



Closing the Loop

Digital Interventions for Suicide Prevention

This series is designed to 'close the loop' between research and policy by translating research evidence into policy directions and advice. These papers review key findings from National Suicide Prevention Research Fund¹ projects and identifies evidence-based policy recommendations. This edition focuses on development of digital interventions for suicide prevention.

Research summary

This article summarises two randomised controlled trials to pilot digital service innovations. One study trialled an SMS-based brief intervention for people bereaved by suicide. The second study trialled an online intervention program for reducing depression, alcohol use, social isolation and suicide in Australians aged 60 and over. Both initiatives were funded through Innovation Research Grants under the National Suicide Prevention Research Fund.

SignPost

SignPost is a mobile-based SMS brief contact intervention for people bereaved by suicide. It comprises of a series of text messages co-designed with bereavement experts and people with lived experience of suicide bereavement. The study utilised a mixed method approach combining psychometric scales and in-depth interviews with a sub-sample of people.

Participants in the study (n=105) were people who had experienced the suicide death of a person they were close to in the past year, were 18 years and over, and living in Australia. Co-designed text messages were sent to participants over a six-week period.

Text messages covered the following content areas:

- Grief after suicide
- Practical challenges associated with bereavement
- Navigating relationships after suicide
- Accessing crisis support
- Looking after yourself
- Accessing peer support
- Accessing professional support

Key Findings

- While findings were promising, results did not reach statistical significance, with low recruitment during COVID-19.
- The intervention was found to be an acceptable and feasible intervention in the period immediately post suicide bereavement.
- Further work is required to tailor messages to the individual and for the intervention to be incorporated into the existing service system.

¹ [The National Suicide Prevention Research Fund](#) is funded by the Australian Government Department of Health to drive world-class research and build best practice in suicide prevention.

SHADE Plus

Australians aged 60 and over experience barriers to accessing health services such as poor mental health literacy, limited access to information and resources, mental health stigma, generational stoicism, and physical and geographical limitations.

The SHADE Plus research trial is a 10-week online intervention for depression and alcohol use and an online moderated peer support community (Breathing Space) for Australians aged 60 years and over. The trial included weekly telephone check-ins to support experiences of the study.

Of the total participants (n=145), 73 were allocated to treatment one (access to Breathing Space online peer support community and weekly check-ins) and 72 were allocated to treatment two (access to Breathing Space, the SHADE online program, and weekly check-ins).

Findings found factors which influence older peoples' decisions to use digital intervention include technical support, inclusion of age-matched peers in the design of interventions, acknowledgement of the unique challenges and diverse experiences of ageing, and the inclusion of opportunities for interpersonal connection with clinicians and peers.

Preliminary Findings

- Motivation to engage with the autonomous digital mental health intervention varied.
- Those who did engage with the digital service, and with the support from the check-ins, received the greatest benefit.
- Benefits included subjective reduction in alcohol use, increased understanding of the relationship between mood and alcohol craving and use, triggers for alcohol consumption, and increased positive mood.

Policy Implications

There is a need for suicide prevention interventions targeted to populations at risk of suicide for example people bereaved by suicide and older people in the studies presented.

Governments should continue to fund research that examines the efficacy of mixed modes of service delivery to address barriers to help-seeking behaviour to ensure people at risk of suicide have access to the support they need, when they need it.

Digital services can play a role in equity of access in areas where in-person services are limited, and online and/or digital service provision may fill gaps to compliment the suicide prevention workforce capacity. The evidence base on digital interventions continues to evolve and grow and further research can help identify what interventions work, for whom and when.

The COVID-19 pandemic undoubtedly impacted retention rates and the ability to recruit large sample sizes for many researchers. While sample sizes are limited in these studies, it is critical to continue to fund research into digital innovations to explore new ways to reach people at risk of suicide.

Existing funding opportunities for innovative practice in suicide prevention are ad hoc or contained within larger time-limited grants or research programs. In other policy areas, specific and long-term innovation funding commitments have been made e.g. Try Test Learn Fund enabling innovative approaches to address welfare dependency or Research and Innovation Fund supporting business and entrepreneurship growth.

Australia has experienced increased research investment into large scale, cross jurisdiction integration of evidence-based e-suicide prevention interventions, for example through the Commonwealth funded Suicide Prevention Research Fund. In addition, there are overseas examples of suicide prevention innovation funds, for example, the United Kingdom's Suicide Prevention Innovation Fund funded by the National Health Service.

Policy Recommendations

1. Further research focused on trialling digital innovations for suicide prevention interventions to compliment the suicide prevention workforce is required.
2. Commonwealth, State and Territory Governments should consider ongoing digital/online intervention funding for suicide prevention to enable a wide range of future digital supports to be developed and trialled for priority groups, for example, target research through the National Suicide Prevention Innovation Fund.

Note: recommendations are proposed by Suicide Prevention Australia based on the above research, they are not recommendations of the researchers referenced.

References

Maple, M., Bhullar, N., Batterham, P. J., McGill, K., Wayland, S., Carrandi, A. & Everymind (2022). A randomised controlled trial of SignPost, an SMS-based brief contact intervention for people bereaved by suicide. Final Report. University of New England: Armidale, Australia.

Kay-Lambkin, F. (2022). Randomised controlled trial of a targeted intervention program for reducing depression, alcohol use, social isolation, and suicide in older Australians: The SHADE Plus trial, *The University of Newcastle*.

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@SuicidePrevAU

There are crisis services available 24/7 if you or someone you know is in distress

Lifeline: 13 11 14
www.lifeline.org.au

Suicide Call Back Service: 1300 659 467
www.suicidecallbackservice.org.au

For general enquiries

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