Online suicide communities and their implications for safeguarding

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BEAM PROJECT
SAFEGUARDING TRAINING BASED ON DIRECT EXPERIENCE

Introduction

Klonsky et al (2016) define suicide as “death caused by self-directed injurious behaviour with an intent to die as a result of the behaviour” (p. 309). Globally, more than 800,000 people commit suicide each year (WHO, 2014), and one study estimated that for every suicidal death, there are 25 attempts (Drapeau & McIntosh, 2014). However, the accuracy of statistical findings on suicide rates as reported in large-scale epidemiological studies can be affected by cultural differences and social stigma, which is typically a barrier in mental health research, particularly when carried out in developing countries (Mars et al, 2014). In the UK, the rate of suicide was estimated at 6 in every 100,000 for young people aged 15-19 (Office for National Statistics, 2016).

The internet, and the rise in popularity of social media networking sites, have been recognised as having an impact on both positive (Shaw & Gant, 2002) and negative (Lam & Peng, 2010) mental health outcomes for young people, and is therefore of concern to safeguarding professionals. This report will explore the evidence relating to whether online suicide communities (defined here as any use of the internet for suicide-related purposes, from using search terms to joining forums or other social media) have an impact on the likelihood of young people committing suicide, and on their mental health as a whole. The risks posed by these websites will be discussed, as well as the tools available to professionals who are responsible for young peoples' safety. Finally, this report will look at how young people might be taught to have an awareness of the potential dangers of online suicide communities.

What are the risks associated with the use of online suicide communities?

The emergence of online suicide communities have been shown to pose a safeguarding risk for young people who can easily access these sites from a desktop or mobile device. Corkery et al (2009) analysed the deaths of two men (one of whom was aged 19) caused by nicotine overdose, which was extracted from tobacco using instructions on the internet. Alao et al (2006) found that the internet as a means of communication can be used to encourage suicidal behaviour, whilst Prior (2004) asserted that “clinicians should be alert to the dangers of internet use by their suicidal patients” (p. 1500). Through a combination of information sharing and 'peer' encouragement, there is an increased risk of young people following through on plans to end their life which might otherwise have been prevented by therapeutic support or other interventions.

A large-scale study conducted by Biddle et al (2018) used an interpretive approach (Glaser & Strauss, 1967) to analyse the effect of using the internet for suicide-related purposes. A cohort of young people aged 21-23 were interviewed face-to-face using semi-structured questions. The data collected were compared with the interviews of a second cohort of self-harm patients referred to the emergency departments of two hospitals. Participants in both cohorts had viewed a range of suicide-related content online, with one young person being quoted as saying:

I started to get kind of suicidal ideation and it [internet use] more started out as a hypothetical thing… just, ‘if I was going to do [suicide], how would I do it’… as it went on I was more and more Googling stuff… and then I got really, really depressed and that’s when my research got very specific. So instead of Googling ‘easiest method of suicide’, I was Googling stuff like the drug used in lethal injections. (para. 29)

This account demonstrates how use of the internet perpetuated one young person's proclivity for suicidal ideation. The implication is that, as they delved deeper into the subject matter of

suicide, the internet catalysed feelings of depression whilst fulfilling step three of Klonsky & May's (2015) three-step theory of suicide: the capacity to carry out the act. By providing information on lethal drug doses, the young person gained the capacity to commit suicide in specific way, subject to the other two steps (sufficient levels of pain and hopelessness and an insufficient level of connectedness) also being fulfilled. Whilst the three-step theory stimulated new thought on how ideation can progress into action, as opposed to just describing risk factors as earlier theorists had done (Schneidman, 1985; Abramson et al, 2000), it does not offer crucial insights such as predicting the time-course of suicide attempts. Future research could focus on the timing aspect of suicide by applying a quantitative approach; analysing the gaps in time between each stage of the ideation-to-attempts framework being met based on past incidents.

The accessibility of these sites heightens the risk. A study conducted by Mars et al (2015) found that 22.5% of young adults are exposed to online suicide and self-harm communities, and 9% have posted on these websites to discuss suicidal feelings. According to the National Confidential Inquiry into Suicide and Homicide (2017), suicide-related internet use has been found in 26% of suicides of people under 20 years of age. These findings suggest a meaningful correlation between internet use and suicidal behaviour (to include both ideation and actual attempts). The studies do not focus on specific websites or communities, but tend to focus on any internet use related to suicide.

There are several challenges in carrying out research in this area. For example, different methods of assessment for suicidal ideation are used; these range in complexity from simple interviews which directly ask participants if they have ever felt suicidal (Centers for Disease Control and Prevention, 2015) to thorough assessments including frequency, severity and planning of suicide (Nock et al, 2007). This can make it difficult to compare research findings. Differences in nomenclature can also lead to confusion about what is meant by terms such as 'suicidal ideation' or 'suicidal behaviour' (Posner et al, 2014). However, over time the use of language is becoming clearer, with Silverman et al (2007) asserting what have since become standard definitions in the field.

What prevention and protection tools are available for the safeguarding of children in relation to online suicide communities?

Increasing our understanding of how the internet is used for suicide-related purposes is the first step in protection, as it informs prevention efforts. For example, Kemp & Collings (2011) found that hyperlink network analysis was a useful method for understanding how network traffic is distributed to different sites, and how easily accessible different types of self-harm sites are. These findings can also be used to increase the accessibility of support sites which can interrupt ideation during an online session. As Biddle et al (2018) writes, there is a rationale to “target individuals early in their suicide trajectory, establishing enduring support systems and help-seeking as an online behaviour that can be carried forward should distress progress” (para. 85). There are many supportive websites available, some of which offer immediate assistance via instant chat messaging or phone (e.g. Childline).Further research might focus on how suicide-related content is interpreted by young people, its impact on behaviour, and how prevention and mental health support sites might be evaluated (Klonsky et al, 2016).

Internet service providers have a role to play in making the online world safer for young people. A seemingly obvious action would be to restrict access to sites which encourage or sensationalise suicide, or provide detailed instructions on how to end one's own life. However, findings from Biddle et al (2018) suggest that exclusively pro-suicide content is not

the only suicide-related danger online: study participants with high levels of ideation also used information from sites with no suicide-related purpose (such as Wikipedia or medical sites). Whilst the authors suggest the use of “self-regulation” (para. 84) by internet service providers, it is not clear what that means. They also suggest the expansion of existing media guidelines (WHO, 2014) around how suicide is reported in order to provide best practice advice. This seems to be addressing the problem after it has reached its sad conclusion, rather than addressing the causes.

There is also an issue in principle of compromising freedom of expression, if too much regulation is enforced. It is posited here that, although online information about, and encouragement of, suicide can play a role in perpetuating suicidal behaviour, it cannot, in isolation, cause someone to commit suicide. At some point, it becomes a case of addressing the symptoms rather than the causes, if there is an over-emphasis on blocking or restricting certain websites, particularly those which are not meant to encourage suicidal behaviour. Instead of focussing solely on restricting access, possible action might be to utilise the lived experience of people who have experienced suicidal thoughts and feelings but not followed through with the act; these 'experts by experience' could act as 'role models' for young people, by both empathising with their suffering and offering an alternative way out.

When seen as a mental health issue, healthcare staff have a role to play in suicide prevention. May & Klonsky (2013) found that suicidal 'success' is linked closely with levels of personal communication amongst outpatients who had made recent attempts. Suicide can occur when there is a combination of internal motivation (i.e. pain) and lacking communication with others. By encouraging young people to open up about their pain, whatever that means for them, healthcare staff, education staff or anyone with safeguarding responsibility, can play a part in suicide prevention. Signposting to appropriate services e.g. mental health support services and NGO's can be a preventative tool. However, the focus should not be exclusively on mental health: Bertolote & Fleischmann (2002) found that 90% of individuals who commit suicide are suffering from mental health disorders, but Klonsky et al (2016) prefer to focus on personality characteristics, such as impulsivity, which make suicide more likely. From these studies, the findings can be summarised to show that it is important for staff to not ignore warning signs and to maintain open communication with the young people in their care.

How can young people be educated about risk prevention and protection in online spaces?

Just as the internet can be used for harmful purposes to encourage suicidal behaviour, it can also enable innovative protective interventions. King et al (2015) carried out a randomised control trial to examine the impact of an online intervention for college students who met at least two of the following criteria: alcohol abuse, depression, having previously attempted suicide and suicidal ideation. The intervention offered students the option of online counselling, in addition to personalised feedback based on the screening results. The findings showed that students given access to the intervention were more likely to seek help from personal networks and engage with mental health treatment. The alleviation of stigma, cited by Sudak et al (2008) as being something “negative and shameful” (p. 136), is thought to have contributed to these results. As more of these new tools become available, vulnerable young people may become more likely to use the internet to educate themselves about their symptoms, and seek help accordingly.

However, the role of stigma as it relates to suicide is contested as a negative feature. Shaffer at al (2004) argued that “we need to de-stigmatise mental illness and its treatment... but we

do not want to de-stigmatise suicide and suicide attempts" (p. 76). He argues for a balance between removing stigma as an obstacle to people seeking treatment, and not normalising or trivialising suicide specifically. He describes how irresponsible media reporting on suicide can have the harmful impact of making it appear more standard or inevitable as a behaviour. Arguments such as these led to the WHO (2014) expansion of media guidelines. It is posited here that suicide ought to be de-stigmatised and not seen as an automatically irrational choice. Whilst the majority of those who commit suicide are experiencing mental illness (Bertolote & Fleischmann, 2002), for others it could represent a philosophical difference regarding the value one places on their own life, and it may be limiting to consider these differences 'wrong' by default. For example, in some cultures throughout history, it was considered noble to sacrifice oneself for a higher cause such as martyrdom (Hefele, 1883). From a pragmatic point of view, the stigma around suicide increases its status as a 'taboo' subject, which has ramifications for help-seeking behaviour in young people (Reynders et al, 2014). It is hard to understand how removing stigma for mental illness generally, but keeping it for suicide, could be achieved, as the two are so closely linked.

There is a difficult implication in the notion of 'educating' young people in order to prevent suicide, which is that suicide is attributable, to some extent, to being 'uneducated' about it. This is different from other fields of safeguarding risk, such as CSE for example, where a young person typically does not understand that they are being victimised (Herring, 2018). Cases such as those examined in Corkery et al (2009) show that young people at risk of suicide seek information online specifically to help them learn how they might carry it out. The idea of educating young people about suicide risk seems a bit odd, as the risk isn't coming from an external and culpable source (such as an abuser) and the very nature of suicide is wilful. Instead, the nature of the risk factors take on varying and unique forms based on each individual's personal circumstances. To educate a young person that their circumstances may mean they are 'at risk' of taking an autonomous decision to commit suicide could be stating the obvious. A better approach might be to educate young people on the support and resources that they may not otherwise have realised were available to them. These include therapeutic interventions, peer support and services to address the root causes of why the young person may be feeling suicidal. This important information can be shared throughout regulated activities e.g. schools, GP surgeries and anywhere else where young people will have access to it.

Conclusion

The research on the impact of online suicidal communities shows that it can play a role in the chain of causation that results in young people committing the act. Although the extent of this role, in relation to other factors, remains unclear, future research needs to determine how internet service providers and media professionals, and anyone else responsible for the creation of online content, can manages the risk represented by these websites. Safeguarding professionals should remain 'in touch' with the young people they are responsible for, and not be afraid to address mental health difficulties or problems at home. In this way, the stigma surrounding mental health might be alleviated so that vulnerable young people know where they can go for help and support. As someone who works with survivors of child sexual abuse, which can be a risk factor for suicide (Spataro et al, 2004), I am mindful of the vulnerability of this population in relation to suicide, but also confident in the internet's ability to ultimately offer more benefits than harm, in terms of supportive websites and online interventions.

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