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**Social Media and Suicide Prevention**  
**By Sue Coyle, MSW**  
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Ever since the Internet began offering users an unlimited supply of information and, more recently, significantly opened social circles to include everyone from friends to frenemies to strangers, cautious observers have worked to protect vulnerable populations from what they may find, see, or learn online.

Recent cases in which cyberbullying has led to self-harm and suicide have made this seem even more important. As a result of these occurrences, social media often has been cast as a villain, linked directly to the deaths of young adults throughout the United States and the world.

This correlation, however, only presents one side. The link between social media and suicide is not solely negative and could in fact be positive. Today, researchers, clinicians, and other professionals both in and outside of the public health and social work fields seek to determine how social media can be used to prevent suicide.

**The Why**  
The suicide–social media connection is perhaps most prevalent among youths, a group with both a high suicide rate and a dominance on sites such as Facebook and Twitter.

“Suicide is the third leading cause of death for youths and young adults aged 10 to 24 years old,” says W. J. Casstevens, PhD, MSW, LCSW, an associate professor and clinical social worker at North Carolina State University in Raleigh, citing recent Centers for Disease Control and Prevention (CDC) statistics. “Generally, groups at higher risk include Native Americans [American Indian/Alaskan Native], those with veteran status or who are from military backgrounds, and youths who are gay, lesbian, transgender, or questioning,” she says.

Even within the at-risk groups not limited to young adults, age remains a factor in suicide. “When you look at the prevalence rate of suicide in the military, we see the largest number [of suicides] are occurring in the youngest age group,” explains Craig Bryan, PsyD, ABPP, associate director of the National Center for Veteran Studies. “The youngest age group is also highly active with social media.”

This activity correlates to youths maintaining a nearly constant connection to the Internet. “The vast majority of young people now have access to new and emerging technologies. This rapid uptake in the use of social media has been escalated with the introduction of the smartphone,” says Jane Burns, an associate professor and the CEO of the Young and Well Cooperative Research Centre, an Australia-based international research center that explores the role of technology in young people’s lives and how it can be used to improve their mental health and well-being. “The online world has emerged as a space where young people feel safe and comfortable expressing their thoughts. Before the introduction of social networks, young people experiencing suicidal thoughts would have expressed their feelings through diaries hidden away from their parents or occasionally in a school essay.”

That has changed, however, not only for youths but also for nearly everyone online. “A lot of people will post things online that they wouldn’t say face-to-face,” Bryan says. “There’s a perceived anonymity behind the computer screen.”

**The Research**  
With individuals’ ever-increasing willingness to be more open online, it is no surprise then that researchers have turned to social media as a potential tool for suicide prevention. “It [social media] is very accessible to the younger generation. If you’re going to make a difference, you have to go to the place that is,” says Bryan, who currently is working on the Durkheim Project, which is aimed at using social media as a tool in preventing or lessening the suicide rate among veterans.

“The Durkheim Project is a language-analysis approach to identifying individuals who may be suicidal or who are going to attempt suicide,” he says. “The primary objective is to use the social media posts—the words people are saying—to differentiate from those who are and those who are not going to attempt suicide.” Participants (veterans) opt to have their social media usage monitored in real time and later used in analysis.

Bryan describes himself as the subject matter expert on the Durkheim Project team. He looks for and recognizes patterns in what people say that may indicate suicidal ideations or risk of suicide. “A lot of research suggests that people who kill themselves don’t say ‘I’m going to kill myself,’” he explains. “[However,] they have very specific thought patterns, very specific beliefs.” For example, individuals who are more likely to commit suicide perceive themselves as being burdens, which may become apparent in statements such as “People would be better off without me” or “People always have to fix my mistakes.”

“My primary hope is that we will be able to develop some kind of algorithm that is reasonably reliable in providing an accurate flag when somebody is at risk,” Bryan says. “Where we are right now ... even though we know lots of risk factors, we don’t know which warning signs under high conditions are really, really risky. For example, depression is a risk factor, but when is depression high risk, and when is it a false-positive?”

There are other suicide-related U.S. studies that seek the same goal. For instance, in Utah, researchers looked specifically to Twitter in an effort to determine whether suicidal risk could be monitored through tweets. “It [Twitter] is probably one of the easier social media applications to plug into,” explains Carl Hanson, PhD, MCHES, director of the master’s in public health program and an associate professor in the department of health sciences at Brigham Young University. “Our biggest finding is that the ratio of suicide tweets is strongly associated with the actual number of suicides in the states. ... That suggests to us that this is another method of monitoring what’s going on out there in regard to suicide.”

**The Practice**  
While social media may enable researchers to monitor and flag tweets and posts that indicate suicide risk, what’s the practical application to such research?

First, just knowing that social media is a widely used forum among vulnerable populations can aid clinicians in treatment. “The most important thing a clinician can do is to open an honest dialogue about social media. A first important step is to ask what social media a young person uses,” Burns says. “As with any potential risk, it is really important to have a conversation about how to keep safe online. Have the conversation about what is being shared and how it is making the young person feel.”

Second, since clinicians don’t friend or follow clients online, it is necessary to train others so they know what to do when suicide risk becomes apparent among their peers. “When we train our community to recognize clues and signs that suggest suicide and educate them about where and how to seek help for suicidal thoughts, this has a ripple effect,” Casstevens says. “We need to also inform people where to go in their local communities for help and how to refer their friends.”

Hanson agrees: “I think the individuals that may be able to help get high-risk individuals to the clinicians in the first place are the friends. Why not utilize the strength of the social circle? A lay health advisor, a trained peer educator—they can provide the warm handoff to someone who is the expert.” For instance, he says, “We have students in the school district [near the university] that are trained; they’re called the Hope Squad. They’re trained in the real world. We’re trying to do that in the virtual world. And with those trainees reaching out, the clinician then can hopefully be brought in, in time.”

Hanson currently is developing an application that will monitor and filter an individual’s social media conversations and alert them about comments by people they follow that may indicate risky behavior. “Then the individual can reach out in the social circle and say something,” he says. “Suicide is preventable; social media is one channel for monitoring that.”

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