

# Turning to online peer forums for suicide and self-harm support

“It does help having you guys”

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SWINBURNE SOCIAL INNOVATION RESEARCH INSTITUTE



*Turning to Online Peer Forums for Suicide and Self-Harm Support: "It does help having you guys"* is a research project commissioned by *beyondblue*.

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Thanks to the team at *beyondblue*, particularly Christopher Banks, for assistance with all aspects of the project. Thanks also goes to Vlora Hoti for her editorial expertise and input.

And heartfelt thanks and appreciation to the forum members whose words and actions we can always learn from.



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Recommended citation: McCosker, Anthony and Hartup, Michael (2018) *Turning to Online Peer Forums for Suicide and Self-Harm Support: "It does help having you guys"*, *beyondblue* and Swinburne Social Innovation Research Institute, Melbourne.



## TABLE OF CONTENTS

LIST OF FIGURES .....	IV
EXECUTIVE SUMMARY .....	V
<i>Overview &amp; Forum Members' Characteristics</i> .....	v
<i>Interaction</i> .....	VI
<i>Benefit and Impact of the Forum</i> .....	VI
<i>Recommendations</i> .....	VI
INTRODUCTION .....	1
1. RESEARCH DESIGN .....	3
<i>Data Collection</i> .....	3
<i>Methods and Ethics</i> .....	3
2. SUICIDAL THOUGHTS & SELF-HARM FORUM ANALYSIS – OVERVIEW .....	4
3. FORUM MEMBERS' CHARACTERISTICS .....	7
<i>Social Context</i> .....	9
<i>Mental Health Conditions</i> .....	11
<i>Suicidality</i> .....	13
<i>Self-Harm</i> .....	19
<i>Feelings and Symptoms</i> .....	19
<i>Summary of Findings – Participants</i> .....	21
4. INTERACTIONS .....	21
<i>Direct Questions and Responses</i> .....	22
<i>Dialogue</i> .....	24
<i>Disengagement, Dropout and Minimal Posting</i> .....	24
<i>Summary of Findings – Interactions</i> .....	24
5. IMPACT AND BENEFITS .....	25
<i>Resources of Value and Help</i> .....	25
<i>Recognition and Agreement</i> .....	26
<i>Rethinking and Actioning</i> .....	28
<i>Summary of Findings – Benefits &amp; Impact</i> .....	29
6. DISCUSSION AND RECOMMENDATIONS .....	29
<i>Recommendations</i> .....	30
7. REFERENCES .....	31

## LIST OF FIGURES

<b>Figure 1:</b> Top 20 most common words, whole sample (1832 posts) .....	5
<b>Figure 2:</b> Topic categories for threads posted (n=118 / 129) between June and July 2017 .....	5
<b>Figure 3:</b> Examples of forum members expressing their sense of 'not coping' .....	6
<b>Figure 4:</b> Examples of forum members expressing their sense of hopelessness .....	6
<b>Figure 5:</b> Forum members expressing concern about relationships.....	7
<b>Figure 6:</b> Forum members expressing a sense of not being able to talk to others about mental health.....	7
<b>Figure 7:</b> Age range of thread posters (n=124).....	8
<b>Figure 8:</b> National map of thread poster locations (left), peak activity centres (right) (n=124) .....	8
<b>Figure 9:</b> Forum members discussing strained relationships.....	9
<b>Figure 10:</b> Forum members recounting personal histories.....	10
<b>Figure 11:</b> Forum members discussing work, employment, education as life contexts and key stressors..	10
<b>Figure 12:</b> Top 20 mental health condition terms discussed in the forum .....	11
<b>Figure 13:</b> <i>Forum members discussing multiple symptoms and conditions</i> .....	11
<b>Figure 14:</b> Forum members discussing mental health conditions with a specific timeframe or duration ...	12
<b>Figure 15:</b> Forum members at a crossroads or end of the road - temporal factors and urgency.....	14
<b>Figure 16:</b> Forum members expressing hopelessness .....	15
<b>Figure 17:</b> Forum members seeking advice and help with family, friends or partners .....	16
<b>Figure 18:</b> Forum members discussing suicidal thoughts, ideation or actions in relation to others.....	17
<b>Figure 19:</b> Forum members reflecting back.....	18
<b>Figure 20:</b> Forum members discussing self-harm .....	19
<b>Figure 21:</b> Forum members discussing physical exhaustion .....	20
<b>Figure 22:</b> Forum members expressing loneliness or social isolation .....	20
<b>Figure 23:</b> Forum members responding directly to specific individuals .....	22
<b>Figure 24:</b> Interaction patterns, number of posts per member, top 10 posts per thread .....	23
<b>Figure 25:</b> Forum members acknowledging and thanking Community Champions .....	27
<b>Figure 26:</b> Forum member expressing agreement with suggestions and advice.....	28

## EXECUTIVE SUMMARY

There are no easy solutions to reaching and supporting people at serious risk of suicide or self-harm. Public health organisations have turned to a range of digital tools to address these risks and offer avenues for support. Among the many options, dedicated online health forums provide community-oriented mental health support at a scale not achievable through direct eTherapy services, or face-to-face clinical services. Forums are a proven, simple, accessible and persistent early internet technology, and have shown their continued worth for those seeking online mental health support. Their strength lies in their accessibility and in the support peer mentors and mediators are able to provide.

This report maps the activity and characteristics of individuals who engage with *beyondblue's Suicidal thoughts and self-harm forum*, one of twelve heavily subscribed forums hosted on the organisation's website. This work provides an evidence base that can be used to maintain, improve and replicate these services to better reach people vulnerable to serious mental health risks.

**While people generally find it difficult to talk about suicide and the contexts that lead to it, this report shows that there is a deep need and great capacity for supportive conversations among peers, and these can be facilitated by online community platforms.** Analysis of activity over a month generated five key insights:

1. **Members of the Suicidal Thoughts forum are younger than members of *beyondblue's* forums as a whole** (15-34-year-old majority group, vs 35-54-year-old)
2. **New members most often post threads at times of crisis**, with a focus on 'not coping', or feeling 'lost' or 'hopeless', and present with multiple concurrent and long-term mental health conditions
3. **Relationships are central to the concerns and context of those dealing with suicidal thoughts**
4. **Supportive interactions are led and maintained by a minority of key intermediaries** or peer mentors, many but not all of whom have taken on an official role as Community Champion
5. **The impact of the forum as a whole, and the influence of key peer mentors and supportive participants is observed** and includes evidence of positive behaviour change. Stated benefits range from having 24/7 access to peers who understand the difficulties of mental ill-health, to the ongoing guidance of "expert" peer mentors, and gaining actionable strategies that can make a difference

### Overview & Forum Members' Characteristics

- ✦ 62% of members posting threads were aged between 15 and 34.
- ✦ The majority of members used the forum to express issues with not being able to cope.
- ✦ The language used in posts suggests an urgency in wanting to connect.
- ✦ Members used the forums to seek out guidance on supporting friends, partners or children expressing suicidal behaviours or self-harm.
- ✦ Members' personal and social context plays a significant role in their mental health problems. They detail personal relationships, existing mental health conditions and history of suicidal thoughts, and family, work, employment and study circumstances.
- ✦ When disclosing mental health conditions or suicidality, members often include their personal history with the condition.
- ✦ Suicidal thoughts are discussed in relation to time (planning or waiting), concern about the ideation of others (family, relationships, friends), or concern about how others would feel about their suicidality.
- ✦ Members also used the forum to discuss positive management of suicidality, at times looking forward with strategies in place and a sense of hope.
- ✦ Self-harm was expressed as episodic, as a reaction, response or distraction. Members also discussed how their actions affect others or how other's actions affect them.



## Interaction

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- ✦ 75% of new thread posters had posted less than 19 times across the *beyondblue* forums.
- ✦ 44 % of new thread posters had only posted 1 or 2 times; 33% had posted only once.
- ✦ Interactions were typified by individual direct questions and responses; however, they relied on adequate input from participating forum members.
- ✦ Sustained interactions among threads with a higher number of posts consisted predominately of two, or occasionally three, members.
- ✦ A smaller number of key intermediaries, or peer mediators (Community Champions, blueVoices members, and others), lead the way in providing support for those who are seeking it.

## Benefit and Impact of the Forum

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- ✦ There were at least 133 references across 70 threads that signalled the overall usefulness of the forum and of the interactions and advice received.
- ✦ The forum provides a community of shared knowledge, understanding and connections.
- ✦ Members described a sense of belonging and a willingness to support others.
- ✦ Members provided support through referring to online resources, Googleable terms, helpful apps, and other digital mental health support tools.
- ✦ Traditional support and resources were also shared including counsellors, psychologists, GPs, therapeutic techniques and medication.
- ✦ Members recognised the support given through general statements and through direct acknowledgement.
- ✦ Recognition of impact often emerged through ongoing exchanges.
- ✦ Interactions on the forum often lead to members rethinking their situation or taking specific positive actions in regards to their situation.

## Recommendations

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In light of these findings, we offer the following recommendations:

1. Maintain the public, but pseudonymous, setting for the forum to encourage access and participation among vulnerable at risk and hard to reach populations.
2. Target members who post to this forum for the first time to encourage ongoing engagement and decrease the rate of early disengagement. Continue to improve immediacy of response and reengagement through introduction of a notifications system. Maintain thread visibility for a longer period, 2 to 3 months, even where inactive, in combination with strategies for reengaging those who have posted during suicidal crisis and then disengaged with the forum.
3. Develop a stance of supportive dialogue between those posting in moments of crisis and expressing more time critical suicidal ideation and those able to support. Foster strategies among peer mentors for establishing and maintaining connections with thread posters.
4. Continue to provide support for the forum's peer mentors, including through training and information resources. Continue to recruit Champions who understand or have experienced suicidal thoughts and self-harm. Younger Champions should also be enlisted.
5. Encourage more positive posts from those able to reflect back on moments of suicidality or survival of attempts with a focus on moving forward, finding hope and recovery.
6. Develop accurate and timely means for monitoring all forum activity, including through technologies such as machine learning, to identify particular expressions of suicidality that indicate urgency, feelings of being at the end of the road or at a crossroad, and other time critical aspects to suicidal ideation. Maintain channels of direct contact for those most at risk.

# Turning to online peer forums for suicide and self-harm support

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## INTRODUCTION

Communication plays a crucial role in the prevention of suicide. Online conversations about mental health, and the communities of support that develop through social media platforms and online forums, present an opportunity for changing the way we talk about and respond to suicidal ideation and self-harm. As mental health organisations like *beyondblue* begin to take on this challenge, there is an increasing need to explore new approaches for managing those discussions, and to develop strong support mechanisms for where and when conversations or requests for help are happening. To move towards this goal, we must understand how to better target and address individual crisis and recovery needs, and supplement existing services, such as crisis phone lines, in addition to clinical and other face-to-face services.

The *Suicidal thoughts and self-harm forum* is one of twelve online forums that are currently hosted on *beyondblue's* website. It was established in 2015 as a place to safely discuss issues related to suicidal thoughts and self-harm, but to also redirect discussions about this topic that were already taking place on other parts of the forums. It is highly subscribed by new members who often post at moments of deep crisis, despair and low sense of self-worth. The substantial flow of activity within this forum is in line with the high level of engagement across all twelve forums, which have seen continued growth over the past five years.<sup>1</sup> The *Suicidal thoughts and self-harm forum* offers a critical plank in a broader suicide prevention and response strategy. So, understanding the activity that takes place on this forum is crucial to maintaining, improving and replicating this service.

There is great value for public health not only in understanding these activities, but also the needs and characteristics of the individuals who engage in online forums and other forms of social media in relation to issues of suicidal thoughts and self-harm. Online health forums dedicated to these particular issues have the potential to provide community-oriented individualised mental health support at a scale that is not achieved through face-to-face and clinical services. Forums have proven to be a simple, accessible and persistent form of social media technology, and have been shown to be valuable to individuals seeking online mental health support.<sup>2</sup>

Concerns have been expressed about the potential negative effects that social media platforms like Instagram or Twitter can have on mental health, particularly for young people.<sup>3</sup> Online forums offer mental health organisations an important level of control and moderation capability. They can allow anonymity and do not rely on creating a profit through data collection. Pathbreaking research examining suicidal

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<sup>1</sup> Current reporting states 88,000 visits to the forums as a whole per month (6,800 posts per month at 10 a month per active user, or people who post and reply); McCosker, A. (2017) *Networks of Advocacy and Influence: Peer Mentors in beyondblue's Mental Health Forums*, Swinburne Social Innovation Research Institute, Melbourne.

<sup>2</sup> See for example: Barak, A. and O. Gluck-Ofri (2007). "Degree and reciprocity of self-disclosure in online forums." *CyberPsychology & Behavior* **10**(3): 407-417; Lovatt, M., et al. (2017). "Development of trust in an online breast cancer forum: A qualitative study." *Journal of Medical Internet Research* **19**(5): e175; Nimrod, G. (2013). "Online depression communities: Members' interests and perceived benefits." *Health communication* **28**(5): 425-434; Sudau, F., et al. (2014). "Sources of information and behavioral patterns in online health forums: observational study." *Journal of Medical Internet Research* **16**(1); Trondsen, M. V. and A. Tjora (2014). "Communal normalization in an online self-help group for adolescents with a mentally ill parent." *Qualitative Health Research* **24**(10): 1407-1417.

<sup>3</sup> As one example, see: Tromholt, M. (2016) "The Facebook experiment: Quitting Facebook leads to higher levels of well-being", *Cyberpsychology, Behaviour, and Social Networking* **19**(11).

ideation within large online community forums like Reddit have tended to focus on predictors of risk.<sup>4</sup> Moderation processes and other platform features, help to generate safe online discussion environments for members, often by members, or supported through the work of peer mentors, champions and peer mediators.

Dedicated health forums like *beyondblue*'s offer members control over their profile information (and insist on anonymity), an outlet for personal expression, and interest-based connections with others who will understand and offer specific, practical forms of help when it's needed. Relatively few forums offer a dedicated space for discussion about suicidal thoughts and self-harm. We need to know more about the supportive practices, the participants, and the interactions that take place in a forum that enables suicide talk.

While undertaking this research, we have attempted to observe activities within the forum sensitively and to remain respectful of the difficult circumstances and painful experiences of those who post. Portions of posts and exchanges from the forum have been reproduced in this report. The pseudonymous usernames of forum members experiencing a crisis have been replaced with individual reference numbers. Usernames of Community Champions (volunteers who provide support in the forum) have been retained. This research aims to:

- a) Learn from the experiences of individuals who post on this forum, including those who are experiencing a crisis and those who are providing support
- b) Find ways of replicating and expanding the supportive capacity of the forum
- c) Convey both the difficulties and benefits members find in participating in the forum
- d) Highlight and promote the mental health intermediaries, peer mediators and Community Champions who provide critical and effective support where and when it is needed most

The systematic and thematically presented content analysis provides an evidence base to inform the development of resources and moderation approaches. This report is presented in the following order:

- a) **Section 1** explains how the research project was designed, using a non-intrusive approach.
- b) **Section 2** provides an overview of how the Suicidal Thoughts forum is used.
- c) **Section 3** details the characteristics of those who post there, looking at broad demographics and locations, personal and social contexts, mental health conditions, expressions of suicidality and self-harm, and feelings and concerns.
- d) **Section 4** explores how members interact in the forum and provides an extended case study from one of the longer running threads.
- e) **Section 5** examines the benefits, and impact of the forum on members by their own accounts.
- f) **Section 6** provides a discussion of the research findings with implications for online mental health forums more generally and offers recommendations for maintain and improving support through the *beyondblue* forums.

While the analysis of forum member characteristics, interactions and the impact and benefits of the forum can contribute to improving services, there are some limitations to this study. Issues of disengagement, dropping out, and unmet needs are discussed at points throughout; however, further research surveying or interviewing participants would be required to provide more thorough information. In particular, the study does not reach those who visit and read but do not post; and it is unable to follow individuals after they disengage from the forum. This constitutes a substantial portion of those who post, as detailed in Section 4, and remains one of the key challenges for research in suicide prevention and online support. Nonetheless, this study provides some groundwork for further research and interventions in online community-based approaches to suicide prevention and mental health recovery.

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<sup>4</sup> See for example: Kumar, M., Dredze, M., Coppersmith, G., et al. (2015) "Detecting changes in suicide content manifested in social media following celebrity suicides." *Proceedings of the 26th ACM Conference on Hypertext & Social Media*. ACM, 85-94.



## 1. RESEARCH DESIGN

This research aims to understand activities within the *Suicidal thoughts and self-harm forum* hosted with *beyondblue*'s mental health support forums. Focus is placed on three key elements:

- a) the characteristics of participants engaging with the forum,
- b) interactions among the group, and with Community Champions and peer mentors, and
- c) expressed evidence of the impact of interactions within the forum, and the benefits of the forum compared to other venues of support.

The specific research questions addressed are:

- ✦ What are the characteristics of people using the *Suicidal thoughts and self-harm forum*?
- ✦ What do you know of the feelings, thoughts and behaviours of people using this forum?
- ✦ What are some of the issues that contribute to forum users' distress and suicidality?
- ✦ How do forum users interact with each other?
- ✦ How do forum users interact with community champions and peer moderators?
- ✦ What information, advice and support do forum users provide each other?
- ✦ What information, advice and support do forum users find helpful?

### Data Collection

The *Suicidal thoughts and self-harm forum* was established in September 2015. It is moderated by the team at *beyondblue* to ensure the safety of participants and readers of the forum, and to increase visibility of the threads most recently posted. This involves 'hiding' threads that are no longer active. Approximately 150 threads are hosted per month. A small portion of threads continue beyond one month, and others are moved to different forums on the *beyondblue* website.

The dataset represents the activity taking place over a one-month period between June and July 2017. The dataset contained:

- ➔ 129 publicly accessible threads
  - ➔ These threads were posted by 124 unique forum members
  - ➔ These threads included 1832 posts.

This dataset represents a relatively typical month for the *Suicidal thoughts and self-harm forum*.

### Methods and Ethics

To answer the research questions, a qualitative and quantitative analysis of content and activity was undertaken. We also extracted minimal non-identifying demographic data of the members who post threads to the forum during the study period. Qualitative data analysis provides a nuanced basis to identify patterns and exemplars in relation to the research questions. This approach is in line with best practice in online forum research. This combination of methods allows for a systematic approach to reviewing the content and activities of a substantial sample size, resulting in an evidence base that can be generalised to the ongoing activity within the *Suicidal thoughts and self-harm forum*.

A descriptive overview of activity within the forum is provided to quantify the key themes covered by the threads, basic demographic information (age and location) of members, along with keywords used and word frequencies. Along with the qualitative, thematic content analysis, frequencies and word use queries were analysed using QSR NVIVO qualitative analysis software.

The qualitative, thematic content analysis was conducted on the whole dataset. This involved an initial open coding process to identify key themes combined with *a priori* coding categories derived from the research questions that related to:

- a) Participants' characteristics
- b) Interactions (among group; with Champions & peer mentors)
- c) Impact, and benefits of forum participation

A sample was blindly double coded by the two researchers to ensure reliability, with categories adjusted where there was disagreement or difference of interpretation. The analysis presents a synthesis of data relevant to each of these three core themes, in addition to other themes that arose during the research process.

To explore interactions, a tailored case study approach was taken. This allowed focus to be placed on both common patterns of interaction across all sample threads, and a more in-depth examination of interactions taking place over time.

Although the forum is publicly accessible and participants are double de-identified, due to the sensitive nature of suicide talk, it is important to consider ethical process in guarding the anonymity of forum participants. We have aimed to ensure that no clearly identifying information, including original pseudonyms, is presented in the report. Forum members have been identified only by a number. (Pseudonyms of peer moderators and Community Champions, along with those acting in support roles or not directly expressing suicidal thoughts or self-harm have been included.) We have also attempted to maintain the context of statements extracted from the forum.

The posts that have been quoted in this report should not be reproduced more broadly without taking into consideration these ethical issues. And we have attempted to refrain from including forum posts that reveal intimate and recognisable personal detail, favouring more general statements. The forums are publicly accessible by organisational policy because they also stand as a resource for others to read, follow, and learn from, and this is made clear to participants in the terms of use. Any possible harm in reproducing them in this research is also weighed against those objectives. The benefits and value that this research will provide have been weighed against the use of the forum content and interactions for this research project. Ethics approval was granted through Swinburne University's SUHREC committee.<sup>5</sup>

## 2. SUICIDAL THOUGHTS & SELF-HARM FORUM ANALYSIS – OVERVIEW

The analysis in the following sections charts and seeks to understand aspects and characteristics of:

- a) Participants, or those who have posted threads and otherwise actively used the forum
- b) Interactions among members and with moderators and community champions
- c) The benefits and impact of the forum for participants.

We begin with some overall data and context regarding activity within the forum. To provide an overview of the forum, a word frequency analysis was performed. This technique identifies the 20 most common words that appear across all of the threads collected as the study sample (1832 posts), excluding common non-subject specific words. It was somewhat surprising to find that the most common words used across all of the source threads and posts were predominantly positive in valence. The word cloud below (Figure 1), which ranks those common terms as an aspect of word size, emphasise help and support, alongside people and community, and individual-focused experiences such as feeling, seeing, knowing and thinking. Some indicators of duration in days and time are also common.

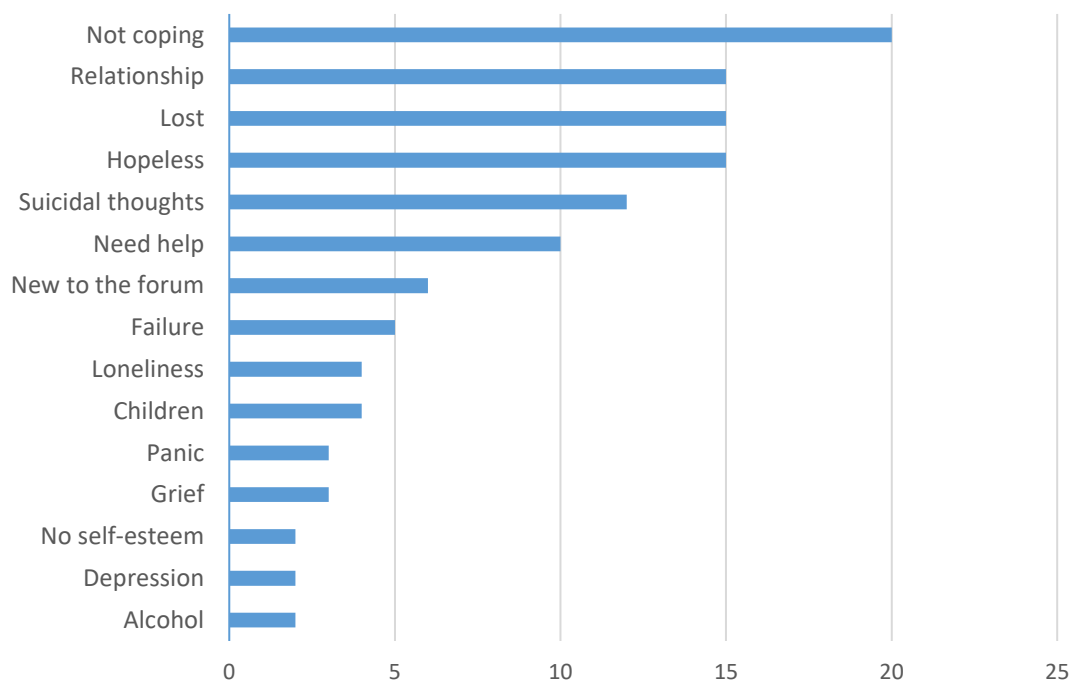
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<sup>5</sup> Ethics obtained relation to ongoing Project 2015/272, SUHREC, Swinburne University of Technology.



**Figure 1:** Top 20 most common words, whole sample (1832 posts)

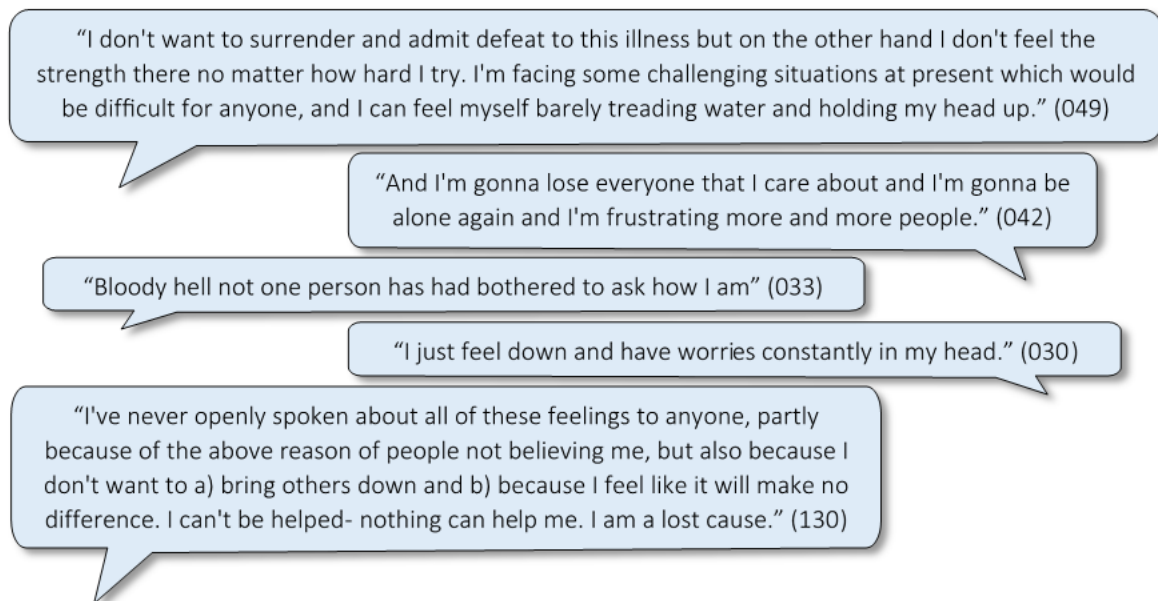
We examined the 129 threads ‘from above’, by categorising their main focus, topic or theme, as a way of providing a sense of the common concerns of those who visit and post in the forum. Figure 2 shows the top 15 topics or themes amongst the threads posted over the sample month. While the categories used are broad the process is revealing and shows a very different side to the forum than the word cloud above.



**Figure 2:** Topic categories for threads posted (n=118 / 129) between June and July 2017

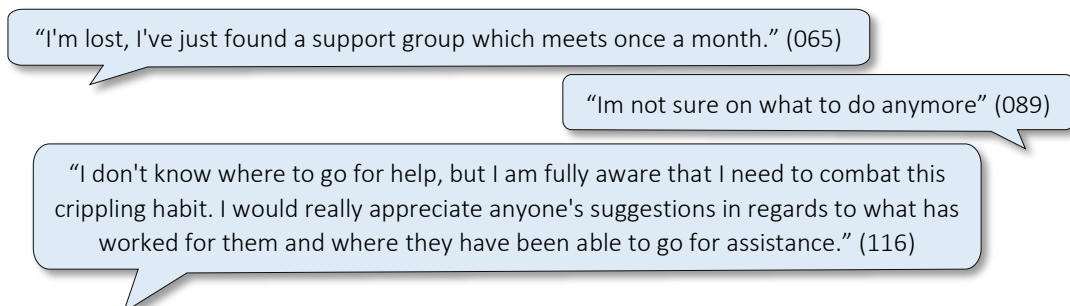
Within the first post of each thread, a statement of worry or concern will often indicate why the forum member is seeking help, information, advice or support. Analysis of these initial posts provides some more nuanced insights into why members post to this forum. However, specific reasons are often not easy to identify, which reflects the range of complex personal circumstances and lived experiences that intersect with mental health conditions leading people to post to the forum. Nonetheless, patterns do emerge. The categories observed in Figure 2 provide a broad guide to thread-posters’ concerns and their reasons for engaging with the forum. As the broadest of these categories, ‘not coping’ is the most complex and varied.

There are a range of reasons why forum members post to the thread when in a crisis mode, but underpinning them is the sense of 'not coping'. There is a sense of urgency in these posts that point to the need to engage with others in the forum, as shown in Figure 3.



**Figure 3:** Examples of forum members expressing their sense of 'not coping'

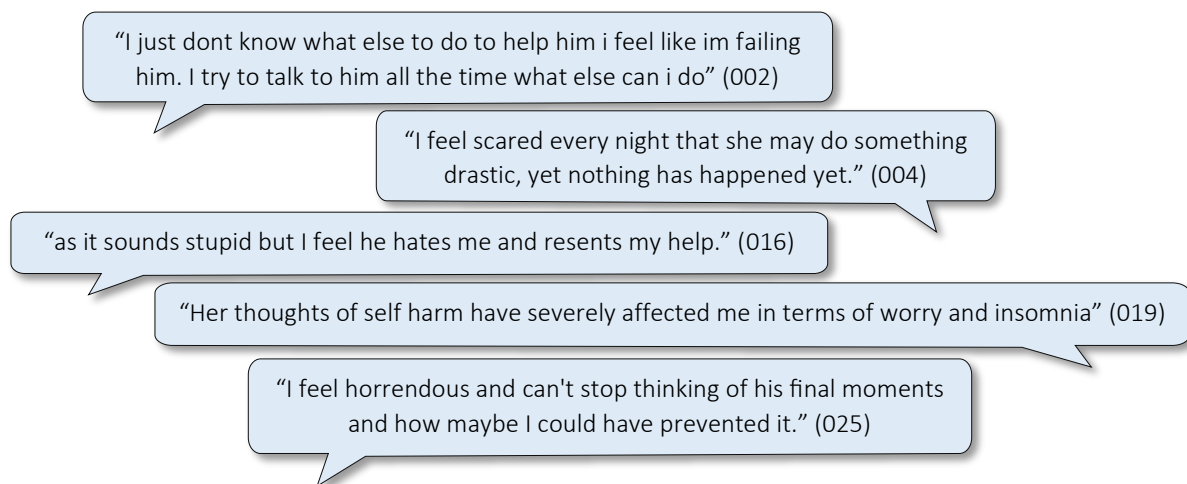
Many thread posters express a sense of hopelessness, and this is explored in more detail below. In this context, hopelessness becomes the last-resort rationale and circumstance for posting, for example: *"I don't know what to do anymore... I feel like giving up and quitting but I don't have the courage for it"* (085). Related to not coping, feeling 'lost' is as a key reason that members post to the forum and seek help, as shown by the examples in Figure 4:



**Figure 4:** Examples of forum members expressing their sense of hopelessness

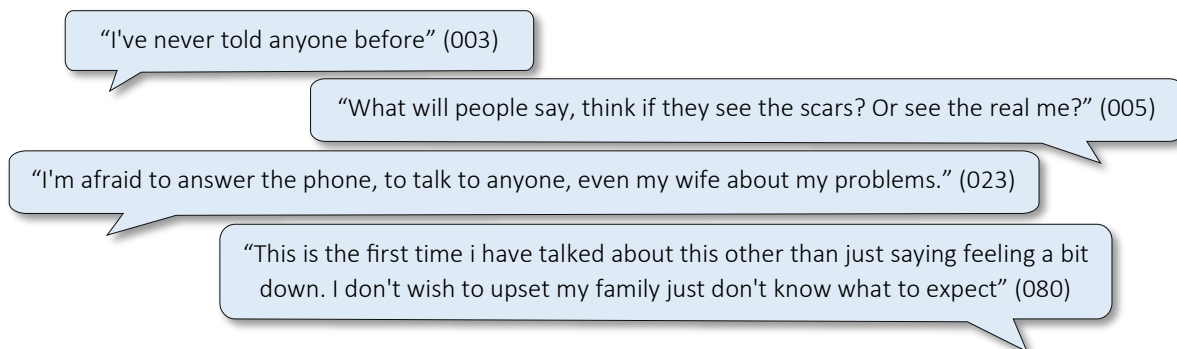
In many instances (but certainly not all), such as post 116 from Figure 4, a more explicit plea for help accompanies details of why the member is not coping. For instance: *"My pills aren't working, my hope is going, I feel like my friends are going and my family just doesn't understand. Please help me"* (076). This could be expressed as a specific or general question: *"What is wrong with me..? Why can't I just be normal. I know that is part of my depression but I feel like it's more than that like these lack of emotions run deeper than my mental illness"* (085).

Relationships is another significant reason why people use the forum. This includes concerns about the suicidal behaviours and self-harm of children, friends or partners, as shown in the examples from Figure 5.



**Figure 5:** Forum members expressing concern about relationships

Another significant concern for members is how their condition and behaviours affect others – in particular, the effect on their relationships with partners. This includes accounts of not feeling able to talk to others about their mental health problems and experiences. Example of this are shown in figure 6.

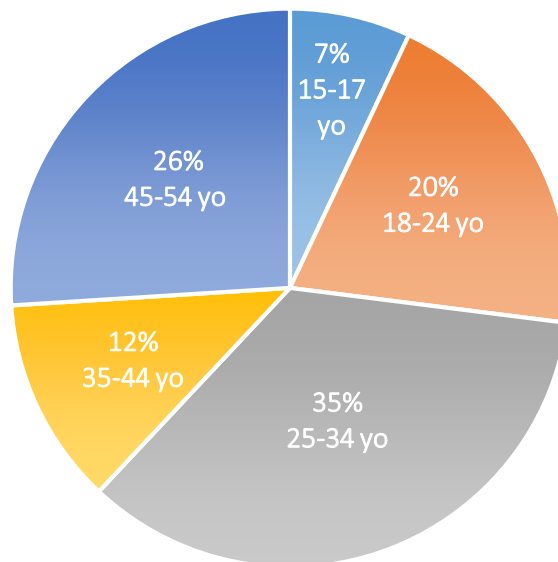


**Figure 6:** Forum members expressing a sense of not being able to talk to others about mental health

### 3. FORUM MEMBERS' CHARACTERISTICS

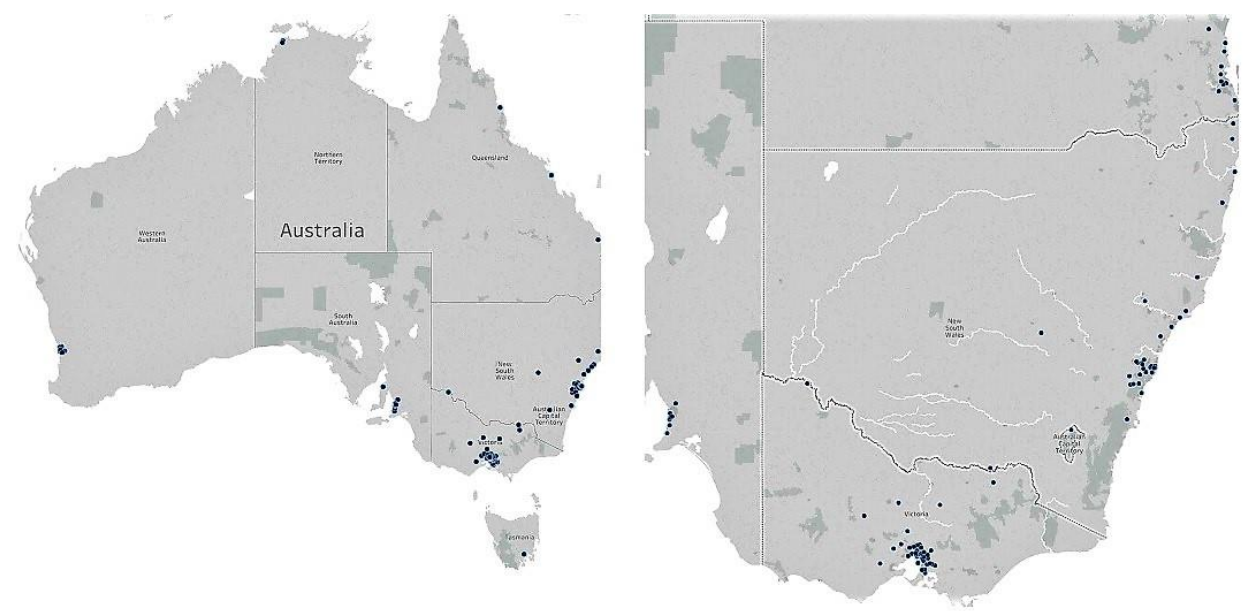
In order to understand some of the personal characteristics of those who post to the *Suicidal thoughts and self-harm forum*, we began with age and location data gathered at the point of joining the forum, excluding five members from the dataset for whom this information was not available. In addition to age and location, we provide an account of the detailed ways members talk about and describe their a) socio-economic context, b) mental health conditions, c) suicidality d) self-harm e) feelings and symptoms. These types of data are rarely gathered when examining the online activities of individuals who discuss suicidal thoughts and self-harm. The insights from analysing this data can provide a basis for directing support and targeting others in need in the broader community.

The value of this analysis lies in understanding the complex and entangled circumstances that tie lived experiences, personal histories and mental health biographies to the need to connect with others who may understand and offer support. This intersection shows the value of the forum. For instance, young people are more highly represented within this forum than in other *beyondblue* forums, as shown in Figure 7. Locations of forum members are relatively evenly distributed across the main population and regional areas of Australia, although under-represented in remote areas (Figures 4 and 5). In addition, social contexts and circumstances are often discussed in detail and understood directly in relation to mental health issues, meaning that these factors cannot be disconnected. Social determinants of mental health issues and recovery strategies are clearly expressed throughout the forum in ways that could inform public health responses.



**Figure 7:** Age range of thread posters (n=124)

Participants in the *Suicidal thoughts and self-harm forum* are younger than participants in the forum as a whole. The average age of thread posters in the sample is 33, and there is a broad skew toward the 15-34 age range (62%). In this sample, there were no participants over 54 years old. Previous survey research of members and participants across all of *beyondblue's* forums shows a very different age skew, with the majority group in the 35-54 age range (48%), and 23% over 55; those aged 18-34 constitute only 30% of the active user population for the forums as a whole.<sup>6</sup>



**Figure 8:** National map of thread poster locations (left), peak activity centres (right) (n=124)

Thread posters are distributed nationally, and relatively evenly across major population centres, as well as regional and some remote locations. Given the small sample of individuals in the sample (124), this spread of locations highlights the geographical reach and accessibility of the forum.

<sup>6</sup> Hall & Partners | Open Mind (2016) *Online Forums 2016: A Research Report for beyondblue*. Melbourne.

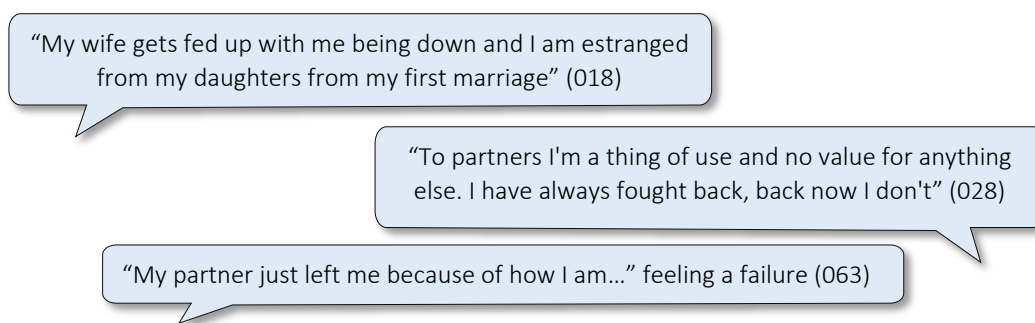


## Social Context

When forum members talk about their social and economic circumstances (as many do throughout their posts), these are usually entangled with mental health issues and conditions. Circumstances connect with the reasons for participating in the forum, and are often discussed as the source of many of their concerns and difficulties. Members discuss their personal relationships in detail, which are often as a source of anxiety, suffering or dysfunction. Prominently, they also relay personal histories, family situations and responsibilities, and work, employment and study circumstances.

It is important to note that this information is not simply 'back story'. Members are often looking for guidance and some sort of help in addressing their difficult situations and personal circumstances. Experienced Community Champions, along with other helpful members, are acutely aware of the importance of this kind of personal context. In framing their responses, supportive forum members will refer to these situations and circumstances, as they are, often a familiar and shared experience, and referring back to them directly addresses the context.

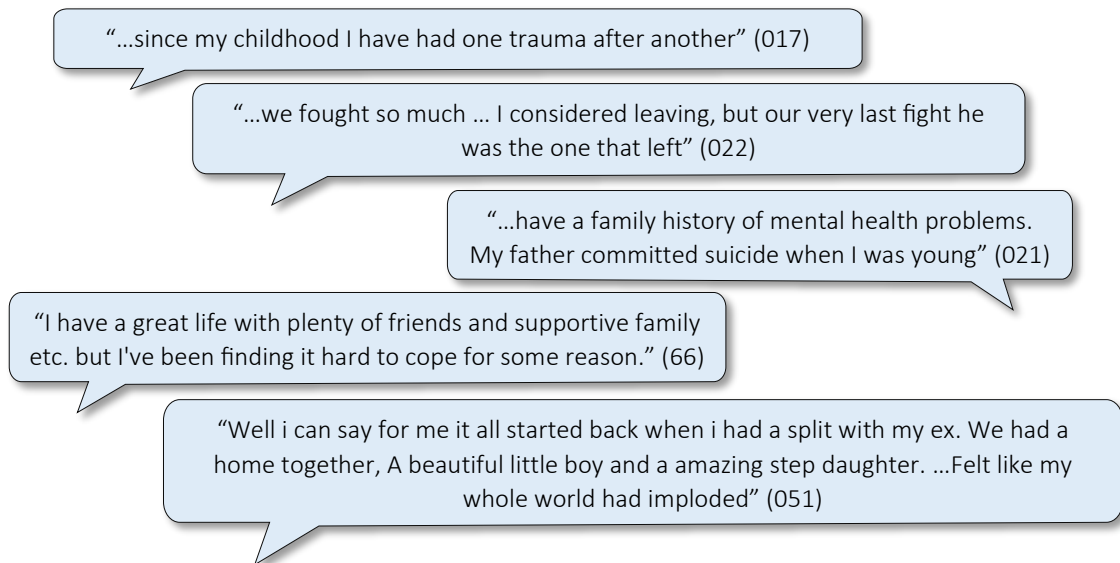
Family, partners, friends and relationships are always central to the context of those posting to this forum. Members discuss their child's suicide talk or behaviours and self-harm, for example: *"There's no known trauma, we have a stable family situation... tendency to put herself under a lot of pressure"* (019). Others discuss strained or abusive relationships with partners, or difficult breakups and separation, as shown in Figure 9. One describes separating from a partner of 35 years but having to board with him for financial reasons.



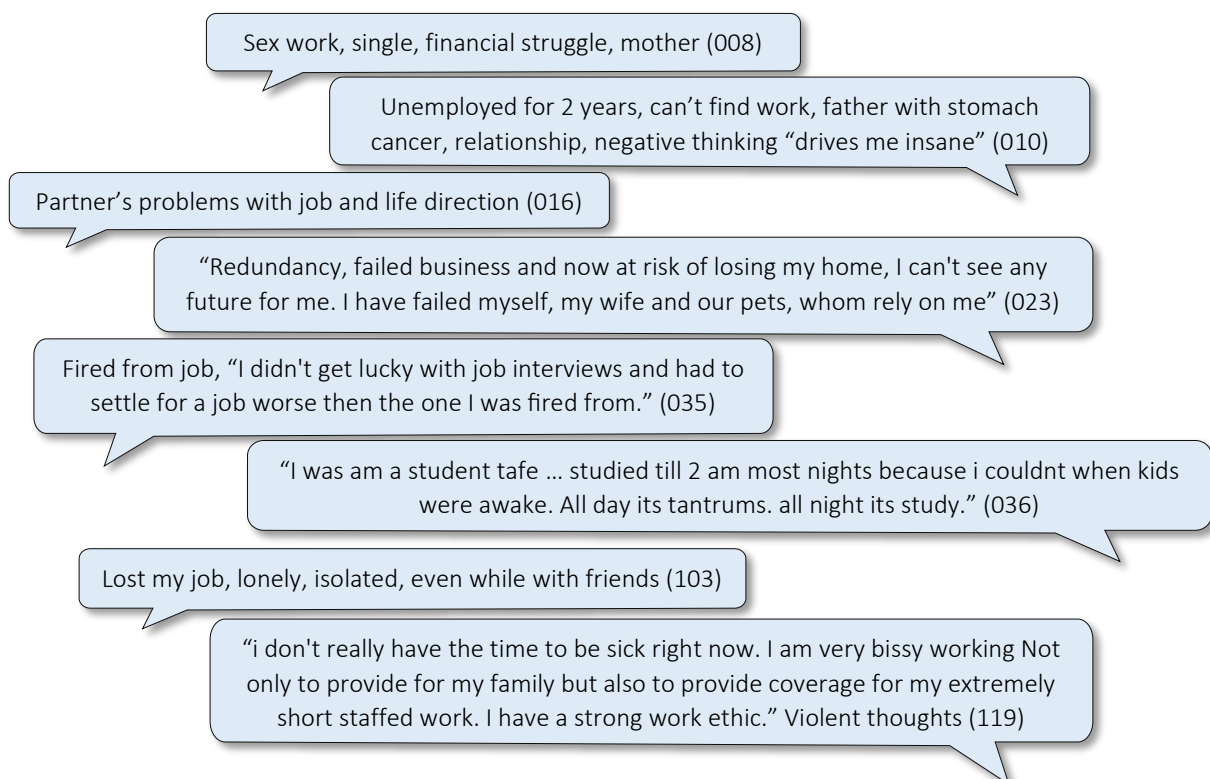
**Figure 9:** Forum members discussing strained relationships

Forum members explain detailed personal histories and refer to their difficult family circumstances and responsibilities in relation to mental health issues. In this way relationships heavily impact on the way forum members experience and discuss aspects of their mental ill-health and in different ways impact on suicidality. Examples of this are shown in Figure 10.

**Figure 10:** Forum members recounting personal histories



Work, employment and education are also discussed as both life contexts and as key stressors, bound up with the family and economic pressures members are facing. Many examples detail the entangled social contexts that surround and contribute to mental health issues and crisis, through factors like isolation, work, family and relationship problems: "I work full time and go home to an empty house and this is where I stay when I'm not at work. I don't have any friends I can confide in or socialise with" (098). The examples in Figure 11 are just some of many that connect work and financial stress with mental ill-health and suicidality, contributing to feelings of hopelessness.



**Figure 11:** Forum members discussing work, employment, education as life contexts and key stressors

## Mental Health Conditions

Members of the forum frequently discuss mental health diagnoses and conditions but do so within their particular social contexts or personal biographies, events, histories and in particular, relationships. There was a distinct consistency in the co-presentation of multiple mental health issues and conditions. There are separate *beyondblue* forums that deal specifically with depression and anxiety. However, posts to the *Suicidal thoughts and self-harm forum*, or posts moved to this forum because of their engagement with suicide, tend to recount multiple conditions and convey how these conditions interact with personal social contexts, and feelings of despair, hopelessness and low self-esteem.

The most frequently discussed conditions are depression and anxiety, followed by a wide, but reoccurring, range of other conditions. The frequency at which these conditions are discussed is represented in the following word cloud in Figure 12.



**Figure 12:** Top 20 mental health condition terms discussed in the forum

Discussion of multiple symptoms and conditions relates to some of the main themes and reasons for posting to the forum, such as 'not coping', 'lost', 'hopelessness', and 'need help' (see Figure 2). Uncertainty and the sense of being out of control connect with the overwhelming sense that follows multiple diagnoses or symptoms. Examples of this are shown in Figure 13:

"Clouded with depression and struggling with anxiety" (047)

"Memory loss, anxiety depression and trauma plus being both bullied and cyber bullied" (011)

"I've been diagnosed with PTSD depression and anxiety" (017)

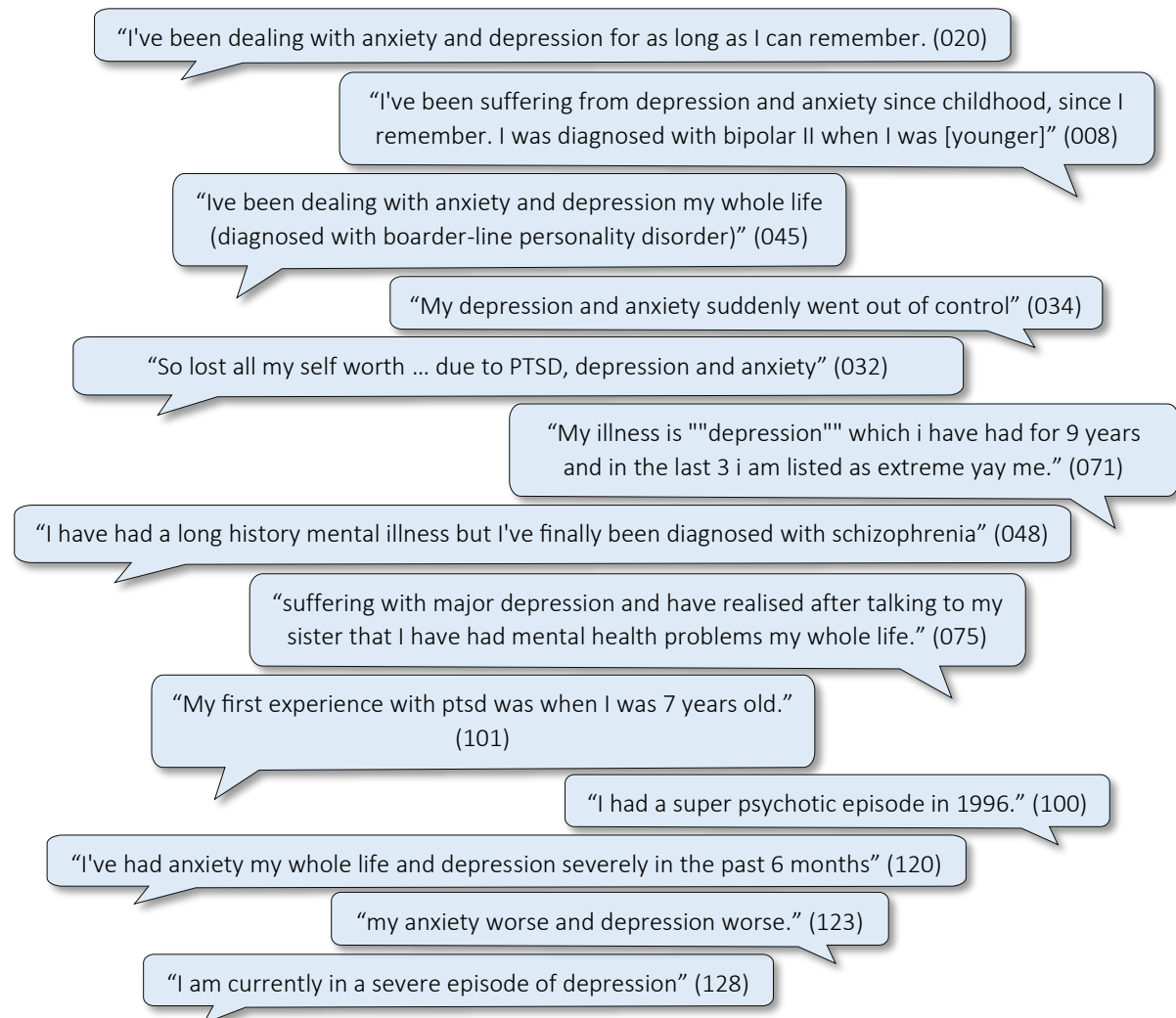
"I've been diagnosed on and off with major depressive disorder, major anxiety disorder, and PTSD ..." (078)

"I was diagnosed by my GP with Depression, Anxiety, OCD, self harm and a possibility of bipolar." (112)

"I am depressed. I also have anxiety, low self esteem, attachment issues, anger problems." (122)

**Figure 13:** Forum members discussing multiple symptoms and conditions

Discussions of mental health conditions are also often accompanied by a specific timeframe or a sense of duration, (such as: “*four years*”, or “*I have always suffered from*”, or “*as long as I can remember*”), or by an indication of recently becoming overwhelmed or of mental health problems that are associated with particular events or points in time. Examples are shown in Figure 14:



**Figure 14:** Forum members discussing mental health conditions with a specific timeframe or duration

This temporal context is an important part of an individual’s mental ill-health biography, and signals information about the stage of crisis, self-reflexivity or recovery. For instance, the quote in post 045 from Figure 14 was from a Community Champion who began a thread on PTSD. The discussion of low self-worth and issues with PTSD, depression and anxiety are framed more self-reflexively, with a stronger degree of understanding, coping, support processes and strategies compared to other posts, such as 123 and 128. In those posts, there is less distance from the effects caused by the worsening or a severe episode of mental ill-health. Section 5 examines interactions over time and shows some cases where a transition occurs in how a member discusses their mental ill-health and feelings of not-coping.

## Suicidality

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Suicidality refers to the range of suicidal thoughts and actions, suicidal ideation (or serious thoughts about taking one's own life), as well as suicide plans and actual attempts.<sup>7</sup> Expressions of suicidality are understood to range significantly and are notoriously difficult to connect causally with actions and behaviours. Discussion of suicide can be retrospective, (i.e., looking back at a severe isolated episode from many years ago), or may be expressed as a planned action or an impending unstoppable certainty beyond an individual's control. There are many complex nuances and qualities to the way suicide is discussed online. For example, it can be explicitly referenced, or discussed only by implication. *Beyondblue's* forum moderation processes also impact on how suicide is discussed or how this discussion appears on the forum, as care is taken to remove explicit details of attempts or ideation. Forum moderators receive immediate notification when a post has been flagged as critical and includes indicators of action or methods, and they will directly respond to forum member in crisis. Occasionally, these posts are edited and made available on the forum, so that the individual experiencing a crisis can receive benefit from the community of peer supporters.

As a significant part of this forum analysis, we examined and categorised all references to suicidality among the dataset. A total of 115 sources were identified, in which 126 references were made. This analysis examines the most prominent ways suicide is discussed. This includes simple expressions and implied or direct ideation, for example: *"looking for a way out."* (005), *"Not sleeping and having suicidal thoughts all the time"* (040), *"on occasion suicidal thoughts (when it all gets to much)"* (007), *"I find myself falling into old suicidal thoughts again"* (010), *"When i'm not happy - I think about dying a lot. Not suicide, no - more like ways I could die doing something significant - being noticed."* (026).

The breakdown that follows looks at patterns emerging amongst the more specific, prominent ways of talking about suicide in the forum, where that talk expresses a feeling of being 'at a crossroads, or the end of the road', a more general and ongoing sense of 'hopelessness', discussion of concerns about others' suicidality, or the expression of one's own suicidality 'in relation to others, effects on intimate relationships, friends, co-workers'. An additional prominent category presents hope: 'reflecting back, looking forward'. This category is a site for further exploration that can provide meaningful insights into how to approach online suicide discussion. In the subsections below, we have included numerous examples of each of these categories as a source for developing strategies to help support those experiencing this mode of distress or crisis.

### At a crossroads or end of the road – temporal factors and urgency

The analysis identified instances of a temporal element associated to the suicidal thoughts, planning, or feeling like they are 'at the end of the road'. There is a sense of urgency or waiting, or just anticipation of an end point. There are different levels of acceptance, indifference or fear expressed in relation to this scenario. Different levels of personal agency are associated with these thoughts, from ideation or personal planning to waiting for the axe to fall.

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<sup>7</sup> Department of health, (2009) *The mental health of Australians 2: 2007 National Survey of Mental Health and Wellbeing*, Commonwealth of Australia, Canberra:

<http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-m-mhaust2-toc~mental-pubs-m-mhaust2-hig~mental-pubs-m-mhaust2-hig-sui>



**Figure 15:** Forum members at a crossroads or end of the road - temporal factors and urgency



## Hopelessness

Expressions of hopelessness include discussions of low self-worth, wanting to give up, the appeal of no longer existing, not seeing any point in continuing, or simply feeling lost and worthless. As a consistent characteristic of many posts in the *Suicidal thoughts and self-harm forum*, the despondency associated with these expressions of hopelessness presents a challenge for those aiming to offer support. Feeling worthless or guilty, loss of pleasure and interest, fatigue are among those symptoms associated with Major Depressive Disorder. When these feelings are expressed in posts they can appear as insurmountable and as barriers to recovery, nonetheless offer a step toward dialogue and open up the potential for action.

The examples below in Figure 16 convey a less urgent but often persistent loss of will that is associated with thoughts of dying or suicidal ideation to varying degrees.

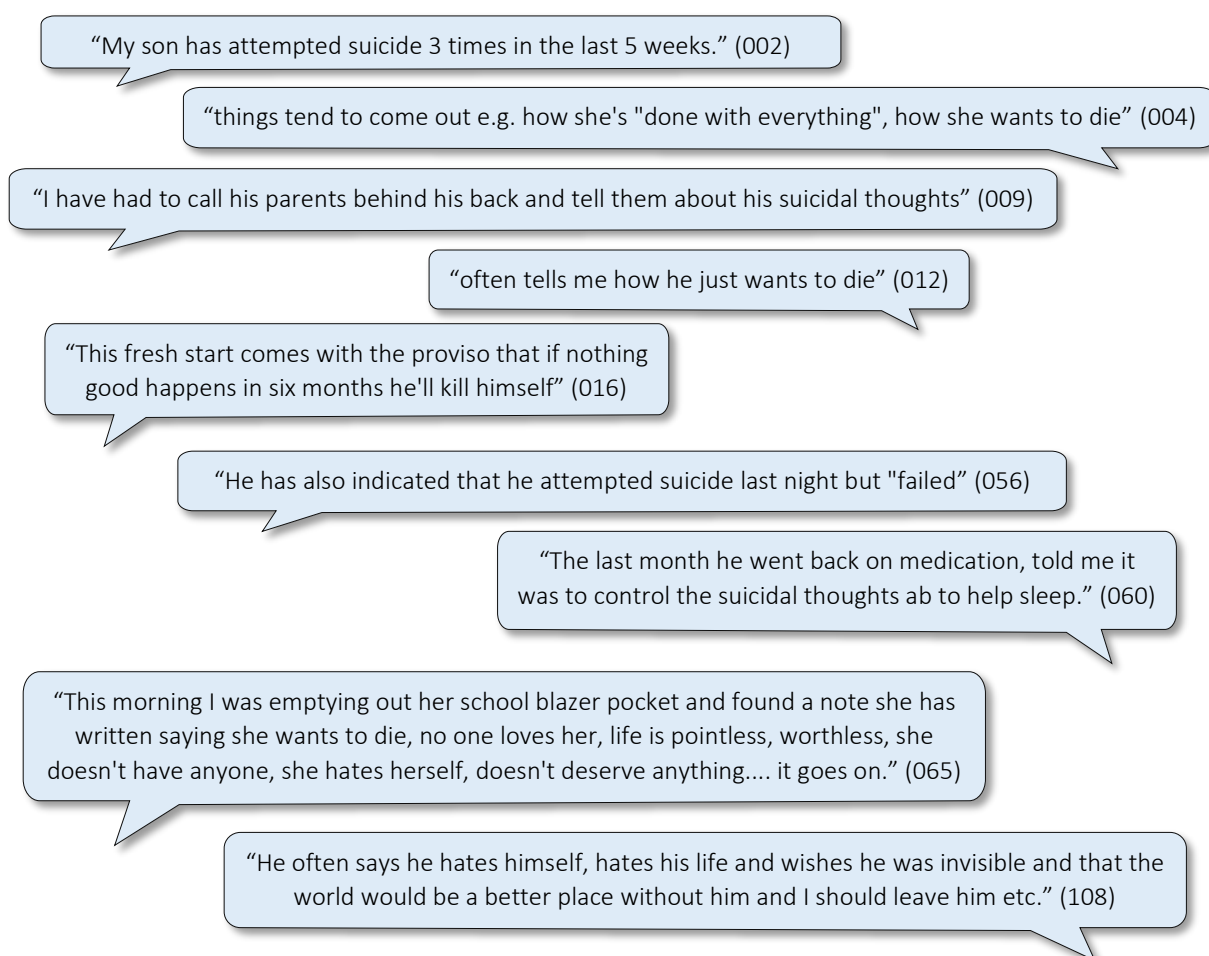


**Figure 16:** Forum members expressing hopelessness

### Others' suicidal thoughts and expression: Family, relationships, friends

A number of participants in the forum are urgently seeking advice and help with family, friends or partners who are either showing signs of suicidal behaviours or are expressing suicidal thoughts and ideation. These circumstances present a great deal of uncertainty and distress for forum member who has posted, who in this case, are often parents of children who have attempted suicide.

A different approach to providing support for these members is needed, in comparison with individuals expressing their own suicidal thoughts. However, this support could be equally as significant in addressing risks at a critical time, or in providing longer term strategies for carers or those seeking to help others in moments of deep distress. While there is a forum dedicated to carers, forum members such as those quoted below are often themselves dealing with significant mental health issues, and/or can benefit from the support of those who have experience with suicidal thoughts and behaviours.



**Figure 17:** Forum members seeking advice and help with family, friends or partners

## In relation to others

One very common aspect of the way members discussed suicidal thoughts, ideation or actions, is through their relation to others, to friends, family, partners, or their children in particular. This relationality is complex and varied. Experiences and expressions of this relationality range, for example, from such low self-worth that they believe others would be 'better off' without them, to others being the primary reason or even motivator for not attempting suicide. Thoughts of others' responses to suicide, play an important part in the way it is experienced and discussed by the forum members who are quoted in Figure 19. This could be an important factor in how other members, including peer moderators and Community Champions, respond to and support individuals who are expressing suicidal thoughts.



**Figure 18:** Forum members discussing suicidal thoughts, ideation or actions in relation to others

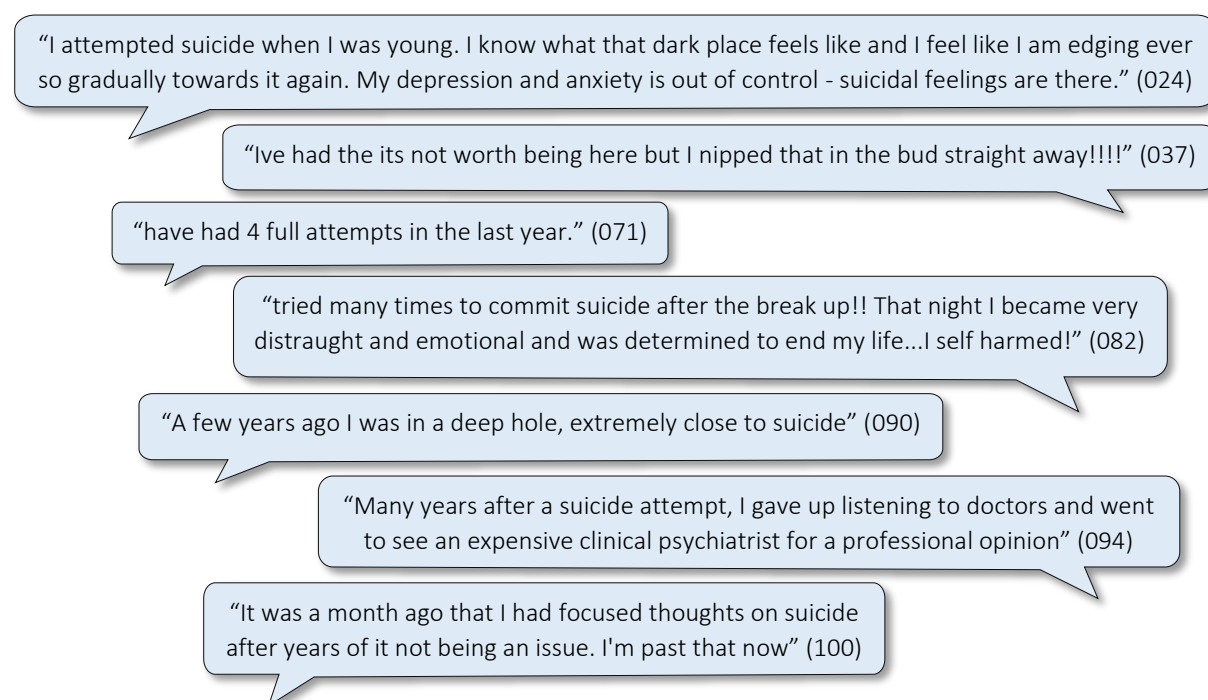
## Reflecting back, looking forward

A final prominent category in expressions of suicidality highlights an opportunity for positive management of the interactions within this forum. When forum members reflect back and are able to look forward along a coping and recovery trajectory, there is often an important degree of distance from the crisis. Hence, the improved capacity for self-reflection, and the acceptance of help or recovery planning.

Although members may be discussing a very recent attempt, this may still be an opportunity to move forward, by way of engaging with other forum members and developing resources and strategies. For example, one forum member posts: *"then last weekend i did a suicide attempt", "like I had enough of this life"* (015); after another member posted a reply of support, an agreement was made that they need to make an appointment to obtain professional help. There are other members who are retracing familiar ground and are self-aware enough to seek the help of others, particularly those in the forum who can offer understanding, support and advice.

Many references are made to specific dates or anniversaries. These are not repeated here but indicate the importance of the temporal aspect of reflecting on suicidality, and the potential for looking forward from those points in time.

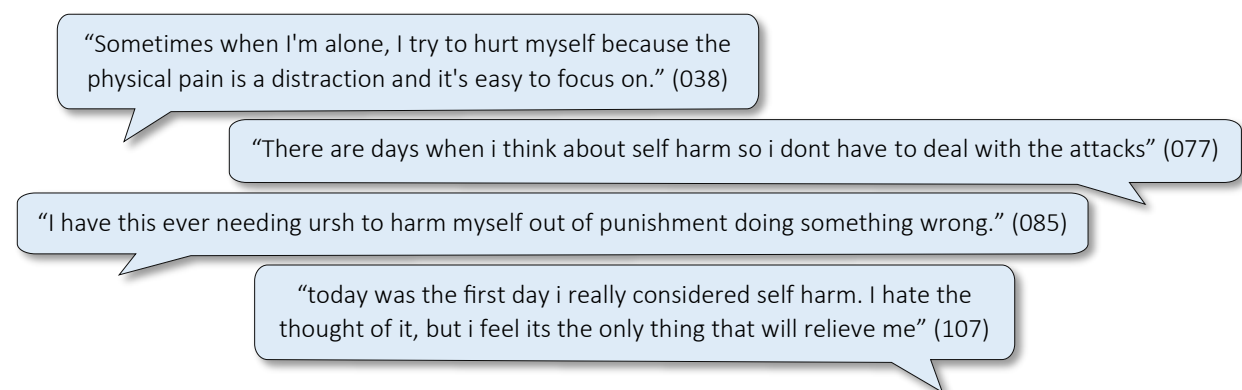
There is great productive potential in allowing these kinds of posts to be accessible for a longer timeframe in this forum, as they provide firsthand and potentially influential accounts of surviving and moving forward. These accounts could be particularly beneficial to individual who read the posts the forum, but do not post. This post by one of the Community Champions purposefully recounts these experiences as a point of hope and thankfulness: *"It was my birthday last week and what I have found on these days the last couple of years is a feeling of mortality in that i got to such a stage where i was having the suicidal thoughts, that I am lucky to still be here."* (032). Additional examples are presented in Figure 19.



**Figure 19:** Forum members reflecting back

## Self-Harm

Explicit discussions of self-harm practices were less common in the sample. This is an aspect of mental ill-health and of moments of deep suffering that may be difficult to express without breaching *beyondblue's* community guidelines. We coded 28 references to self-harming across approximately one third of the source threads. Explicit and descriptive references to self-harm practices, including methods and processes, will have been edited or removed completely. Those references that were observed fell into two distinct categories. The first is where members discuss self-harm as a response to personal suffering; as a form of relief or distraction, or as a mechanism for numbing other kinds of pain (emotional, psychic, traumatic or abusive). The second deals with self-harm in relation to others, either in seeing and dealing with someone's self-harm practices, or in considering the effects of one's own self-harm on other people, such as parents, partners or friends. As with other specific aspects of mental ill-health, discussions of self-harm are entangled with life contexts and concerns, and with other mental health symptoms. For example, one member describes years of bullying, body image issues, sexual assault, issues with friendships offline and online, relationship issues, self-harm and an eating disorder, "yet not professionally diagnosed" (042). When self-harm is discussed as a personal response, there are many different physical, emotional and environmental, or contextual factors involved. It manifests either as both a reaction and a response, or as a form of distraction. Examples of this are shown in Figure 20.



**Figure 20:** Forum members discussing self-harm

Self-harm is raised as an episodic issue for members: *"This year I started self-harming again. ... My doc knew of my previous episodes of self-harm which then resulted in being hospitalised."* (070); *"In the last [few] years i have and am self harming"* (071). These references often indicate a sense of urgency or provide a sense of where coping or recovery strategies have begun to fail or improve.

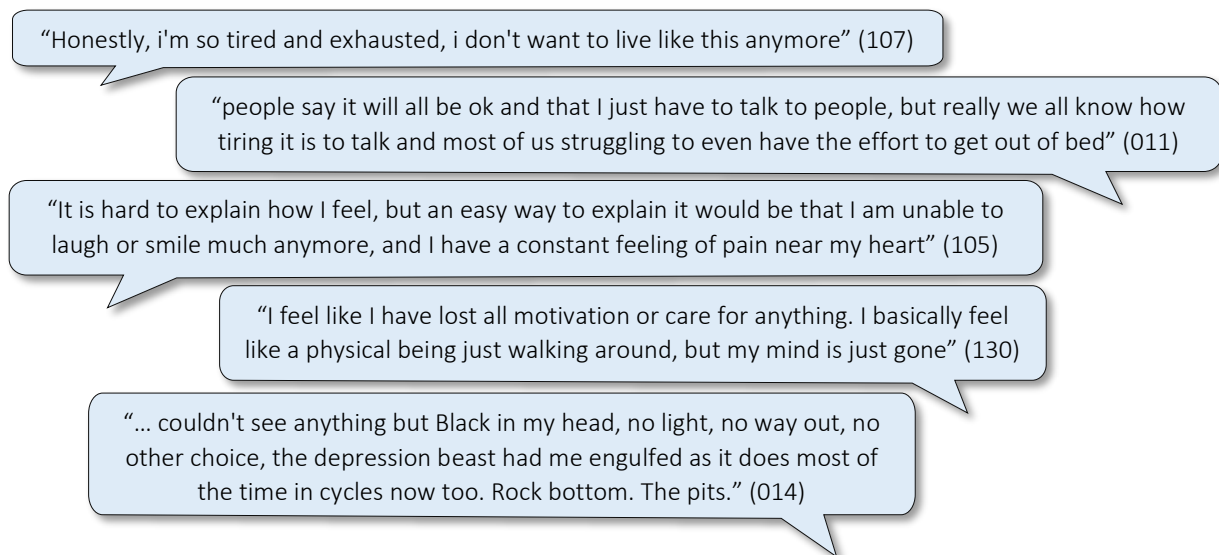
A second key trajectory concerns the way self-harm connects with, or is understood in relation to, significant others. Some forums members are concerned by the reactions and responses to their self-harming and scars: *"What will people say, think if they see the scars?"* (005); *"but I couldn't tell her about the self harm"* (106). Others' self-harm directly impacts on others: *"You don't know what it is like and what it does to your mind to see the person you love self harm in front of you and get no help. You eventually go a bit crazy"* (088); *"Her thoughts of self harm have severely affected me"* (019). Some members explain concerns or difficulties with telling others' about their self-harm: *"So I started self-harming ... and I told a friend about it... This friend is struggling with her own issues, but she said ... that she's also self-harming."* (068); *"When I broke up with him, it was mainly to do with his self-harm issues that weren't being addressed."* (031).

## Feelings and Symptoms

Much of what members convey through new threads and posts relates to details about their 'feelings' (or intimate states of being and being in relation to others); how their feelings are negative or positive at different times; and how these feelings are affected by personal circumstances or by other people in their lives. At other times, discussion of feelings turns to symptoms and mental health conditions, where those

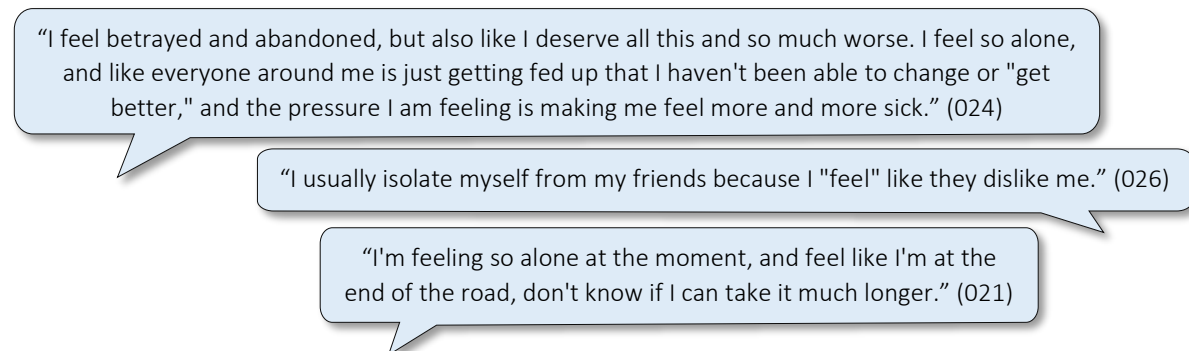
feelings are understood to be connected with, and in many ways caused by, mental health problems. However, this divide or intersection is not always easily understood by many forum members, and some are more self-reflective and self-aware than others. It is through interactions between forum members that personal insights develop, including possibilities for pathways to recovery that involve dealing with life contexts and mental health conditions. These interactions are explored more directly in the following section.

Members discuss feelings and symptoms in ways that present differing levels of despair, self-reflexivity, and support need. A physical element of exhaustion is often conveyed as bound to a sense of emotional despair, including feelings of numbness or dislocation. Emotional tumult, and feeling out of control are also discussed. The intersection of feelings and bodily symptoms is complex, and often addressed or expressed only in hindsight. However, this does signal some sense of self-reflective achievement, and this is indicated in one forum member's ability to help others across a number of threads. Figure 21 illustrates some of these connections.



**Figure 21:** Forum members discussing physical exhaustion

Loneliness, or social isolation also presents as a common feeling among forum members, as is shown in the examples from Figure 22.



**Figure 22:** Forum members expressing loneliness or social isolation

The sense of starting to become isolated from friends and others provides a strong signal of not coping, and many members are conscious of this, to some degree. This, or the mental health issues themselves, can be a source of shame that lead to the deliberate disconnection from others: *"I've been hanging out with my friends a lot less, I hate feeling as though I'm bumming them out and in fact I've been doing the same with family. I feel ashamed by my depression and frankly I just want to hide away and not let anyone know."* (035).



Members often share their feelings of worthlessness and are fearful of how their emotions impact not only their family, friends and partners, but also their relationships in general. For example: *“Everything is so hard. I’m making my boyfriend’s life too hard.”* (095). There is a sense of affected identity associated with this feeling of hopelessness, and it is understood as a cause, or the cause, of social problems and isolation: *“It’s ruining my everyday life, my relationships and social skills.”* (063). These kinds of disclosures are almost always the starting point for supportive discussions. Because these are shared and common negative feelings among forum members, other are able to offer at least understanding and support, but often advice and potential solutions. This is the basis of the vast majority of interactions and conversations as detailed in the following section.

### Summary of Findings – Participants

- ✦ 62% of members posting threads were aged between 15-34
- ✦ The majority of members used the forum to express issues with not being able to cope
- ✦ The language used in posts suggests an urgency in wanting to connect
- ✦ Members used the forums to seek out guidance on supporting friends, partners or children expressing suicidal behaviours or self-harm
- ✦ Members’ personal and social context plays a significant role in their mental health problems. They detail personal relationships, existing mental health conditions and history of suicidal thoughts, and family, work, employment and study circumstances
- ✦ When disclosing mental health conditions or suicidality, members often include their personal history
- ✦ Suicidal thoughts are discussed in relation to time (planning or waiting), concern about the ideation of others (family, relationships, friends), or concern about how others would feel about their suicidality
- ✦ Members also used the forum to discuss positive management of suicidality, at times looking forward with hope and strategies in place
- ✦ Self-harm was expressed as episodic and as a reaction and response, or distraction to current circumstances. Members also discussed how their actions affect others or how other’s actions may affect them

## 4. INTERACTIONS

Interaction is an inherent component of any online forum. It happens in a text-based and asynchronous fashion and is shaped by the features and configuration of the forum. Interaction in this context can be precarious, as members can turn their attention elsewhere or disengage all together soon after they have posted to the forum. This can have serious implications for those in time-critical phases of suicidality or in times of self-harm. In the current iteration of *beyondblue’s* forum, its members can reply to threads generally, or to individuals who have posted within a thread. Members are not notified when there is a reply to their thread or post, which could mean that a lot of posts and replies are not answered. This lack of notification (for example, receiving an automated email) creates an extra step for forum members, who have to check the forum to see if there is a reply. Generally, the *Suicidal thoughts and self-harm forum* is more ephemeral than other *beyondblue* forums. Threads are shorter lived and, as noted earlier, it attracts many new members or members who have not posted *beyondblue’s* other forums.

In our study sample, 75% of all new thread posters (n=129) had posted less than 19 times across any of *beyondblue’s* forums. Perhaps more significantly, 44% had posted only one or two times, with 33% only once. One of the greatest challenges of the *Suicidal thoughts and self-harm forum* is in maintaining engagement with new members over time. To understand more about how members interact (including with moderators and Community Champions), we examined interaction patterns in the 10 threads that had the highest number of posts (see Figure 24).

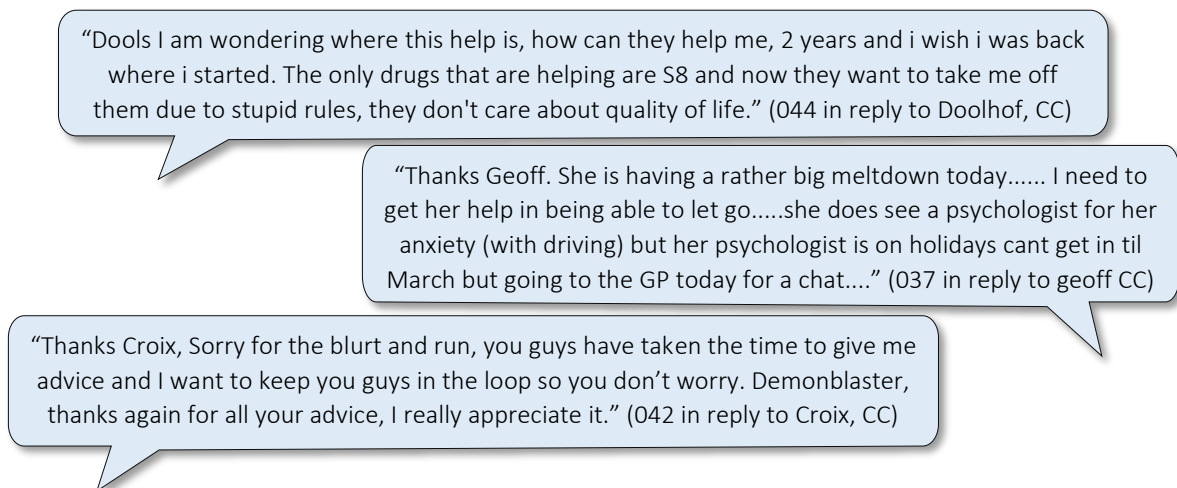
Common patterns of interaction emerge across these threads. This includes many instances of direct question and response, of back and forth interaction between two members (often where one member is a Community Champion or more experienced forum member). There are also occasional interjections from other members, and many cases of early drop-out or disengagement or minimal posts by new forum members looking for help or writing about not coping. Where threads are long enough to develop interactions over time, there are examples of shifts in tone and level of crisis, where the ability emerges to manage mental ill-health or to create a plan for help seeking. As discussed below, such threads are often moved to the *Long Term Support over the Journey* forum and continue to attract collective support and friendship.

The analysis here emphasises three core tendencies, where interaction takes place in an environment of:

- a) intimate, affective expression and exchange,
- b) precarious connectivity and disengagement, or
- c) significant investment by peer intermediaries, mentors or community champions.

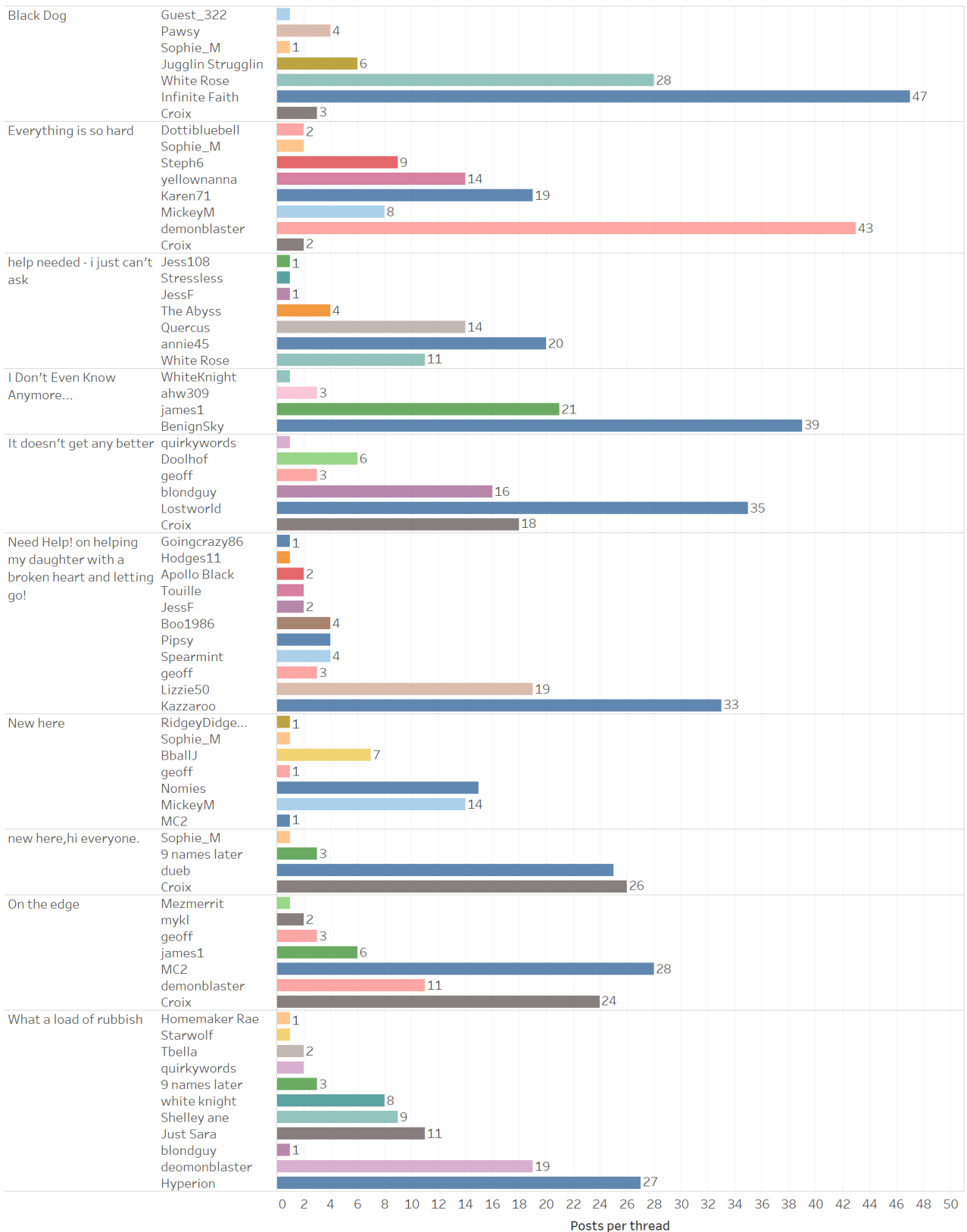
### *Direct Questions and Responses*

A pattern of interaction often occurs in which thread posters respond directly to specific individuals and on a relatively personalised way, but not necessarily as a dialogue. This may be in the form of a Community Champion or peer moderator replying to a post, perhaps with direct questions that are aimed at encouraging further engagement. Forum members may reply to these questions or attempts to encourage further engagement by continuing their story, by further explaining their circumstances, or by clarifying what they have already described. This kind of interaction facilitates further elaboration and maintains presence in the thread, which gives forum members a reason to continue working through their issues by engaging in the forum or thread space. Examples of this are shown in Figure 23, where each of the interactions carry a thread forward and allow a space for members to share their experiences, thereby creating opportunities to offer and receive support.



**Figure 23:** Forum members responding directly to specific individuals

## Interactions within threads



**Figure 24:** Interaction patterns, number of posts per member, top 10 posts per thread

## Dialogue

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At times, and particularly with longer threads, a dialogue will form between two forum members, and this generally occurs between a forum member and a Community Champion, or other key peer mediator. This form of interaction often involves direct questions and responses, as is shown in this exchange between 042 and Community Champion James1:

“Hey, James, I'm feeling lost and alone and scared and unwanted and unloved and not needed and disgusting and helpless and hopeless and idiotic and desperate and needy and clingy and so, so messy”, [and continues in a subsequent post]: “Sorry, I ran out of space to answer your question (and I forgot whoops). School counsellors aren't that great at my school. ...” (042 in reply to james1).

“Hey [042], Oh your post is so very sad. You sound like you're there but really slipping away. Here's my hand to hold on to for a little while at least. Have you ever watched Silver Linings Playbook?” (james1 in reply to 042).

Interactions, such as this example, point to the individualised nature of many support responses and provide an opportunity for problems solving. But this only possible when there is adequate input from both the member who posted the thread and the person responding.

This pattern of dialogue is captured in Figure 24 above. In the threads listed, there are generally two members, (and occasionally a third), contributing the majority of the posts. As noted, often this is the thread poster and a Community Champion, but not always, as is illustrated by the “Everything is so hard” case study on page 26. In the thread “It doesn't get any better”, two Champions (blondguy and Croix), post almost equally in reply to the thread-posting member. In each of these cases, interaction and support is maintained as a collective effort, but these longer threads are mostly spearheaded by one or two key intermediaries or peer mediators.<sup>8</sup>

## Disengagement, Dropout and Minimal Posting

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One of the most challenging aspects of the *Suicidal thoughts and self-harm forum* involves making connections with forum members who have posted when in a crisis situation and maintaining this connection over time. This challenge is highlighted by the fact that:

- ✦ 31% of threads in the sample had only 2 or 3 posts, and in most of those the thread poster has not returned to interact further with those who have replied, and
- ✦ 54% of threads in the sample had 6 or less posts, again constituting low engagement or disengagement, and halted interaction.

In many threads, the efforts of Champions and other prominent supportive peer mentors help address disengagement through effective empathy practices, or interactive listening. This is where skilled forum mentors are able to probe, respond and maintain engagement with members posting in times of mental health crisis. Disengagement, however, remains one of the most significant challenges posed by the forum, raising questions of how to support those who post in distress but do not return to the forum.

## Summary of Findings – Interactions

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- ✦ 75% of new thread posters had posted less than 19 times across the *beyondblue* forums
- ✦ 33% of new thread posters had only posted once, and 44% 1 or 2 times
- ✦ 56% of threads contain 6 or less posts
- ✦ Interactions were typified by question and response; threads relied on input from supportive peers
- ✦ Sustained interactions among threads with a higher number of posts consisted predominately of two, or occasionally three members
- ✦ A smaller number of key intermediaries, or peer mediators (Community Champions, blueVoices members, and others), lead the way in providing support for those who are seeking it

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<sup>8</sup> This finding is supported by previous research: McCosker (2017) *Networks of Advocacy and Influence: Peer Mentors in beyonblue's Mental Health Forums*, Swinburne Social Innovation Research Institute, Melbourne

## 5. IMPACT AND BENEFITS

We identified 70 threads that contained more than 244 explicit references to the positive impact the forums have had for members. We were unable to account for benefits for members who just read the forum and do not post, or for members who post but did not explicitly convey an indication of finding benefit. And it is unclear from the expressed posts what needs remain unmet by forum members. In this respect, survey methods could provide more comprehensive data. However, the forum's significant social value is reflected in these direct expressions that recognise the helpfulness of the support and advice that is offered (and an agreement with it), and reference to specific items of usefulness, personal impact and the influence of others.

Overall, the value of the forum is varied and nuanced. It serves individual members and participants in a wide range of ways, and provides:

- ✦ a source of one-to-one personal contact,
- ✦ a sense of open access to a community of support,
- ✦ first hand expertise and knowledge related to mental health issues,
- ✦ specific information and personal advice or strategies,
- ✦ knowledge about professional support options and other online links, and
- ✦ resources for coping and recovery strategies.

The forum provides a community of shared knowledge and understanding and creates connections between individuals who have experienced suicidal thoughts and the associated experiences of hopelessness, low self-worth and dread. This access itself can be significant for many. For example, one participant signals the specific purpose of the forum for chatting “*to people who really understand*”:

“Thanks for the advice on counselling info, I may ask my GP about seeing the counsellor a saw a little while ago, if not anytime soon - I have a few mates who I can chat to (when I can get a hold of them), just sometimes I'd like to be completely alone or come on here and chat to people who really understands what I mean, I know I can rely on my mates but just like to talk to someone on this site who is at my level of things - if that makes sense?” (069)

It is clear from the range of references to personal impact and influence that there is distinct value in the *Suicidal thoughts and self-harm forum* as a destination and platform for addressing mental health issues and difficulties.

While the specific health and wellbeing benefits of engagement with the forum are varied and nuanced (not to mention difficult to specify across the whole community of participants), patterns emerge through which we can start to see what kinds of information, advice and support members find useful, and in some cases, how it is useful. To begin with, we identify the range of specific items and resources that are referred to by members in terms of their helpfulness. We then detail the way forum members express recognition of others' impact and influence, and expressions of agreement with others that indicate some positive appreciation of support given. We also identify crucial signs of re-thinking and 'actioning', which demonstrate some of the specific ways members have benefited from targeted and general support through the forum.

### *Resources of Value and Help*

Members note the usefulness of a number of specific items, resources or elements that are made available through the forum or through conversations with others there. The *Suicidal thoughts and self-harm forum* itself is discussed as being a helpful venue for expressing thoughts, feelings, experiences, and as a place for connecting with others and addressing issues of isolation. Some members talk about being grateful for the simple “*opportunity to talk*” about problems, concerns, and issues (127). These benefits act as an incentive to continue participating: “*I'm very happy to be somewhere that I can express my feelings and will proceed to post longer posts in depth in the future.*” (074). They offer direct comfort and relief: “*I like being on beyond blue it does make me feel secure now and thanks for thinking of me*” (088).

Although the community rules mean that members can't post URL links, many members find ways of referring to helpful online resources, or Googleable terms, as well as helpful apps and other digital mental health support tools. For example: *"Thank you Croix, for all the wonderful app suggestions"* (010); *"Thankyou for the Google searchers! ... The Balance of Your Life especially I found interesting - I think you're really spot-on with that, especially given the statistics for anxiety and depression in the western world despite our economic [wealth]"* (078). Others discuss creative outlets or productive and simple distractions, and encourage physical or focused activity, and learning. Educational options are often provided: *"thank you for your suggestions re school. You're right baby steps might be the way to go. I'll try to find something I can do and sign up"* (053); along with creative outputs such as addressing problems through writing practices (064).

There are many references to professional and therapeutic help (such as counsellors, psychologists, or General Practitioners), as well as references to specific therapeutic techniques, such as CBT. Medication is discussed in general terms, for example, *"I really appreciate all your information and advice of the meds issue. You have definitely reduced some of my fears regarding them."* (053). Advice regarding other services, such as housing and community supports, is also discussed as useful: *"Thanks for advice about police, it is hard to know what to do"* (082)

Occasionally, forum members reject the suggestions of others and insist that certain things will not help: *"medication and counselling--no i havent tried it. Counselling will not work. I know myself well enough to know that. And medication? I have a number of friends or acquaintances with depression. I have seen the effects of their medication. No thanks."* (029)

### **Recognition and Agreement**

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Recognition of the helpfulness of support, and agreement with advice, information and suggested strategies is often expressed in general terms, but is also directed toward specific forum members, particularly the Community Champions and other key peer mediators of support and interaction. This expression of recognition creates feedback cycles, which reinforces ongoing connections and interactions. The numerous examples of recognition of impact (133 references across 70 threads) signals the overall usefulness of the forum and of the interactions and advice received there.

Expressions of both general and directed recognition of support tell us about what kinds of information, advice and support forum members find helpful.

#### **General acknowledgement of support**

General statements of recognition are directed at the community or collective as a whole and signal a shift in the crisis situation. For example: *"Thanks for the support :) I feel better now..."* (003); *"Your support, that goes to all those who have posted, means a lot to me. The turmoil is abating somewhat."* (033). This includes an acknowledgement of the work in listening, or reading, or *"just being there"* (057). Direct acknowledgment of individuals can also be general in this sense, such as an appreciation for the difficulty of a situation. This type of acknowledgement maintains connection with others and encourages a sense of community: *"Thanks so much for sharing your insights Paul and for your kind words. I can see you know how difficult this situation is"* (019).

#### **Directed acknowledgement of support**

When forum members directly acknowledge the support of others, either through a direct reply or by naming specific members in a general post, we see indicators of how these connections have a direct benefit. This benefit might be in the form of a short term shift in mood or a sense of hope, for example, *"i'm having a bad day today, but your reply gave me some hope and made me feel a bit positive..so thank you again"* (008); *"Hey U44 :) Thanks for supportive post"* (014); *"Oh Sara, that is a beautiful reply it is truly touching. This may be overly flowery but my burden seems to lighten ever so slightly. Thank you from every fibre of my being"* (033).

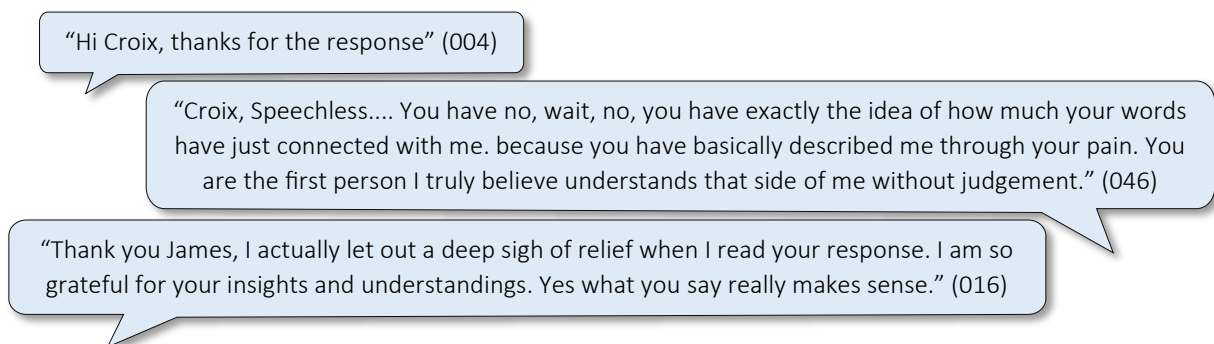
Some forum members convey how significant – and perhaps rare in their everyday life – the encouragement and interactions on the forum have been: *"Hi G23, thank you so much for your encouraging kind words. I don't think I've met so many understanding, non judgemental, kind people in such a short time in my life. I'm so glad I've joined up to this forum. I feel very supported and liked"* (008); *"Hi L65, Thank you so much for taking the time to reply, you have no idea how well it was received and how much it was"*

*appreciated.” (098). Peer mediators and Community Champions can have a cumulative impact in this sense, which is occasionally acknowledged through reference to advice and support given “around the forums”: “Yeah, I have seen you post around a lot, you give some good and valid advice, I admire that. And yeah, James has done a fantastic job...- both have been a great help and support system through my stupid petty teenage angst” (042)*

### The impact of Community Champions and other peer mediators and intermediaries

There are many specific acknowledgements and thanks directed towards Community Champions. This can be expressed in a short and direct acknowledgement or a thankyou: *“Thank you Geoff and White Rose for your words of advice. It has helped me feel a little more at ease”, “Thank you Mary for the insight you’ve shared. Much appreciated”, “Thanks Tony WK, I know things will get better with time. And it’s good to know this site is here to assist” (025); “Thanks so much for replying Geoff” (037); “Thank you for your advice and help James” (074); “Thanks for your supporting comments Starwolf.” (094).*

But forum members often express a deeper individual appreciation of a Community Champion’s support, words or advice, as shown in the examples from Figure 25.



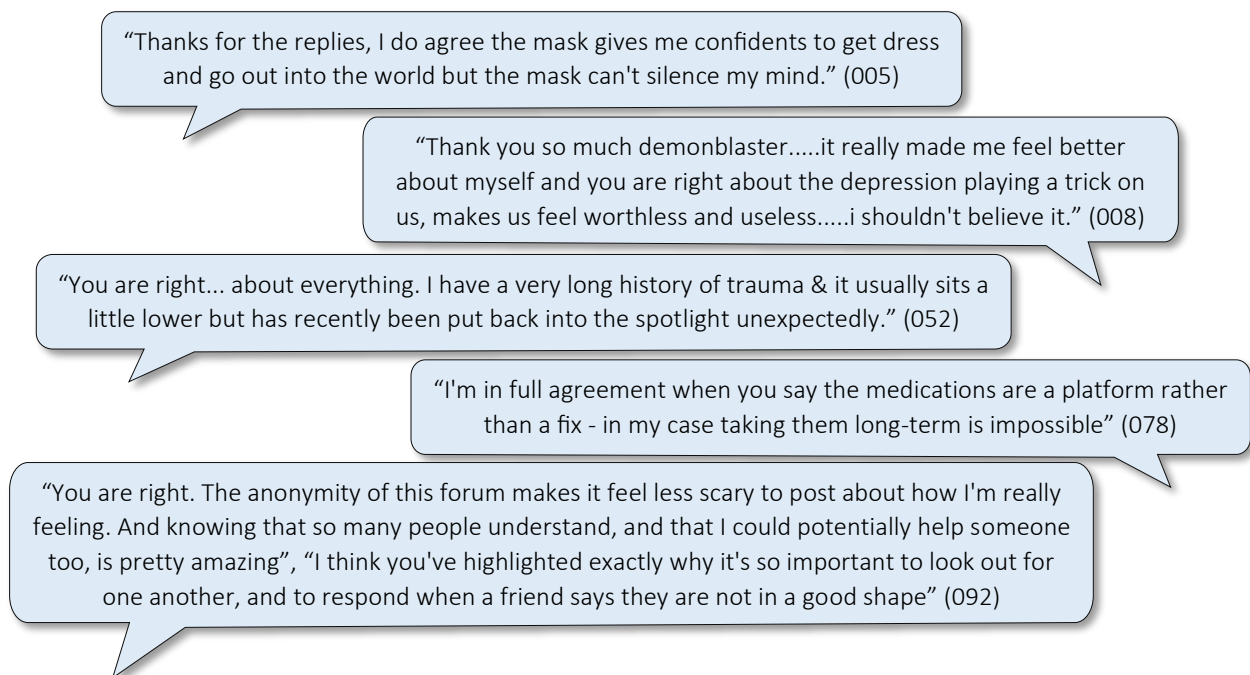
**Figure 25:** Forum members acknowledging and thanking Community Champions

### Agreement

A basic sense of agreement is often expressed by members who are responding to suggestions and advice. Agreement facilitates interaction, but also indicates thoughtful trajectories and the hope of progress in addressing the specific issues members are dealing with. This manifests in different ways across a number of threads. Agreement can be simple and express a kind of ‘common sense’ acknowledgement of others’ advice or point, for example, *“thank you so much [redacted] for the reply and for your kind words. you are right .....the main issue is how it effects my my mental health” (008); “No I completely understand your point of view. Sitting down all day doesn’t help me and I’m sure I have become lazy too.” (045); “Yes I agree, I have to do the work.” (121).*

There is often more specific and complicated context involved, and forum members are reflecting on how to negotiate the problems they face in these life contexts. This can take some time and often involves ongoing exchanges, as is indicated by the examples in Figure 26. The last example in this figure exemplifies the subtle movement that exists between agreement and action – either in the process of re-thinking and addressing negative thoughts or behaviours or looking toward concrete actions that can be taken to address specific problems.





**Figure 26:** Forum member expressing agreement with suggestions and advice

### Rethinking and Actioning

One of the primary goals that is shared between forum members (including both those who are seeking support and those who provide it and those who moderate posts and interactions, is to achieve some form of positive action or rethinking. Actioning is a form of acknowledgement and agreement that lets others what actions have been taken in response to the advice or ideas that have been given, or simply in response to others' own situations and practices. When actioning is shared on the forum, there is a sense of hope and future-orientation.

Expressions of rethinking and actioning range between simply making a promise to act, to reporting back on significant changes that resulted from actioning the advice that was given. For the former, there is a strong degree of uncertainty that the actions will be taken, or if will have any effect: *"I'll try doing what you suggested and see how that goes for me."* (042); *"Thanks Mary I will follow that up see where it takes me."* (050); *"Thanks MC2, I appreciate your practical advice, I will try it tonight."* (075); *"Thanks J33, that is a great post. I'm going to give it a try."* (033). Other times, general "promises" to act or make a positive change are made but are not necessarily convincing: *"And you are right about medication ....I will take the adequate dose from now on and watch my diet and exercise more. ... You will hear from me more...I promise"* (008).

Some see the need to act but remain unsure of the approach and look to further discussion of the issues: *"Thank you so much for that post. ... I really do want to tell my family but I don't know how they'll react. I don't want them to look at me differently because of this."* (038). Others report a desire to act while recounting the difficulties in doing so, and perhaps failed attempts to make a change: *"Thanks Q45 and T3 Couldn't bring myself to tell hubby last night - might aim for tonight. I just can't get the words to come out."* (066). There is the potential here for significant changes or actions, particularly around professional help, as noted in posts quoted above and here: *"I am taking on board what you are saying. I needed the push to see my GP and this is it."* (010). Such an action seemed to have a significant impact for the "Everything is so hard" case study.

## Summary of Findings – Benefits & Impact

- ✦ There were at least 133 references across 70 threads signals the overall usefulness of the forum and the interactions and advice received there
- ✦ The forum provides a community of shared knowledge, understanding and connections
- ✦ Members described a sense of belonging and a willingness to support others
- ✦ Members provided support through referring to online resources, Googleable terms, helpful apps and other digital mental health support tools
- ✦ Traditional support and resources were also shared including councillors, psychologists, General Practitioners, therapeutic techniques and medication
- ✦ Members recognised the support given through general statements and through direct acknowledgements
- ✦ Community Champions and other key peer mediators and intermediaries had a positive impact on the ways members used the forums
- ✦ Recognition of impact often emerged through ongoing exchanges
- ✦ Interactions on the forum often lead to members rethinking their situation or taking specific positive actions in regards to their situation.

## 6. DISCUSSION AND RECOMMENDATIONS

The quote used in the title of this report is taken from the thread “Everything is so hard”. The seemingly simple point made – “it does help having you guys” – perhaps downplays the extensive set of benefits an online forum offers for those dealing with serious mental health problems. By mapping activity within the *Suicidal thoughts and self-harm forum* across a month, this report has detailed many of those benefits, along with the characteristics of the people who post to the forum, their circumstances and mental health issues, how they interact, and their account of the role that forum community plays in addressing their difficulties.

As a complement to professional mental health services and other online or mobile app platforms for support, online forums offer distinct and unique benefits. Foremost is the experience or issue-focused community of practice, and the peer mentorship and expertise that forms over time around community problems such as suicidality and self-harm.

The findings of this research show that participants in the *Suicidal thoughts and self-harm forum* post from dispersed locations across Australia, mapping with major population centres, but also from regional and remote areas. Those posting on this particular forum are younger on average compared to those posting to the forums as a whole, with an average age of 33. The skew toward the 15-34 age range (62%) also differs from the forms as a whole (30%) indicating a greater need and utility for younger people.

Forum members post threads to the *Suicidal thoughts and self-harm forum* at times of crisis, when ‘not coping’, ‘lost’, and out of a sense of ‘hopelessness’. A significant portion of threads directly concern issues and difficulties with personal relationships, and this social context plays a significant part in mental health issues reported.

Members report a wide range of mental health issues but do so in ways that emphasise combined diagnoses and conditions. Discussions of specific mental health issues are also entangled with a range of complicating personal, social and economic circumstances, and those who post to the forum are often seeking solutions to these social problems as a priority and as central to their mental health issues.

One of the most prominent issues to emerge from the analysis, is the difficulty of establishing and maintaining engagement over time among those who post there. New forum threads are often posted by low participation or new members, and there is a high turnover of threads rather than continuous engagement over time. 75% of new thread posters had posted less than 19 times across the *beyondblue*

forums. 44% of new thread posters had only posted 1 or 2 times, and 33% had only posted once. 56% of threads contain 6 or less posts.

The analysis also illustrates the vital importance of experienced intermediaries, or peer mediators and Community Champions. These are the 'ordinary influencers' who are able to create an environment for supportive, knowing support, but also help to reframe negative thoughts and provide strategies and avenues of hope. When we analysed the interactions among the highest-post threads, the crucial work of these peer mediators became apparent. Common patterns of interaction occur, where peer mediators (often, but not always Community Champions), develop a connection through dialogue with the thread poster, even where the member posting disengages for periods of time.

The impact and benefits of the forum are difficult to pin point, but members are upfront in their acknowledgement of the support. Many relay direct acknowledgement of individuals who have made a difference in their lives, offered helpful advice or strategies, or helped them toward more positive thinking, behaviours and actions.

## Recommendations

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In light of these findings, we offer the following recommendations:

1. Maintain the public, but pseudonymous, setting for the forum to encourage access and participation among vulnerable at risk and hard to reach populations.
2. Continue to encourage broad principles of support and participation in the *Suicidal thoughts and self-harm forum*.
3. Target members who post to this forum for the first time to encourage ongoing engagement and decrease the rate of early disengagement. Continue to improve immediacy of response and reengagement, for instance, through introduction of a notifications system. Maintain thread visibility for a longer period, 2 to 3 months, even where inactive, in combination with strategies for reengaging those who have posted during suicidal crisis and then disengaged with the forum.
4. Develop a stance of supportive dialogue between those posting in moments of crisis and expressing more time critical suicidal ideation and those able to support. Foster strategies among peer intermediaries for establishing and maintaining connections with thread posters.
5. Continue to provide support for the forum's peer mentors (i.e. Community Champions and other key intermediaries and mediators), including through training modules and information resources. Continue to recruit Champions who understand or have experienced suicidal thoughts and self-harm. Younger Champions should also be enlisted given the younger cohort for this forum.
6. Encourage more positive posts from those able to reflect back on moments of suicidality or survival of attempts with a focus on moving forward, finding hope and recovery.
7. Develop accurate and timely means for monitoring all forum activity, including through technologies such as machine learning, to identify particular expressions of suicidality that indicate urgency, feelings of being at the end of the road or a crossroads, and other time critical aspects to suicidal ideation. Maintain channels of direct contact for those most at risk.

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