Submission to the Senate Community Affairs References Committee

Inquiry into Suicide in Australia

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A submission by Crisis Support Services Inc

crisis support services
Professional counselling, research and training

Acknowledgements

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1. INTRODUCTION

Crisis Support Services (CSS) is Australia's leading professional telephone counselling, research and training provider. Operating 24 hours a day, seven days a week, CSS is accredited by the American Association of Suicidology in counselling and suicide prevention. CSS is a community based, non government organisation predominantly funded by Federal and State Governments to manage several professional help-lines, including Suicide Call Back Service, Mensline Australia (MLA), *beyondblue* Info Line, Veterans' Line, and SuicideLine (Vic). All CSS counsellors are fully qualified professionals. CSS manages Living Is For Everyone (LIFE) Communications on behalf of the Commonwealth Government's Department of Health And Ageing. A key responsibility is to communicate the suicide prevention framework, evidence base and facts sheets, to those involved in suicide prevention across Australia. The LIFE website is the primary medium of communication. It provides the latest research on suicide, news on developments in the National Suicide Prevention Strategy (NSPS), as well as opportunities to discuss issues and share knowledge, resources and information.

Crisis Support Services' comments in this submission are based on our first hand knowledge and experience in providing professional telephone counselling and support for almost 50 years to 95,000 Australians last year, many of whom were at risk of suicide, many cared for people who were suicidal and many of those bereaved by suicide. More than 12% of all calls managed by Crisis Support Services in the 08-09 financial year had an element of suicidal content.

In summary, the main highlights in this submission are:

- CSS professional credibility in the sector with first hand experience in supporting people in crisis
- The constructive role that LIFE Communications plays in promoting the LIFE resources and developments in suicide prevention practice and research
- The personal, social and financial costs of suicide in Australia are devastating and disproportionally high in rural areas
- Social and geographical isolation increases risks of suicide
- Services need to be universally accessible
- Service systems could be better streamlined – develop better referral pathways
- Mental health and emergency services are not sufficiently resourced
- A continuum of services is essential from early intervention and prevention to crisis
- Plan now to support the ageing population with early intervention and prevention supports

- Costs of public education for services should be built into funding contracts
- Expand targeted public awareness campaigns – different age groups, gendered approaches, using appropriate communications media
- Identified gap in training of the mental health standard program, for frontline workers and psychologists (working in private practice) working with high risk populations could be supported through expanding the Suicide Call Back Service
- Essential to continue and expand targeted programs and services that address high risk groups including targeted programs and services to prisoners and recently released prisoners
- Support for research programs and availability of resources
- Urgently support research into low take up of support by young men in rural areas.

2. ABOUT CRISIS SUPPORT SERVICES (CSS)

CSS is Australia's leading professional telephone counselling provider. Services offered nationally include: the recently expanded and upgraded Suicide Call Back Service, MensLine Australia, *beyondblue* Information and Referral Line, provision of after-hours and crisis support for clients of the Access to Allied Psychological Services (ATAPS) Additional Support for Patients at Risk of Suicide and Self-Harm Project, the Veterans and Veterans Families Counselling Service after-hour crisis service. Services offered at a state level include SuicideLine Victoria.

LIFE Communications provides information across and between sectors: profiling existing programs, events and activities, providing forums for stakeholder discussion, and will deliver free evaluation workshops for service providers in each state in early 2010.

CSS operates 24/7, 365 days a year. CSS assisted approximately 95,000 Australians last year.

For nearly 50 years CSS has been helping Australians by providing counselling, information and referrals to local services. CSS' key relevant attributes include:

- **Internationally Accredited.** The world benchmark standard for suicide counselling practice is set by the American Association of Suicidology (AAS). CSS is Australia's only AAS-accredited counselling provider.
- **Depth of Experience.** CSS is Australia's longest-established telephone counselling provider. It has run specialist suicide crisis counselling services for almost 50 years including SuicideLine Victoria, the national Suicide Call Back Service and the ATAPS - Additional Support for Patients at Risk of Suicide and

Self-Harm Project. CSS manages LIFE Communications – a National Suicide Prevention Strategy's communications project.

- **Nationwide, 24/7 Professional Counselling Service Infrastructure.** CSS' services are staffed by a team of 90 paid, professional counsellors, social workers and psychologists. They provide cost-effective counselling, referrals, crisis intervention and information to Australians across the country all day, every day for the price of a local phone call (mobiles extra). We were recently awarded the contract for ATAPS Additional Support for Patients at Risk of Suicide and Self-Harm Project. The primary aim of the ATAPS after-hours service is to make contact with clients who are not able to be contacted by psychologists within 24 hours of their release from hospital or following a referral from their GP. This is most likely to occur on weekends and public holidays. These calls can come directly from clients themselves or the psychologist can contact the after hours service and request that a follow up call be made with one of their clients after-hours.

- **Suicide Prevention Leadership.** LIFE Communications is a national suicide prevention strategy project. The work conducted by LIFE Communications is guided by the Department of Health and Ageing and the Australian Suicide Prevention Advisory Council (ASPAC). The LIFE framework provided by CSS have been adopted to a large degree by NSW Health in the development of a State suicide prevention strategy. The LIFE website has received 167,943 page views by visitors from 137 countries in the 17 months that it has been established. The bi-monthly LIFE newsletter has 3000 service provider subscribers. Five Thousand One Hundred and Sixty Four hard copies of the printed resources have been disseminated and the framework has been downloaded from the LIFE website 4586 times. Those requesting the resources come from a wide range of sector groups including (but not limited to) community service agencies, those in education and research, mental health services, public health services, government departments, divisions of general practice, drug and alcohol agencies, private practitioners, Aboriginal health services etc. LIFE News is themed and has covered the following topics areas:
    - New directions in suicide prevention
    - General Practice and suicide prevention
    - Aboriginal people and suicide
    - Youth and suicide
    - Alcohol and other drugs and suicide
    - Mental health and suicide
    - Men and suicide

- **Independent Recognition.** CSS' Suicide Call Back Service has been recognised by Suicide Prevention Australia in its annual LIFE awards. The SCBS was honoured with the 2008 Healthy Communities award, which recognised SCBS' professional, tightly directed and quantifiable approach in reducing suicide risk.
- **Independent, Unaffiliated Service Provision**. CSS is an independent registered charity with no religious affiliations.
- **World's Best-Practice Service Provision.** CSS operates specialist telephone counselling services such as the SuicideLine Victoria and the Suicide Call Back Service, the only dedicated suicide prevention lines in Australia. CSS' counsellors are supported by regular and rigorous clinical supervision. CSS provides specialist training in areas such as engaging men, suicide risk assessment, counselling ethics and family violence. CSS uses empirically validated counselling models at its world-class services. CSS' suicide prevention services have been developed in line with the Commonwealth LIFE Suicide Prevention framework recommendations of those at risk; specifically supporting at risk 3rd parties, carers and those bereaved by suicide; accessible postvention provision across Australia. These services include:

Suicide Call Back Service	1300 659 467 www.suicidecallbackservice.org.au	
SuicideLine Victoria	1300 651 251	www.suicideline.org.au
Mensline Australia	1300 78 99 78	www.menslineaus.org.au
***beyondblue* Information Line**	1300 22 4636	www.beyondblue.org.au

ATAPS -Additional Support for People at Risk of Suicide and Self Harm Program
1800 859 585

Veteran's Line (after-hours crisis service for the Veterans and Veterans Families Counselling Service) 1800 011 046

LIFE www.livingisforeveryone.com.au

3. TERMS OF REFERENCE

a. Costs of suicide

the personal, social and financial costs of suicide in Australia

Suicide has devastating impacts on many Australians, their families and their communities in urban, regional, rural and remote settings. We believe that the personal, social and financial costs of suicide in Australia are reasonably well documented. However, we can offer some comment from our perspective and from our first hand experience in supporting people presenting with suicidal ideation.

To provide some context, of the 95,000 people supported by Crisis Support Services across all lines over the last financial year, about 12% of those callers were either at risk of suicide, concerned about the suicidality of others or bereaved by suicide.

Through the CSS Counsellors we are well aware of the magnitude of the social cost and impact of suicide in Australia in urban and rural areas. For example

> Jess is a carer (mother) of a young adult daughter, who is at risk of suicide, in one of our capital cities. Jess has described varying impacts of caring for her daughter, including high family stress and family relationship tension (between siblings and possible impending relationship breakdown between her and her partner), significant financial pressures attempting to pay for medical, psychological and psychiatric support for her daughter, long waiting lists and lack of streamlined support or information sharing from services, Jess has reported significant impacts on her own physical and psychological health, and is increasingly absent from work. Jess describes the ripple effect of suicide as her partner has also recently expressed suicidal ideation.

b. Reporting

the accuracy of suicide reporting in Australia, factors that may impede accurate identification and recording of possible suicides, (and the consequences of any under-reporting on understanding risk factors and providing services to those at risk);

While not wishing to comment specifically on the accuracy and impediments to reporting possible suicides, it is important that all people at risk have access to service provision regardless of where they live and regardless of their ability to pay for services. People who are isolated and lack supports are at an increased risk of suicide (Andriessen, Beautrais, Grad, Brockmann & Simkin, 2007; Harms, 2004; Jordan & McMenamy, 2004).

Telephone counselling is one way to support many people who are isolated socially and geographically. CSS can — and does — provide world-best practice suicide counselling support to places such as mining camps, farms, remote communities, and people who are not within easy reach of professional, ongoing psychological support.

From a wider suicide prevention perspective there are increasing levels of skill in evaluating and reporting on those who seek help when impacted by suicide. When the LIFE evaluation workshops are available in early 2010 this should be further developed.

c. Role and effectiveness of agencies

the appropriate role and effectiveness of agencies, such as police, emergency departments, law enforcement and general health services in assisting people at risk of suicide

The LIFE website includes profiles of various suicide prevention programs across Australia. As described above the evaluation workshops planned for early 2010 will help contribute to the efficacy of evaluation and reporting.

As a general comment, Crisis Support Services works closely and collaboratively with many other service providers in assisting people at risk of suicide. On the whole this works well enough in the sector even though many agencies are often stretched in terms of resources and capacity.

As far as paying for services are concerned, the addition of Medicare rebates for psychological and social work services have brought vital mental health and community support services within the reach of many Australians. But many who are at risk of suicide lack the financial resources to pay gap fees, reflecting the demonstrated relationship between unemployment and suicidality (Yang &

Lester, 2009). The Suicide Call Back Service provides AAS-accredited professional counselling support to those who need it for the price of a local phone call. This is a critical issue given that the worsening global economic crisis is likely to increase unemployment and stresses while lessening the ability of at-risk people to access services.

While we do acknowledge the commitment federally to providing support we are concerned that there is not enough support for people especially before the emergency arises. There are long waiting lists for clients of up to 6 months in some cases. We believe that current resources are not sufficient particularly at state/territory level where emergency departments and general and mental health services are overloaded and unable to be fully effective for many people with suicidal ideation.

> Mary lives in remote Australia. Her adult son completed suicide earlier this year. During our appointments Mary has discussed numerous and profound personal, social and economic impacts from her son's suicide. These impacts include: visions and nightmares of her son completing suicide, anxiety and panic attacks, difficulty sleeping and with concentration, relationship difficulties with her partner and other family members where she is feeling increasingly isolated from them and her community due to the grief. Mary has never previously suffered any mental health issues, however since her son's suicide, Mary was committed to a psychiatric unit overnight and a mental health nurse flies in weekly to support her. Mary's son's suicide has also impacted on her workplace and community, she has often been unable to work, placing significant strain on her employers and the small community.

We suggest that there must be an expanded focus on an early intervention and prevention approach to the wellbeing of families. From our experience providing the right intervention at an early stage, of what might become a personal or relationship concern or tragedy, can have a containing or at least minimising impact. This not only can prevent further stress but can assist in developing coping strategies and inspiring and planning for well being.

Two specific examples of early intervention services that CSS provides nationally is through the *beyondblue* information line and MensLine Australia. Callers to *beyondblue* information and referral line are provided relevant information, referral and support relating to anxiety, depression through to

suicidation. Callers to MensLine Australia present with a range of issues. The callers are mainly men calling to get support with family and relationship breakdown and separation and men seeking to address existing family relationship concerns. A smaller number of women call (10%) and are generally calling with concerns about partners or relatives.

The research shows that when people are suffering from depression, or feeling suicidal it is very difficult for them to access support. People presenting with depression or who are in crisis are generally seeking clear and relevant information. They are often not able to make the necessary linkages and connections without some support. Many people still don't know where to turn even though the issue of suicide has been brought into the public arena over the last 5 or so years by many high profile figures. People in times of need should be able to easily navigate their way through different services regardless of who the services are funded by. Developing referral pathways to sustainable and on-going services must be a high priority for governments in conjunction with service providers.

As the population ages, the requirement will be for greater support and greater public awareness. We think it is essential that Australian and state and territory governments work together closely on this now to develop a plan to support the ageing population with early intervention and prevention supports.

d. Public awareness campaigns

the effectiveness, to date, of public awareness programs and their relative success in providing information, encouraging help-seeking and enhancing public discussion of suicide;

As noted above, from our experience many people still do not know where to turn for support. There are, however, some very effective programs and services being offered, such as the newly funded Suicide Call Back Service as well as many state based services and programs. These services and programs generally have limited funding for public education let alone public awareness campaigns. However, many agencies try to promote services the best way they can, although an increase in demand for services can have an effect of services being overloaded.

CSS is strongly of the view that funding should be attached to contracts that support agencies not only raising the profile of their particular services or raise awareness of mental health and suicidal ideation issues, but prioritising those who can provide immediate counselling services.

In addition, we would like to see national campaigns funded by the government to target different age groups – young and old, and taking account of gender and using the most appropriate technology to suit the different age cohorts.

CSS has been provided training and support by the Mindframe program. The Mindframe guidelines provided have built skill and confidence in our approach to working with the media. We would like to commend this work and the impact it is having on reducing risk-promoting sensationalism around suicide, and creating a constructive dialogue with media agencies leading to educated, risk-sensitive, prevention-oriented broadcasting.

e. *Training and support for front-line workers*

the efficacy of suicide prevention training and support for front-line health and community workers providing services to people at risk;

LIFE Communications provides an ever expanding volume of material, resources, program profiles, research and other educative materials. The LIFE discussion forums are a platform for front-line workers to discuss the practical issues of suicide prevention in a safe arena; cross-fertilizing ideas and strengthening the suicide prevention network. The uptake of this facility has been sub-optimal, and stronger promotion of the activity on the forums was undertaken through a bi-monthly e-alert to subscribers in September 2009. There is an evident need to continue to promote and innovate around engaging front-line workers with the LIFE resources. The volume of interest in the resources from education providers and students, suggests that the resources are certainly being used.

Developing agencies' capacity to evaluate their suicide prevention activities will achieve two ends. Firstly it will provide training and support to front line workers in terms of confidence in their suicide prevention work. Secondly it will enable practitioners to develop the means to sustain the work via stronger reporting methodologies to both funders and other stakeholders.

From our perspective there is often a gap in training, of the mental health standard program, for frontline workers working with high risk populations. There is also often a gap of this training for psychologists working in private practice.

This statement is based on our experience in running the Suicide Call Back Service trial which demonstrated a clear need for a centralised, on-demand 24/7 service where health-care workers can:

(a) refer at-risk clients

(b) seek professional advice, information and support in dealing with suicidal clients; and

(c) undertake debriefing and self care supports.

The Department of Health and Ageing, in recently funding CSS to deliver the Suicide Call Back Service after the trial period, responded positively to our recommendation about the need for a central suicide referral and networking point for health-care service providers. CSS is now running this service for identified service gap for health-care providers, emergency services workers and community volunteer counsellors in rural, regional and remote regions.

This is a strong model on which we could expand to provide this service to other organisations and private practitioners seeking such support for their members or clients especially out of hours. At this stage there is no funding available and we would be pleased if there is an opportunity to develop this idea further.

f. Targeted programs and high risk groups

the role of targeted programs and services that address the particular circumstances of high-risk groups;

In supporting Australians with suicidal ideation it is essential, in our view, that targeted programs are fully supported as they work alongside, and complement, generalist mainstream programs.

The list of those at risk in Action Area 5 of the LIFE framework (Outcome 5.3i) identifies the following groups as high risk:

- Men aged 20-54 and over 75
- Men in Aboriginal and Torres Strait Islander communities
- People with a mental illness
- People with substance use problems
- People in contact with the justice system
- People who attempt suicide
- People in rural and remote communities
- Gay and lesbian communities, and
- People bereaved by suicide

LIFE Communications' campaign themes have reflected ASPAC's priorities in terms of risk (see the list of themes in the newsletters in point 2 'Leadership in Suicide Prevention').

As an example of a targeted program, the Suicide Call Back Service provides intensive support to people who are at risk of suicide, carers for people who are suicidal and those bereaved by suicide. The service aims to provide a safety net for people who are unable to access supports at their local level, for geographical or personal reasons, and works with them to move beyond the point of crisis.

MensLine Australia also provides a gender-targeted approach to supporting high-risk groups, and the MensLine Australia Call Back Service is similar in function to that of the Suicide Call Back Service.

People are provided with six counselling sessions on the telephone over a period of up to six months. During these sessions the counsellors work with the clients to build their resilience, increase their coping strategies, and provide them with information and referral to services in their local community.

The Suicide Call Back Service plays an important role in suicide prevention by providing people across Australia who are affected by suicide with rapid access to support, information and referrals. Clients have shown a marked decrease in their risk of suicide over time and reported significant increases in confidence about their ability to seek help in the future. They have also reported increased awareness of their coping strengths.

In terms of identifying gaps in targeted programs there is one specific area that we believe warrants highlighting in this paper, namely prisoners and the release of prisoners. Two recent Australian studies have overwhelming highlighted the heightened risks for suicide from prisoners and released prisoners:

> ***"Our study has found that suicide and drug overdoses are frequent causes of death in the period immediately following release from prison." (Kariminia et al, October 2007)***

> ***"A number of demographic and criminologic factors predict the excess mortality among prisoners and ex-prisoners. Because some of the factors with a strong association with mortality found in this study, particularly multiple imprisonment or severe mental illness, seem to have the greatest potential for modification, it is reasonable to assume that there is considerable scope for reducing mortality in this population. Programmes aimed at the treatment of drug addiction and mental illness both within and beyond the period of imprisonment should be considered." (Kariminia et al, August 2007)***

We strongly urge that consideration be given to developing and funding appropriately targeted programs in Australia for both prisoners and released prisoners taking into account gender and cultural backgrounds.

g. Research and policy

the adequacy of the current program of research into suicide and suicide prevention, and the manner in which findings are disseminated to practitioners and incorporated into government policy; and

Crisis Support Services would like to acknowledge the valuable research that has been made available free by the Department of Health and Ageing to the sector. We commend the Department for taking a responsive approach to their research program and the subsequent integration of research findings, including from within the sector, to their policies and programs.

As an observation, we think the research program across national and state and territory governments could be better streamlined so as not to unnecessarily duplicate research.

We fully support the direction for research as outlined in the Living is For Everyone (LIFE) framework and in relation to reporting, specifically support:

"**Outcome 1.3** in the application and continued development of the evidence base for suicide prevention among high risk populations

i. Apply and develop the research and evidence of interventions that work for Aboriginal and Torres Strait Islander communities.
ii. Apply and develop the evidence base to identify and address the needs of people bereaved by suicide.
iii. Apply and develop the evidence base of interventions to encourage men's help-seeking behaviour and emotional openness.
iv. Measure the effectiveness of management and care options for people who have previously attempted suicide or engage in self-harming behaviours."

Living Is For Everyone (LIFE) Framework (2007: 2)

In addition to the above, the one area that requires urgent research is into why young men in non-metropolitan areas, the cohort with the greatest suicide risk, do and do not engage with mental health services. This conclusion was drawn by Caldwell, Jorm and Dear in their research which links the high rates of suicide in rural, young males to mental health disorders and the lack of self support seeking behaviour (2004). Our experience in rural Australia attending many country events, and through Mensline Australia anecdotally supports this conclusion. We strongly urge that this be further considered.

h. National Suicide Prevention Strategy

the effectiveness of the National Suicide Prevention Strategy in achieving its aims and objectives, and any barriers to its progress.

The National Suicide Prevention Strategy is foundational and is backed by a significant commitment of resources by Government. The LIFE resources we believe are constructive, and developed on best based practice including an evaluation program.

The Suicide Call Back Service was a trial program under the 2007 National Suicide Prevention Strategy. The trial which has provided ongoing support to people at risk of suicide, bereaved by suicide and those who care for someone who is suicidal, has proven to be successful in reducing suicide risk. Furthermore, it demonstrated a clear need for a national 24/7 service which would also provide timely support to people in crisis and health care professionals. We are delighted that as a result of the trial, the Service has now been funded over the two years.

It is imperative that service providers can work systemically, within the suicide prevention framework integrating national and local level support programs using different mediums. Timely and effective promotion of services to service users is an ongoing challenge for the sector.

References

Alleman, J.R. (2002). *Online* counselling: The Internet and mental health treatment. *Psychotherapy*, 39, pp.199–209.

Andriessen, K, Beautrais, A., Grad, O., Brockmann, E., & Simkin, S. (2007). Current understandings of suicide survivor issues: Research, practice and plans. *Crisis*, 28(2), 211–213.

Caldwell T.M., Jorm, A.F., Dear, K.B.G. (2004), Suicide and Mental Health in Rural, Remote and Metropolitan areas in Austalia, MJA 2004; 181: 210-214

Cerel, J., Jordan, J.R., & Duberstein, P.R. (2008). The Impact of Suicide on the Family. *Crisis,* 29(1), pp 38–44.

Clark, S. (2001). Bereavement after suicide: how far have we come and where do we go from here? *Crisis,* 22 (3), pp. 102–108.

Commonwealth of Australia, (2007). Living Is For Everyone (LIFE) *Research and Evidence in Suicide Prevention,* Department of Health & Ageing

Cooper, J., Appleby, L. & Amos, T. (2002). Life events preceding suicide by young people, *Social Psychiatry and Psychiatric Epidemiology*, vol. 37, pp. 271-275.

Derrig-Palumbo, K. & Zeine, F. (2005). *Online Therapy: A Therapist's Guide to Expanding Your Practice.* New York: Norton.

Finn, J. & Lavitt, M. (1994). Computer-based self-help groups for sexual abuse survivors. *Social Work With Groups, 17*(1/2), pp.21-46.

Frankish, C.J. (1994). Crisis centres and their role in treatment: suicide prevention versus health promotion. *Death Studies*, 18(4), pp. 327–339.

Harms, L. (2005). *Understanding human development: A multidimensional approach* (pp. 172–183). South Melbourne: Oxford University Press.

Hopkins, L., Thomas, J., Meredyth, D. & Ewing, S. (2004). Social capital and community building through an electronic network. *Australian Journal of Social Issues, 39*(4), pp.369-380.

Jerome, L. & Zaylor, C. (2000). Cyberspace: Creating a therapeutic environment for telehealth applications. *Professional Psychology: Research and Practice, 31,* pp.478-483.

Jordan, J. & McMenamy, J. (2004). Interventions for suicide survivors: a review of the literature. *Suicide & Life-Threatening Behaviour*, 34(4), 337–339.

Hassan, R., (1996) Social Factors in Suicide in Australia, Australian Institute of Criminology, Trends and Issues in Crime and Criminal Justice No 52.

Kariminia, A., Law, M.G., Butler, T.G., Corben, S.P., Levy, M.H. Kaldor, J.M., Grant, L. (2007), Factors Associated with Mortality in a Cohort of Australia Prisoners, 1 August 2007 Springer Science and Business Media B.V.

Kariminia, A., Law, M.G., Butler, T.G., Corben, S.P., Levy, M.H. Kaldor, J.M., Grant, L. (2007) Suicide Risk Among Recently Released Prisoners in New South Wales, Australia, MJA 1 October 2007, 187: 387-390

King, R. Nurcombe, B., Bickman, L., Hides, L. & Reid, W. (2003). Telephone counselling for adolescent suicide prevention: changes in suicidality and mental state from beginning to end of a counselling session. *Suicide & Life-Threatening Behavior,* (33, 4), pp. 400–411.

Ostamo, A., Lahelma, E. & Lonnqvist, J. (2001). Transitions of employment status among suicide attempters during severe economic recession. *Social Science & Medicine* (52) 11, pp. 1741–1750.

Perron, B. (2002). Online support for caregivers of people with a mental illness. *Psychiatric Rehabilitation Journal, 26*(1), pp.70 – 77.

Quinney, A (2008). Student and Staff Experiences of Using a Virtual Community, Wessex Bay, to Support Interprofessional Learning: Messages for Collaborative Practice. Social Work Education; 27(6), pp. 658-664

Salem, D. A., Bogar, G. A. & Reid, C. (1997). Mutual help goes on-line. *The Journal of Community Psychology, 25*(2), pp.189-207.

Stofle, G.S. (2001). *Choosing an online therapist*. Harrisburg, PA: White Hat Communications.

Urbis Keys Young. (2003). *National review of tele-counselling and web counselling services: final report. Canberra: Australian Department of Health and Ageing*, 2003. Retrieved May 14, 2008 from www.mentalhealth.gov.au/resources/reports/counsel.htm.

Vavasseur, C.B. & MacGregor, S.K. (2008). Extending Content-Focused **Professional** Development through **Online** Communities of Practice. *Journal of Research on Technology in Education*, 40(4), pp. 517-536

Winzelberg, A. (1997). The analysis of an electronic support group for individuals with eating disorders. *Computers in Nursing,* 18(4), pp.168-176.

Wright, J. & Chung, M. C. (2001). Mastery or mystery? Therapeutic writing: A review of the literature. *British Journal of Guidance & Counselling*, *29*, pp. 277-291.

Wright, K. and Muhtaseb, A. (2008). Perceptions of Support Group Advantages, Types of Support, and Support Providers, Paper presented at the annual meeting of the International Communication Association, Sheraton New York, New York City, NY Online. Retrieved 20 January 2009 from http://www.allacademic.com/meta/p12994_index.html.

Yang, B. & Lester, D. (2009). Is there a natural suicide rate? *Applied Economics Letters,* 16, pp. 137–140.

Yusop, F. D., Sulaiman, H. & Abdullah, S. S. (2008). Information Communication Technology (ICT) Competencies for Counselors. *Journal of Technology in Counseling, 5*(1). Retrieved 22 January 2009 from http://jtc.colstate.edu/Vol5_1/Yusop.htm.