

Psychologists debate social media role in suicide interventions

February 7 2012, By Naomi Nix

In her sophomore year at Lake Forest College, Sam Sekulich had reached a breaking point. On top of the pressure she felt from classes and student clubs, she was fighting with her parents and not consistently taking medication for her bipolar disorder. Feeling anxious and overwhelmed, she went to the one place where someone is always listening: Facebook.

She posted that she hated life and wished maybe she could just "give up on it."

The help poured in. Friends commented on her post, asking if she was OK. A faculty member at her college checked on her through email. A good friend sent her a text and then visited her in her dorm room later that day.

Sekulich didn't think anybody would pay much attention to her post. But now, healthy and free of that despair, she said deep down, she was really asking for help.

"I wasn't going to do anything about it. I wasn't suicidal ... but I was getting to that point," said Sekulich, now a junior at the college.

As Internet users increasingly chronicle their emotional ups and downs on social networking sites, [psychologists](#) said interventions like Sekulich's show the Internet's potential to prevent a [mental health](#) crisis. But in this emerging social landscape, [mental health professionals](#),

universities and schools are facing new questions about how the Internet should be used to help emotionally suffering individuals.

The National Suicide Prevention Lifeline announced in December a revamped partnership with Facebook. Under the suicide prevention program, users are encouraged to report to Facebook when their "friends" write a post that indicates he or she is potentially suicidal. The original poster is then sent an email with a number to the National Suicide Prevention Lifeline and a link directing the user to an online chat with a crisis worker.

The nonprofit is hoping to reach two overlapping groups: the potentially suicidal and Facebook users. More than 34,000 people in the United States commit suicide and more than 376,000 people are treated in hospitals for self-inflicted injuries each year, according to the Centers for Disease Control and Prevention. And nearly four out of five active Internet users visit social media sites and blogs, according to a 2011 report by the Nielsen Co.

The American Psychological Association and the Association of State and Provincial Psychology Boards have also commissioned a joint task force in 2010 to draft new ethical guidelines for psychologists about how and when they should use electronic forms of communication in their professional lives. The task force aims to finish the guidelines by the end of this year.

The thorny ethical questions now facing mental health professionals and schools run the gamut; Should a teacher accept a Facebook friend request from a student? Could sending a client an email violate his or her confidentiality? Is it OK to Google a potential client before they come in for a consultation?

"I think there was a time psychologists didn't want to be involved in all

of that," said Terrence Koller, the executive director of the Illinois Psychological Association. "You're talking to people all day long ... the idea that there are more ways to communicate was kind of overwhelming."

As schools strive to balance the need to protect individuals' privacy and the need to keep students safe, some experts said it's likely that schools will have to clarify how their staff handles electronic communication when responding to students in distress.

"Particularly in K-12 settings, there must be conversation about this," said Steve Jones a communications professor at the University of Illinois at Urbana-Champaign.

Last school year, 27 percent of the 1,752 calls placed to Chicago Public Schools' crisis center were for concerns that a student could be suicidal, according to the office of communications.

Chicago Public Schools policy says teachers, administrators, and crisis center workers should investigate and look at [social networking sites](#) if it's in the interest of protecting students or the educational process. However, faculty members are not permitted to accept a friend request from a student.

"One potential downside to that prohibition is that you would potentially miss an opportunity to intervene," Jones said.

And while the Internet might be an easy way to stumble across an emotional rant, some psychologists worry that social media make it hard to distinguish the real mental health threats from the false alarms.

"You get a lot of false positives," Kaplan said. "The Internet is kind of a clumsy tool. It's not going to help make those fine distinctions."

Elyse Doll, the president of a student suicide prevention organization at the Illinois Institute of Technology, said she learned this distinction first hand. Halfway through her freshmen year, her year-and-a-half-long relationship with her boyfriend ended. Feeling depressed and "angsty," she posted her thoughts on Facebook.

Soon after though, her friends told her to tone her posts down, arguing that [Facebook](#) just wasn't the place to sort out her feelings about her break-up.

"I listened to them, I scaled down," she said. "I wasn't attempting to seek attention."

"The problem with social media is that it's an instantaneous thing," said Doll. "You can immediately post something and get the emotional response, and it may not be something you have been feeling for months."

While schools are considered gatekeepers for student mental health, mental health professionals say friends and acquaintances are often the ones who are in the best position to spot the signs that a student is potentially suicidal.

Still, experts said it's better to err on the side of caution when noticing that someone is potentially suicidal.

"I think the conventional wisdom is don't leave a suicidal person alone," Kaplan said. "If you don't feel close enough to them to intervene try and work your social network to see if they can intervene."

For Sekulich, such wisdom hits close to home. At the urging of a friend, she went to a counselor, where she was evaluated and sent to the hospital for one week.

The 20-year-old said she still has to work at managing the effects of her [bipolar disorder](#), but she openly shares her story through Active Minds, a student [suicide prevention](#) organization to encourage others to think more seriously about their mental health.

"It's important for me to stand up and say something," she said.

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