Young, Male and Feeling Suicidal in Ireland: Is Help or Harm Just One Click Away?

Abstract:
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Abstract
Reports suggest an association between internet use and the elevated risk of suicide and self harm. This study examined the resources a suicidal person might find when searching the internet 'front page' for help. Voluntary suicide help websites accounted for 7/12 front page hits. The National Suicide Research Foundation (NSRF) and the National Office for Suicide Prevention (NOSP), a blog and a newspaper article made up the remainder. Sites were difficult to navigate and highly variable in content. Phone credit was required in many cases in order to contact helplines; opening hours and locations were limited. Most statutory websites referred help-seekers to the voluntary sector, mainly the Samaritans. Information on fundraising and volunteering competed with other sources of help. Of concern, the front page also included links to methods to complete suicide. Irish professional medical bodies offered very limited advice. Our findings suggest that online information is variable and potentially harmful. There is an opportunity for all agencies and providers to generate a co-ordinated internet front page tailored for at-risk groups.

Introduction
Suicide is a major international public health problem and Ireland has the 4th highest youth suicide (15-24) in the EU. The 'My World' survey (2012) indicates that the internet is one of the most preferred sources of mental health information for young people where it can provide support and empathy for those experiencing a mental health crisis. However, reports suggest that it can act as an incitement towards suicide.

Methods
We designed a survey of internet websites to determine the types of materials a suicidal person might find through a 'front page' internet search. Using the terms previously reported, we (JG,MB) simulated a person in suicidal distress going online. We keyed in the terms in previous international research, 'feeling depressed', 'feeling sad', 'suicide' into www.google.ie. We cleared our 'search history' and disabled 'Google ads', in order to decrease bias and content variability. We also examined the websites of a number of key Professional Medical Organisations to see what help they offered (Royal College of Physicians of Ireland, Irish College of General Practitioners, College of Psychiatrists of Ireland). Websites were coded by two raters together with consensus discussions with the two senior researchers who were independent of the research process and therefore 'blind' to the results.

Results
Voluntary suicide help websites accounted for 7/12 front page hits (Table 1). The front page included NSRF, NOSP, an anonymous and unregulated blog and a newspaper article regarding assisted suicide. Statutory agencies (NSRF, NOSP) referred help-seekers to the voluntary sector (6 of 8 links on NSRF and 4 of 8 links on NOSP). Most sites were difficult to navigate and required multiple 'clicks' to access helpful content. Most referred to GP, and to Emergency Departments during out-of-hour's. 'Face to face' support was minimal, most sites had limited opening hours, considerable geographical spread and were not cost-free. The Samaritans was the most common recommended onward site. On-line support was not tailored for specific groups. Sections on donations and volunteering were prominent and vied with or overshadowed help materials. Links to painless methods to complete suicide as well as other harmful and explicit content were prominent (Table 1). Irish Professional Medical organisations did not appear on the front page. When explored, the College of General Practitioners recommended "contacting a GP in your area" as well as journal articles and conferences on suicide prevention.
Discussion

For suicidal people, the internet front page information is variable in content and includes signposting for harm/suicide. Statutory and voluntary agencies refer to community help-sites with limited hours and often at some distance from the help-seeker. Overall, ehelp responses in other countries appear more coordinated, advanced and tailored to specific groups (www.mensline.org.au, www.breathingspacescotland.co.uk) and include Skype, hearing impaired and different language options. Front page signposting towards suicide is of concern. In 2005 the Australian Government banned "inciting, promoting or teaching people how to commit suicide on the internet", as it may influence suicide risk in young people. Like Recupero et al (2008) we found that professionally relevant medical bodies were not well represented among our results and did not guide people towards care. Recent technology initiatives by groups such as Reachout, the Samaritans, and sporting bodies are welcome but are not receiving prominence on the 'front page'. We suggest that professional, voluntary and statutory agencies should work together to generate an enhanced and coordinated, frequently updated and evaluated 'front page' epresence, targeted for specific groups. This could start by focusing on 18 to 24 year old males who are at highest risk, are high internet information-seekers and where simulated patient experience could play a valuable role.

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References


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