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The Potential Role of the Internet in Suicide Prevention

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Abstract

As seen in areas of medicine and clinical practice, the Internet and its associated technologies have begun to change the nature of suicide prevention (Christensen, Griffiths, & Evans, 2002). The Internet is meeting gaps in services and providing a means to improve education, support and connectedness between and within communities and professionals (Atkinson and Gold, 2002). As the technical capacity of the Internet grows, it becomes better able to offer a practicable medium for health behaviour interventions and research. The following chapter will discuss current research into the potential role of the Internet in suicide prevention through the provision of information, counselling and chat rooms.

Internet for Information

There is evidence that seeking health information is one of the most common reasons for using the Internet (Christensen et al., 2002). The use of online health sites has grown much faster than the growth of general Internet usage. In 2001, mental health problems were amongst the highest accessed health issues on the Internet, with users most often seeking information on depression (19%), bipolar disorder (14%) and anxiety disorder (9%) (Rice, 2001).

Consumers are driven to the Internet for health information out of a desire for the empowerment that comes with information (Farrell & McKinnon, 2003). The ability to obtain information quickly, conveniently, and privately online presents an opportunity for better informed decision making and greater participation in health care (Berland, 2001). The Internet is especially useful for linking people to information and resources unavailable in their closest, local groups.

A need to educate the public about suicide prevention has been increasingly recognised in recent years with emphasis on the importance of knowledge in facilitating the recognition and management in the prevention of suicide (Pettigrew & Miraudo, 2003). The growth of the Internet has an enormous capacity to facilitate the development of mental health literacy and for providing suicide prevention programs to groups who would otherwise not access services (Christensen et al., 2002; Christensen & Griffiths, 2000; Farrell & McKinnon, 2003). An increase in mental health literacy has been found to have a strong relationship with an increase in help-seeking behaviour and therefore may provide an important contribution to suicide prevention (Fuller et al., 2000).

Quality of information

With increasing reliance on the Internet for obtaining mental health information, concern about the quality and character of the information it contains has grown (Lissman & Boehnlein, 2001). Unsafe advice or poorly targeted information may lead to poor help-seeking behaviours or treatment choices (Barak, 1999). A plethora of inaccurate and even potentially life-threatening content readily accessible to anyone with access to the Internet supports the validity of concern surrounding the Internet as a source of information (Baker, Wagner, Singer, & Bundorg, 2003).

Numerous authors have voiced concern about the number of alarming and inappropriate information sites. Explicit information on suicide methods (non-fatal or unusual) has resulted in some Internet users, through imitation, suffering prolonged and excruciating deaths. Anecdotal evidence suggests that the Internet offers individuals with high intention easy access to information on methods, possibly informing them of more lethal options and thus impacting on completed suicide rates (Baume, Cantor, & Rolfe, 1997; Haut & Morrison, 1998; Suresh & Lynch, 1998; Thompson, 1999).

Internet as a form of media

To date a number of studies have found a significant relationship between the reporting of suicide and subsequent suicides. Both newspaper and television forms of media have been shown to influence suicidal behaviour, evident in clustering's of suicide following media coverage of a suicide. Some researchers suggest that if suicide is published then some vulnerable individuals may consider suicide themselves (Suresh & Lynch, 1998). No studies have been found to have examined the influence of suicide

information and related reports, on the Internet, to the incidence of suicide (Baume et al., 1997). Such studies would likely be complicated by the global nature of the Internet, making clustering difficult to determine. Additionally, the need for users of the Internet to actively seek information on suicide is a factor differentiating it from other media forms that have been to date, overlooked by the considered literature.

There is no clear consensus on whether the introduction of the Internet will generate changes in suicide methods or result in new trends in suicidal behaviour, or whether the availability of information on the Internet will promote imitation in the way that the other media forms do (Baume et al., 1997).

Online information and suicide prevention

While Internet development has raised issues such as the proliferation of unregulated material, it has also created opportunities for innovative suicide prevention and mental health programs and information dissemination. The Internet offers health promotion a new dynamic, interactive and anonymous medium (Morrison & Sullivan, 2002). The benefits of the Internet for suicide prevention is limited by the users' ability to evaluate websites and ascertain whether the information is sound (Miller, Cugley, & Ministerial Council for Suicide Prevention, 2004).

Internet Counselling

Internet counselling is a new modality of technology that utilises the power and convenience of the Internet to allow either simultaneous or time delayed communication between an individual and a counsellor (Grohol, 2002). The following section will refer

to Internet counselling in the form of email counselling (time delayed communication) and web counselling (simultaneous communication) (Childress, 2003). Although a growing number of cases of Internet counselling have shown positive outcomes for those with mental health problems, there is still an inadequate body of empirical research to reliably evaluate its effectiveness with people who are suicidal (Alleman, 2002).

Education and training

Education and training presents a considerable barrier to the development and current appropriateness of Internet counselling (Christensen et al., 2002). The effectiveness of counselling is largely dependent on the competencies of the counsellor to establish contact, build a relationship, communicate accurately with minimal loss or distortion, demonstrate understanding and frame empathetic responses, as well as their capacity and the availability of resources to provide appropriate and supportive information (Sanders & Rosenfield, 1998).

An online counsellor's ability to perform effective counselling is limited in an emerging area is which generally recognised standards for preparatory training do not yet exist despite initiatives to address ethical guidelines (Christensen et al., 2002). Whilst expected that those providing Internet counselling nevertheless take reasonable steps to ensure the competence of their work and to protect clients (DiBlassio et al., 2003), the absence of appropriate training in text-based communication may affect the clinical competence of online counsellors and could then result in misleading and potentially harmful effects (Childress, 2003).

Quality control

The retention of transcripts from Internet counselling encourages the highest levels of service provision and ethical behaviour (Murphy & Mitchell, 1998). These transcripts offer a mechanism for organisations to maintain and improve standards of health care delivery through their counsellors in the form of peer review and supervision that is not present in an unmonitored face-to-face session. Further, responses can be of a higher quality as the medium allows counsellors to seek advice when in doubt before sending replies to the user (Robson & Robson, 2000).

While the Internet offers a myriad of opportunities to improve delivery of mental health care and enhance the lives of users, it also brings new problems (DiBlassio et al., 2003). It is more difficult to monitor and review the qualifications of a counsellor when using the Internet than with other forms of counselling (Mittman & Cain, 1999; Robson & Robson, 2000). The potential for the counsellor to abuse the Internet user through breach of confidentiality, financial exploitation or emotional abuse is a considerable risk for users. Private counsellors may continue to dispense help that is dangerous without the restraints of ethical responsibility or significant risk of identification (Robson & Robson, 2000).

Introduction to the mental health system

Many of those in need of mental health services, are unable to receive or access professional support. Whilst largely a result of the existing demands on the mental health

system, it is suggested that currently available services may not appeal to many individuals in need of help and/or support (Christensen & Griffiths, 2003).

Internet counselling is providing another important option for many people who are unable to physically meet with mental health services or who require additional support outside of interactions with those services (Childress, 2003; Oravec, 2000).

The anonymity of Internet counselling appears to make mental health services more attractive to consumers who would not otherwise pursue face-to-face counselling (King & Moreggi, 1998). Additionally it is suggested that it is easier for a distressed person to connect to the Internet than to gather the confidence or strength to pick up the telephone and talk to someone or to make and keep an appointment in a face-to-face setting. This fosters the concept that Internet counselling can be utilised as an important stepping-stone to face-to-face counselling. It is suggested that repeated encounters that reinforce counselling as a positive experience is one of the determining factors in alleviating the anxiety of more involved help-seeking behaviour (Powell, 1998).

Writing is healing

Internet counselling also offers the benefits of writing. Writing is seen as a recursive act since as people read about the choices they are making they are actively learning more about the particular issues that concern them. Recovery has more promise when both the counsellor and the consumer are aware of the issues that need resolving (Oravec, 2000).

Many consumers of Internet counselling have expressed the benefits of being able to use transcripts to look at how far they have come and review positive and encouraging

comments from their counsellor particularly when they are feeling down. Internet counselling also provides a written record of the ways that one recovered when they were in a similar situation, along with the coping strategies increasing the sustainability of the counselling (Murphy & Mitchell, 1998).

Timeliness

The advantages of Internet counselling in regard to timeliness are highly reliant on the benefits of writing, rather than on the immediacy of the response. Users are able to capture their immediate feelings at the time they are distressed, rather than attempt to recollect them at the time the counsellor is available as would usually be the case with face-to-face counselling. Internet counselling therefore has the potential to help to relieve someone's initial despair until alternative forms of support are accessible (Griffiths & Christensen, 2000; Murphy & Mitchell, 1998).

One issue specific to the provision of mental health services using the Internet is that of turnaround time (ISMHO, 2000). Internet counselling is a new medium in mental health care and with limited research on its effectiveness it remains an inadequately funded and under-resourced medium unable to respond to user demand. As a result the ability for online counsellors, particularly in public organisations, to provide users with appropriate response time is limited. Concern exists around the situation where someone who is suicidal exposes their feelings and is not supported by a counsellor for many hours or days. Given current resourcing levels Internet counselling is an inappropriate service for suicidal people at immediate risk.

Lack of non-verbal cues

Text based communication over the Internet appears to completely lack the non-verbal cues most mental health professionals consider an integral part of traditional therapy (King & Moreggi, 1998). Given the cognitive limitations of suicidal individuals, the potential for increased misunderstandings, projection and lack of boundaries continue to be considerable disadvantages for users of Internet counselling. This could increase the potential for destructive miscommunication and for the counselling to do more harm than good, particularly if the counsellor is not intimately familiar with the nuances of text-based communication (Alleman, 2002; Childress, 2003; Farrell & McKinnon, 2003).

Anonymity

Many people who engage in Internet counselling are attracted to it because of the anonymity it offers. Users of Internet counselling often report that it is easier to express some things over the Internet because of this anonymity and the absence of the therapist's physical presence and as a result are willing to disclose more, making the counselling more in-depth (Childress, 2003; Powell, 1998). As the interaction is less confrontational, users generally trust the counsellor more readily and are therefore more open to say what they feel or what's happening for them (Colon, 1996).

Most codes of practice in Australia support the breach of confidentiality if circumstances involve the user threatening to kill or harm someone else or themselves. The greater degree of anonymity that Internet counselling offers, whilst a strength, can also be a weakness. Internet counselling is considered isolated in the sense that the user

and the counsellor can be geographically far apart. Counsellors are then unable to assist the anonymous user in identifying local support services without their permission and co-operation. The lack of non-verbal cues too makes negotiation with users in distress to reveal personal details increasingly difficult, limiting the counsellor's ability to respond to an emergency situation (Childress, 2003; Robson & Robson, 2000).

Hard to reach groups

Much research has found that men are more likely to seek counselling services on the Internet than in face-to-face settings (Mishara & Daigle, 2001). Research has found that the anonymity of Internet counselling appears to permit men to engage in freer dialogue about problems and feelings (Powell, 1998). Some men saw the speed of the medium more appealing than traditional forms of counselling and the lack of communication intimacy less confronting. Internet counselling also appears to have a specific ability to facilitate disclosure of suicidal ideas, particularly among males under the age of 35 years, the group with one of the highest suicide rates in Australia (Thompson, 1999).

While there are also clear benefits for rural and remote areas, the globalisation of help remains a concern. The globalisation of help is based on the assumption that with this method of counselling little cultural specificity is needed to provide help. This assumption is based on the accessibility of information and resources for any specific community being freely available from any location in the world (Mishara & Daigle, 2001). However it neglects the ethical concern of a counsellor's potential lack of awareness of location-specific conditions, events and cultural issues that impact upon

clients resulting in inappropriate counselling interventions (Bloom, 1998; King & Moreggi, 1998). The globalisation of help also makes participating in more involved help-seeking behaviour more challenging as the Internet counsellor that the user has come to trust may not offer face-to-face counselling or may be in a different state or country. This introduces a barrier as the user then needs to share their feelings and experiences and built trust with another counsellor, a process they may not be prepared to do. This is particularly important, as Internet counselling is most beneficial when used in addition to other forms of support (Miller & Cugley, 2004).

Limited access

Equity of access to the Internet is a key concern when assessing the potential role of the Internet in suicide prevention. While some groups have benefited from the introduction of the Internet, access remains limited for those of lower socio-economic status and those with limited literacy skills (Baker et al., 2003). Users need to write their contributions and find words to represent their feelings as well as read and comprehend those from the counsellor (Grohol, 1999).

The Internet is now becoming more available in the homes of people with modest incomes and can be readily accessed in many public libraries and schools (King et al., 2003). Home access is important as it may provide more privacy and facilitate revelation of suicidal ideation or behaviour. Although computer prices have improved dramatically over time, average hardware costs and network access charges still remain out of the financial reach of millions of users (Bloom, 1998).

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Internet counselling and suicide prevention

Research indicates that Internet counselling for those at high or immediate risk of suicide is not recommended. Evidence shows that Internet counselling for someone who is suicidal should be a last resort, and used only when other forms of intervention are not possible. Despite developments to enhance the communication of emotions online, available techniques remain basic and continue to be a poor substitute for face-to-face contact (Robson & Robson, 2000).

Internet counselling is most effective when used in addition to traditional therapy or as part of an aftercare plan when the person is at lower risk and therefore offers an integral role in follow up (Farrell & McKinnon, 2003; King & Moreggi, 1998). The Internet should facilitate, not act as a barrier to, care of high quality (Silberg et al., 1997).

Internet Chat Rooms

A differentiation often not made in the literature is that chat rooms can consist of either self-help groups or support groups. Self-help groups are open forums, defined by people helping one another, while support groups are small, closed moderated groups that are organised by professionals (King & Moreggi, 1998).

Social support

Internet communication provides people with an opportunity to experience a form of social contact, without a real social presence (King & Moreggi, 1998; Lewis et al., 2003). Studies on Internet chat rooms have found that the emotional support provided is

its most significant advantage, allowing individuals to discuss feelings they may not otherwise have the opportunity to explore (Lamberg, 2003). Many users of chat rooms report that the simple recognition and validation of their feelings and empathetic support often found in chat rooms is invaluable.

The support that chat rooms offer users is largely dependent on the members currently participating in the group. There is no guarantee that interactions in chat rooms will be helpful, positive or life promoting (Grohol, 2002). The most concerning incidences are reported cases in which members have encouraged other members to complete suicide or suggested more lethal methods of suicide (Baume et al., 1997). The Internet also provides a means of communication that allows self-destructive individuals to provoke others to kill themselves and incite more dangerous or harmful methods (Suresh & Lynch, 1998), interactions that without the Internet could not be made so readily available (Haut & Morrison, 1998; Prasad & Owens, 2001). Accountability and validity on the Internet remains problematic (Henry, 1997). The responsibility for evaluating the quality and value of an Internet chat room remains an individual concern.

An important feature of the Internet is its 24-hour availability. This allows participants to log into chat rooms to connect with others and discuss whatever emotion, positive or negative, they want to share and be supported in. However, members can also experience the group as distant, and experience a removed feeling when the facilitator and other members are not present when the user is distressed (Colon & Friedman, 2003).

Some researchers argue that the use of chat rooms leads to more and better social relationships by freeing people from the constraints of geography or isolation brought on

by stigma, illness or difficulties in coordinating interaction (Farrell & McKinnon, 2003). Others argue that the Internet is causing people to become socially isolated and cut off from genuine social relationships (Kraut et al., 1998). Some authors have expressed concern that those who are suicidal have little social support to begin with, and seeking support online will further deepen their isolation by spending hours alone in front of the computer. Research findings reported by Lamberg (2003) however, found no evidence that spending several hours a week on the Internet escalated users' social isolation.

The debate as to whether the Internet is increasing or decreasing social involvement could have significant consequences for society and for people's personal well-being as the number of people accessing chat rooms increases (Kraut et al., 1998). Social disengagement is associated with poor quality of life and diminished physical and psychological health. Research has consistently shown that when people have more social contact, they are happier and healthier, both physically and mentally (Kraut et al., 1998).

Anonymity

People who contemplate or attempt suicide are often ashamed of their feelings and find chat rooms to be non-judgemental (Lewis, Lewis, Daniels, & D'Andrea, 2003). Users are less concerned about being judged negatively by fellow members of their online group who have had similar thoughts or experiences than they would be discussing these matters off-line with friends and family who may not understand their feelings (King & Moreggi, 1998).

Content of communication

Research into Internet chat rooms found that groups focus on providing information, guidance and advice (Prasad & Owens, 2001). Most messages seen in chat rooms are of a self-disclosure type, people venting their feelings and sharing experiences and hopes (King & Moreggi, 1998). Participants often offer nurturance, sympathy, warmth and understanding to those expressing a need for support (Miller & Gergen, 1998).

It has been noted that normal constraints and rules of conversation may not exist on the Internet (Joinson, 1998). As a result people who engage online tend to feel uninhibited in many ways, which results in the revelation of intimate feelings (King & Moreggi, 1998). The sharing of one's inner feelings often results in the development of a unique bond, creating a virtual community within the chat room that supports a sense of connectedness, a key protective factor for people at risk. This can however leave the person open and vulnerable, highlighting the need for support groups to not be used in isolation.

Flaming

Disinhibition has also been seen to contribute to people feeling freer to express anger and hatred and promotes a lack of responsibility for one's words and actions. This can take the form of 'flaming', a phenomenon of Internet-based communication that has

been defined as the uninhibited expression of remarks containing swearing, insults, name calling and hostile comments (Gackenbach, 1998).

Flaming can also result from misunderstandings. Whilst email offers the opportunity for quite rational expression, chat rooms hold a different articulation of material. Chat rooms are intimate and fast (Anthony, 2003) and the content is characteristically the product of someone typing off the top of his or her head. There is less time for thought, contemplation and reflection on how others will interpret the message (Childress, 2003). People develop the impression, over a lifetime of exposure to books and print media that written text represents the well thought-out and carefully edited views of the writer. The reader may in turn interpret chat room messages as being far more representative of the writer's firmly held thoughts and feelings than is warranted (King & Moreggi, 1998). As a result online communications can appear colder and much more impersonal than the author intended. This type of communication therefore heightens the potential for misunderstandings and can result in aggression and lack of order among chat room members (Barak, 1999).

Although flaming can be harmful in everyday situations, it is particularly dangerous in regards to suicide, in which punitive and hostile forms of communication can badly distress already vulnerable individuals.

Professional involvement

The need for professional facilitation of chat rooms focused on suicide is paramount to avoid flaming and destructive advice (Ford, 1996; Levine et al., 1997). Frequently, self-help groups are set up as alternatives to professionally led support groups (Mittiman & Cain, 1999). The absence of an 'expert' means that there is no manipulation of the conversation to advance therapeutic ends. The risks involved in engaging with such groups are far greater and the benefits smaller (Lebow, 1998; Oravec, 2000).

Chat rooms and suicide prevention

Some authors promote the use of the chat rooms when feeling suicidal. Inasmuch as chat rooms provide important support, however, there is little evidence to suggest that they change the users beliefs of taking their life or that they assist in identifying effective coping strategies to resolve issues (Thompson, 1999). Chat room self-help groups don't have the important growth or change promoting interactions that therapists often add (Lebow, 1998).

Although a sense of virtual community is formed and people feel supported and encouraged to be strong and positive, they are often left with no new tools or skills to reframe or deal with their difficulties. Research shows that professionally managed support groups place a greater emphasis on solving problems and coping with emotions and therefore play a more useful role in suicide prevention (Lebow, 1998; Miller & Gergen, 1998).

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Conclusion

While the Internet has provided a new platform with the potential of delivering better mental health information, improved and cost effective mental health services and greater opportunities for prevention, the rapid expansion in technology has outpaced the development of standards and guidelines for Internet use (Christensen & Griffiths, 2003).

As trends suggest that the use of the Internet for health information will continue to increase exponentially the role of consumer guidelines regarding the safer use of the Internet, for information, counselling and chat rooms is paramount (Miller et al., 2004).

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