



Review article

Theoretical and empirical foundations of a novel online social networking intervention for youth suicide prevention: A conceptual review



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ABSTRACT

Suicide is a major public health problem and is the second leading cause of death in young people worldwide. Indicating a lack of adequate treatment approaches, recent data suggest a rising suicide rate. Current approaches to suicide prevention do not sufficiently account for the specific needs of young people or the ways in which they engage with the health system, nor are they adequately theory-driven. In this paper, we review an empirically-supported theoretical model of suicide together with the latest evidence in treating young people who are at risk. We discuss the potential efficacy of social-media-based online interventions, with a particular focus on how they may be uniquely placed to target interpersonal risk factors for suicide. We highlight the risks associated with such interventions, including the potential for contagion to occur. Based on prominent theoretical models and gaps in existing treatment approaches, we propose a newly-developed, theory-driven, online social-networking-based intervention for suicide prevention in young people.

1. Background

According to the World Health Organization (2018b), almost 800,000 people worldwide die by suicide each year; this equates to one person every forty seconds. Moreover, in the past 45 years, the suicide rate has risen by sixty percent (World Health Organization, 2018a). Suicide is the second leading cause of death in 15–29 year-olds globally, and in several countries is the leading cause of death in young people (World Health Organization, 2018b). Suicidal ideation and suicide attempts are more prevalent than suicide, and are associated with risk of future suicide (Geulayov et al., 2016; World Health Organization, 2014). It is estimated that between seven and ten percent of young people have experienced suicidal thoughts, and approximately three percent have made a suicide attempt within the past year (Lawrence et al., 2015; Sampasa-Kanyinga et al., 2017). Other risk factors associated with future suicide include exposure to violence or abuse, particular personality traits such as neuroticism or impulsivity, and the presence of a psychological disorder (Beautrais, 2000). Depression is the psychological disorder most commonly associated with suicide, occurring in around one-half to two-thirds of people who die by suicide (Conwell et al., 1996; Harwood et al., 2001; Hawton et al., 2013; Henriksson et al., 1993; Rich et al., 1986). As such, interventions to reduce youth suicidal behaviours have largely focussed upon the

improved recognition, treatment and management of young people with depression.

There is a substantial lack of evidence pertaining to the most effective treatments for young people at risk of suicide. Although recent reviews (e.g., Caelear et al., 2016; Katz et al., 2013; Robinson et al., 2013) have suggested some interventions show promise, there is generally a lack of high-quality evidence regarding the most effective treatment approaches for this population. Current approaches, which typically involve face-to-face therapy with a mental health professional, are also limited in several ways.

Firstly, practical barriers (e.g., lack of transportation) and issues related to stigma may deter young people from seeking help or remaining engaged in treatment. Secondly, the frequency of therapy sessions may not be sufficient for young people who are at high risk of suicide and require more intensive ongoing monitoring and support. Thirdly, current treatment approaches were originally developed for adults and do not sufficiently account for the unique psychological and psychosocial factors associated with youth, or the preferences of young people themselves (Hawton et al., 2015; Weisz and Hawley, 2002). Fourthly, it is difficult to evaluate the particular mechanisms by which existing treatments influence outcomes. For example, although Cognitive Behavioural Therapy (CBT) has received support for its capacity to reduce suicidal ideation in depression, little is known regarding which

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particular components of CBT contribute to this reduction, and how they contribute. This is particularly true for young people (Hetrick et al., 2015; Weersing et al., 2008). Finally, although many current approaches target specific risk factors for suicide, the reliability of known risk factors to predict future suicide-related behaviour and death by suicide has been the subject of recent debate. A recent review and meta-analysis found that the ability of known risk factors to predict suicidal thoughts and behaviours is only slightly better than chance level, and that our ability to predict suicide has not substantively improved in five decades of research (Franklin et al., 2017). In the absence of established reliable and modifiable risk factors, empirically-supported theoretical models of suicide are a promising foundation on which to base novel treatment approaches. Such approaches should aim to target measurable and theory-driven therapeutic mechanisms as a means to advance models of suicide and intervention development.

2. The Interpersonal Theory of Suicide

Several theories of suicide and suicidal behaviour have emerged, and are reviewed in detail elsewhere (see Gunn and Lester, 2014). Here, we focus on the Interpersonal Theory of Suicide (IPTS). This theory has been chosen for the degree of empirical support it has received, including among youth samples (Chu et al., 2017; Ma et al., 2016), and for its capacity to inform novel interventions targeting suicide risk due to its focus on specific, modifiable therapeutic targets. Developed by Joiner and colleagues (Joiner, 2005; Van Orden et al., 2010), the IPTS posits that suicidal ideation emerges when two psychological states, perceived burdensomeness and thwarted belongingness, exist simultaneously. The theory further suggests that in order for lethal or near-lethal suicidal behaviour to occur, capability for suicide must also be present. The theory constructs, empirical evidence, and treatment implications are reviewed in detail below.

2.1. Theory constructs

Perceived burdensomeness, or the belief that one is a burden on others, comprises two broad dimensions: liability, or the belief that an individual's death is worth more than their life to others, and self-hate (Gunn and Lester, 2014; Van Orden et al., 2010). Thwarted belongingness also comprises two dimensions: loneliness, or feeling disconnected from others; and reciprocal care, or feeling that one has nobody to turn to (Gunn and Lester, 2014; Van Orden et al., 2010). Perceived burdensomeness and thwarted belongingness may be based in reality but are usually the result of, or exacerbated by, cognitive distortions. In a later update of the IPTS, the construct of hopelessness was introduced to the model (Van Orden et al., 2010). Specifically, it was contended that a sense of hopelessness about the mutability of perceived burdensomeness and thwarted belongingness was the mechanism by which individuals transitioned from passive suicidal ideation (thinking one would be better off dead) to active suicidal ideation (wanting to end one's life) (Cero et al., 2015).

Although many individuals will experience suicidal ideation, most do not go on to attempt suicide (Klonsky and May, 2014). The IPTS extends most other theories of suicide by addressing this gap, introducing into the model the construct of capability for suicide. Capability for suicide refers to an individual's ability to overcome innate self-preservation instincts to make a suicide attempt, and is divided into two dimensions: lowered fear of death, and elevated tolerance to physical pain (Gunn and Lester, 2014; Van Orden et al., 2010). Capability for suicide may develop through many pathways. For example, individuals who have been exposed to painful or death-related events, such as previous suicidal behaviour in self or others, may have a lower fear of death and/or elevated tolerance of physical pain compared with those who have not been exposed to such events. It has also been suggested that suicidal intrusions (mental images related to suicide), may act in a similar way to increase capability for suicide; targeting

suicidal intrusions is therefore an important component of prevention (Bentum et al., 2017; Wenzel and Beck, 2008). Research with twins suggests capability for suicide may also have a substantial genetic basis (Smith et al., 2012); for this reason some authors have called for the model's original term "acquired capability" to be replaced with the broader "capability for suicide" (Chu et al., 2017). Importantly, capability for suicide can be exacerbated by having access to lethal means.

2.2. Empirical support

The IPTS has been evaluated extensively in the research literature, and is the only theory of suicide to have been subject to meta-analysis (Chu et al., 2017). It has received support, either fully or partially, in a number of population groups including clinical samples (e.g., Joiner et al., 2009), older adults (e.g., Jahn et al., 2011), military personnel (e.g., Bryan et al., 2010), and young people (Anestis et al., 2011; Barzilay et al., 2015; Cero and Sifers, 2013; Joiner et al., 2009; Opperman et al., 2015; Zhang et al., 2013). The theory has also been validated in qualitative analysis of the content of suicide notes (e.g., Joiner et al., 2002).

Chu et al. (2017) meta-analysed data from 122 unique samples obtained via the unpublished and published peer-reviewed literature examining the relationship between IPTS constructs and suicidal thoughts and behaviours. The findings of the meta-analysis generally supported the IPTS, with some exceptions. Specifically, the interaction between thwarted belongingness and perceived burdensomeness was significantly associated with suicidal ideation, and the interaction between thwarted belongingness, perceived burdensomeness, and capability for suicide was significantly related to a larger number of prior suicide attempts measured continuously, although effect sizes were small (Chu et al., 2017). Other aspects of the IPTS, such as the ability of the model to predict suicide attempts measured dichotomously, were not supported. Additionally, the role of hopelessness within the model has received minimal empirical support due to the absence of appropriate assessment instruments for this construct (Chu et al., 2017; Van Orden, 2014). In a recently-published study of the IPTS, however, Tucker et al. (2018) used a newly-designed measure to assess hopelessness regarding perceived burdensomeness and thwarted belongingness. The authors found that the interaction between thwarted belongingness, perceived burdensomeness, and associated hopelessness predicted suicidal ideation and suicide risk; of note, general hopelessness was not found to be a significant predictor of these outcomes (Tucker et al., 2018).

In addition to the restricted ability of the theory to predict future suicide attempts, there are a number of limitations to the existing literature on the IPTS. These include: poor study design (nearly all studies are cross-sectional in nature); absence of cross-cultural studies; failure of most studies to account for the skewed nature of suicide-related variables; and, a lack of well-validated instruments to measure IPTS constructs (Chu et al., 2017). There is also a notable lack of existing research examining the IPTS with high-risk clinical populations, including young people. Despite this, the IPTS remains the best-validated theory of suicide and holds significant promise for the development of novel treatments targeting suicide risk.

2.3. Treatment implications

If we are to accept the propositions of the IPTS, it stands to reason that suicide risk can be reduced by removing or attenuating any one of these constructs. Furthermore, targeting all constructs simultaneously is likely to lead to larger reductions in risk. Given that the constructs of the IPTS are based on modifiable risk factors that can be targeted by particular interventions, the theory lends itself to the development of novel treatments, the mechanisms of which can be empirically evaluated.

Several existing interventions have the potential to address

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