professional), and a volunteers' manager.

Chat is only available at certain times of the day

Training is relatively long

The organisation is supported by donations

Acute telephone crisis counselling 24/7
Email therapy
Acute chat crisis counselling 10-12 hours a day (office hours)

Dr Jan Mokkenstorm

Service (113Online) is run by trained volunteers with the assistance of a psychologist
The service is situated in one location and volunteers are trained by psychologists on the spot.
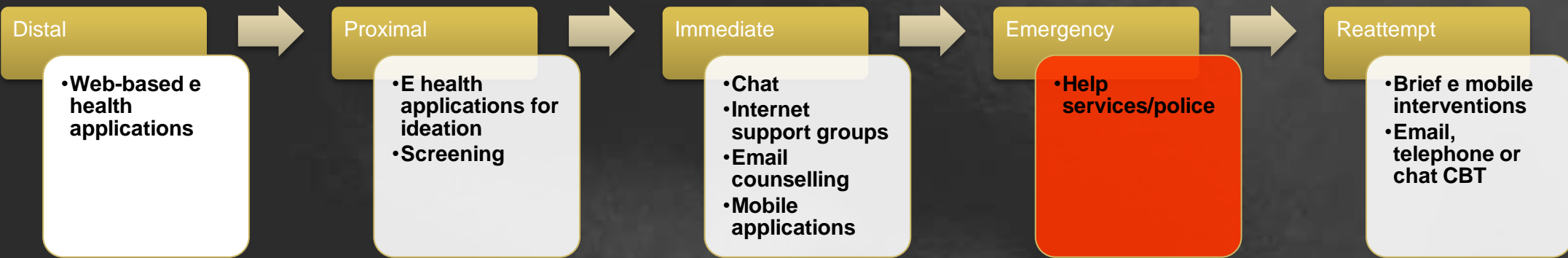4 volunteers a day, with 2 on at the same time, with the volunteers working from home (unless training) and the psychologists present during the day
Chat is only available at certain times of the day
Training is relatively short
Many of the trainees are psychologists in training
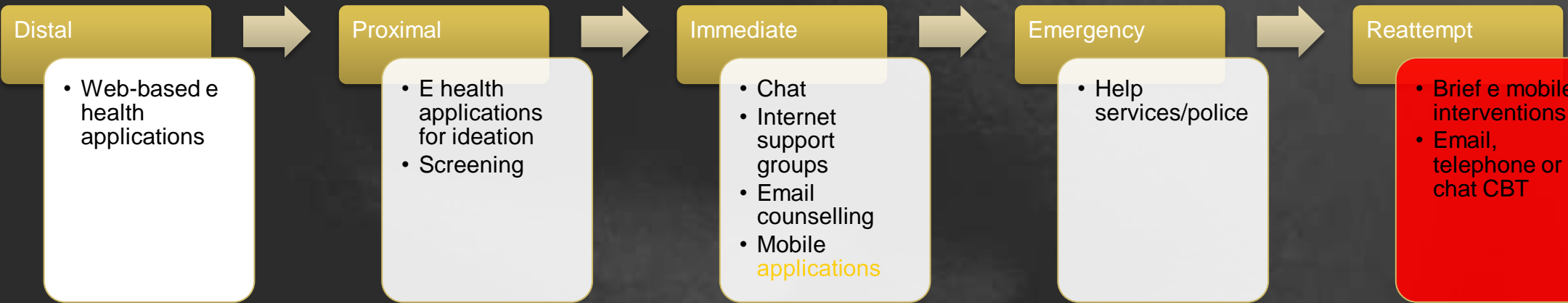The organisation is supported by government funding

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SUICIDE PREVENTION INTERVENTIONS

Postings leading to rescues

Proactive searching

Janson, Alessandrini, Strunjas et al (2001) provide a brief case report identifying two individuals who posted suicidal intention on the Internet or via video streaming. Both were identified through the ISP provider or by a friend and the police were called. This resulted in rescue. A similar "patrol" service has been put into place in the SAHAR service. (See interview).

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SUICIDE PREVENTION INTERVENTIONS

Effective interventions after suicide attempt

Brief interventions such as texts and postcards ?

Treatments

Face to face therapy using CBT

Face to face therapy using DBT (personality disorder)

Telephone based CBT (Kessler, 2009)

Chat or online CBT (still no trials).

Recommendations

Build an online portal that provides all these services in the one virtual location

Components of the service

The first core feature is the provision of **online crisis intervention and emergency** help delivered through **chat, email and telephone**.

A **second core feature is online therapy** (CBT, DBT) for suicide ideation.

A **third core feature would be a moderated online forum (or internet support group).**

A **fourth core feature would be the provision of online guided self help for those at risk of anxiety, depression, alcohol and drug overuse** (risk factors for suicide).

Secondary components

Online screening

Suicide information

Links to range of mental health online applications