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Committee Secretary
Senate Community Affairs References Committee
PO Box 6100
Parliament House
Canberra ACT 2600

Please find attached a submission to the Inquiry into Suicide in Australia.

This is submitted by Professors Helen Christensen and Kathleen Griffiths from the Centre for Mental Health Research at the Australian National University.

With best wishes,

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Professor and Director,
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SUBMISSION FROM THE CENTRE FOR MENTAL HEALTH RESEARCH

Helen Christensen and Kathleen Griffiths, Professors, Centre for Mental Health Research at the Australian National University.

The Centre for Mental Health Research is an acknowledged world leader in the development and evaluation of web based interventions for mental disorders.

This submission specifically addresses the following term of reference.

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

Comment with respect to this term of reference

New services which use the Internet could be better utilized to lower suicide risk in Australia. International experience, primarily from Israel and Europe, indicate that these forms of service provision are popular and effective.

Although we currently have telephone based crisis intervention of high quality (Lifeline, Kids Help Line), our web based services could be improved. If you Google "suicide help" you will be assailed with a variety of links to suicide sites. If you connect to an Australian site, help is *not* made available via a simple button which offers a choice of services for immediate access ("Get info", "Want to chat?", "Talk to someone now by email", "Put me through to a survivor", "Link me to a counsellor"). Rather you are told to download a pdf document which lists contact details for a variety of services – primarily Lifeline- and community crisis teams, which you then contact via telephone.

But suicide prevention services should be highly accessible, immediately available and tailored to the needs and preferences of the individual. We believe that a web based portal providing *immediate* access to a *range* of services is critical in the prevention of suicide risk and suicide attempt. Such a portal would provide consumers with access to an immediate specialist response. It would provide an alternative and expanded range of services to those who do not wish to speak on the phone and it also offers the opportunity for Australians at risk of suicide to access evidence based treatment and self help anonymously.

WHY USE WEBSITE?

- Individuals at risk of suicide prefer to approach anonymous and accessible services rather than seek help from general practitioners and other health professionals (see Harris et al., 2009).
- Individuals with previous history of a suicide attempt often avoid subsequent contact with hospitals and health professionals but will seek contact with a suicide prevention website.
- Websites promote a greater readiness to open up (see Barak 2005).
- Because of the relatively low rate of suicide attempt, specialist services are likely to be of better quality if centralised in a web space.

- Web services, particularly those with automated components reduce health workforce pressures, offer services en masse, and are available 24/7. Web services are cost-efficient.
- Websites can offer a range of specialist services to those at risk which can be seamlessly integrated to provide continuity of care and follow-up. Appropriate web services for those at risk include information, affirmation and hope, support at the time of crisis (through health professionals, volunteers either online or by telephone), peer support (through moderated chat), self help treatment through automated software applications, direct access to anonymous treatment through links to online health care providers, a proactive and interactive follow up service with emails that keeps those at risk connected to the site (and to help). It is less threatening for many people to stay in contact with a website than a face-to-face health service. However, web services can faciitate access to face-to-face contact in those who require such services but are initially reluctant to engage more directly with heath providers .
- Web services can reach those in remote and rural areas.

EVIDENCE TO SUPPORT NEW WEBSERVICES

- Websites with quality information and services attract those at risk. For example, the Dutch www.113online.nl website attracts over 50% of visitors who have previously made a suicide attempt. We know that prior attempt is a highly predictive risk factor for completed suicide (18% of those with an history of suicide attempt eventually take their own life). Services can then be offered to those directly who need them using a web portal.
- Emerging evidence suggest that suicide prevention websites are effective in encouraging individuals to seek professional help.
- Evidence indicates that the proactively sending postcards can reduce suicide risk for years (see Motto and Bostrom, 2001). By extrapolation, emails can be used to deliver positive messages and links to treatment services for those online.
- Technology can be used to alert health professionals to users who report suicidality in chat groups so that proactive engagement can be initiated.
- Trials are in progress to demonstrate that suicide prevention e health applications are effective in reducing suicidality and risk of harm.
- Cognitive Behaviour Therapy is effective in reducing depression in those with a past suicide attempt (Tarrier, Taylor, Gooding, 2008). Online interventions have efficacy in reducing depression and anxiety levels (Griffiths and Christensen, in press), and can be offered directly online.

RECOMMENDATIONS

- Follow international best practice and begin to design and test the usefulness of consumer-centred web models for suicide prevention in Australia.
- Work with government, and others to overcome the difficult ethical and duty of care issues which must be solved to offer the best quality online services.
- Ensure that an evaluation process is integrated into the service delivery model at the point of development.

REFERENCES

Harris, K, McLean, J, Sheffield, J. 2009. Solving suicidal problems online: Who turns to the Internet for help? Australian e Journal for the Advancement of Mental Health, 8 (1), 2009. www.auseinet.com/jounal/vo8iss1/harrismclean.pdf.

Barak, A. 2007. Emotional support and suicide prevention through the internet: A field project report. Computers in Human Behaviour, 23, (2), 2007, 971-984.

Motto, J.A. and Bostrom, AG. 2001. Follow-up for parasuicidal patients. Psychiatric Services 52:1254.

Tarrier N, Taylor K, Gooding PA. 2008. Cognitive-behavioral interventions to reduce suicide behavior: a systematic review and meta-analysis. *Behav Modif*, 32(1), 77-108. Full text doi:10.1177/0145445507304728

Griffiths, KM, Farrer, L and Christensen' H. The efficacy of Internet interventions for depression and anxiety disorders: A review of randomised controlled trials (in press).

EXAMPLES OF USEFUL SUICIDE PREVENTION WEBSITES

www.113online.nl

www.sahar.org.il