TURNING TO ONLINE PEER FORUMS FOR SUICIDE AND SELF-HARM SUPPORT

“IT DOES HELP HAVING YOU GUYS”

Anthony McCosker & Michael Hartup
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.

For inquiries, contact the Chief Investigator for the project, Anthony McCosker (amccosker@swin.edu.au).

Dr Anthony McCosker is Senior Lecturer, Media & Communications, Faculty of Health Arts and Design, and Program Leader, Participation & Inclusion, Social Innovation Research Institute, Swinburne University of Technology, Melbourne. https://swinburne.academia.edu/AnthonyMcCosker

Michael Hartup is a PhD candidate, Institute for Culture and Society at Western Sydney University, and research affiliate at Swinburne University of Technology

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.

This report is released subject to a Creative Commons BY-NC-ND license (License). This means, in summary, that you may reproduce, transmit and distribute the text, provided that you do not do so for commercial purposes, and provided that you attribute the text as extracted from Turning to Online Peer Forums for Suicide and Self-Harm Support: “It does help having you guys”, beyondblue and Swinburne Social Innovation Institute, Melbourne, 2017. You must not alter, transform or build upon the text in this publication. Your rights under the License are in addition to any fair dealing rights which you have under the Copyright Act 1968 (Cth). For further terms of the License, please see http://creativecommons.org/licenses/by-nc-nd/3.0/

© Swinburne Social Innovation Research Institute, September 2017

# Table of Contents

**List of Figures** ........................................................................................................ IV

**Executive Summary** ..................................................................................... V

- Overview & Forum Members’ Characteristics ........................................... 5
- Interaction ................................................................................................. 5
- Benefit and Impact of the Forum ........................................................... 7
- Recommendations ................................................................................... 7

**Introduction** ........................................................................................................ 1

1. **Research Design** .................................................................................. 3
   - Data Collection .................................................................................... 3
   - Methods and Ethics .......................................................................... 3

2. **Suicidal Thoughts & Self-Harm Forum Analysis – Overview** ................. 4

3. **Forum Members’ Characteristics** ...................................................... 7
   - Social Context ................................................................................ 9
   - Mental Health Conditions ............................................................... 11
   - Suicidality ....................................................................................... 14
   - Self-harm ........................................................................................ 20
   - Feelings and symptoms .................................................................. 20
   - Summary of findings – Participants: .............................................. 22

4. **Interactions** ............................................................................................ 22
   - Individual, direct questions and responses .................................... 23
   - Dialogue .......................................................................................... 24
   - Occasional interjections .................................................................. 26
   - Disengagement, dropout and minimal posting .............................. 26
   - “Everything is so hard” (130) .......................................................... 26
   - Summary of findings – Interactions: ................................................. 27

5. **Impact and Benefits** ............................................................................... 28
   - Resources of value and help ............................................................ 28
   - Recognition and Agreement ............................................................ 29
   - Rethinking and Actioning ................................................................. 31
   - Summary of findings – Benefits & impact: ....................................... 32

6. **Discussion and Recommendations** ................................................... 32
   - Recommendations .......................................................................... 33

7. **References** .................................................................................................. 34
LIST OF FIGURES

Figure 1: Top 20 most common words, whole sample (1832 posts) .................................................. 5
Figure 2: Topic categories for threads posted (n=118 / 129) between June and July 2017 ......................5
Figure 3: Examples of forum members expressing their sense of 'not coping' .................................... 6
Figure 4: Examples of forum members expressing their sense of hopelessness ....................................6
Figure 5: Forum members expressing concern about relationships ..................................................... 7
Figure 6: Forum members expressing a sense of not being able to talk to others about mental health ...... 7
Figure 7: Age range of thread posters (n=124) .................................................................................... 8
Figure 8: National map of thread poster locations (left), peak activity centres (right) (n=124) .............8
Figure 9: Forum members discussing abusive or strained relationships ............................................. 9
Figure 10: Forum members providing details of personal histories ....................................................10
Figure 11: Forum members discussing work, employment, education as life contexts and key stressors ..11
Figure 12: Top 20 mental health condition terms discussed in the forum .......................................... 12
Figure 13: Forum members discussing multiple symptoms and conditions ....................................... 12
Figure 14: Forum members discussing mental health conditions with a specific timeframe or duration ... 13
Figure 15: Forum members at a crossroads or end of the road - temporal factors and urgency .......... 15
Figure 16: Forum members expressing hopelessness ..........................................................................16
Figure 17: Forum members seeking advice and help with family, friends or partners ....................... 17
Figure 18: Forum members discussing suicidal thoughts, ideation or actions in relation to others ....... 18
Figure 19: Forum members reflecting back .........................................................................................19
Figure 20: Forum members discussing self-harm ..............................................................................20
Figure 21: Forum members discussing physical exhaustion ..............................................................21
Figure 22: Forum members expressing loneliness or social isolation ..............................................21
Figure 23: Forum members responding directly to specific individuals ............................................23
Figure 24: Interaction patterns, number of posts per member, top 10 posts per thread .................... 25
Figure 25: Forum members acknowledging and thanking Community Champions .......................... 30
Figure 26: Forum member expressing agreement with suggestions and advice .................................31
EXECUTIVE SUMMARY

There are no easy solutions to reaching 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, which is one of twelve heavily subscribed online mental health support forums on the organisation’s website. This mapping work provides a substantial evidence base that can be used to maintain, improve and replicate these services to better reach people vulnerable to serious mental health risks.

Through a detailed analysis of activity occurring over a one-month period, the research offers three key insights: 1) those engaging with the forum at times of serious mental health crisis benefit from relaying the entangled personal, social, relational and biographical context of their mental ill-health to supportive others; 2) forums provide benefit to those in moments of crisis and suicidal ideation when there is sufficient peer mentorship and mediation available to encourage and maintain interaction; 3) the stated benefits of engaging with the forum are multi-faceted, and range from just having access to peers who understand the difficulties of serious mental illness, to the ongoing guidance of “expert” peer mediators, including actionable strategies that can make a difference.

Overview & Forum Members’ Characteristics

- 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 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 and as a reaction and response, or as a distraction to current circumstances. Members also discussed how their actions affect others or how other’s actions may affect others.

Interaction

- 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**

- 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**

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.
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 peer mentors – 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.
Suicidal thoughts and self-harm beyondblue Forum Analysis

INTRODUCTION

More and more of our everyday interactions with other people are happening via social media and mobile tools. Health organisations see the benefit in using these digital tools to reach out and connect with people who need help. These changes to everyday interactions have been rapid. Health professionals and organisations are having to respond to the new publicness of talk about suicide and self-harm, and to find positive and safe ways of managing it. However, there has also been a preference among health professionals to avoid public or social media platforms when dealing with this issue. There is an increasing need to explore new approaches for managing online discussions of suicide, and to develop strong mechanisms to provide support for where and when conversations or requests for help are happening. So that we can work towards this, we must understand how to better target and address individual crisis and recovery needs, and supplement existing services, such as crisis phonelines, 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 available 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. Forum members often post here 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.1 The Suicidal thoughts and self-Harm forum offers a critical plank in a broader suicide prevention and response strategy. Understanding the activity that has taken place on this forum is crucial to maintaining, improving and replicating this service.

There is great value for public health in 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.2

Concerns have been expressed about the potential negative effects of social media platforms, such as Instagram or Twitter, can have on mental health, particularly on young people3. Host organisations and

---

1 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); McCosker, A. (2017) Networks of Advocacy and Influence: Peer Mentors in beyondblue’s Mental Health Forums, Swinburne Social Innovation Research Institute, Melbourne.


3 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).
forum members are able to retain control of how the forums operates. They often enable anonymity and do not rely on creating a profit through data collection. Pathbreaking research examining suicidal ideation within large online community forums like Reddit have tended to focus on predictors of risk. We need to better understand the positive approaches and the user experiences for sites that actively manage and moderate suicide and self-harm talk. 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. The strength of dedicated health forums is in their ability to provide members with control in the form of identity protected agency and an outlet for personal expression, and an accessible channel that serves the critical need to connect with others who will understand and offer specific, practical forms of help when it’s needed.

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 either experiencing a crisis and those who 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, and
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 forum they disengage. 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. Nonetheless, this study provides some groundwork for further research and interventions in online community-based approaches to suicide prevention and mental health recovery.

---

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 moderators, 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 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 accessible threads
- These threads included 1832 posts.
- These posts were made by 124 unique forum members

This dataset represents a relatively typical monthly 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:
Turning to Online Peer Forums for Suicide and Self-Harm Support

a) Participants’ characteristics
b) Interactions (among group; with Champions & moderators)
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 compile an evidence base for the benefits of the forum for its members.

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 anonymised, 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 pseudonyms, is presented in the report. Forum members have been identified only by a number. (Pseudonyms of peer moderators and Community Champions 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. 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.  

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, and
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.

---

5 Ethics obtained relation to ongoing Project 2015/272, SUHREC, Swinburne University of Technology.
Turning to Online Peer Forums for Suicide and Self-Harm Support

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. 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.

“I don’t want to surrender and admit defeat to this illness but on the other hand I don’t feel the strength there no matter how hard I try. I’m facing some challenging situations at present which would be difficult for anyone, and I can feel myself barely treading water and holding my head up.” (049)

“And I’m gonna lose everyone that I care about and I’m gonna be alone again and I’m frustrating more and more people.” (042)

“Bloody hell not one person has had bothered to ask how I am” (033)

“I just feel down and have worries constantly in my head.” (030)

“I’ve never openly spoken about all of these feelings to anyone, partly because of the above reason of people not believing me, but also because I don’t want to a) bring others down and b) because I feel like it will make no difference. I can’t be helped- nothing can help me. I am a lost cause.” (130)

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

Many thread posters express their 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:

“I’m lost, I’ve just found a support group which meets once a month.” (065)

“I’m not sure on what to do anymore” (089)

“I don’t know where to go for help, but I am fully aware that I need to combat this crippling habit. I would really appreciate anyone’s suggestions in regards to what has worked for them and where they have been able to go for assistance.” (116)

**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.
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.

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, which indicates a specific demographic value. This is 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). 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.

![Age range of thread posters](image)

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

The average age of thread posters in the sample is 33, and there is a broad skew toward the 15-34 age range (62%). The age range of thread posters is broadly skewed toward 15–34 (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 those aged 18–34 constituting only 30% of the active user population.\(^6\)

![National map of thread poster locations](image)

**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.

Social Context

When forum members talk about their social and economic circumstances (as many do throughout their posts), they usually do so in a way that is entangled with mental health issues and conditions. These 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 background or context. 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 abusive or strained relationships

Many members provide detailed personal histories and refer to their difficult family circumstances and responsibilities. Examples of this are shown in Figure 10.
Figure 10: Forum members providing details of 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. The following example illustrates 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. My best friend of 20 years and I had a falling out 5yrs ago so I'm now alone. My marriage to a narcissist ended in 2011 and the narcissistic abuse was both damaging and complete. I was unable to work or function for a year following, even a trip to the shops was out of the question, I was a prisoner of my own fear.” (098)

Further examples of the stresses of work and loss of work are shown in Figure 11.
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 with specific conditions, such as depression, anxiety or PTSD or anxiety. However, the critical nature of posts to the Suicidal thoughts and self-harm forum tends to be associated with multiple conditions, and with 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.
Discussion of multiple symptoms and conditions relates to some of the main themes and reasons for posting to the forum, as noted above at the beginning of Section 3, including ‘not coping’, ‘lost’, ‘hopelessness’, and ‘need help’. Uncertainty and the sense of being out of control connect with the overwhelming sense of 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)

“my daughter suffers from GAD with anxiety attacks, thoughts of self harm and hallucinations.” (019)

“I am diagnosed with mutism, depression, PTSD, severe anxiety and an eating disorder.” (039)

“diagnosed with PTSD, PPPD, benign prostatic hyperplasia, pheochromocytoma’s, bipolar schizophrenia,” (044)

“I’ve been diagnosed on and off with major depressive disorder, major anxiety disorder, and PTSD for seven years” (078)

“I have PTSD and depression and some anxiety. My husband has Bi-polar” (088)

“also suffering anxiety and agoraphobia. After 3 months in psych ward I went out on my own but am still facing fairly chronic depression, thought the anxiety is only mostly mild and occasional panic attacks” (062)

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

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:

- “I’ve been dealing with anxiety and depression for as long as I can remember.” (020)
- “I’ve been suffering from depression and anxiety since childhood, since I remember. I was diagnosed with bipolar II when I was in my 30’s.” (008)
- “I’ve been dealing with anxiety and depression my whole life (diagnosed with boarder-line personality disorder)” (045)
- “My depression and anxiety suddenly went out of control” (034)
- “So lost all my self worth in Feb 2013 due to PTSD, depression and anxiety” (032)
- “My illness is ‘depression’ which I have had for 9 years and in the last 3 I am listed as extreme yay me.” (071)
- “I have had a long history mental illness but I’ve finally been diagnosed with schizophrenia” (048)
- “Suffering with major depression and have realised after talking to my sister that I have had mental health problems my whole life.” (075)
- “My first experience with PTSD was when I was 7 years old.”
  “My second PTSD experience was on 8/03/98” (101)
- “I had a super psychotic episode in 1996.” (100)
- “I’ve had anxiety my whole life and depression severely in the past 6 months” (120)
- “My anxiety worse and depression worse.” (123)
- “I am currently in a severe episode of depression” (128)

**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 important information about the stage of their crisis, and their 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 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. 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 of 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 is 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.

“feel like I’m at the end of the road, don’t know if I can take it much longer.” (021)

“I’m hoping that a second heart attack will take me soon”
“I would love to just walk away and disappear” (023)

“Kinda like I’m on death row, just waiting for the axe to fall. Is what it is” (028)

“i’m so bloody stuck I just want to end my life now” (045)

“Lately I have just been sort of wishing I didn’t exist, not wanting to die but just not wanting to be alive anymore” (066)

“I am at a point where I don’t want to be here anymore” (072)

“I am really really struggling ATM I am very suicidal” (011)

“in the last 12 months I have had some suicidal thoughts” (076)

“I have suicidal thoughts pretty much everyday now” (073)

“I’m in constant pain and really considering the easy way out I’ve had a lot of suicidal thoughts and I’m scared because this is serious I think I will hurt myself” (084)

“Lately I have been planning to end all pain.” (102)

“I’ve started making funeral plans just in case.” (10)

“so I'm left, on the verge of killing myself, with no one around to stop me and I'm scared, scared of myself, scared of what I might do without thinking about it when I'm left alone. so now, I don't want to be alone, but alone is all that I want to be....” (112)

“I think about ending my life almost every day, and have done so for years. The other night was the closest I have ever come to feeling like I was completely unraveled, and the closest I have been to seriously ending my life.” (130)

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

“I think about ending my life all the time, because I don’t see the point.” (008)

“I want to die, but not because I don’t want to live. I just don’t want to feel this miserable anymore.” (010)

“I honestly have lost the will to live” (018)

“I want to stop existing, and the thought of having not existed sounds very appealing to me. My depression is telling me it’s better to just die. But my anxiety worries that people will finally find out how messed up my life is if I kill myself.” “I feel like a loser and I just want it to end. I just want to be erased by everyone’s memory.” (020)

“Redundancy, failed business and now at risk of losing my home, I can’t see any future for me.” (023)

“Sometimes when walking down the street i just want to lie down and not get up again. Or just go away and never come back. Get in the car, on a train or a plane and just go, leave everyone and everything. If only i could leave myself behind too...” (029)

“my mind is clouded with the question "Why?" Why go on, why bother, life is just too hard, i keep thinking of how to end it,” (044)

“I dread waking up and going to sleep each day and night. Honestly I find relief in knowing I can end it at anytime. I don’t know why I am alive and I don’t know how to be, it’s like I’m forced to exist a with no instinct a of any sort.” (047)

“feeling empty and thinking what was the point of living, contemplating suicide.” (048)

“It sort of makes you wonder what the point in continuing on is, I guess? Why try to help your symptoms if they’re only going to come back in the same capacity later down the line, ect.” (078)

“I might as well just kill myself because I honestly have no other option” (083)

“having no purpose for living” (125)

*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 be providing support for these members is needed, compared to individuals who are expressing 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. 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.

“Every 18 year old son has attempted suicide 3 times in the last 5 weeks.” (002)

“Things tend to come out e.g. how she’s "done with everything", how she wants to die” (004)

“I have had to call his parents behind his back and tell them about his suicidal thoughts” (009)

“Often tells me how he just wants to die” (012)

“This fresh start comes with the proviso that if nothing good happens in six months he'll kill himself” (016)

“I found out on Saturday that he committed suicide later that night. He was always upbeat and never gave me the impression that he was suicidal. I feel that I should have said something to him though he didn't give me any idea that he was going to take his life.” (025)

“He has also indicated that he attempted suicide last night but "failed" and he is a coward and is sorry that he couldn't go through with it and that he is sure because he failed that would make his wife happy!!” (056)

“The last month he went back on medication, told me it was to control the suicidal thoughts ab to help sleep.” (060)

“This morning I was emptying out her school blazer pocket and found a note she has written saying she wants to die, no one loves her, life is pointless, worthless, she doesn't have anyone, she hates herself, doesn't deserve anything.... it goes on.” (065)

“He often says he hates himself, hates his life and wishes he was invisible and that the world would be a better place without him and I should leave him etc.” (108)

*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.

“I feel like I am not being fair to my children and they are better off without me” (022)

“I have thoughts of suicide... I could not kill myself only because i do not want my family to suffer.” (030)

“I can just imagine the conversations they will be having as they sip their beer and enjoy their meals, "I should have been there." "Why didn't he ask for help?" “If only...”” (033)

“I want to give up but i cabt because of the kids.” (096)

“Her father had found out she was pregnant, which was news to me. He killed her, and himself. It was devastating, and the night I found out was the first time I made an attempt to take my life.” (046)

“I constantly think of ending my life and think everyone will be better off including me.” (067)

“but there definitely is days that at times i would think about how i dont need to be in this world; how if i left nobody would miss me. Some nights all i do is cry and think these thoughts” (086)

“I have children so can’t leave them but I just don’t want to be here anymore. Everything is so hard. I’m making my boyfriend’s life too hard. I wish I could disappear” (086)

“Would anyone miss me when I’m gone, or for that matter would anyone care?” (098)

“Today is my little brothers birthday he died in 2015. im sitting out at the back of work and I don’t want to do this anymore” (109)

“This destructive behavior has left me feeling so alone in the world and I have had a number of thoughts about suicide, particularly around my son being better off without me.” (116)

“He said me telling him my dark suicidal thoughts has pushed him over the edge and he doesn’t want to deal with me because he cant see why and that im being stupid.” (120)

“I am not going to kill myself or hurt myself, but I do feel that more lives would benefit from my non existence than my continued existence. I choose to live because I have sons” (122)

“Recently lost a long time friend & felt envious.” (129)

“I’m scared, scared of myself. scared of what I might do without thinking about it when I’m left alone. so now, I don’t want to be alone, but alone is all that I want to be.” (112)

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.

There is great productive potential in allowing these kinds of posts to be accessible for a longer timeframe in this forum, as provide firsthand 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.

```
“I attempted suicide when I was 17. I know what that dark place feels like and I feel like I am edging ever so gradually towards it again. My depression and anxiety is out of control - suicidal feelings are there.” (024)

“Ive had the its not worth being here but I nipped that in the bud straight away!!!!” (037)

“have had 4 full attempts in the last year.” (071)

“tried many times to commit suicide after the break up!! That night I became very distraught and emotional and was determined to end my life...I self harmed!” (082)

“back in October last year I had a suicide attempt” (093)

“anyways on the 22nd of nov i attempted to commit suicide.” (089)

“A few years ago I was in a deep hole, extremely close to suicide” (090)

“Many years after a suicide attempt, I gave up listening to doctors and went to see an expensive clinical psychiatrist for a professional opinion” (094)

“It was a month ago that I had focused thoughts on suicide after years of it not being an issue. I’m past that now” (100)
```

Figure 19: Forum members reflecting back
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, 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:

“I don't really know what's going on with me, but I can tell you, I've been through a lot. From bullying, body image issues, sexual assault twice, friendship issues, online issues, relationship issues, losing loved ones, random and so few panic attacks, self harm and what I can only describe as an eating disorder yet not professionally diagnosed - I've had a good share of what life has to offer.” (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.

“Sometimes when I’m alone, I try to hurt myself because the physical pain is a distraction and it’s easy to focus on.” (038)

“There are days when i think about self harm so i dont have to deal with the attacks” (077)

“I have this ever needing ursh to harm myself out of punishment doing something wrong.” (085)

“today was the first day i really considered self harm. I hate the thought of it, but i feel its the only thing that will relieve me” (107)

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

Self-harm is raised as an episodic issue for members: “This year I started self-harming again. the past week it has been daily My doc knew of my previous episodes of self-harm which then resulted in being hospitalised.” (070); “In the last 3 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 yo 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 early January this year, and I told a friend about it 1-2 months after. This friend is struggling with her own issues, but she said a few days ago 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.

“Honestly, i’m so tired and exhausted, i don’t want to live like this anymore” (107)

“people say it will all be ok and that I just have to talk to people, but really we all know how tiring it is to talk and most of us struggling to even have the effort to get out of bed” (011)

“It is hard to explain how I feel, but an easy way to explain it would be that I am unable to laugh or smile much anymore, and I have a constant feeling of pain near my heart” (105)

“I feel like I have lost all motivation or care for anything. I basically feel like a physical being just walking around, but my mind is just gone” (130)

“Wanted OUT, couldn’t see anything but Black in my head, no light, no way out, no other choice, the depression beast had me engulfed as it does most of the time in cycles now too. Rock bottom. The pits.” (014)

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.

“I feel betrayed and abandoned, but also like I deserve all this and so much worse. I feel so alone, and like everyone around me is just getting fed up that I haven’t been able to change or ‘get better,” and the pressure I am feeling is making me feel more and more sick.” (024)

“I usually isolate myself from my friends because I “feel” like they dislike me.” (026)

“I’m feeling so alone at the moment, and feel like I’m at the end of the road, don’t know if I can take it much longer.” (021)

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 buming 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 emphasise feeling worthless, and are fearful of how their emotions impact not only their family, friends and partners, but also their relationships in general. For instance: “We are now at a point where i'm moody, the way i speak to him is horrible, i cant control my emotions, i take EVERYTHING out on him.” (017); “I also do it as i feel as if no one loves me, that I am just a burden to everyone. I really need some advice, support and help.” (074); “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. [...] My partner just left me because of how I am, I'm always angry and frustrated and take it out on him, right now I feel sick and feeling as if though I don't want to be here anymore. It's mental torment.” (063); “For years (i.e. since I was a child) I have felt like an outcast, or just "different". I have noticed that in recent times, perhaps the last year, I truly feel like I am losing my mind.” (130). Feeling low and worthless’ is a common theme among forum members posting in a crisis mode and are seeking help and support.

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. The Suicidal thoughts and self-harm forum is more ephemeral than other 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). To provide some more nuanced discussion of how this interaction takes place, we coded interaction types across the threads, and provided a case study (“Everything is so hard”, on page X).

Common patterns of interaction emerge across these threads. This includes many instances of individual interactions with a 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), of occasional interjections from other members, and of early drop-out or disengagement or minimal posters. 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.

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.

**Individual, 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.

“Dools I am wondering where this help is, how can they help me, 2 years and i wish i was back where i started. The only drugs that are helping are S8 and now they want to take me off them due to stupid rules, they don’t care about quality of life.” (044 in reply to Doolhof, CC)

“Thanks Geoff. She is having a rather big meltdown today...... I need to get her help in being able to let go......she does see a psychologist for her anxiety (with driving) but her psychologist is on holidays cant get in til March but going to the GP today for a chat....” (037 in reply to geoff CC)

“Thanks Croix, Sorry for the blurt and run, you guys have taken the time to give me advice and I want to keep you guys in the loop so you don’t worry. Demonblaster, thanks again for all your advice, I really appreciate it.” (042 in reply to Croix, CC)

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

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 below. 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 is also spearheaded by one or two key intermediaries or peer mediators.8

---

8 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
Figure 24: Interaction patterns, number of posts per member, top 10 posts per thread
Occasional interjections

When looking closely at threads like those mapped in Figure 24 another common situation occurs that can be described as ‘occasional interjections’. This is where non-Champion members, often members who have not posted many times themselves, interject – either in support, or to relay their own story or circumstances. It can be difficult to ascertain if interjecting with one’s own story contributes to support, or if it detracts attention from the needs of the original thread-posting member. Occasionally Community Champions or beyondblue moderators step in to suggest those people start their own thread. However, these interjections can also be helpful by broadening the conversation out in positive ways.

In the thread “Everything is so hard”, one member interjects only twice, first with quite a direct, and perhaps critical tone to say “I don’t think it’s fair to compare peoples lives and feelings. That’s not putting it into perspective it’s creating guilt for the feelings we have when we’re down and out...” and after some replies by others, adds: “I didn’t mean to sound rude in any way. I am in such a similar situation to [thread poster]”. The conversation then moves back to the critical needs of the member who posted the thread and to those who have been engaging throughout it.

Disengagement, dropout and minimal posting

One of the most challenging aspect 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.

The following case study offers an example where this trend has been turned around – perhaps, in large part, by the persistence, skill and sensitivity of one member, demonblaster, and by others who maintained interaction with the forum member who was having a very difficult time.

“Everything is so hard” (130)

The “Everything is so hard” thread (which is identified in Figure 24 as having 124 posts during the study period, which was the second highest number), offers a useful case study. It exemplifies the distinct benefit of the Suicidal thoughts and self-harm forum, many of the general patterns of interaction that take place there, and a sense of the positive impact that can occur over time. I refer to the thread-posting member as 130. The member previously not made many posts to any of beyondblue’s forums.

The thread begins with 130 by roughly listing some pertinent aspects of her current context and life circumstances – student at TAFE, difficulties with completing a mental health related assignment, conflict with the teacher over this, and notes a history of depression and PTSD. Her post, which included: “I want to give up but I cabt because of the kids. Im so tied.i don’t likwe this world its mean and nasty.is”, suggest a sense of not belonging, feeling tired, defeated, alone, and alienated. Another forum member, who had already posted over 200 times throughout beyondblue’s suite of forums, replied two days later with empathy, and with appreciation for how she expressed these difficulties. 130 replies that day with only: “Im trying to hold on”.

Interaction is driven throughout the thread by demonblaster, a forum member who persists with replies, advice and reassurance between 26 May and 31 May. 130’s responses are short: “sigh”, “Im not ok”, and “thanks for your help”. Demonblaster expresses concern and simple words of support, and 130 expands with a long post detailing more of her difficulties and clearly, but indirectly expressing suicidality: “I don’t want to burden anyone”.

At this point, a Community Moderator, Sophie_M, posts, praising 130 for her openness, and gives her reassurance and suggestions about support options. Sophie_M also moves the thread to increase its
visibility to others in the forum who may help. Sophe_M asks directly about suicidality: “You sound quite distressed at the moment, and we would like to make sure you’re safe. Can you tell us if you are feeling suicidal right now?”. 130 responds “I’m planning but it’s hard to because I keep crying”. Sophie_M replies, and gives the beyondblue support number, the Suicide Call Back Service number and Lifeline.

Several days pass before 130 posts again. During this time, demonblaster continues to post support, and two other members support (a blueVoices member and another non-badged forum member) also step in. 130 posts again once with a sad emoji. In addition to the others, Croix (a Community Champion) begins to post, relaying his experiences and a sense of hope.

130 doesn’t post again until 3 June, again relaying that: “I’m really exhausted so won’t say much. It seems even hard to type and submit”. Other forum members keep posting over the next few days, trying to maintain engagement by offering thoughts, empathy and general support – but above all, encouraging her connect. 130 reports back on 7 June: “Sorry I haven’t posted for a while”, and says she’s seen a doctor who diagnosed emphysema and pneumonia. She also notes “It does help having youguys”.

By 9 June, 130 shows signs of improvement and the interaction becomes more personable and direct: “Baby steps then. Yellow and demon what shall I call you? Wish I had inspiring helpful wise words for you instead thanks”. The tone shift is significant at this point. There is a sense of self-awareness that was not previously present, and 130 begins to ask direct questions to others: “Do you guys go into time warps. Blaxbox holes where everything gets blended togeather and timestops. How long have I been here?”. Later, on 9 June, 130 is able to reflect back on her suicidal thoughts and the possible consequences of her actions, and she indicates some sense of looking forward. Around 11 June, other members join the thread and talk about similar difficulties and suicidal thoughts.

130 returns to the thread on 14 June, responds to other members who have asked her questions, and updates everyone on her situation. She begins to show empathy to others’ difficulties, by responding to them and offering advice. She checks in again on 19 June, but conveys worries about her physical and mental health, and disappears again while other members continue to post. 130 posts on the thread again on 5 July and expresses a sense of positivity, with “I’ve been trying to shift my focus”, and “I took the kids to the zoo”, still relaying her health struggles, “But hey I did go to the zoo”, and offering “I’m really glad you guys are feeling better. Just keep putting one foot infront of the other”, “I might not post a lot but just know I care about you guys and wish you love”. She doesn’t post for some time, until 27 July when she replies to blueVoices member, yellownanna. She is in a more negative frame and says: “Hello. Time warping still. What a mess:( “. She states that she’s “lost”, asks for help and a “doctor online”, but also ends with “Thankyou for being there”.

This case study illustrates the importance of ongoing interaction, dialogue, interjections, and the value of the forum’s supportive practices. However, it also emphasises the ongoing nature of serious mental health issues and the difficulties of addressing suicidality online. An empathic, supportive collective response is crucial here, as is the ongoing work of key peer mediators and other intermediaries who keep people engaged, offer hope, guidance, and who are simply there.

Summary of findings – Interactions:

- 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% of new thread posters had only posted once
- 56% of threads contain 6 or less posts
- Interactions were typified by individual direct questions and responses; however, they relied on adequate input from participating 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
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. 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 are detailed in this section 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 movement for members dealing with very specific personal contexts and mental health issues. We also identify instances of 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. These range from the broad benefits of the forum itself, or the community of practice and shared experience that that has developed on the forum. There is a sense of belonging and willingness to help others, which is consistent with many online forums, and health forums in particular. This forum 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 fell 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. For instance, in in music references, example, Jon Bellion (053); educational options, example, “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); or 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 times, 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). Other services, such as housing and community supports, are also discussed as useful: “Thanks for advice about police, it is hard to know what to do” (082)

Occasionally, forum members express 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 thei, 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 thei, havenet 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

Recognition of the helpfulness of support, and agreement with advice, information and suggested strategies can be expressed in general terms, or be directed toward specific forum members – often, to 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 that indicate this recognition (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 Star :) 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 quirky, 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 [REDACTED], 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, along with ahw- 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 beingbyrne for the reply and for your kind words. you are right .....the main issue is how it effects 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 hav 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, 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 an agreement an 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.
Turning to Online Peer Forums for Suicide and Self-Harm Support

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 know 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 it will have any effect: “I’ll try doing what you suggested and see how that goes for me.” (002); “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 Jess, 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 but the difficulties in doing so, and perhaps failed attempts to make the change: “Thanks Quercus and TA 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 youguys” – 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 compared than are younger than the forums as a whole, with an average age of 33. The skew toward the 15-34 age range (62%) 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, who are able to create an environment for supportive, knowing support. 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. This is detailed in the case study in Section 4, in the thread “Everything is so hard”, where the persistent, empathic, expert support of demonblaster contributes greatly to maintaining positive contact with the poster through a very difficult period.

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**

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.
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 peer mentors – 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.
7. References


