University of Alberta

Suicidal Behaviour: Understanding the Process of Online Help-Seeking in
Adolescents and Young Adults

by

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A thesis submitted to the Faculty of Graduate Studies and Research
in partial fulfillment of the requirements for the degree of

Master of Education

in
Counselling Psychology

Department of Educational Psychology

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Fall 2011
Edmonton, Alberta

Abstract

Young people are accessing the Internet for help with their suicidal state; yet, little is known about how the online help-seeking process occurs in suicidal adolescents and young adults. The present study explored this topic by interviewing Canadian's who experienced the suicidal state as adolescents and young adults. Grounded theory approach was employed to both describe and explain the online help-seeking process for suicidal behaviours in young people. The main phenomenon revealed in this study was the online help-seeking experience as a desire to escape the pain of the suicidal state. Several conditions, actions/interactions, and consequences related to this central category, building toward a grounded theory of online help-seeking in suicidal young people. The implications of these findings are to enhance the current understanding of help-seeking behaviour in suicidal young people and emphasize how the Internet can be used for suicide prevention.

Acknowledgement

I would like to thank Dr. Robin Everall, my thesis supervisor, for her support, guidance, encouragement, and time in the development of this thesis. I would also like to acknowledge my other committee members, Dr. Denise Larsen and Dr. Carol Leroy for their participation and suggestions.

As well, I would like to convey my appreciation to the participants in this study who had the courage to share their experiences. Their compassion and desire to help others with the suicidal state is admirable. Without them, this work would not have been possible.

Table of Contents

List of Figures

Chapter One: Introduction

Many young people today struggle with the suicidal state. Adolescents and young adults in this situation experience distressing emotions and may engage in harmful behaviours. These individuals have to decide whether or not they will seek help for their difficulties. If they choose to seek help, they need to determine how they will navigate their way through the help-seeking process in order to alleviate their suicidal thoughts, feelings, or behaviours. Today, the help sources available for a young person experiencing the suicidal state are more diverse than they were in the past because of the Internet. That is, individuals now have the option to seek help using traditional sources, online sources, or a combination of both.

Traditional forms of help may include going to friends, family members, or professionals (e.g., mental health professionals, physicians, teachers, or ministers), reading self-help books, or phoning a telephone crisis help-line. Online forms of help may include communicating with friends, seeking information, finding self-help resources and coping strategies, gaining support from people met online (e.g., individuals who are experiencing similar problems or individuals who have overcome the suicidal state), or seeking help from an online mental health professional (e.g., through a mediated group forum or through individual online counselling). Online, individuals have choice over whether they remain anonymous and over what type of communication method they will use (e.g., blogs, chat rooms, forums, social networks, instant messaging, e-mail, or information websites from the government, organizations, groups, or individuals),

which results in a broad range of information and support available to young people experiencing the suicidal state. Many young people use the Internet regularly, and several of these individuals go online to seek help for the suicidal state; yet, little is known about the process of online help-seeking.

Over the past year, I had the opportunity to interview a number of adults who volunteered to discuss their experiences with the suicidal state and online help-seeking when they were adolescents or young adults. I learned that online help-seeking is a complex process and occurs in unique ways for each person; yet, there are a number of experiences common to those who go online for their suicidal difficulties. In addition, I learned that the Internet often encourages suicidal adolescents and young adults to continue living; however, there can also be negative and harmful aspects to online help-seeking that suicidal young people need to be cautious of. Because of the serious nature of suicide in adolescents and young adults, it is important to understand how these individuals are using the Internet to seek help and the outcomes of that process. Research in this area is limited, but has been growing in the past few years.

Importance of the Study

Suicide is a tragic event that impacts many adolescents and young adults today; in several countries, it is the second leading cause of death in young people, aged 10-24 years (World Health Organization [WHO], 2009). In Canada, more than one in five deaths among young people aged 15 to 24 years is due to suicide (Health Canada, 2009). Not only does suicide impact the individual involved, but it also has devastating effects for friends, family, and community

members (Moskos, Olson, Halbern, & Gray, 2007). Given the high rates of suicide and the impact of it on others, it is hoped that suicidal young people seek the support they need in times of distress. However, research suggests that young people tend not to seek professional help when experiencing suicidal behaviours (Barnes, Ikeda, & Kresnow, 2001; Carlton & Deanne, 2000; Curtis, 2010; Deanne, Wilson, & Ciarrochi, 2001; Yakunina, Rogers, Waehler, & Werth, 2010). Given this situation, it is important that we gain a better understanding of how to prevent suicide in young people.

Current prevention efforts focus primarily on conventional programs, such as school-based programs; however, research suggests that young people are increasingly accessing the Internet for information about difficult problems and to seek support (Barak & Dolev-Cohen, 2006; Gould, Munfakh, Lubell, Kleinman, & Parker, 2002; Webb, Burns, & Collin, 2008; WHO, 2000). Therefore, the Internet has the potential to be an effective suicide prevention service for young people. Recent research has begun to explore this idea; however, little is known about the online help-seeking process in suicidal adolescents and young adults.

Much of the past research on suicidal behaviour in young people has focused on investigating risk and resiliency factors (Everall, Bostik, & Paulson, 2006). Although this information is important in understanding suicide in young people, it provides limited ideas about how to prevent it. To gain more information on how to prevent an attempt, some researchers have explored aspects of the help-seeking process in suicidal young people. The majority of studies in the literature focus on the barriers to seeking traditional services

(Gilchrist & Sullivan, 2006; Gould et al., 2004; Wilson, Deane, & Ciarrochi, 2005), and on identifying the type of face to face help (informal versus formal) that young people prefer to seek out when experiencing suicidal behaviours (O'Donnell, Stueve, Wardlaw, & O'Donnell, 2003). Some of the literature focuses on young people who seek help online for emotional difficulties, rather than for suicidal behaviours in particular (Barak & Dolev-Cohen, 2006; Gould et al., 2002; Webb at al., 2008). More recent literature has begun to explore aspects of the online help-seeking process in suicidal individuals.

Harris, McLean, and Sheffield (2009a) summarize the current research on the Internet and suicidal behaviour by classifying studies into three categories, including "suicide-related search engine use, analyses of forum messages, and examination of users of specific sites" (p. 264). The search engine use studies search for key words that researchers derived and evaluate the quality of the websites that come up (e.g., Szumilas & Kutcher, 2009). Research analyzing forum messages involves examining young people's interactions and their writing in discussion forum threads (e.g., Barak & Miron, 2005). The studies that examine users of specific sites go to a specific website and ask individuals who access that site about their use of it (e.g., Eichenberg, 2008). Each method contributes valuable information about the online help-seeking process; however, Harris et al. (2009a) notes that each method lacks important information from suicidal online help-seekers. For example, the suicide-related search engine use approach consists of professionals who evaluate the quality of websites based on whether the information is accurate and consistent with empirical evidence. Thus, the

helpfulness of such websites to suicidal individuals who are using them is missing. As well, professionals may not use search words that suicidal young people would use when going online, so they may miss some of the websites that young people are accessing. The method that analyzes forum messages does not allow researchers to ask the users of the forum specific questions, so it lacks information on how individuals interpret their experiences and are impacted by them. As well, this method only captures those who use the discussion forum actively; those who only read or observe online content are excluded from such research. Studies that assess suicidal users of a specific site apply to a narrow population and do not allow participants to describe their Internet use on other sites.

As a result of this gap in knowledge, Harris et al. (2009a) stress the need to go directly to the population of interest. The present study accomplished this by asking previously suicidal individuals to recount their experiences of the online help-seeking process. Another strength of the current study is that it permitted individuals to describe their use of multiple websites, and it allowed for those who only read or observe online content to participate. The present study also gained feedback from participants regarding the helpfulness of online sources accessed. This aspect of the study provides some insight into the quality of suicide-related websites from those who are accessing them.

The current study also provides more knowledge on the ongoing debate in the literature about whether the Internet is helpful or harmful to suicidal young people. That is, much of the literature on the Internet and suicidal behaviour

acknowledges the debate between the Internet as a suicide prevention source versus the Internet as facilitating suicide (e.g., Alao, Soderberg, Pohl, & Alao, 2006; Niall, 2010; Pirkis, Neal, Dare, Blood, & Studdert, 2009; Shah, 2010). Although this debate is frequently discussed within the literature, Harris, McLean, and Sheffield (2009b) argue that current research provides insufficient evidence regarding how the Internet truly impacts suicidal people. Baker and Fortune (2008) agree when they discuss how the debate has been severely limited because it has been dominated by professional voices; the voices of those who use suicide-related websites are missing. These arguments suggest a need to better understand the impact of the Internet on suicidal young people. The present study will help provide this understanding by asking previously suicidal adults about the outcomes of going online when they were experiencing the suicidal state.

The importance of the present study is further illustrated by recommendations made by past researchers; many of the studies on the Internet and suicidal behaviour conclude by emphasizing the need for future research that explores the online help-seeking process in suicidal young people (e.g., Baker & Fortune, 2008; Fortune & Hawton, 2005; Greidanus & Everall, 2010; Harris et al., 2009b; Mishara & Weisstub, 2007; Niall, 2010; Webb et al., 2008). Krysinska and Leo (2007) explain why future research in the area is necessary by discussing the implications of this research. They state that future research can help with designing and implementing interventions and prevention strategies online that will be effective for young people. The present study accomplished this by asking individuals about what they found helpful and harmful online and by inquiring

about their recommendations for improving the help available online. Thus, the current study plays a role in enhancing our understanding of online help sources for suicidal behaviour.

Purpose of the Study

The purpose of the present study is to fill the gap in knowledge about how young people seek help online for their suicidal thoughts, feelings, and behaviours. The study is meant to help us understand the process of online help-seeking in Canadians who experienced suicidal behaviour as adolescents or young adults. Specifically, the following research questions will be explored:

1. How did the help-seeking process unfold for suicidal young people who went online for help?

2. How did young people seek help online during times of suicidal behaviour?

3. What were the significant events or experiences in the process of online help-seeking?

4. What was helpful and unhelpful/harmful during the process of online help-seeking?

5. What were the outcomes of seeking help online?

Methodological Framework

The present study employs a qualitative approach to address the research topic. According to Creswell (2007), qualitative research is a means for exploring and understanding the meaning an individual or group ascribes to a social or human problem. It is the participants' meanings and the way that they make sense

of their lives that is important. Thus, qualitative researchers attempt to understand

multiple realities from different participants. These different subjective

perspectives are used to create a complex picture of the research topic.

Furthermore, there is a focus on context in qualitative research which means that

detailed and rich descriptions of participant's experiences are provided. As well,

data are analyzed using an inductive method, which means that raw data are

organized into increasingly more general and abstract units of information.

Based on these characteristics, using a qualitative approach is appropriate

for the current study for several reasons. First, relatively little is known about

online help-seeking in suicidal young people. Because of the novelty of the

research topic, a flexible and inductive research design is warranted. Second, the

process of seeking help for suicidal behaviours is complex. To fully understand

this complexity, multiple and detailed perspectives from participants are required.

Third, it is important to understand online help-seeking as a process, rather than as

a single event. That is, events and experiences take place prior to, during, and

after online help-seeking, and it is important to understand all these aspects. As

well, seeking help online may occur multiple times, over time creating a more

complex process. To understand help-seeking in this way requires an in-depth

understanding of context through rich descriptions of participants experiences,

which can only be gained by employing a qualitative methodology.

Some previous studies that emphasize the need for future research on the

Internet and suicidal behaviour highlight the need for qualitative research on the

topic. For instance, Shah (2010) claims that it is important to address suicidal

individual's use of the Internet by using a qualitative methodology, which allows for an in-depth understanding of the topic. Similarly, Niall (2010) states that, "researchers now need to...understand the path that people with suicidal thoughts travel online...these are not easy questions to answer: future research will require a mixture of both quantitative and qualitative methods, examining both overall online trends and individual views" (p. 1890).

The specific qualitative method that the present study employed is a grounded theory design. This approach involves working toward a general, abstract theory of a process (Charmaz, 2006; Creswell, 2009). There are presently no theories in the literature that adequately explain the process of online help-seeking. Thus, using this design will make a unique contribution to the literature by bridging a gap in knowledge. Working towards the development of a theory will allow researchers to both describe and explain the process of online help-seeking for suicidal behaviours, including what is helpful to suicidal individuals and the outcomes of online-help seeking. This understanding is crucial in order to enhance suicide prevention efforts.

Definition of Terms

The terminology used throughout this thesis is defined as follows:

Suicide is the intentional act of self-injury that results in death. **Suicidal behaviour** is a broad term which includes ideation (thoughts), threats, mild attempts, and serious attempts. The **suicidal state** includes suicidal thoughts, feelings, and behaviours. **Self-harm** includes all acts of self-injury that are intentional, but do not result in death (e.g., cutting or burning one's self). In this

study, self-harm is viewed as a way to deal with psychological pain; it is not specific about whether the individual commits the act with the intention to die versus to alleviate psychological pain through physical pain. The term **adolescent** is used broadly, referring to individuals between the ages of 15-24 years. **Young people** or **adolescents and young adults** are used interchangeably with the term adolescent. The term **offline** refers to anything that is not Internet related, while **online** refers to anything that is based in the Internet. The term **logging on** or **log in** refers to accessing the Internet at one time, while **logging off** means exiting the Internet after an online session. **Websites** are online spaces where individuals can access information or support. Many websites allow individuals to write messages, post pictures, and exchange information. **Chat rooms** are a form of online communication in which people have conversations with others who are in the same chat room, usually on an individual basis. Conversations in chat rooms occur in real time, meaning that messages are read and responded to as soon as they are received. **Discussion forums** are a form of online communication that occurs intermittently, meaning that messages can be posted and responded to at a later time. Discussion forums are often dedicated to a particular topic, and they typically involve groups of people. **Gaming forums** are another type of online forum, but they are dedicated to either discussing or playing games. **Blogs** or **live journals** are a form of online communication in which individuals post their personal stories. This form of communication emulates a journal or diary, or it can be used to provide commentary on a particular subject. These websites are usually maintained by an individual who makes regular entries that are displayed in

reverse-chronological order. Most blogs or live journals are interactive, meaning that they allow visitors to leave comments and message each other. **E-mail** is a method of online communication that involves composing, sending, forwarding, storing, and receiving messages. Messages are usually sent privately to one individual, but the same message can be sent to multiple people at once. E-mail communication occurs intermittently because messages can be sent at one time and then responded to later. **Google** refers to a search engine commonly used to access information or websites about a specific topic of interest. A **post** or **posting** involves writing a message and displaying it on a website, such as a blog or discussion forum, for others to read. Posts remain on the website so that others can read it at any time. **Offline help-seeking** is a behaviour in which suicidal young people obtain information or support for their suicidal behaviours in person through conventional or traditional means. **Offline help** includes informal (e.g., family, friends, books) or formal/professional (e.g., mental health professionals, physicians, teachers, ministers) sources. The terms conventional, traditional, face to face, and in person help are used interchangeably with offline help. **Online help-seeking** is a behaviour in which suicidal young people obtain information or support for their suicidal behaviours through the Internet. **Online help** includes a variety of websites (e.g., government and organizations websites, blogs, discussion forums, chat rooms) containing information and/or providing support. Online help may involve reading/observing material online and/or communicating with others (e.g., friends, strangers, trained volunteers, or mental health workers).

Order of Presentation

The chapters of this thesis are organized as follows:

Chapter Two, **Review of the Literature**, presents a review of the

literature on suicide and suicidal behaviour in young people, offline help-seeking

behaviour of adolescents and young adults, and online behaviour of young people.

The focus of the review is to highlight our current understanding in the literature

regarding how adolescents and young adults seek help for their suicidal thoughts,

feelings, and behaviours, and the Internet's role and impact in the help-seeking

process.

Chapter Three, **Methodology,** is a description of the grounded theory

approach used in this study and the rationale for its use. The procedure used in

data collection and analysis are discussed. As well, strategies for establishing

quality and ethical considerations are reviewed.

Chapter Four, **Participants,** includes a discussion on how participants

were selected for this study and the difficulties encountered with recruiting

participants. It provides a description of the participants together and a synopsis of

their individual stories related to their struggles with the suicidal state.

Chapter Five, **Results,** presents the outcomes of the data analysis,

including the categories that emerged toward the development of a theory.

Chapter Six, **Discussion**, presents a visual model to illustrate the

categories and their linkages and suggests how the findings of this study may be

integrated with previous literature. It also discusses the implications of the present

study, including how it can inform future suicide prevention efforts. As well,

considerations of the current study are reviewed and suggestions for future

research are provided.

Chapter Two: Literature Review

Currently, there is a gap in the literature on the process of how young

people seek help online when they are experiencing suicidal behaviours.

However, the literature provides some understanding of this topic through three

areas of study, including suicide and suicidal behaviour in young people, offline

help-seeking behaviour of young people, and online behaviour of young people.

Suicide and Suicidal Behaviour in Young People

Suicide is the second leading cause of death among Canadian young

people aged 15 to 24 years (Health Canada, 2002). According to a report issued

by the Office of the Chief Medical Examiner (2009), individuals in Alberta aged

15 to 19 years had a suicide rate of 12.4 per 100,000 population and those 20 to

24 years had a suicide rate of 16.0 per 100,000 population. Even more concerning

is the idea that the prevalence of suicide in young people is likely an

underestimate of the problem (WHO, 2000); it may be impossible to determine

whether some deaths are intentional or unintentional. For example, deaths caused

by motor vehicle accidents, drowning, falls, or illegal drug overdoses may be

intentional acts of suicide that were viewed as unintentional accidents by others.

It is also alarming that the number of non-fatal suicidal behaviours is high;

a year-long study found that 16.9% of adolescents seriously considered attempting

suicide, 16.5% developed a suicide plan, and 8.5% attempted suicide (Centers for

Disease Control and Prevention [CDC], 2004). According to the Centre for

Suicide Prevention (2011), suicide attempts are one of the leading causes of

hospitalizations each year in Alberta; yet, suicide attempts often go unrecorded

and untreated. In addition, Alberta Health Services (2005), reported that the rate of hospitalizations for self-harm among 15 to 24 year olds was nearly two times greater than the provincial rate for all ages, and the rate of emergency room visits for this age group was more than double the rate of Albertans of all ages.

Complicating the issue of suicide in young people further is the idea that the process of suicide often extends beyond the individual experiencing the suicidal behaviours. That is, suicide causes devastating emotional and personal suffering for friends, family, and community members (Moskos et al., 2007). Those impacted by suicide or self-harm are at an increased risk of suicide, possibly because they begin to perceive suicide as a way to resolve their own problems (Alberta Health Services, 2005). It is estimated that 7 individuals are affected by every suicide death and attempt (Canadian Association for Suicide Prevention [CASP], 2004). Using this estimate, over 2.8 million Canadians are impacted each year by suicide.

Although these statistics on suicide and suicidal behaviours are concerning, it is important to note that some thoughts of suicide during adolescence are normal and common (Husky, McGuire, Flynn, Chrostowski, & Olfson, 2009). During adolescence, youth develop their sense of self in relation to others, which puts them at risk for self-doubt and depression (Bostik, 2003). Thus, having occasional suicidal thoughts is a normal part of the developmental process, without posing clinical concern (WHO, 2000). Suicidal thoughts become abnormal and concerning, however, when young people view suicide as the only

way to solve their problems. Then, there is a serious risk of suicide or attempted suicide.

The process of suicide is not straightforward. Young people who are at a high risk for suicide often experience ambivalence (Berman, 2006). That is, they struggle with thoughts about suicide and feelings of pain for a long time, and are unsure about whether they actually want to end their lives. In addition, risk factors and protective factors play a role in the process of suicide. One factor that has been identified as being particularly important is social relationships or support. For instance, Bostik (2003) suggested that the development of strong and secure relationships with peers and parents is a protective factor against suicide, whereas the breakdown of relationships is a risk factor. If an individual has limited social relationships and support offline, then perhaps these individuals can be protected from suicide by going online to form relationships instead. Whether the Internet works to prevent or facilitate suicide is a debate in the literature and will be discussed later in this chapter.

In sum, research shows that suicidal behaviour is a complex process and it involves an interaction between the young person exhibiting the suicidal behaviour and other people in their lives. Given that the process of suicidal behaviour is a complicated issue, it is not surprising that further research in this area is needed, particularly so that improvements in prevention services can be made. That is, past research on suicidal behaviour in young people focuses on providing numerical estimates of the problem, and on identifying protective factors and risk factors behind suicidal behaviours. These studies show that

suicide results from a complex interaction of many factors, including

environmental, cultural, sociological, psychological, biological, and genetic

factors (WHO, 2006). Thus, identifying individuals who are vulnerable to the

suicidal state is a difficult task and may not be what is most helpful in learning

how to prevent suicide in young people. An important aspect that is absent from

these studies is gaining detailed accounts from young people who experienced

suicidality. Gaining an understanding of individual experiences can help us to

better understand the process of suicidal behaviour and to enhance prevention

services. There is currently a growing body of research on the experiences of

suicidal young people (e.g., Everall et al., 2006); however, most of these studies

do not consider how young people seek help when they are experiencing suicidal

behaviours. Help-seeking behaviour, both offline and online, is a key component

in understanding how to prevent youth suicide.

Offline Help-Seeking Behaviour of Young People

Most researchers agree that young people do not seek help for their

suicidal behaviours (Barnes et al., 2001; Carlton & Deanne, 2000; Curtis, 2010;

Deanne et al., 2001; Rudd, Joiner, & Rajab, 1995; Yakunina et al., 2010);

however, only a few studies provide estimates on the proportion of suicidal youth

who seek help. For example, it was estimated that 29% of suicidal adolescents

seek out formal help sources, and 50% seek out either informal or formal help

sources (Freedenthal & Stiffman, 2007; O'Donnell et al., 2003). Another study

found that 60% of Canadian's aged 15 and older who reported past year suicidal

ideation and 40% who reported a past year suicide attempt did not seek help from

professional services (Pagura, Fotti, Katz, & Sareen, 2009). This study also asked

participants about their perceived need for help; 41% with a suicide attempt and

24% with suicidal ideation felt that they needed help that they did not receive in

the past year. The most common type of help that they thought they needed was

counselling.

In addition to these numerical estimates, several studies have shown a

relationship between suicidal behaviours and help-seeking (Deane et al., 2001;

Horesh, Zalsman, & Apter, 2004; Husky et al., 2009; Wilson et al., 2005;

Yakunina et al., 2010). That is, an increase in suicidal behaviours corresponds to a

decrease in help-seeking behaviours. This relationship has been firmly established

in the literature, and is true for both psychiatric and non-clinical populations.

Because many young people do not seek help when experiencing suicidal

behaviours, past research focuses primarily on what impedes help-seeking.

Some studies emphasize structural factors as being barriers to seeking

formal sources of help, such as cost, lack of insurance, lack of service availability,

ease of accessibility, and lack of knowledge about available resources (Kataoka,

Zhang, & Wells, 2002; Owens et al., 2002; Pagura et al., 2009). Alternatively,

other studies consider both formal and informal forms of help-seeking. These

studies often emphasize young people's attitudes, beliefs, and perceptions as

hindering help-seeking. For instance, young people often believe that they should

be self-reliant (Cigularov, Chen, Thurber, & Stallones, 2008; Curtis, 2010;

Freedenthal & Stiffman, 2007; Pagura et al., 2009; Wilson et al., 2005). That is,

adolescents and young adults hold the belief that it is important and admirable to manage their own problems, and that asking for help is a sign of weakness.

Moreover, adolescents have expressed concerns about community relationships. For example, Cigularov et al. (2008) found that adolescents felt unable to discuss their problems with adults, and they often felt detached from the adults in their lives. Similarly, Gilchrist and Sullivan (2006) found that adolescents felt they lacked someone with whom they could confide in and trust. Molock et al. (2007) found that many adolescents were concerned that adults would minimize the problem, give unsolicited advice, or overreact. Some also viewed parents and teachers as being a source of stress. They also thought that parents and teachers are not good listeners, may be judgemental, and may not maintain confidentiality. Additionally, adolescents have expressed fears of involuntary commitment to a psychiatric hospital (Cigularov et al., 2008; Freedenthal & Stiffman, 2007). The failure to recognize the need for help also seems to hinder help-seeking amongst suicidal youth (Freedenthal & Stiffman, 2007; Owens et al., 2002; Zwaanswijk, Van der Ende, Verhaak, Bensing, & Verhulst, 2003).

The most commonly cited reason adolescents choose not to seek help is a concern about stigma. For example, Gilchrist and Sullivan (2006) found that adolescents thought help-seeking would be embarrassing and shameful because they would be viewed as inferior or weak. Similarly, Everall et al. (2006) found that experiences of shame, worthlessness, and anxiety acted as barriers to seeking help. As well, Freedenthal and Stiffman (2007) found that America Indian

adolescents worried about what other people would think if they sought help for their suicidal behaviours. Likewise, Curtis (2010) found that college students viewed the stigma surrounding mental illness to be a barrier to seeking help for the suicidal state. Moskos et al. (2007) also suggested that stigma is a considerable barrier to help-seeking. This study asked the friends and parents of youth who had committed suicide what they thought barriers to help-seeking were. Friends and parents reported similar barriers as suicidal adolescents, with an emphasis on stigma.

Other less commonly cited barriers in the literature include: a negative view of counselling (Wilson et al., 2005), feeling hopeless and alone (Freedenthal & Stiffman, 2007), having or perceiving less social support (Yakunina et al., 2010), being poor at identifying, describing, and managing emotions (Ciarrochi, Wilson, Deane, & Rickwood, 2003), being male, being depressed, having a substance abuse problem, and having experience with a suicidal peer (Gould et al., 2004).

It is interesting to note that several of these barriers to help-seeking may be overcome by accessing help online. Webb et al. (2008) suggest that the Internet may encourage help-seeking by providing an environment that may reduce stigma associated with mental health problems. Despite the Internet's potential to be a helpful resource for suicidal young people, many questions remain unanswered in the literature regarding the process of online help-seeking in young people experiencing the suicidal state. Before looking further into online help-seeking, an overview of the literature on the process of offline help-seeking is provided

below.

Few studies are directed toward understanding how young people seek help offline, and those studies that attempt to explore the offline help-seeking process are limited. Some studies are limited because they look at help-seeking intentions, rather than actual actions of suicidal young people. As well, most studies, tend to focus on the type of support (formal versus informal) that suicidal young people prefer to seek out, rather than on exploring the entire help-seeking process. Although limited, these studies provide some understanding of the offline help-seeking process. Six studies are presented below to illustrate this understanding.

Three studies asked young people about their intentions to seek help for the suicidal state, either for themselves or for a peer. For instance, Curtis (2010) asked college students to describe their willingness to seek out help for themselves or for a friend who was experiencing the suicidal state. Most individuals reported that they would be unlikely to seek help for themselves; however, they would be more likely to seek help for a friend. If it were a close friend, most said they would try to deal with the issue themselves or they would consider seeking help from family or other informal help sources. They would only consider professional forms of help as a last resort with close friends; however, they were more willing to seek formal help for peers who were not close friends. Their reason for this decision was that they were afraid of damaging their friendship with a close friend by suggesting the need for professional help.

Similarly, Molock et al. (2007) asked African American adolescents to

discuss how they would help a suicidal peer. Most adolescents said that they would seek help for a suicidal peer, but had trouble deciding who would be the best person to turn to. Very few people selected mental health professionals; they were uncomfortable with formal help sources, including school, religious institutions, and mental health settings. Participants seemed most willing to seek help from a young adult (between the ages of 21 and 35 years) who had experience working with young people or who had successfully overcome mental health difficulties. Participants also thought that peers around their same age would be helpful; however, some expressed concern about their ability to deal with a suicide crisis effectively.

Moreover, Ciarrochi et al. (2003) assessed adolescent's help-seeking intentions for the suicidal state and personal-emotional problems. They found that youth had a greater intent to seek help from boyfriends/girlfriends for suicidal thoughts with increased age, but less intent to seek help from parents. With increased age, adolescents also had a greater intent to not seek help at all.

Three studies revealed some help-seeking patterns among young people who experienced the suicidal state. Pagura et al. (2009) found that the most common source of formal help sought out by Canadians over the age of 15 years with a mental disorder, suicidal ideation, or suicide attempts was a family physician. Results also showed that individuals with a suicide attempt were significantly more likely than those with suicidal thoughts to have seen a psychiatrist, psychologist, or nurse, and to have gone to a hospital emergency room. Hyman, Manion, Davidson, and Brandon (2007) found that Canadian

adolescent females disclosed their suicidal state to professionals more than two times as often as males. As well, with increased age, adolescent's disclosure of their suicidal state to mental health professionals increased.

Moreover, O'Donnell et al. (2003) found that American adolescents preferred to discuss their thoughts of suicide with parents and friends, rather than seek help from formal sources. These researchers suggested that the presence of a supportive informal network may help to prevent youth suicide. It is interesting to note that some researchers have identified the Internet as being a type of informal support network (Gould et al., 2002), suggesting that it may be helpful in preventing suicide in young people. Research on the Internet and suicidal behaviour has recently expanded; yet, many questions remain unanswered in regard to how young people use the Internet to seek help for their suicidal behaviours.

Online Behaviour of Young People

Researchers suggest that adolescents make up the largest proportion of online users; one study found that 93% of adolescents (12-17 years) use the Internet (Jones & Fox, 2009). Adolescents are also using the Internet more intensely by logging on more frequently than in the past (Lenhart, Madden, Macgill, & Smith, 2007). A study done by the Pew Internet and American Life Project (Fox, 2011) found that 92% of 18-29 year olds are using the Internet.

Studies show that young people use the Internet most for communication purposes (Borzekowski, 2006; Jones & Fox, 2009; Pew Research Center's Internet and American Life Project, 2010); however, they are also frequently

using the Internet to seek out information (Pew Research Center's Internet and American Life Project, 2009, 2010). Young people easily navigate a variety of information websites and online communication domains, including instant messaging, chat rooms, discussion forums, gaming forums, e-mail, blogs, and social networks. Particularly, instant messaging, social networks, blogs, and e-mail are popular communication tools amongst adolescents (Jones & Fox, 2009). These online mediums can be used to gain information and to develop and enhance social relationships. Thus, the Internet has the potential to be helpful to young people experiencing suicidal behaviours, and it may be a preferable form of help for these individuals.

Several recent studies in the literature support the idea that young people are accessing the Internet in order to seek help for mental health difficulties, including struggles with the suicidal state. For example, Szumilas and Kutcher (2009) suggest that the Internet is a valuable resource that provides information on mental health problems to both adults and adolescents; it is especially important for mental health problems that are associated with stigma. Suicide is often associated with stigma, which is one of the most commonly cited barriers to offline help-seeking amongst adolescents and young adults experiencing the suicidal state (e.g., Gilchrist & Sullivan, 2006; Moskos et al., 2007). Additionally, Gilat and Shahar (2009) report that online support groups have become an important form of help for suicidal individuals in the past two decades, possibly because of features that improve self-disclosure and help-seeking, like anonymity, availability, or use of written communication. Furthermore, a study done by the

Pew and Internet American Life Project (Fox, 2011) reported that 72% of young adults (aged 18-29) who go online seek out health information, and many of these individuals seek support for health problems. Most find the health information online to be helpful rather than harmful. Moreover, Harris et al. (2009b) found that 37.5% of Australian University students would be likely to use online help sites, 32.8% would be willing to go to an online mental health professional, and 23.4% would be likely to use an online forum, if they were experiencing suicidal thoughts. Similarly, Nicholas, Oliver, Lee, and O'Brien (2004) found that 63% of Australian adolescents were willing to seek help through an online support site if they were going through a tough time. In sum, suicidal young people are going online for help. There are a variety of different ways for suicidal individuals to seek help on the Internet. Some of the known forms of online help for the suicidal state are described below.

Forms of help available online. Currently, there are many different sources of information and support available online for those experiencing or affected by the suicidal state (Gilat & Shahar, 2009; Informa Healthcare, 2009; Lester, 2008). Two studies conducted a search for suicide-related websites to see what is available online. These studies will be reviewed separately because they classify online help resources for suicide/suicidal behaviour in different ways.

Informa Healthcare (2009) classified websites into three categories, including support sites for the bereaved, support sites for suicidal individuals, and forums or websites that were identified as pro-suicide. Because the focus of this thesis is on suicidal individuals, the suicide support sites for the bereaved will not

be discussed here. Support sites for suicidal individuals included many resources that provided information on suicide and suicide prevention. Some of the content available on these websites included statistics, personal testimonies, depression information, groups focusing on mental health and at-risk populations, blogs, and interactive discussion forums providing support. Discussion forums covered a variety of issues beyond suicide. Many included a member's only forum, possibly increasing the sense of safety while communicating about sensitive topics. Pro-suicide sites were websites that often provided individuals with the information and means to carry out the act of suicide. These sites promoted that users pursue their right to die. Researchers reported that pro-suicide sites are not as visible as some of the sites that promote suicide prevention; however, they are easy to locate if an individual is searching for them.

     Gilat and Shahar (2009) classified the helpful or suicide prevention resources available online into two categories, including knowledge and psychological help. Knowledge involves information about suicide found on websites (e.g., a website created by an organization), such as statistics, risk factors, warning signs, or preventative strategies. Psychological help is available through different methods of online communication. For instance, individual counselling is offered through e-mail, chat rooms, or instant messaging, and group social support is available through discussion forums. All these forms of communication allow the suicidal individual to decide whether they remain anonymous during their conversations.

It is important to note that the results of these studies may already be outdated; although the above studies were conducted fairly recently, the nature of the Internet can change quickly. In addition, the Internet may be used for help one other way that was not classified by the above two studies; young people have the option of using one of the many online communication domains to talk to their friends about suicide-related issues. In this way, the Internet may function in a similar way to the telephone, as though the suicidal individual had called a friend to discuss their problems. It is clear that there are a variety of suicide-related sources online that young people can access; however, the quality of these resources is often questionable.

Quality of online resources. Most studies that have evaluated suicide-related websites found poor quality information. For instance, one study examined 52 English language suicide prevention websites using Google Australia (Jorm, Fischer, & Oh, 2010). These researchers assessed the quality of information regarding how to help someone who is suicidal. Only websites that were sponsored by an organization and that listed contact details were included. Thus, websites maintained by individuals (e.g., blogs) were excluded. Researchers provided the websites with feedback regarding how to enhance the quality of information presented on their site. Results showed that the information on many sites was low quality. As well, providing website administrators with feedback did not result in improved information on the site.

Another study analyzed the top twenty most commonly used Canadian youth suicide websites for quality (Szumilas & Kutcher, 2009). The top twenty

websites were determined by order of appearance on the results pages; websites were included in the top twenty if they appeared within the first several results in at least two of the search engines used. Government websites, non-profit organization websites, and personal/media websites were evaluated for evidence-based information. Non-profit organizations and media/personal websites were the most prominent online sources of information on youth suicide. Only two government websites appeared in the top twenty results and one of those provided outdated information. Researchers stated that more recent federal documents were available; however, they were not ranked in the top twenty results, so they were not easily accessible. None of the websites in the study were from professional organizations, suggesting that people are less likely to access them. Results revealed that non-profit organizations were most likely to contain evidence-based information, followed by government websites, and then personal/media websites. Overall, researchers found that more than half of the statements on popular Canadian websites regarding adolescent suicidal behaviour were not supported by evidence. Thus, researchers suggested that information sources online should be approached cautiously and that many websites need to improve their quality of information.

An additional study took a random sample of Internet websites on suicidal behaviour and evaluated the quality of warning signs listed (Mandrusiak et al., 2006). Researchers found that there were a number of different warning signs for suicide presented across different websites and that many did not agree with one another. They also found that some of the warning signs listed were too vague to

be an informative warning sign of suicide. Researchers suggested that the information online about suicide and suicide prevention is limited because it is not always supported by empirical evidence.

A final study performed a search for Internet counselling websites and evaluated them for quality (Recupero & Rainey, 2006). Researchers found a wide range of quality in websites. Many were misleading in terms of the services that they provided; they were unclear about the nature of services offered and did not always specify the qualifications of those providing the online counselling. Many sites also did not actively provide resources and referrals for suicidal visitors. However, some of the sites were deemed to be high quality and they were offered by legitimate mental health professionals.

It is important to note that all of these studies evaluated quality based on the judgments of professionals, rather than the suicidal individuals who actually use the websites. These studies also did not assess several features that may be important when determining the quality of suicide-related websites, such as the quality of self-help strategies suggested online, the quality of support offered online, and the quality of the website design (e.g., ease of use). Despite this, the studies contribute knowledge about what suicidal individuals may encounter when they go online. Whatever the quality of online resources, suicidal young people are likely to utilize them because of several unique features of the Internet that make it an appealing way to seek help. Gilat and Shahar (2009) agree with this by suggesting that online help may be better suited for suicidal individuals than offline help because of the Internet's unique qualities.

Internet's unique qualities. Some of the Internet's unique qualities may encourage young people to seek help in a way that they could not by using offline methods of support. For instance, because of the Internet's anonymous nature, youth can access information that they would not access otherwise due to a fear of social stigma (Borzekowski, 2006; Webb et al., 2008). Furthermore, the Internet's anonymous nature allows for confidentiality so that individuals may express themselves more freely while they communicate with others, without fear of judgment. Thus, anonymity allows for a sense of security. This suggests that the Internet may be a safe place for young people to turn to when they are experiencing suicidal behaviours.

In addition, the Internet is low-cost and easy to access. Youth may be particularly likely to seek help online because they have limited access to other forms of support (Borzekowski, 2006). For example, some youth may not have a health care provider or a responsible adult in their lives to turn to for help. As well, many adolescents may be restricted from seeking formal forms of help because they cannot afford to pay or because they require parental consent. Parental consent may be a concern if youth do not want to let their parents know about their difficulties. As well, the Internet is available 24 hours a day and, with today's technology, is available almost anywhere. These ideas are supported in Haas et al.'s (2008) study, which found that online counselling may be especially appealing to college students because of its affordability, privacy, and convenience.

Furthermore, the Internet may allow young people to communicate with others who have similar concerns. For example, a young person who is experiencing suicidal behaviours may not know anyone offline who is having the same struggle. Thus, they may go online to find a group of people who are experiencing the same issues. Receiving online support from others with similar experiences may provide a sense of encouragement and validation (Barrera, Glasgow, McKay, Boles, & Feil, 2002). As well, the Internet can provide a space for individuals to be listened to by sympathetic others and going online may facilitate social relationships (Niall, 2010). Forming social relationships is important because young people may be less likely to follow through with committing suicide if they have some form of supportive social network available (O'Donnell et al., 2003).

Lester (2008) adds that adolescents may be more likely to go online for help rather than to phone a suicide helpline because Internet activity is less likely to be monitored by parents. As well, the Internet may interest young people who lack trust and who fear "loss of face" or being labelled when seeking offline help. Young people going online also have increased control over the process of help-seeking, which may encourage feelings of safety. In addition, most young people are familiar with using the Internet, which may further enhance feelings of protection. Barak and Miron (2005) briefly mention some unique features of Internet communication which may make the Internet an attractive environment for help-seeking. These features are referred to as psychological factors and include elevated disihibition, spontaneity, and authenticity.

Given these qualities of the Internet, and the fact that it is used extensively by young people today, it makes sense that suicidal young people turn to the Internet when they need help. Although the Internet is being used as a source of help during times of being suicidal, little is known about how the entire online help-seeking process occurs in suicidal young people. However, research involving suicidal behaviours and the Internet is currently growing. Much of the literature focuses on the debate over whether the Internet is a positive or negative environment for young people experiencing the suicidal state. Many of these studies also reveal some information about the online help-seeking process. These studies are reviewed below. I divided the studies into opposing sides of the debate over whether the Internet is harmful or helpful to suicidal young people, but the focus is not solely to illustrate this debate. Rather, it is to review the knowledge available in the literature about online help-seeking for the suicidal state.

The Internet as a source of harm. Many researchers describe the negative aspects about going online to seek help for the suicidal state in review articles or the background sections of research articles (e.g., Alao et al., 2006; Informa Healthcare, 2009; Lester, 2008; Mishara & Weisstub, 2007; Niall, 2010). These researchers typically do not argue that the Internet is harmful to suicidal young people; rather, they present the websites and activities that are potentially harmful to young people experiencing the suicidal state. These potentially negative aspects are presented below.

There are some websites that are termed pro-suicide sites, which are relatively easy to locate (Informa Healthcare, 2009). One of these sites has already

been blamed for several deaths. These sites are concerned with an individual's

right to die, with helping individuals choose a method for suicide, with providing

information about how to carry out a method for suicide, and with helping

individuals obtain lethal medications to commit suicide (Lester, 2008). Some sites

suggest that it is a good idea to commit suicide (Informa Healthcare, 2009;

Mishara & Weisstub, 2007). There are also individuals, known as "suicide

predators" who seek out people that post suicidal messages. These predators send

messages to the suicidal individuals to encourage them to follow through with

their suicidal plans and they may provide information about how to commit

suicide even when the individual does not ask for it. One pro-suicide site provides

information on how to make the decision to commit suicide and suggests things to

do prior to committing the act of suicide (e.g., tying up loose ends and leaving

notes). Despite this, the website also offers advice on considering life instead of

suicide. Other sites provide specific details about how to commit suicide and

outline the strengths and weaknesses of different methods based on the side

effects, risks of failure, lethality, time, and amount of pain. Niall (2010) suggested

that describing suicide methods explicitly is dangerous because it might

encourage imitation by others.

Alao et al. (2006) state that there are more than 100,000 websites that

discuss ways to commit suicide. Some do not allow users to deter others from

committing suicide. Some post copies of suicide notes and death certificates or

allocate an online space for posting suicide notes. Some also contain graphic

photographs showing acts of suicide. There are also online pharmacies that may

be able to supply prescription drugs without a script from a doctor. One website

provides a list of such pharmacies and offers tips on how to avoid legal

complications when using these pharmacies.

An additional concern is that some forums may normalize and encourage

self-harm and acts of suicide (Lester, 2008). The Internet may also "romanticize"

suicide and present self-harm as a solution to a problem (Niall, 2010).

Furthermore, individuals can gain publicity by going online to commit suicide on

live video-cam (Lester, 2008). Moreover, it may be difficult for young people to

judge the quality of mental health information and the level of professionalism on

websites (Becker, Mayer, Nagenborg, El-Faddagh, & Schmidt, 2004). Going

online may also encourage social withdrawal by taking up time and decreasing

communication with individual's offline. An added concern is the quality of

information available online to those who seek out help for suicide. Most studies

evaluating the quality of information online found that poor quality information

dominates the web (Jorm et al., 2010; Mandrusiak et al., 2006; Recupero &

Rainey, 2006; Szumilas & Kutcher, 2009).

The Internet has also been reported to be a detriment to suicidal young

people who seek out pacts to commit suicide with one another. This is known as

Internet suicide and it involves an arrangement between two or more strangers

who meet online and choose to commit suicide together or close to the same time

(Naito, 2007; Silva, 2008). Lester (2008) reported that the Internet has made it

easy for individuals to form suicide pacts. Some individuals are drawn into an

Internet suicide pact, even when that was not their initial desire (Naito, 2007).

Silva (2010) cited statistics of there being 69 cases of Internet suicide involving 204 people in Japan from the end of 2002 to the end of 2005. The majority of these individuals were in their twenties. Silva (2008, 2010) argued that Internet suicides occurring in groups in Japan likely result from a need for social connectedness.

Naito (2007) stated that Internet suicide is not restricted to Japan. For example, Britain experienced its first Internet suicide in 2005. As well, Alao et al. (2006) reported that two Norwegian adolescents made a suicide pact in a chat room, which they followed through with. Due to concerns about the Internet triggering suicidal behaviour in at-risk individuals, Naito (2007) suggested that the frequency and duration of Internet use should be monitored, which may reduce the number of people who commit Internet suicide.

Some research illustrates the negative impact of the Internet on suicidal young people by reporting on individual case studies. For instance, in their review, Alao et al. (2006) mentioned some of the case studies reported in previous articles, including three individuals who obtained information about methods of committing suicide from the Internet. One of those individuals followed through with that method. Becker et al. (2004) presented a case study of a 17 year old female who researched suicide methods online and purchased substances through the Internet to commit suicide. These researchers claimed that these types of cases are not unique; they also described a 15 year old female who had gotten the idea from the Internet to use suicide as a problem-solving strategy. However, these researchers acknowledged that the Internet can also have a positive impact. For

instance, the 15 year old had also found a nearby psychiatrists e-mail address by searching online. She contacted the psychiatrist, who then prompted her to seek counselling offline, which she did.

Another method that has been employed in order to address the impact of the Internet on suicidal individuals examines the relationship between online suicide search volumes and statistics on suicide and self-harm. For example, McCarthy (2010) measured the number of suicide related terms searched for on Google from 2004 to 2009. This data was then correlated with suicide and self-harm data from the Centers of Disease Control. This study found that there was a correlation between Internet search volumes and suicide statistics, as well as between Internet search volumes and self-harm statistics. Correlation patterns differed by age; the correlation between online search volumes and suicide rate was negative in the general population, while the correlation between online search volumes and both suicide and self-harm were positive among adolescents. As such, this researcher suggested that adolescents use the Internet to facilitate self-harm, while the Internet is used by many others to reduce the risk of suicide or to seek help. The researcher claims that searches for suicide-related terms online may predict acts of self-harm and suicide.

Although the discussion regarding the negative impact of the Internet on suicidal young people is extensive, there is not a whole lot of empirical evidence supporting the position. The methods employed that provide support for this view are limited by simply describing individual cases or by relating two variables (e.g., Internet suicide search volumes and suicide statistics) that may not have any

true association between them. I would argue that the evidence supporting that the Internet works to prevent suicide or help suicidal young people is stronger.

The Internet as a source of help. A number of studies have provided evidence for the argument that the Internet can have a positive impact on young people seeking out help for mental health concerns. For example, Webb et al. (2008) discovered that adolescents found an online discussion forum for mental health difficulties that was monitored by an adult to be a positive and helpful experience. An additional study found that 74% of adolescents who sought help online for their emotional problems in the prior year were either somewhat satisfied or very satisfied with the help they received, while only about 20% were dissatisfied (Gould et al., 2002). Although these results illustrate that the Internet can be a positive and beneficial experience for those seeking help for mental health or emotional problems, these studies are not specific to suicidal behaviour.

Other studies in the literature specific to the Internet and suicidal behaviour are beginning to emerge. Not only do these studies illustrate that the Internet can have a positive impact on suicidal young people, but they also provide an understanding about aspects of the online help-seeking process. These studies employ a variety of different methods to provide such an understanding.

Some studies explore online help-seeking by analyzing the postings of individuals on discussion forums meant for the suicidal state. For instance, Greidanus and Everall (2010) examined an online discussion forum moderated by trained crisis intervention workers that provides support for adolescents experiencing the suicidal state. Results showed that common content on the

discussion forum included personal stories, advice, supportive comments, and questions. Adolescents used the discussion forum to share reasons for seeking help, to receive support, to support others, and to discuss suicide and other related issues. Youth often expressed a loss of hope during discussions on the forum. Other members responded with empathy and support; they suggested that there was still reason to be hopeful and encouraged individuals to continue to use the forum. Comments made by adolescents suggested that they had a positive experience on the forum; they felt they shared experiences with other members, felt understood, and felt supported by other members. This study identified some important features of online help, including accessibility, anonymity, access to others who understand experiences, and easier self-disclosure at times. The researchers concluded by suggesting that a discussion forum monitored by trained volunteers can provide both helpful information and support to those who use it.

Similarly, Horne and Wiggins (2008) analyzed the posts of individuals with suicidal thoughts. These researchers accessed two online forums in order to understand how individuals present themselves as being authentically suicidal and how other forum users respond to the posts of suicidal individuals. Results showed that most initial posts involved a narrative where individuals told their personal stories. Posting an immediate suicidal threat as an initial message was also common. These posts were shorter and included a specific suicidal action. Others usually responded to these posts through different forms of pleading for the individual to continue living. The findings suggest that an authentic online suicidal identity involves demonstrating an active suicidal state, showing

rationality, and avoiding asking for direct help from others. Researchers concluded by suggesting that the forums were places for suicidal individuals to have their identities validated by others who are in a similar situation. They claimed that this can be a great support to suicidal people. As well, these researchers argued that online discussion forums allow individuals to discuss issues relating to suicide, rather than being a source of harm to those experiencing the suicidal state.

Another study examined online help-seeking by asking Australian University participants about their intentions to seek help for suicidal ideation (Harris et al., 2009b). Results showed that a suppressive problem-solving approach was positively correlated with intentions to go online for suicide support. A suppressive problem-solving approach was related to social withdrawal and indicated that problem-solving activities were avoided or denied. Other predictors of going online for help with suicidal thoughts included being unwilling to go to an offline mental health professional and being willing to use telephone help-lines. This study suggested that the Internet may provide a way for hesitant suicidal help-seekers, who prefer help that is not face-to-face, to gain information and support for their difficulties.

Other studies ask individuals about their actual online help-seeking experiences for the suicidal state and/or self-harm. For example, Eichenberg (2008) administered an online questionnaire to users of a German discussion forum for suicidal individuals. Participants were mostly adolescents and young adults. Results showed that about 1/3 of participants used the forum passively,

meaning that they did not post any entries. Most participants used the forum because they wanted to meet people with similar problems (81%) and because they wanted to share their problems with others (62%). Results revealed three types of users that had different motives for using the forum and that were impacted differently by the forum. First was the ambivalent help-seeking type, which made up 21% of users on the forum. They had the highest level of destructive motives (e.g., using the forum to seek help or support in committing suicide), but also had strong constructive motives (e.g., using the forum to seek help or support in relieving their suffering). Second was the unspecifically motivated type, which made up 31% of users on the forum. They had neither strong constructive nor destructive motives. Third, was the constructive help-seeker type, which made up 48% of users on the forum. They had the strongest constructive motives and hardly ever had destructive motives. They were the most active user type on the forum. The constructive help-seekers showed the largest decrease in suicidal thoughts over the period of using the forum, and the greatest proportion of these individuals attributed the decrease to their use of the forum. Across all three groups, 62% of users indicated that they did not think that changes in their suicidal thoughts resulted from their forum use. For those who did, 30% reported a decrease and only 8% reported an increase. Overall, researchers concluded that the discussion forum was mostly constructive and even worked to prevent suicide.

Likewise, Baker and Fortune (2008) conducted e-mail interviews with 10 adults (18-33 years) who were recruited from suicide and self-harm websites.

Results showed that participants used various websites for suicide and self-harm, some of which were pro-suicide websites. Participants regularly read content on websites and interacted with others through discussion forums and chat rooms. Results revealed three main ways that users wrote about suicide-related websites, all of which were beneficial to the suicidal individual. First, sites provided participants with empathy and understanding. Second, interacting with others was a way to cope with distress and was viewed as a preferable substitute for self-harm or suicidal behaviours. Third, participants felt like they belonged to a community where they were given emotional support, important information and advice, and friendship. Participants indicated that the online help was playing a role in their recovery; the experiences gained online led to a decrease in self-harm and suicidal behaviours for some participants. One participant felt that online help was better at facilitating change than any offline form of counselling. Participants reported that, unlike online help, offline sources of help are unavailable, inaccessible, unable to respond appropriately, threatening, and not therapeutic, suggesting that online sources of help are preferable to some individuals who experience suicidal behaviours and self-harm.

Additionally, Zahl and Hawton (2004) assessed the influence of various media forms on suicidal behaviour and self-harm. These included fiction and non-fiction television, films, newspapers, magazines, books, radio, music videos, and the Internet. Twelve participants between the ages of 17 and 25 years who had recently engaged in self-harm were interviewed. Five participants had used the Internet to find out about self-harm, and three reported that viewing information

online was a positive experience. Interestingly, four participants stated that they viewed the self-harm websites as part of their homework given by their offline counsellor, which was to find out about other people's experiences with self-harm. As such, researchers concluded that the Internet was mainly used for therapeutic reasons.

Another study exploring online help-seeking used an interactive, online method to encourage at-risk suicidal University students to seek help offline (Haas et al., 2008). Students were first screened for suicide risk by completing an online questionnaire. They received the results of this assessment and were able to communicate online with a counsellor in an anonymous way. Students at-risk of suicide were encouraged by the counsellor to seek offline help. Twenty-four percent of participants engaged in one or more anonymous online conversations with the counsellor. High-risk students were most likely to engage in these conversations. The online counselling component showed several positive results. For example, many students readily responded to the idea of discussing their problems online and occasionally noted negative experiences in the past with conventional counselling. As well, some students chose not to go in for offline counselling because they had resolved their immediate issues through online discussions with the counsellor, but they indicated that the contact with the counsellor online had made them more open to seeking offline counselling in the future. Further, students who had at least one discussion with the counsellor online were more likely to seek an offline evaluation. Moreover, the offline counsellors indicated that at least ¾ of students who eventually sought offline

help were unlikely to have come in without the online counsellor's encouragement. The online discussions between the students and the counsellor included some common themes, such as elaborating on experienced problems, frequently requesting to remain anonymous, questioning whether problems warranted attention, and expressing concerns about confidentiality and the consequences of entering counselling offline. Researchers suggested that this form of online counselling has strong potential to encourage students at-risk of suicide to seek help because of its attractive features, such as greater convenience, privacy, and affordability.

Hsiung (2007) contributed to the online help-seeking literature by reporting on a case of suicide in a discussion forum intended as an online mental health support group that was moderated by a mental health professional. The individual who died by suicide had been a member on the forum for about a year prior to her death. She did not disclose to the online group that she was going to take her life, but another member who had met her offline heard the news and shared it with other members online. The initial response of other members was grief, but eventually the group moved on. There were no reports of self-harm or suicidal acts in response to the group member's suicide. A memorial page was implemented later by the moderator and group members used this to write comments. Although the tragic event occurred, there were no reports of other group members imitating the individual's suicide through self-harm or suicidal acts. Rather, group members used the forum in a healthy and constructive way to

express how they felt in response to the member's death, including feelings of grief.

Recupero, Harms, and Noble (2008) also added to the literature on online help-seeking by using five Internet search engines and four suicide-related search terms to determine what is available online to individuals searching for information or support for suicidal behaviour. Results showed that suicide-neutral and anti-suicide pages occurred most, while pro-suicide websites were less common. Thus, researchers claimed that pro-suicide websites do not make up the majority of websites when searching for suicide-related terms; however, pro-suicide websites are easy to access, especially to someone who is Internet savvy. Although there are pro-suicide websites available, these researchers found that help resources (e.g., telephone crisis phone numbers and support groups) were available on the pro-suicide websites, suggesting that they can offer more than just negative information. This study suggested that suicidal individuals going online for help are more likely to find suicide prevention resources before encountering those that encourage suicide.

Some studies involving online help-seeking describe and evaluate two popular online suicide help resources, ERAN and SAHAR. For example, Gilat and Shahar (2007, 2009) discuss the Israeli Association for Emotional First Aid (ERAN), which consists of a phone help-line, chat rooms, and discussion forums. The discussion forums consist of support groups that are moderated by trained volunteers who regulate the process of the group and provide support. Gilat and Shahar (2007) found that threats of suicide were most frequent among individuals

in the discussion forums when compared to the phone help-line and chat rooms. This suggests that suicidal adolescents prefer going online for help instead of using the telephone, and that youth prefer to share their feelings with a group that may not provide an immediate response. Gilat and Shahar (2009) reported that adolescents who use ERAN have been impacted by the support provided to them in a way that works to prevent suicide. These researchers suggested that ERAN may appeal to adolescents in a way that encourages them to seek help so that their suicidal state improves.

The other popular online suicide help resource described and evaluated by researchers is SAHAR (Barak & Bloch, 2006; Barak & Dolev-Cohen, 2006). SAHAR is an Israeli organization that provides emotional support to people in distress. Individual and group support is available. Individual support involves online counselling where individuals discuss concerns with trained and supervised volunteers through e-mail, chat rooms, or instant messaging, while group support involves participating in an open discussion forum managed by SAHAR. Barak and Bloch (2006) evaluated the chat room conversations of suicidal and highly distressed individuals. They found that online counselling can be as effective as offline counselling as long as the online counsellor is competent. Barak and Dolev-Cohen (2006) evaluated the discussion forum for suicidal and severely distressed adolescents and found that adolescents exhibited lower levels of distress over time with increased activity on the forum (e.g., higher numbers of posted messages and replies). These researchers concluded by suggesting that

active involvement on a supportive discussion forum relates to lower levels of distress later.

Several of the reviews in the literature on online help-seeking for suicidal behaviour discuss the positive aspects of going online for help. For example, Lester (2008) reviewed two online resources that provide online counselling (SAHAR and Befrienders). He concluded that online counselling via e-mail is a helpful and viable option, and that it is an accepted form of help. He also stated that e-mail crisis intervention can lead to help-seeking through the telephone. Bell (2007) agrees that online counselling is a practical option given that it is cost-effective and could treat large numbers of people. Bell also mentions a positive aspect to the pro-suicide websites; they can provide support to suicidal individuals who have behaviours and beliefs that fall outside what is accepted by mainstream society. Finally, Alao et al. (2006) stated that the Internet can benefit suicidal individuals if it is used appropriately; it may prevent suicide by encouraging suicidal individuals to get help, identifying individuals at-risk of suicide, and providing an additional means to communicate with those experiencing the suicidal state.

Overall, the current research on the Internet and suicidal behaviour seems to support the idea that the Internet can act as a helpful source and work to prevent suicide; however, there are also several arguments for why the Internet may act to facilitate suicide. The studies were reviewed to illustrate that online help-seeking for suicidal behaviour is a complex process that can involve both helpful and harmful experiences, depending on a variety of circumstances.

Perhaps the most realistic conclusion is to say that going online for help can have mixed results. One study in the literature illustrated this idea. This study is most similar to the present study; however, it employs a quantitative design, so it does not gain an in-depth understanding of the online help-seeking process. As well, it highlights certain aspects of the process, but does not provide the full picture about suicidal individual's experiences. In addition, it focuses on adults of all ages, rather than adolescents and young adults.

Harris et al. (2009a) administered an anonymous online questionnaire to 290 individuals aged 18-71 years who were from 27 different countries and who were at-risk of suicide. Participants who went online for help with suicidal behaviour were compared to those who did not seek out help online. Those who went online for help were at a greater risk of suicide, made greater efforts to make new friends online, and felt they had less offline social support. Online, many of these individuals felt more support and less alienated. The majority felt that they improved their suicidal state when they were online; yet, nearly 10% felt more suicidal after going online. Suicidal individuals who went online for help preferred communicating in an anonymous way with others who were similar to themselves. Nearly 62% of these individuals visited suicide prevention sites and about half found them supportive, while the other half found them to be unsupportive or negative. About 52% of participants visited pro-suicide sites and found them to be somewhat more positive than negative. About 27% of participants visited suicide pact sites and these were viewed as being more negative than positive. Participants were most likely to use discussion forums and

these were usually rated as being supportive rather than negative. Un-moderated forums and blogs were most useful to these individuals, while commercial and prevention websites were least useful. Participant's reasons for going online included: information (64.4%), support (22.1%), communication (9.2%), suicide methods (1.8%), and all of the above (2.5%). This study illustrates the complexity of online help-seeking in suicidal individuals, and how it can be perceived as being positive or negative depending on the individual and the source of online help.

In sum, the literature seems to combine to suggest that suicidal young people are using the Internet to seek help, but their experiences online can vary between being positive, negative, or a mix of both. As such, the Internet seems to be an appropriate place to develop and enhance prevention services that will be helpful to suicidal young people. To do this, a greater understanding of the online help-seeking process in suicidal young people is required.

Rationale for the Study

Suicide rates in young people are a concern and the literature on online helping-seeking suggests that the Internet may function as a suicide prevention resource for some young people. The present study contributes knowledge about how young people use online resources for suicidal behaviour and how those impact them. It also suggests some ways to improve online resources based on the experiences of individuals who have gone online during times of suicidality.

The present study fills a gap in the literature on online help-seeking in young people experiencing suicidal behaviour. Several previous studies have

identified this as an important area of study. The current study contributes

information on the debate over how the Internet impacts suicidal young people.

Furthermore, the qualitative method employed allows for in-depth descriptions

and explanations of the online help-seeking process for suicidal behaviour, which

is missing from previous studies. The current study also provides information on

online help-seeking that is lacking from many past studies by going directly to the

individuals who experienced the online help-seeking process when they were

suicidal.

Research Questions

The following questions will be answered in this study:

1. How does the process of online help-seeking unfold in suicidal young people?

   a. What influences young people to seek help online during times of suicidal
      behaviour?

   b. What events do suicidal young people experience during the process of
      online help-seeking?

   c. What is helpful and unhelpful/harmful during the process of online help-
      seeking?

   d. What are the consequences of seeking help online?

2. What forms of traditional help do suicidal young people who go online for
   help receive?

3. What are the implications of this research in understanding help-seeking
   behaviour of suicidal young people and enhancing suicide prevention
   services?

Chapter Three: Methodology

Grounded Theory: Description and Rationale

In this qualitative study, I used a grounded theory design, based on Strauss and Corbin's approach (Strauss & Corbin, 1990, 1998; Corbin & Strauss, 2008). This method involves working toward a general, abstract theory of a process that is derived from the data (Charmaz, 2006; Creswell, 2009). Corbin and Strauss (2008) indicate that grounded theory moves beyond just description to explanation; the data are integrated to progress toward developing an overarching theoretical explanatory scheme. To work toward a grounded theory, data are gathered and analyzed systematically to allow for the development of categories that are grounded in participants' views (Creswell, 2009). Categories are then organized in a logical way to provide a general explanation of a process that is shaped by the views of participants (Creswell, 2007). Thus, data are analyzed using an inductive method, which means organizing the raw data into increasingly more general and abstract units of information (e.g., categories). Some deductions are used as well when researchers hypothesize about the relationship between categories (Corbin & Strauss, 2008).

In earlier versions of Strauss and Corbin's approach (1990, 1998), they claimed that the resulting theory resembles reality because it is drawn from the data; however, in the more recent version of their grounded theory approach (Corbin & Strauss, 2008), theories do not represent reality. Rather, they are viewed as constructions because they are based on the interpretations of researchers. Although theories are constructed by researchers, they must strive to

stay close to the data during interpretation and present findings fairly, even when the data disagrees with the researchers assumptions and expectations. To do this, researchers locate the expressed experiences, actions, and emotions of participants within the context in which they occurred so that meaning is accurate and clear. The present study takes the perspective of the more recent views of Corbin and Strauss (2008).

Grounded theory approach was chosen because it allows for both description and explanation of a process (Creswell, 2009). This follows with the aim of the proposed research; the goal is to describe and explain the process of online help-seeking of previously suicidal young people. Furthermore, grounded theory is used to work toward developing theory when inadequate theories exist in the literature. Because of the novelty of the research topic, theory about online help-seeking is lacking, so using a grounded theory design is appropriate. Not only is theory lacking from the research, but little is known about the process of online help-seeking. A qualitative approach, such as grounded theory, is appropriate when relevant variables and relationships are unknown and have yet to be identified in the literature on a particular topic (Corbin & Strauss, 2008; Marshall & Rossman, 2006). It is appropriate because it does not impose pre-determined categorizations onto participant's responses, as a quantitative methodology would do. In this situation, using a quantitative methodology would seem premature given the limited knowledge available on the topic.

Using a grounded theory approach can also provide a framework for future research (Creswell, 2007). For instance, future research may verify the theory

generated by a study through further qualitative or quantitative means. Corbin and Strauss (2008) explain that the theory resulting from a grounded theory design, which is specific to the context of the study, can provide the basis for more formal theories that are less specific to a certain group or location and may apply to a broader range of issues and conditions.

In addition, grounded theory, or any form of qualitative method, allows participants to describe how they understand their experiences and the meaning that they attach to their experiences. It is interested in subjective understandings and interpretations of participants (Marshall & Rossman, 2006). Allowing participants to describe their experiences in their own words will enable suicidal young people who seek help online to make their voices more present in the literature; such individuals have had limited opportunity to provide their input in the online help-seeking research, particularly over the debate about whether the Internet is helpful or harmful to suicidal young people (Baker & Fortune, 2008).

Data Collection Procedure

Participants were recruited by posting advertisements around community agencies, educational institutions, shopping centers, hospitals, and on the volunteer section of websites. Initially postings were restricted to the Edmonton area; however, few people responded, so recruitment was expanded to all over Alberta. Posting advertisements meant establishing rapport with several of the recruitment sites, as well as describing the study and its importance. Some community agencies notified staff members of the postings so that they could describe them to clients who were interested in participating. Selection criteria

was specified in the advertisements, including being over the age of 18 years,

having experienced suicidal behaviours between the ages of 15 and 24 years

within the past 10 years, being free of suicidal behaviours for a minimum of 6

months prior to being interviewed, and having sought help for suicidal behaviours

online. The goal was to include between 8 and 10 participants in the study;

however, due to difficulties with recruiting participants (discussed further in

chapter 4), five individuals participated.

Individual in-depth, semi-structured interviews that lasted between 45

minutes and 1.5 hours were conducted with participants who met inclusion

criteria. They occurred in a quiet and private location that was most convenient

and comfortable for the participant. Semi-structured interviews are a useful type

of data collection method because participants can provide rich information about

their experiences, while the researcher can maintain some structure in the

interview. However, disadvantages of using interviews are that not all people are

equally articulate.

Interviews occurred face-to-face, over the telephone, and by e-mail.

Initially, interviews were intended to be face-to-face; however, after recruitment

sites were expanded, participants were offered the choice to do the interview face-

to-face, over the telephone, through Skype, or through e-mail. E-mail is a

relatively innovative way to conduct interviews (Baker & Fortune, 2008) and was

appropriate for the present study because of the nature of the research topic. That

is, participants were individuals who went online for help, suggesting that they

may prefer to discuss sensitive topics online where there may be an enhanced sense of safety and comfort through greater anonymity.

Three of the participants chose to complete the interview face-to-face, while one individual opted to complete the questions through e-mail. The other participant expressed that she was nervous to participate; she agreed to answer initial questions through e-mail and then decide whether she wanted to do a telephone interview to follow-up with those questions. After answering the questions by e-mail, she offered to complete the telephone interview. Thus, the majority of the interview with that participant was done over the telephone.

Prior to beginning the interviews, written informed consent was obtained from participants. During informed consent, the purpose of the interview and confidentiality was explained. In addition, participants were informed that they could stop the interview at any time or refuse to answer any of the questions. Participants were also told that they had the opportunity to delete any of the sections of the interview that they would like. Participants were provided with a copy of the consent form, which included a list of counselling and crisis telephone numbers in case the participant became distressed during or after the interview. To the researcher's knowledge, this did not occur in any of the cases.

Face-to-face and telephone interviews were audio-taped using two digital recorders and transcribed verbatim into text. Two recorders were used to safeguard against failing equipment. I followed a standard interview protocol; however, I also explored new aspects of participant's experiences that arose during the interviews, consistent with the format of a semi-structured interview. I

began by asking participants about their suicidal experiences as adolescents and young adults. I then asked about their experiences with seeking help online and offline as well. I used several open-ended questions to focus on these topics that followed with the interview protocol. I also asked many follow-up questions in order to clarify participants' experiences and to gain more information.

The e-mail interview was done by sending initial questions that were a part of the structured interview guide to the participant. The participant provided responses to those questions, and then I wrote up follow up questions to inquire further about areas of interest and to clarify what she had written. As such, the e-mail interview followed closely with those conducted over the telephone or in person.

Data Analysis Procedure

I analyzed the data according to Strauss and Corbin's grounded theory approach (Strauss & Corbin, 1990, 1998; Corbin & Strauss, 2008). Although data analysis and data collection are discussed as being separate steps, these actually occurred in a non-linear process; there was a back and forth movement between data collection and analysis. Data was analyzed using the constant comparative method as it was compared to emerging categories on an ongoing basis. A category is a unit of information, derived from the data, made up of events, happenings, or instances of a phenomenon that share common characteristics or related meanings that allow them to be grouped. Following the grounded theory design, data are gathered until the categories of information are saturated, which means that no new information that adds to the understanding of the category is

found. However, Strauss and Corbin (1998) state that saturation "...is more a matter of degree. In reality, if one looked long and hard enough, one always would find additional properties or dimensions. There always is that potential for 'new' to emerge" (p. 136). Based on this definition, I believe that the resulting categories in the present study are saturated because consistent patterns of experience were identified among the rich descriptions of the five participants.

I followed the three forms of coding discussed by Strauss and Corbin (1998). First was open coding which involved taking the data and segmenting it into categories of information. To do this, I first read through all the transcripts to reflect on the data's overall meaning. I then went through each transcript and coded the data, line by line. I then grouped the coded concepts into categories. Each category was given specificity and meaning through defining its particular characteristics. Categories were also given variation by looking at how characteristics varied.

Next, axial coding involved giving categories more depth and relating them to each other to form more precise and complete explanations of phenomena. It is important to note that open and axial coding are not necessarily sequential analytic steps; the two forms of coding proceeded naturally together and go hand in hand, but are broken up for explanatory purposes. Axial coding involved approaching the data with a specific perspective or organizational scheme, known as a paradigm (Strauss & Corbin, 1998; Corbin & Strauss, 2008). The paradigm helped to sort out and organize the emerging connections. It consists of a variety of conditions, actions/interactions, and consequences.

Conditions form the set of circumstances in which phenomena are embedded.

They are sets of events or happenings that create the situations or issues pertaining

to a phenomenon. Strauss and Corbin (1998) differentiate conditions to help sort

out some of the complex relationships in the data. For instance, there are

conditions that influence phenomena to occur, conditions that intervene and alter

actions or interactions, and conditions that help to explain context. In the present

analysis, I used the various types of conditions to help organize the data, but

presented them in the results as being "conditions that influenced online help-

seeking," and "conditions producing variation in actions/interactions" because this

made the most sense in relating the categories to each other. Actions/Interactions

are purposeful/deliberate acts or routine/habitual responses made by individuals or

groups to situations, issues, problems, happenings, or events that arise under the

conditions. Consequences are the outcomes of actions/interactions, and can

include intended and unintended outcomes. The three aspects of the paradigm

were identified and relationships among them were revealed in the present study.

Finally, selective coding was employed, which involved integrating and

refining the developing theory. This meant that one open coding category, termed

the central category, was identified. The central category represents the main

theme of the research. It explains what the research is all about, based on my

interpretation. It was selected based on its ability to pull the other categories

together to form an explanatory whole (all other categories can be subsumed

under it and relate to it), it could account for considerable variation within

categories, it held the most conceptual interest, it was the most salient issue

discussed by participants, and it was the most saturated with information. I then created a storyline that connected the categories together. Relating the categories through selective coding moved toward a substantive, low-level theory. Corbin and Strauss (2008) define a substantive theory as "a set of well-developed categories (themes, concepts) that are systematically interrelated through statements of relationship to form a theoretical framework that explains some phenomenon" (p. 55). Some of the resulting categories were then trimmed for excess data or were eliminated if they were poorly developed and did not appear much in the data. A visual model showing the categories and their linkages was also developed.

Strategies to Establish Quality

Quality was established in this study by using four strategies suggested by Creswell (2009) that are meant to enhance credibility and transferability. Credibility refers to findings that are believable and that make sense, while transferability refers to the application of findings to the audience. First, an audit trail was used. I wrote memos about my ideas throughout the analytic process; I recorded my ideas, questions, and speculations about the evolving theory throughout the process of open, axial, and selective coding. As well, I wrote memos about my biases, which helped to ensure that my own assumptions and values were set aside as I interpreted the data. Creating an audit trail through memos enhances credibility because it tracks decisions made along the way, thereby allowing other individuals to review what I did throughout the analysis process. Second, I used peer debriefing. Because the current study is a master's

thesis, it was reviewed by my supervisor. Having another person review my study enhances both credibility and transferability because it adds another person's perceptions and interpretations. Third, I looked for alternative accounts in the data that ran counter to categories that emerged. This strategy is well suited for the grounded theory design. It ensures credibility by finding exceptions within categories and discrepant information that runs counter to the emerging theory. By identifying those exceptions, the account becomes more realistic and honest. Thus, it should resonate well with readers, which enhances transferability. Fourth, member checks were employed to determine the accuracy of the results. Participants were provided with a summary of the findings, and were asked to determine whether the results accurately reflected their experiences. Participants were given the opportunity to comment on the results either through e-mail or telephone. This strategy enhances both credibility and transferability because it ensures that the account is a true reflection of participant's experiences and it allows participant's voices to be heard.

Ethical Considerations

Because of the sensitive nature of the research topic, extra care was taken to respect the rights, needs, values, and desires of participants. For instance, I ensured that participants clearly understood the research aims and provided informed consent; I obtained written permission from all participants before the study proceeded. This included informing the participant that participation is voluntary; they were able to stop participation at any time and could refuse to answer any question. As well, participants were told that they were able to omit

any part of the interview that they would like once it was completed. I also advised participants of confidentiality; I explained to participants that their identity was protected. For example, they were assigned a pseudonym so that their real name was never used, and all identifying information was omitted from the transcripts. Participants had the final say about whether they remained anonymous in the reporting of results. In addition, participants were informed that their wishes and interests were considered first when reporting the data. For example, if a participant did not want certain information from the interview included in the report, I would have respected their wishes; however, no participant expressed a desire to remove parts of their interview.

The only harm that was anticipated in this study was distress felt by participants while describing past difficulties with suicidal behaviour. This did not occur in any of the cases; however, one participant expressed that she was feeling anxious at the end of the interview and expressed a desire to continue with the interview through e-mail at a later time. This participant was initially anxious about participating, and indicated that she has troubles with anxiety at times. The interview was ended upon the participant's request. No additional questions were sent to the participant through e-mail afterward because all aspects of the research topic had been discussed in depth at that point.

The benefits that were anticipated by this research experience for participants were that they would feel empowered by sharing their stories. It was also expected that participants may feel good knowing that they were helping to develop knowledge on an important topic, and that they were contributing to

research aimed at improving suicide prevention services for young people. Most participants ended the study by expressing that they hoped they had helped, including the individual who asked to continue with the interview at a later time. One participant thanked the researcher for asking the questions and noted that it was an interesting experience for her. Another participant indicated that it was therapeutic for her to have her story heard.

This research study was designed and completed in accordance with the standards of the University of Alberta. A detailed plan of this study was reviewed for its adherence to ethical guidelines and approved by the Faculties of Education, Extension, Augustana and Campus Saint Jean Research Ethics Board (EEASJ REB).

Chapter Four: Participants

Selecting Participants

Participants were chosen based on their ability to contribute toward the development of a theory on online help-seeking for suicidal behaviours. In other words, participants needed to meet the selection criteria involved in the study. Selection criteria included: being over the age of 18 years, having experienced suicidal behaviours between the ages of 15 and 24 years and within the past 10 years, being free of suicidal behaviours for a minimum of 6 months prior to being interviewed, and having sought help for suicidal behaviours online. Interviews were conducted with five individuals. Throughout the recruitment period (around 9 months), numerous individuals showed an interest in participating and some scheduled an interview, but did not follow through with completing the interview. The difficulty with recruiting participants will be elaborated on later in this chapter.

Description of Participants

All five of the participants were female. One male volunteered to participate in the study; however, his data was excluded from the study because he revealed that he had not sought help online for himself when he experienced the suicidal state; rather he had gone online looking for resources for other suicidal individuals after his struggle with the suicidal state had ended. Participants ranged from 20 to 31 years of age. All participants were living in the province of Alberta at the time of their interview. No specific demographic information was collected from participants, apart from their age, in order to

enhance their anonymity. Some demographic information was gained throughout the interviews; however, this will not be shared in order to respect the participant's anonymity. All participants were assigned pseudonyms: Helen, Samantha, Trish, Julie, and Sophia. Each participant's experience with the suicidal state is described below.

Helen. Helen is a 20 year old who disclosed experiencing the suicidal state beginning from when she was 10 years old. She was living in a negative home environment, where she experienced abuse and had to live with a mother who used drugs and alcohol regularly. Because of this, Helen left home when she was 16 years old. Helen has attempted suicide "too many times to count" and has tried multiple ways to die. She also engaged in regular self-harm (cutting), which began as a means to commit suicide, but then turned into an "addiction." Helen was taken to the hospital on two occasions for her suicidal behaviour. Her thoughts of suicide decreased after she left home, yet she continued to use cutting as a "venting method" for a short time after. Her struggle with the suicidal state ended when she was 17 years old. Helen initially went online seeking help when she was living with her mother, so she was under 16 years of age at the time. She described going online "quite often," which meant that she usually went online every day.

Samantha. Samantha is a 20 year old who described always being curious about what happened after death when she was growing up; however, her curiosity about death turned into thoughts of suicide when she was turning 17 years old. At this time, she had moved to a new province and had started at a new

school. Samantha made several attempts at suicide over a three month period. She stated that she could not recall the exact number of attempts, but she thinks it was under ten and more than five. Before every attempt she wrote an apology letter to her family and told them that she loved and cared about them. Samantha was never hospitalized for any of the attempts she made. Her thoughts of suicide ended during the year that she was seventeen. Samantha initially went online for her suicidal behaviour after moving. She reported going online "a lot," but could not recall exactly how often.

Trish. Trish is a 23 year old who described experiencing suicidal thoughts all throughout her teenage years; however, the thoughts became more prominent during her first two years of university when she was 18 and 19 years old. At this time, Trish had moved away from home to attend university; she described living in a small space where she felt isolated. As well, being away from home and friends was difficult. She also explained that her social anxiety peaked at that time. Trish never attempted suicide. She explained that she feels like she is constantly coping with depression and anxiety and that these things will never go away; however, her ability to cope has alleviated her thoughts of suicide at present. Trish initially went online to seek help when she was 18 years old. She reported going online a number of times; any time that she would start to feel worse she would go online looking for help.

Julie. Julie is a 24 year old who related having many thoughts of suicide growing up, as well as several acts of self-harm. The first time she remembers trying to die was when she was 7 years old. At that time, she was upset with her

parent's alcohol abuse. Julie stated that the next time she felt extreme sadness was when she was 11 years old. That was the first time she cut herself. She then engaged in self-harm behaviour when she entered junior high. At this time she was experiencing bullying at school and developed severe anxiety. By the end of grade 9, she was hurting herself everyday to try to alleviate some of the pain that she did not know how to deal with. This pain then turned into thoughts of suicide. Julie reported struggling with the suicidal state and engaging in self-harm behaviour for most of high school. In grade 10, Julie made an attempt at suicide and needed to go to the hospital to get stitches and to get medication to counteract the pills she overdosed on. Julie stated that her struggle with the suicidal state ended when she was about 20 years old. She initially went online seeking help when she was 17 years old and reported going online multiple times a day.

Sophia. Sophia is a 31 year old who disclosed that the time she remembers experiencing suicidal thoughts most clearly was when she was 23 to 25 years old. She noted that she could probably think of other times that she had thoughts of suicide before this age, but this time period stands out most clearly to her. At this time, Sophia was going through a lot of "life changing experiences." She reported that she had quit her full time job, moved away from home for the first time, started university, had very high expectations of herself academically, was living in a place that she did not feel comfortable, and felt pressure to finish school quickly. Sophia never made attempts at suicide, but described that she had begun to plan out ways that she could do it. She initially went online for help when she was 23 years old and stated that she went online frequently, often 2-3

times per day.

Difficulties with Recruiting Participants

The ethics of this study were revised two times in order to expand recruitment sites because of a low response rate from participants. Initially participants were recruited from the Edmonton area only; however, recruitment sites were later expanded across Alberta in both online and offline locations. It seemed as though there was much interest in the study, but there were few people who actually followed through with participating. For example, ads were posted on the volunteer section of the kijiji website, which tracks the number of views of any advertisement posted. Near the end of June, there were 1497 views of the five ads posted on kijiji across various cities in Alberta. There were also several tabs missing from advertisements posted around offline locations that were checked by the researcher.

The greatest number of inquiries came from the kijiji advertisements; however, many of the individuals who responded with an initial e-mail never responded again or it was revealed that they did not meet one or more of the selection criteria. A similar result occurred with a number of people responding to the offline posters, but there were far fewer responses through this mode of advertisement. After a period of time, individuals who had e-mailed that they were interested and did not respond to the researchers reply were e-mailed again to inquire about why they decided not to participate. Several individuals were sent this e-mail; however, only two replied. One person responded that she simply changed her mind and did not specify why. Another responded that she felt

uncomfortable and anxious talking to a stranger about the topic of the research study; however, this individual then agreed to do the interview through e-mail and eventually was willing to talk over the telephone.

There were three individuals who seemed highly interested in participating in the study. They agreed to schedule an interview and expressed that they did not have any questions or concerns about the study; however, none of these individuals followed through with the interview. One individual wanted to meet in person; however, she never provided a date to meet, despite expressing several times that she would in the near future. Another individual was e-mailed the research questions out of preference, but he never provided responses even after he was sent follow-up e-mails to inquire about his participation. The third individual wanted to do the interview in person, but continued to postpone setting an interview date. She eventually scheduled interview times, but did not show up on two occasions. She said that she missed the interview by error both times and agreed to respond to questions through e-mail instead. She was e-mailed the questions but no response has been received despite adequate time and follow-up e-mails.

When reflecting on why it was so difficult to recruit participants, I thought of four possible explanations. One explanation is that the selection criteria was fairly narrow and initial recruitment efforts were too limited to gain the number of participants I was seeking. Although the recruitment time period occurred throughout 9 months, it was only for about 4 months that recruitment occurred across Alberta. Earlier recruitment across Alberta may have helped to increase the

number of participants. As well, expanding further to recruit from across Canada by using the kijiji website may have been helpful.

Moreover, individuals who initially responded to the advertisement may have expected the study to be different than it was. That is, the advertisement was fairly brief, describing the purpose of the study and the selection criteria; however, there was no mention that the study involved doing an interview. In my follow-up e-mail to individuals initial inquiry, I usually re-explained the purpose of the study, asked for verification of selection criteria (if they did not specify in their initial e-mail that they met it), explained the process of the research (i.e., options for doing the interview, anonymity, and confidentiality), thanked the individual for their e-mail, and asked if they had any questions or concerns. I tried varying the length and wording of e-mails to see if that would elicit different responses from people; however, this effort did not seem to make any difference. Perhaps, then, individuals did not respond after my e-mail reply because they were expecting a quick anonymous survey that they could respond to, and did not want to invest the time or energy to complete an interview either in person, over the phone, or by e-mail. I also think that many individuals overlooked all selection criteria that needed to be met or misunderstood the purpose of the study. For example, individuals often stated in their first e-mail that they did not meet all selection criteria or it was discovered later that this was the case. As well, respondents sometimes stated that they were interested in participating in the study on depression, indicating that they likely misunderstood the topic of the

research study. My follow-up e-mail to them would have clarified any misunderstandings regarding the research topic or selection criteria.

Additionally, previous research suggests that people who go online have a suppressive problem solving approach (Harris et al., 2009b), meaning that they tend to be more socially withdrawn, and avoid or deny problem-solving activities. They are also often reluctant to seek help. Thus, a suppressive problem solving approach may hinder them from coming forward by sending an initial e-mail, or from scheduling and following through with the interview.

Finally, experiencing the suicidal state is often associated with stigma and feelings of shame (e.g., Gilchrist & Sullivan, 2006; Moskos et al., 2007). Perhaps answering in-depth interview questions was too much information to give compared to answering a series of quantitative questions that typically involve checking off boxes or circling an answer from a series of choices. Answering in-depth questions may have been too exposing for their level of comfort. As well, individuals who go online for help may do so in order to stay anonymous and so that they do not have to reveal their issues to others in person (Borzekowski, 2006; Webb et al., 2008). Although participants were told that they would remain anonymous and their data/information would be kept confidential through various efforts on my part, they still had to reveal their identity to me through the interview. Even if I wasn't meeting with them in person, I required written consent from them. As well, I would know that their responses came from them because it was not a survey where individuals could go to a specific website and answer questions completely anonymously without ever having anyone know

their identity or that their responses came from them. Thus, discussing past issues with a researcher who knows their real name may have been too overwhelming for individuals and may have broken the anonymity and confidentiality that they strove for in the first place by going online for help.

It was hoped that having the option to e-mail responses would help with anonymity concerns, but this method was likely still too revealing for comfort. As well, it was hoped that having a retrospective study, in which people were free of suicidal behaviours, would encourage those who went through the suicidal state to share their stories in order to potentially help others in a similar situation or to contribute knowledge on the topic. Although it was challenging to recruit participants, the five individuals who contributed to the study provided rich information that was used toward developing a theory on online help-seeking in suicidal young people.

Chapter Five: Results

Following Strauss and Corbin's (1998) and Corbin and Strauss' (2008) grounded theory approach, several categories emerged from the data which describe and explain the online help-seeking experience of participants. The central category is explained first because it captures the main theme of the research and all other categories relate to it; it explains the phenomenon that was central to the present study. Next, conditions that influenced participants actions/interactions to occur are presented, followed by the actions/interactions, and then conditions that produced variation in the actions/interactions. The consequences of the actions/interactions are presented last. The central category, conditions, actions/interactions, and consequences all relate to one another, building toward a substantive theory for online help-seeking in suicidal young people. These relationships are expanded upon through a visual model presented in chapter six.

Central Category

After analyzing the data, the category that emerged as being central in this study was "online help-seeking experience: searching for ways to escape the pain of the suicidal state." The idea of online help-seeking as an experience means that participants went online multiple times over a period of time searching for help. The term "experience" also refers to participants recollections of their online help-seeking process since it happened in the past; participants no longer engage in online help-seeking because they have recovered from the suicidal state.

The central category accounts for the variation that occurred in the

experiences of participants' online help-seeking processes. Although there were variations in experiences, the online help-seeking process was always motivated by a desire to escape the pain of the suicidal state. Every experience, condition, action/interaction, and consequence related back to seeking an escape from emotional pain. Online help-seeking continued until participants were able to escape the pain of the suicidal state and recover, or until an alternative form of help was received that allowed them to accomplish this goal.

All the quotes provided in this chapter from participants relate back to the central category; however, some quotes are provided now to illustrate this category. Samantha disclosed that she initially went online "searching for how to die," but later went online looking for help. In both cases, she was looking for a means to escape the pain of the suicidal state. She stated, "[I] looked for blogs, websites, [and] posts from people who actually recovered, so I could copy what they did and hopefully achieve the same results-recovery." Helen indicated that she went online because it allowed her to "mute" her pain for a while. Julie went online when she was receiving ineffective offline help, and she disclosed that "I wanted to see if there were other things out there [online] that could help me, like books or people that were talking." Trish recollected an experience that motivated her to go online in her statement that, "I just remember thinking, 'I can't do this anymore;' it was way too overwhelming and I just remember thinking it was really painful, emotionally painful." Similarly, Sophia stated, "[I] had feelings of being completely alone, like I didn't have any support or that the situation that I was in was so unmanageable...it didn't seem like things would get better." As

such, Sophia went online seeking information and strategies for coping in an attempt to escape her emotional pain.

Conditions that Influenced Online Help-Seeking

Several conditions emerged from the data which contributed to online help-seeking. That is, the conditions described here set the stage for the process to begin; they influenced participants to take action by going online. They also were at play each subsequent time participants went online to seek help, but varied in that some conditions were more relevant at different times for different participants. The influencing conditions are described below and include, "having nowhere else to turn," "ambivalence," and "appealing features of the Internet."

Having nowhere else to turn. All participants described feeling that they were alone, isolated, or trapped in their situation. Some felt ignored by others; lacked support from their family; felt that they did not belong; and were living in a negative home environment. Some participants also felt like no one would listen to them, no one would validate their beliefs, and/or no one was supporting them. In their own ways, each felt misunderstood by others and that they, themselves, had a limited understanding of their issues. Thus, participants went online feeling like it was their only option at the time. Helen stated that she went online when she had "no other options."

In some cases, having nowhere else to turn was the result of being surrounded by unsupportive people, while in other cases, it resulted from both a lack of support and a fear of disclosing suicidal behaviours to others because of feelings of shame. As well, two participant's experienced ineffective help from

professional offline sources prior to going online, so these participants felt they could not turn to formal traditional help forms to feel better and accessed the Internet for an alternative form of help. Three participants had not received any formal face to face help prior to going online.

Helen was motivated to seek help online by the lack of support from those around her. At the time, Helen was living with her mother who knew about her suicidal state and cutting behaviour, but did not provide support in getting better. Helen's mother even encouraged suicidal behaviours at times and did not endorse help-seeking. Helen felt ignored by her mother and was left alone to deal with her emotional pain. She felt trapped in her situation at home. She reported, "There was no help in my family." Not only was Helen isolated at home, but she was also isolated from the external world because her mother decided that she should stay at home to do school. There was no other help in Helen's life when she was going online. Thus, Helen went online looking for people to listen. She also stated that she was looking for people to "agree with what I'm saying" because she felt that no one offline was validating her beliefs in a supportive way. Helen also had some negative offline help experiences which discouraged her from seeking this form of help. For example, Helen was taken to the hospital on one occasion, but her mother humiliated her there by pulling up the sleeves on her shirt and telling everyone around to look at how Helen cut herself. Helen received offline counselling after going to the hospital; she completed a year of individual counselling and a couple months of family counselling. However, neither form of counselling was helpful to Helen, and her suicidal state did not improve. On

another occasion, Helen called a child help-line and they sent an ambulance in response, without Helen's permission. This again was a negative offline help experience for Helen because she did not want her mother to find out she had called for help; her mom disapproved of her help-seeking actions.

Julie went online when she felt alone despite being in a mental health program in the hospital. Here, Julie felt that the psychiatrist and therapists in the hospital "weren't helpful" because they "weren't doing what I needed them to do at the time...I felt like they weren't there for me, that they wouldn't listen...and hear what I needed and how they could help me." Because her helpers would not listen, Julie went online looking for support through talking to other people. As well, Julie's psychiatrist did not believe her that her antidepressants were making her worse in the sense that her suicidal behaviours and self-harm had increased. She also was trying to tell therapists that she was cutting as an addiction; however, they disregarded her beliefs and used a specific treatment instead. Thus, Julie felt invalidated and went online looking for information and other people to validate what she believed would help her to feel better. She thought that gaining support for her beliefs online may also persuade her offline helpers to believe what she was saying if she presented it to them.

Trish also felt like she was alone in trying to recover from the suicidal state, but her feelings of aloneness resulted from a combination of shame and a lack of support. Trish felt ashamed about her suicidal state, so could not disclose to other people about her struggles. She did, however, confide in her sister about what she was feeling and going through; yet, this disclosure was about feelings of

depression and anxiety, and never about the suicidal state. Her sister became overwhelmed hearing about Trish's problems and made a "threat" for Trish to go on antidepressants. At the same time, Trish had moved to a different city, away from friends and family, and felt like she had a lack of support in her new environment as a result of knowing few people. Her social anxiety also peaked at this point, which made her further isolated from the world.

Likewise, Sophia explained that she felt alone and that she had no support when suicidal, but she did not tell anyone about her struggle until she sought offline counselling. People in her life knew that she was feeling down, but not that she was suicidal because she thought discussing suicidal behaviour was "very shameful." Sophia reported receiving "superficial support" from others, which was unhelpful in her recovery, but did aid in helping her to get through day by day. Like Trish, Sophia had also moved to a new city when she was feeling very alone. Being in a new city contributed to feeling alone because she did not have close relationships in this new setting.

In the same way, Samantha stated that she went online after moving to a new city with her family and beginning at a new school. She felt like she had no one to turn to at this point because she did not know anyone and felt a lack of support within her family. She thought she was a "burden" to her family and she felt unwanted by everyone and that she did not belong anywhere. As well, Samantha did not feel like she could seek help offline because she was ashamed of her suicidal behaviours. She stated, "I was too embarrassed to tell my friends or family, so I turned to a forum." At this point, she thought that dying was her only

option and turned to the Internet to gain information about how to commit suicide.

Later, Samantha's mother found out about her suicidal behaviours, but did not

want to get her help because she was embarrassed that her daughter was

struggling with the suicidal state; she wanted Samantha to deal with it on her own.

At this time, Samantha wanted help with recovering. Because she had no support

offline, she turned to the Internet to find ways to alleviate her emotional pain.

      Ambivalence. Ambivalence meant being uncertain about living or dying.

Each participant expressed that a part of them was in extreme emotional pain and

they felt like they could no longer go on living, yet another part of them was

motivated to recover and was searching for even a small glimpse of hope that

would allow them to alleviate their state. All participants experienced a range of

emotions related to ambivalence, sometimes leaning closer to choosing suicide,

while other times wanting to recover.

      Prior to going online for help, all participants were in extreme emotional

and psychological pain caused by the suicidal state. Each participant negotiated

how to alleviate this pain, depending on whether they wanted to live or die. For

most participants this initially meant looking for ways to recover, including

information on coping strategies and support from others; however, for one

participant, it initially meant going online to search for ways to die. Subsequent

times of online help-seeking were also motivated by feelings of ambivalence, but

participant's emotional pain seemed to vary in that some days they went online

when they were feeling worse than others. Overall, participants were not sure

about how to cope with their overwhelming ambivalent feelings associated with

the suicidal state, but going online gave them a place to try to figure out a way for them to escape their pain.

Samantha demonstrated feelings of ambivalence in the statement, "every time I tried to die, a part of me wanted to live." She felt she couldn't survive and death was her only option, yet, she still had a small part inside her that wanted to continue to live. Initially, Samantha searched online for ways to die; yet, she kept coming across people telling her to live and to seek help offline. She took their advice. She also later went online looking for help to recover, despite having extreme emotional pain. Helen also exhibited ambivalence when she disclosed that she made attempts at suicide. Despite making attempts, Helen showed that a part of her also wanted to live because she sought help through both online and offline sources.

Trish indicated that she went online when she was overwhelmed and felt like she could not live her life the way she was anymore because she was in too much emotional pain. Trish reported that she initially accessed the Internet when she had racing, suicidal thoughts, questioned why she is here and why she should keep going, and felt unworthy. This was all overwhelming for her. Despite thinking about suicide, Trish went online to find out how she could help herself. Similarly, Julie disclosed, "I was hurting myself everyday to try to kill some of the pain I didn't know how to deal with." Despite being in pain, Julie went online to see if there were things available that could help her. Likewise, Sophia reported that she felt like her situation was unmanageable and that things would not improve, so she had to put an end to it. Yet, Sophia accessed the Internet looking

for ways to cope.

Appealing features of the Internet. Participants described some features of the Internet that made online help-seeking appealing to them. They wanted a convenient form of help that was readily available and comfortable for them. For instance, Trish indicated that she went online to try to understand her problems better without having to go to a professional for help. She stated, "Being a socially withdrawn person, the idea of having to go meet people to go through the process, to book the appointment and then have to be with another person, like it didn't seem worthwhile." Avoiding people was convenient and more comfortable for her. Julie described the Internet as being a comfortable place for her to disclose because she "didn't feel on the spot." Sophia also thought that going online was convenient; she stated, "It was easier for me to do it kind of in my closed space, in my own environment, on my own computer."

It is important to note that going online for help was not always convenient and comfortable. For the most part, participants had access to the Internet and to a computer, and had a space that was private to go online for help; however, Helen did not have these conditions in place for a certain time period and thought that online help-seeking was inaccessible. She stated "for the first little while of moving out [from home], I didn't have my own house or anything, so I couldn't go online [at that time]."

All participants expressed that the confidentiality and anonymity allotted online were appealing to them. For some participants, anonymity was particularly important because it allowed them to avoid the shame they felt about their suicidal

state. In this way, going online was viewed as a safe place to seek help. For

example, Sophia was shameful of her suicidal thoughts and she thought that

seeking help online where she "wouldn't be seen or wouldn't be overheard by

somebody" and could be anonymous was beneficial. Trish indicated that going

online was safer than seeking help in person. She thought she would be treated

delicately and "viewed in a negative light" if she admitted a problem to those

offline. Being anonymous online allowed her to avoid feeling "vulnerable" and

avoid being viewed as "weak." Samantha went online anonymously to avoid

feeling embarrassed when telling others about her suicidal state. She reported "I

was too embarrassed to use my regular account so I made a brand new account

and a brand new email and sought advice." As well, she stated that she confided

in people she met online because she "didn't know them in real life so it was

easier." Julie was less ashamed of her suicidal state, but still enjoyed talking to

people online that did not know her "face or real name" because then she felt that

her disclosures would be kept confidential between her and the person she was

communicating with, or at least her parents would not hear it. Because she was

under age, a lot was not confidential to her parents in counselling, so she enjoyed

being able to disclose in a place where she knew it would be confidential from her

parents. With increased confidentiality, she felt safer disclosing online and "could

open up more."

  Three participants also thought the Internet was appealing because it was a

place they could go to escape. For example, Sophia reported that "going online is

kind of an escape...it was good because I could go and just sort of randomly surf

without thinking too much about it, which in itself I find kind of therapeutic, just

to kind of forget everything."

Actions/Interactions: Go Online

As a result of the influencing conditions, participants made the decision to

go online in an attempt to escape their pain caused by the suicidal state. The

resulting actions online were also influenced by a number of other conditions that

produced variation in how participants acted and interacted online. These

conditions will be described in the subsequent section, "Conditions Producing

Variation in Actions/Interactions." The main action made by participants was

going online for help, which meant that participants logged on to the Internet,

accessed a variety of different websites and communicated with others or

read/observed content on these websites, and then logged off of the Internet.

Participants engaged in this action of online help-seeking several times over a

period of time. It consisted of accessing websites with positive content and/or

accessing websites with negative content.

Access websites with positive content. All participants indicated that

they visited websites that contained positive content that came in the form of

information and/or support. The content was intended to help individuals feel

better, although this was not always the outcome for participants. A variety of

different positive online places were accessed amongst participants, including

professional and non-professional websites.

Professional sites were those provided by mental health professionals, an

organization, an institution, or the government. These sites primarily provided

information about suicide, suicidal behaviours, and mental health. They also provided child and suicide help-line phone numbers and offline counselling locations and phone numbers. Most participants went to these websites and read such information. Helen indicated that she visited some of these websites to help her understand what she was going through. She also accessed professional sites to gain the phone numbers for child and suicide help-lines. Trish said that suicide help-line phone numbers came up when she was searching for depression symptoms; however, she only glanced at them in the search results and never went to the sites to look at them. Sophia visited government sites, mental health sites (e.g., suicide crisis centers and counselling services), and her university's webpage. She only accessed professional websites when she was searching online. Both Trish and Sophia visited professional websites that provided information about depression, so that they could understand the symptoms and see whether they fit for them. Trish went to websites that provided information about treating depression (e.g., medications), and Sophia looked for ways to cope with depression. Trish also went to websites that discussed social anxiety as this was another issue she was facing. Julie accessed professional websites that provided information about treatment options for her, including a website with a clinical study that showed the negative effects of the antidepressant she was taking at the time.

Non-professional websites were all other websites that were created or maintained by a non-professional source. Many took the form of blogs or discussion forums. Non-professional websites that were accessed by participants

were used to gain information or support by communicating with other individuals and/or observing and reading what others had written. For example, Trish viewed non-professional self-help websites where people described their problems and how they got over them. Some self-help sites she visited had coaches, writers, and ordinary people talking about life problems that anyone would have and how to cope with those. She also found advice columnists online that talked about social anxiety. Trish did not post on these websites or communicate with those who used them, instead she viewed the content contained on them.

Conversely, Julie, Samantha, and Helen viewed the content on non-professional websites and communicated with others on such websites. Julie communicated with people online and visited websites that recommended books so that she could gain treatment information. She also described that one site she visited had things like "100 days without hurting yourself" and another "had a lot of poems up there and a lot of songs and just discussions about how you feel and what is going on in your life at the moment, and, you got comments and stuff." Julie also viewed other people's blogs that were set up like journals and she read to see how well they were doing. She communicated on blogs and discussion forums for support by talking to people she met online. She talked to two or three of these people regularly.

Samantha went to blogs and discussion forums looking for advice and coping strategies from people who had overcome the suicidal state. Samantha also accessed what she called "normal forums." These normal forums had people who

were not struggling with the suicidal state or mental illness, but were there to talk about everyday experiences. Samantha also accessed a gaming forum a lot where she met online friends and interacted with some offline friends. She confided in two online individuals from the gaming forum and talked to these people regularly. She also went online to talk with friends she knew in person as a form of support, but did not disclose to them about her struggle with the suicidal state.

Helen posted on one blog regularly for support, but viewed multiple other blogs and occasionally posted on those. The blog she regularly posted on was directed at suicide attempts and cutting as a release, and was described as being a positive environment. She indicated that she wrote on the blogs about what she was feeling and about issues with her mom. She received responses to her posts from others that often offered support. She sometimes posted responses to others posts, but this was not a regular activity since she did not perceive her posted responses as helping others and she did not think that she was in a position to provide others with support given her state of mind.

Access websites with negative content. Several participants accessed websites that contained negative content; however, two participants did not access these types of websites because they employed a specific search strategy that enabled them to avoid encountering websites with negative content on them. These strategies will be discussed later. Negative content came in the form of information or interaction with others that was directed at making individuals feel worse. Although this was not necessarily the ultimate outcome for participants, the content was described by participants in a way that was negative. These sites

were non-professional in nature.

Samantha was the only individual to seek out negative information online purposefully. She went to websites where people discussed suicide methods, including ones that did not work for them. Samantha also accessed discussion forums that were directed at suicidal behaviours, self-harm, or mental health concerns. She described these sites as containing people who disclosed primarily negative information, such as how they were unsuccessful at committing suicide, but they still wanted to die. These individuals did not think they could get better and thought they did not deserve to be happy. They talked about harmful coping strategies, self-harm, needing anti-depressants, needing their therapist, and hating self and others. Some people would post one thread saying goodbye because they were going to kill themselves. Samantha indicated that people on depression and suicide forums that she visited focused on feeling bad rather than trying to recover; they were "very self-critical, full of self-hate, and filled with blame and complaints directed at themselves and other people; it was just a very negative environment."

Helen and Julie were the other participants who accessed websites with negative content. Both individuals described this as occurring by accident. At times, websites with negative information came up in search results, and participants clicked on these out of curiosity. Both Helen and Julie had this experience with what they called "pro-suicide websites." Helen described these websites as, "blogs of people saying what they did" to attempt suicide and harm themselves. One site suggested self-harm to those who had not tried it. Julie

described one pro-suicide site that stood out in her mind. It contained pictures of people that had hurt themselves.

At other times, these participant's accessed websites that they anticipated would be supportive and positive; however, these websites ended up containing negative content, mostly as a result of negative individuals online. For instance, Helen found some blogs directed at suicide attempts and cutting that she described as being negative. These blogs endorsed self-harm and Helen stated that there were:

> People trying to share their feelings and other people putting them down
>
> for it...there were people who were telling people they were worthless and
>
> that if they're feeling all this, why don't they just go and kill themselves,
>
> like people that weren't on there for help or to state their opinions, they
>
> were just there to upset people.

Helen viewed this negative content, but did not use such websites on a regular basis and never posted on them. Helen reported that some of these sites accessed seem supportive upon first glance, but ended up being harmful because of negative comments from those who posted on them. Julie explained that she sometimes came across what she called "detrimental" people online. She stated that these people were into themselves because they needed help; they talked about themselves and their pain, which Julie described as being negative because then she was thinking about someone else's issues in addition to her own.

Conditions Producing Variation in Actions/Interactions

Some conditions that emerged from the data produced variation in how

participants acted and interacted online. These conditions included, "online searching," "self-disclosure online," and "experiences contributing to recovery."

Online searching. Online searching refers to variations in how participants searched online. It includes ease of online searching, strategies for finding relevant content (search terms used; deciding which sites to access from search engine results), participants state of mind (whether they wanted to live or die), what participants were looking for (support, information, or both), and what was encountered (expected and unexpected encounters; types of people encountered).

Participants described their ease of online searching in different ways; most found it easy to navigate online in that they were able to find what they were looking for without much effort, while a couple participants found it difficult to gain the information/support that they were seeking. Participants disclosed a variety of different search strategies that they employed. These ranged from randomly clicking on any websites that came up in search results to being critical of what came up and looking at only those websites that were deemed professional and safe. Searching online also ranged from viewing as much as possible about suicidal behaviour to avoiding any suicide-related content. Moreover, some participants used multiple search words in an attempt to find information, while others used fewer search words and were more specific about what they entered in as a search term. Different search strategies led participants to find and access a variety of information and/or support online.

Where participants went online and what they did was also impacted by

what they were looking for, whether it was information, support, or both. When participants were looking for information, they tended to read and observe content online that focused on mental health, coping strategies, and treatment options, more than posting or talking with others online. When they were looking for support, they tended to use blogs and discussion forums to communicate, post, and share with others online. They interacted and communicated online with others who were recovered from the suicidal state, who were in the process of recovering, who were going through similar struggles, and/or who had never experienced the suicidal state. When individuals were looking for both information and support, then a mix resulted.

Where participants went online was also impacted by whether they wanted to live or die at that moment in time. The one participant who chose death initially when going online searched specifically for ways to die; while the rest had gone online looking for help. This resulted in different content being accessed. Whether participants had unexpected search results (e.g., pro-suicide websites or helpful information) come up and whether they were willing to explore these websites also impacted their actions online. Most participants actions online deviated from their initial search intent if they encountered unexpected content online.

The types of people that participants encountered when searching online played a role in where they went during future online sessions. That is, when negative individuals were encountered online, participants stopped accessing these help sources; however, it sometimes took more than just one time of encountering these individuals in the online location. Conversely, when

participants encountered people who were positive and impacted them in a beneficial way, then they were more likely to continue to access those websites again.

Despite variations in online searching, all participants described that sticking to sites that contained positive information (e.g., recovered people's stories, helpful and healthy coping strategies/treatment options, "normal" forums, information on mental illness, or supportive interactions with others) was the strategy that led to the most beneficial results of online help-seeking. Not all participants discovered this in the same way. Two knew initially that they should avoid any websites with negative content, while the others accessed negative content and later learned to avoid these sites because of their negative impact. A review of each participants "online searching" will be provided in order to illustrate the diversity of this category of the research, which resulted in various online actions and interactions.

Helen reported that she entered in what she thought were relevant search terms into Google. She searched for "suicidal help" but also tried multiple search words online. She randomly clicked on the websites that resulted and viewed and explored everything that came up in the search results. Helen initially used Google, but later used other search engines to seek help as well. Since government pages came up first, she accessed these sites that "give you a phone number and basic information, but [they didn't] have anything that's really detailed to help you." This lack of information led her to search other online places for help. After government pages, Helen found people's own websites. She

explored these and stated that these varied in support and usefulness. Helen found both positive and negative sources of online help. She accessed some negative forums and blogs, but used the strategy of not posting on these sites to avoid the negativity and negative responses that others received. At one point, Helen was using a blog that she thought was positive, but then she was given some negative advice. Although Helen reported that she knew not to listen to the negative things others said online, she decided to stop using this blog anyway.

Samantha initially went online to search for ways to die, but does not remember which specific search words she used. Samantha stated, "I was actually searching for how to die on the Internet, but instead, I kept landing on websites telling people not to die and that life was worth living." Samantha tried to skip over online information that encouraged her to live, but she could not ignore it. She was also advised by online individuals to seek help offline, and she decided to take this advice. For Samantha, this positive encounter was unexpected and altered her online actions. She began to search for positive content online and stated that this was different because "I had hope that I could recover." She searched for blogs and other websites from recovered individuals so that she could copy their strategies and recover as well. Samantha found both positive and negative discussion forums. To deal with the negative forums, Samantha posted messages pretending to be recovering and cheerful so that she was not expressing the negative part of her which made her feel worse. After some time, Samantha realized that these forums made her feel worse, so she used the strategy of avoiding them.

Trish recalls that she initially used Google and searched for "depression symptoms" to see if these fit for her. When reading about depression symptoms, Trish came across information about social anxiety. She then searched for social anxiety information and found that this also fit for her. In addition, Trish stated that she later went to look for how she could "treat" depression and how she could "fix it." She focused her search strategy on looking for what is treatable with depression. She reported being drawn to self-help information online that discussed a variety of issues and how to cope with or overcome those problems. Trish knew negative information on suicidal behaviour was available online, so she did the best she could to search for things that would avoid that. Trish stated, "I purposely avoided [searching for] anything with 'suicide' in it because I felt that was too real." She thought that searching for suicide help would bring up suicide methods, and she thought that this would impact her negatively. Trish also stayed away from chat rooms, discussion forums and blogs on suicidal behaviour. She thought that these would give her ideas for ways to commit suicide or harm herself; she anticipated that people on chat rooms and discussion forums on suicide would be talking about negative things that may influence her towards suicide. Trish's intuition told her it would not help and would make it worse; she stated that it was "a natural assumption from the media" that chat rooms and forums on suicide would be negative. Overall, Trish described using an online search strategy or thought process of "look for the light, not the dark," which meant looking for information that was positive and could help her. Trish also described taking a "trial-error approach." She would not disregard information

online right away, but would test it out and see if it would work. She also brought the information into question, asked herself whether she believed what she was reading, and then seen how/if it fit in her life.

Julie initially searched online mostly for books that other people or websites recommended for her specific issues, but she could not recall what specific search terms she used. Julie later looked for and found other people to talk to for support, but sometimes she unexpectedly encountered people who were negative. She also came across pro-suicide sites. She was not actively searching for these sites, but ran into them and looked at them out of curiosity.

Sophia searched for terms like "suicide prevention," "suicide support," and "depression." Sophia's search strategy involved looking only at "established websites;" she did not access sites maintained by individuals, such as blogs or discussion forums, but stuck to looking at professional websites. She indicated that she did not know how to search for blogs or discussion forums. She also stated that she did not search too hard; whatever professional websites came up were what she looked at. She sought information on offline help resources, the symptoms of depression, and coping strategies for depression. Sophia indicated that it was not hard to find information, but finding the right fit was more difficult. She enjoyed personal interaction and did not get that online. As well, she was not sure which sites would be helpful to her. Sophia indicated that she never came across any negative or harmful information online, but she knew it existed because her depressed sister had found some and told her about it. Her sister had found videos of people hanging themselves and how to tie the rope to hang

oneself. Sophia thinks she avoided negative information online because she was sceptical of what Google brought up. Also, she knew what search terms to use in order to avoid sites on how to commit suicide; she avoided search terms purposefully that may have brought up sites on how to commit suicide. Sophia reported that she was too scared to look for suicide methods and does not know where her sister would have found it.

      Self-Disclosure online. Participants decided how much information they shared about themselves online. Their willingness to self-disclose, led to different actions online. That is, some participants chose to share about themselves through posting on blogs or talking on discussion forums because they were willing to self-disclose, while others did not share any information or even make their presence known to others because they were unwilling to disclose about themselves. The more participants shared, the less anonymous they were. All chose to go online with some degree of anonymity; however, some disclosed more information about themselves than others.

      Helen indicated that she shared her real first name when going online, but never disclosed her last name. She shared her experiences on blogs, but stated that she did not share 100% of the truth when she was posting. Samantha shared her experiences and issues with others, but did not reveal any information about her identity to them. She also interacted online with her friends she knew in person; however, these interactions did not involve direct help-seeking. Rather, she was able to forget about her problems for a moment by playing games and discussing topics that did not involve the suicidal state. Julie also shared her experiences with

those met online, giving some information about herself but keeping her identity hidden. Unlike the others, both Trish and Sophia never communicated with others online or posted any of their information/experiences online. They both read and observed the content that was available and never made their presence known.

Experiences contributing to recovery. When participants had experiences that contributed to their recovery from the suicidal state, their subsequent online help-seeking was impacted. With increased recovery and ability to cope, participants were less likely to continue to go online for help; feeling better worked to decrease the impact of the conditions that influenced participants to seek help online. Sometimes feeling better ended online help-seeking permanently, while others continued to go online whenever they began to feel badly again. For example, Trish stated "whenever it got worse or close to that state, I definitely would go back online and look at the self-help stuff;" however, she did not go online when things were better. The experiences described below contributed to participant's recovery from the suicidal state, which resulted in less or no subsequent online help-seeking. It is important to note that no participants had one experience that they attributed to their recovery; rather, it was multiple experiences (occurring online and offline) over time that led to them feeling better.

Participants had effective offline help experiences that contributed to their recovery and played a role in their decision to decrease or discontinue going online for help. Some forms of offline help were formal, while others were informal. For instance, Helen met her current boyfriend and the support he

provided was unique to her, which helped her to recover. Samantha read a book that changed her perspective on her life and helped her to recover. Trish received help from a physician through anti-depressants, which helped her to feel better. The physician also suggested that she journal and this helped her as well. Trish also disclosed to her dad and friend after being on anti-depressants and they were good supports to her. Julie decided to end online help-seeking after she received the effective treatment she required through therapy in the hospital's mental health program. Sophia also decided to cease online help seeking after her offline counselling ended because she "felt resolved."

Several participants also experienced other significant events that contributed to their recovery. These events were general life experiences and were unrelated to participant's help-seeking behaviours. They played a role in decreasing subsequent online help since they contributed to recovery. For instance, Helen's suicidal state improved when she moved out of her mother's home, when she was focused on a relationship issue with a boyfriend, and when she was able to express her anger toward a boyfriend rather than keeping it in as she did in the past. Trish reported several turning points to recovery, including remembering a moment from her past that triggered social isolation, taking a drama class to learn not to always think before speaking, travelling to gain confidence, and gaining advice from a celebrity on a television show. As well, the birth of Sophia's daughter moved her life into a different place and contributed to her recovery from the suicidal state.

Consequences

Participants experienced several outcomes as a result of their online help-seeking. The categories that emerged included, "mixed impact of online experience," "psychological changes," "more options," "gaining understanding," "gaining support," and "seeking offline help."

Mixed impact of online experience. This category refers to how participants were impacted by seeking online help for their suicidal state. The Internet's impact on participants is described below as being a one-way interaction in that participants were passive recipients being affected by their online experiences; however, it is important to note that participants had control over many of their actions/interactions online, including what types of information and support they sought out and continued to access upon subsequent times of logging on. As well, participants had choice over what online information and suggestions they implemented into their own lives. A vast amount of information was accessed online by participants, but not all of it was implemented into their lives. Thus, the way participants were impacted by the Internet was shaped by their choices and actions.

Participants described how they were impacted during and immediately after accessing the Internet for help. All participants described this impact as being mixed; descriptions of experiences varied between neutral (no impact), positive (helpful), and negative (unhelpful). Helen had a mix between positive, negative, and neutral experiences online. For example, she gained helpful responses to her blog posts which shared common experiences and assured her

that she would overcome the suicidal state; however, she also received unhelpful responses when she was reaching out for help that suggested harmful ways to cope with the suicidal state. Websites that endorsed self-harm and were pro-suicidal also impacted Helen negatively in that they made her feel worse after viewing them; however, she stated that they did not influence a suicide attempt. She also stated that they were "50/50 whether they were good or bad; it was nice to see that other people were in my situation, but at the same time, it was destructive." Both Sophia and Trish reported having neutral and positive/helpful experiences online, and indicated that nothing was unhelpful or negative. For example, Trish indicated that the self-help information was useful and helpful, and that going online "relieved her mind."

Both Julie and Samantha described their experiences online as being either positive or negative. Julie explained that pro-suicide sites impacted her in a negative way in that they made her want to self-harm more, and increased her suicidal thoughts a little bit. As well, there were sometimes people online that went "on about themselves and how much in pain they were, so then it just made me feel more in pain because I'm thinking about somebody else's issues." Despite this, Julie talked about multiple positive impacts of the Internet, including talking with supportive people and finding information that aided in her recovery. Samantha disclosed that depression and suicide forums made her feel worse while she was accessing these. However, she encountered several positive and helpful people online that she attributes as playing a major role in her recovery from the suicidal state.

Despite this mixed impact during or immediately after logging on for help, most participants described their overall online help-seeking experience, after reflecting back on it, as being positive and helpful. Yet, there was variability in how participants described the Internet as playing a role in their recovery from the suicidal state. For Helen and Sophia, online help-seeking was positive and helpful, but it did not stand out to them as playing a major role in their recovery. For instance, when Helen reflected back on her online help-seeking process, she indicated that it was "more positive than negative because it made me understand more about what I was going through," yet she also stated that it "didn't have a huge impact on me." Similarly, Sophia stated that her online experience was "positive...not overwhelmingly, like jump for joy, like that was the best experience ever, but definitely helpful." For Helen and Sophia, it was the offline help and life experiences that stood out to them as contributing most to their recovery. Going online was described as a way for them to cope with their problems in the moment; it provided them with temporary relief until they could find more permanent relief through offline help or other life experiences. Helen indicated that going online is "like a pacifier; it doesn't solve the problem, but it mutes it for a while." For example, posting on blogs was a good release for her, which provided her with some sense of relief. Sophia stated that going online was "therapeutic" in the moment because you can forget about your problems temporarily.

For Trish and Julia, the Internet was viewed as playing a role in their recovery, in combination with other forms of help-seeking. These participants

gained more than just temporary relief by going online; they viewed their experiences as contributing to their recovery. For example, Trish gained a coping strategy online that helped change her thoughts from negative to positive. Trish reported that the online help contributed to her ability to cope and to work towards recovery. As well, Trish stated that online help was a "first step to getting the courage" to seek offline help. Similarly, Julie stated that "everything online helped me to get to the point where I needed to be." The online help stands out in Julie's recovery because then she was able to "find the treatment that helped me lead towards being able to find out who I really am and how I could actually deal with such feelings."

The online experience as viewed by Samantha played a central role in her recovery. Samantha had initially gone online to seek out ways to die but found that everything was helpful; she realized that "dying wasn't the answer and that recovering was possible." Even depression and suicide forums that she viewed as being unhelpful because of negative people helped motivate her towards recovering because she realized that she did not **"**want to be like that forever." Perhaps Samantha's online experience stands out to her more than it did for other participants because the Internet motivated her to continue living when she had chosen to die. Others went online looking for help, suggesting that, at that moment, they already had chosen to live, so any helpful experiences were not life saving for them.

Psychological changes. Each participant described some psychological changes as a result of going online for help. Most of these changes were helpful or

beneficial to individuals. Psychological changes that participants identified included increased hope, gaining validation, gaining a sense of normality, and/or changes in suicidal behaviours.

Samantha and Sophia both experienced an increase in hope after going online. Samantha gained hope through communicating with someone she met on an online gaming forum:

> She convinced me that a lot of people go through [the suicidal state] and that I can get through it too...her words helped a lot and I believed her. She gave me hope and this was the point I decided to stop trying to kill myself. I am alive today because of her.

Samantha also gained hope to recover through reading blog posts from individuals who had overcome the suicidal state or were in the process of recovering; she stated that, "I felt that since they could recover, there was a chance that I really could too," so she realized "that getting better and recovering might actually be possible." Sophia gained hope that she could get better when she found "statistics about how many people who thought of committing suicide, didn't, and then realized that life got better."

Helen and Julie gained validation by going online. Helen was validated when people confirmed things that she believed, such as how family is of no help. Julie gained validation on the Internet when none of her helper's offline listened to her regarding the impact of her antidepressants and her need for a different treatment. Julie was able to go online and find information that confirmed her beliefs about requiring a different treatment. When she found this information, she

showed her offline helpers that her beliefs were valid. They then implemented the changes Julie desired and this allowed her to recover.

All participants discussed how going online helped them to feel "normal." Finding information, reading posts, or interacting with others online helped participants realize that they were not alone in experiencing the suicidal state. Samantha gained this understanding by reading blogs of recovered individuals; their descriptions of their feelings surrounding their depression and suicidal state "felt like how [she] felt about it." Helen stated that positive outcomes to online help-seeking included "being able to find people who were going through the same thing as me, knowing I'm not so different." Trish felt a sense of normality when reading self-help information online and she stated that "the advice and what they were saying, it kind of resonated with me." Julie indicated that a helpful outcome to online help-seeking was being "able to talk to people that felt the same...because then that way I could feel that I wasn't alone." Sophia realized that people commonly have suicidal thoughts after finding statistics and resources online. She found "that other people were experiencing the same thoughts and that it was okay."

Helen and Julie described changes in their suicidal behaviours immediately after going online. Helen described both an increase and decrease in her suicidal thoughts, depending on what happened online and her stress level prior to logging on. Some days, Helen experienced a decrease in suicidal thoughts after going online because she felt less depressed and like she "figured something out, as little as it may be." Other days, she experienced an increase in suicidal

thoughts and felt more depressed. Julie also experienced a mix of increase and decrease in suicidal thoughts after going online for help. She explained that talking to people helped to decrease her suicidal thoughts, but that pro-suicide sites increased her desire to self-harm and increased her suicidal thoughts a little bit.

More options. Participants reported that going online provided them with more options to recover. For example, Helen stated that the Internet was helpful because it allowed her to know that "there are always more options" for help. Julie found that going online helped her know "that there are more options than just what my therapist was telling me in terms of coping and therapy options for people like me." Sophia found coping strategies that provided her with many options to help with recovering. Participants gained "more options" online through finding available help resources and/or coping strategies.

Helen, Julie, and Sophia discussed how they found offline help resources while searching online, and thought that this was helpful. Helen indicated that she found child and suicide help-lines, as well as counselling services recommended by others. She stated that it was helpful "being able to find resources...[and] knowing that there's resources to go to." Julie was able to find recommended books that she bought offline and these were resources in her recovery. Sophia found information on offline help resources, such as help-lines, suicide crisis centers, and counselling services. Sophia indicated that "finding resources online was a huge, like, 'oh thank god', like, a breath of relief."

All participants reported gaining coping strategies through a variety of online sources. Participants went through a process of deciding whether or not the coping strategies would be relevant to them and help them in their situation. Each participant had to pick and choose which coping strategies they would implement in their lives. Participants utilized coping strategies differently. Some were open to trying out various coping strategies and applied these to their lives, while others were more sceptical.

Newly obtained coping strategies varied in terms of their impact; some had a positive impact (helpful and healthy), others had a negative impact (harmful and unhealthy), and still others had a neutral impact as participants did not utilize them in their lives. All participants gained numerous positive coping strategies online and implemented these into their lives. For example, some participants gained suggestions about how to feel better by reading about what others had done to overcome the suicidal state or another difficulty. Helen, Samantha, and Julie described how some coping strategies suggested by others or read about had a neutral impact on them. For instance, Samantha and Julie encountered negative coping strategies, but chose not to implement these in their lives. Helen also disregarded many coping strategies found online, including both positive and negative suggestions. Helen indicated that one negative coping strategy (cutting) had a neutral impact on her because she was already using that method of coping when she read about it online. Helen was the only participant who chose to implement a negative coping strategy that was suggested to her online. She

explained that she began "taking sleeping pills and sleeping life away" after someone suggested to her that it would help.

Despite some variation in the impact of coping strategies, most that were gained online and implemented into participant's lives were positive in nature, and continue to be employed in participant's lives today. As well, gaining effective coping strategies often played a role in recovery, thereby reducing help-seeking. For example, Julie stated "I think I'm in that place where I don't feel like I actually need help, or I just have figured out all of my strategies and abilities." Similarly, Sophia disclosed, "I had enough coping strategies to not have to seek additional help."

Gaining understanding. Participants disclosed that an outcome to online help-seeking was an increased understanding of themselves, their issues, and their situation. Some participants gained understanding through reading information online, including information to help recognize symptoms and identify issues, while some gained understanding through experiences shared by other individuals online.

Most participants described gaining understanding through information accessed online. Trish found that going online helped her to better understand her situation, without having to seek conventional counselling. She found information about depression and discovered that the symptoms of depression fit for her. This made her realize that she needed to get medication to help. Trish later found information on social anxiety and found that this diagnosis fit for her as well. The information she gained about how to cope with depression and social anxiety

helped to alleviate her suicidal state. Sophia also found information on the symptoms of depression and was able to recognize that she was experiencing this. The information she gained online provided her with the ability to accept that she had depression and "move on" to do something to deal with it. In addition, Julie discovered information online that supported her beliefs. She found that self-harm could be an addiction and that her anti-depressants could increase suicidal thoughts in adolescents. This information helped her to receive effect treatment. Julie also gained recommendations from sites and other people for books that were helpful to her.

Helen reported that going online helped her to understand what she was going through; however, she also disclosed that some information inhibited understanding. That is, Helen found that many sites deemed to be professional provided inaccurate information by conveying that children cannot have depression. Helen stated that, "[I] didn't know who I was in this world; didn't know why I was so different" when she found that information because she had experienced depression from childhood.

Most participants also gained understanding through reading about others experiences shared online. Helen had this experience and stated that "sometimes it made me feel better... reading somebody else's [feelings]." Samantha indicated that others disclosures of difficulties provided her with understanding because she could "relate" when reading them. Trish thought that self-help information, which involved people sharing their problems and how they overcame them, was important and helpful because it was "insightful." Julie stated that "I learned a lot

about myself by being able to read other peoples stories."

Gaining support. Some participants communicated with others and found support in these interactions. Trish and Sophia did not interact or communicate with others so this category did not apply to them; however, gaining support was important to Helen, Samantha, and Julie because it involved finding someone who would listen and who could be confided in. Participants also found supportive individuals who they communicated with on a regular basis. Such individuals were described as being a "friend" even though they never met in person.

Helen indicated that she met a couple of people through blogs who she developed friendships with. She disclosed, "There were a couple people who felt like I was good friends with them, and felt like we helped each other through [the suicidal state]." She found someone to listen and stated that this was important because "sometimes you're so far in that you don't care to seek help, you just want someone to listen." Helen described the impact of the support she received in the statement that, "Sometimes it made me feel better having a release of telling someone else my feelings." She also felt supported when others advised her to seek help through help-lines and specific counselling resources; however, Helen did not utilize these suggestions because she already had negative experiences when seeking offline forms of help.

Samantha indicated that she made some friends through a gaming forum. She had private conversations with two individuals from the forum about some of her difficulties and found them to be "kind and wise." One of these friends was really outstanding to Samantha. Her words influenced Samantha to stop

attempting suicide and she attributes her life to this help. Samantha also gained support from individuals in the "normal" forum she accessed that did not consist of suicidal or depressed people.

Julie gained support by talking to people online about how she felt and she talked to some individuals regularly. This helped her to learn that "there can always be people there for you if you look for them" and she stated that "it helped me know that other people were there." Julie found it helpful to talk to people who were past the point of hurting themselves, but wanted to be there for her. Talking to recovered people online helped Julie because they gave her positive suggestions, encouraged her to talk to them instead of self-harming or thinking of suicide, and kept her distracted through games while also checking to see if she felt better.

Seeking offline help. After going online, participants often sought help offline. This process occurred in different ways, depending on the form of help sought (friends/family, books, professionals), and it had a different impact on participants (helpful versus unhelpful). At times, seeking help in person occurred as a direct result of going online (e.g., gaining the phone numbers for a help-line or counselling center, being encouraged by others to see a counsellor, or gaining the confidence to seek help in person), while at other times it occurred more indirectly (e.g., the Internet was not helpful enough). For one participant, seeking information through the Internet enabled her to improve the professional help that she was already receiving. In all cases, online help and offline help were intertwined; all participants received both forms of help at some point, whether it

occurred concurrently or at separate times.

Helen found a child help-line online and she called this phone number for support. This help-line sent an ambulance to her home without her permission, and the result was a negative experience for Helen because of her mother's reaction. After this experience, Helen continued to go to the Internet for help. She eventually turned to her friends for help because "it wasn't really helping that much online" at that point, and she thought that "it's better to say it than to type it."Helen indicated that getting help online was comparable to the help she received from friends; both were a mix of positive and negative experiences.

After looking for ways to die, Samantha found websites that encouraged her to live and that suggested she seek in person help. On the "normal" forum Samantha accessed, individuals emphasized that she should tell someone offline about her suicidal state. Samantha decided to take the advice of others and she confided in a staff member at her school. The staff at her school then encouraged her to see her family doctor for her difficulties. Samantha did this and had a positive interaction with her physician because he encouraged her to voice her opinion and what she wanted; it was the first time in a long time that someone cared about what she thought. Samantha got anti-depressants from the physician, but only took them for a short time. Later, one of the friend's Samantha met online convinced her to try counselling when she had a negative view of it. Samantha took this advice and began to see a psychologist and social worker at her school on a regular basis. Samantha continued to seek help through the Internet while she was taking anti-depressants and while she was receiving

counselling. Thus, for Samantha, online and offline help occurred concurrently and the two forms of help complimented one another, worked together, and helped her in different ways. She stated:

> Both were very helpful for different reasons. The online help made me realize that dying wasn't the answer and that recovering was possible. The offline help made me realize that other people couldn't help me no matter how good their intentions; I had to learn how to help myself, to want to help myself, and to realize that the only person who can help me permanently recover is me.

Trish disclosed that she went back and forth between online and offline help forms. Initially, the online help increased her confidence and willingness to seek help through a physician because she was able to identify that she had depression through listed symptoms. The physician prescribed anti-depressants which helped decrease Trish's suicidal thoughts, but she did not stay on them for long. When she was taking antidepressants, Trish was then able to disclose some of her struggles to a friend and her dad, but, she did not talk to them directly about her suicidal thoughts. These individuals provided understanding and support. After gaining in person forms of help, Trish then went to the Internet to search for self-help strategies for depression and social anxiety. Trish indicated that she did not require counselling for her suicidal state at this time because she was able to help herself in other ways. She later saw a psychologist, on two occasions, to help her deal with anxiety, but did not discuss her struggle with the suicidal state. She compared help forms in the following statement, "I think professional help is

actually a lot better, like counselling, and even though it's difficult and you lose face with it, I think it's actually probably better than online." She thought that counselling was better and more useful because it is a more personal approach that allows the experiencing of emotions to relieve emotional pain. As well, Trish found it is easier to find truth in the counsellor's advice that was given to her in person. She was also able to find the answers herself through the counsellor's questions, rather than having someone online tell her what to do for a problem.

For Julie, the Internet allowed her to find books and treatment information that she used to inform her psychiatrists and therapists of the type of help she needed to get better. The result was improved treatment that led to her recovery. Julie reported that everything online helped in her recovery; however, in the end she "still definitely needed real life support" and this support was more beneficial because she "needed life stability." As well, "real people," could see the self-harm she inflicted upon herself and ensure that she was given help for that. Although she thought that traditional help was more beneficial in the end, she stated benefits of both forms of help; the conventional help allowed her to "stabilize," whereas the Internet gave her information. This suggests that the two forms of help were needed in Julie's recovery and complimented one another.

For Sophia, online help provided her with the ability to "accept and move on." That is, gaining information on depression motivated her to seek help through counselling. She stated, "[I] found the confidence to go and seek help in person" because reading about the symptoms of depression helped her to understand that there was a reason for her difficulties. She also found that free

counselling was available through accessing her university webpage. She stated

that "my universities website had [information on free counselling services there],

which is why I proceeded to go to the counselling center there." Sophia reported

that she saw a counsellor four times over the course of two years. She stated,

"Meeting face to face and having a counsellor far exceeded what I found online."

In person help was a lot more effective for her because she was better at resolving

issues by talking to someone and exchanging ideas. She also liked the one on one

personal interaction and feeling like she was the counsellor's sole reason for being

there. As well, Sophia appreciated that her counsellor could provide specific,

helpful resources because she was trained to know what could help. Sophia

accessed resources online that her counsellor recommended. Sophia thought it

was beneficial that counselling gave her specific ways to cope, whereas the

Internet consisted of random lists of coping strategies and there was no way to

know which to choose to help. From counselling, Sophia indicated that she gained

someone who could just listen and respond. Counselling also pointed out and

emphasized her good qualities.

Summary of Findings

The current study uncovered several consistent patterns in the online help-

seeking experiences of participants. These patterns were presented in the form of

categories that were classified under conditions, actions/interactions, and

consequences. Overall, the online help-seeking experience was a process that was

driven by a desire to escape the pain of the suicidal state. When participants felt

like there were no other options for help, had feelings of ambivalence, and were
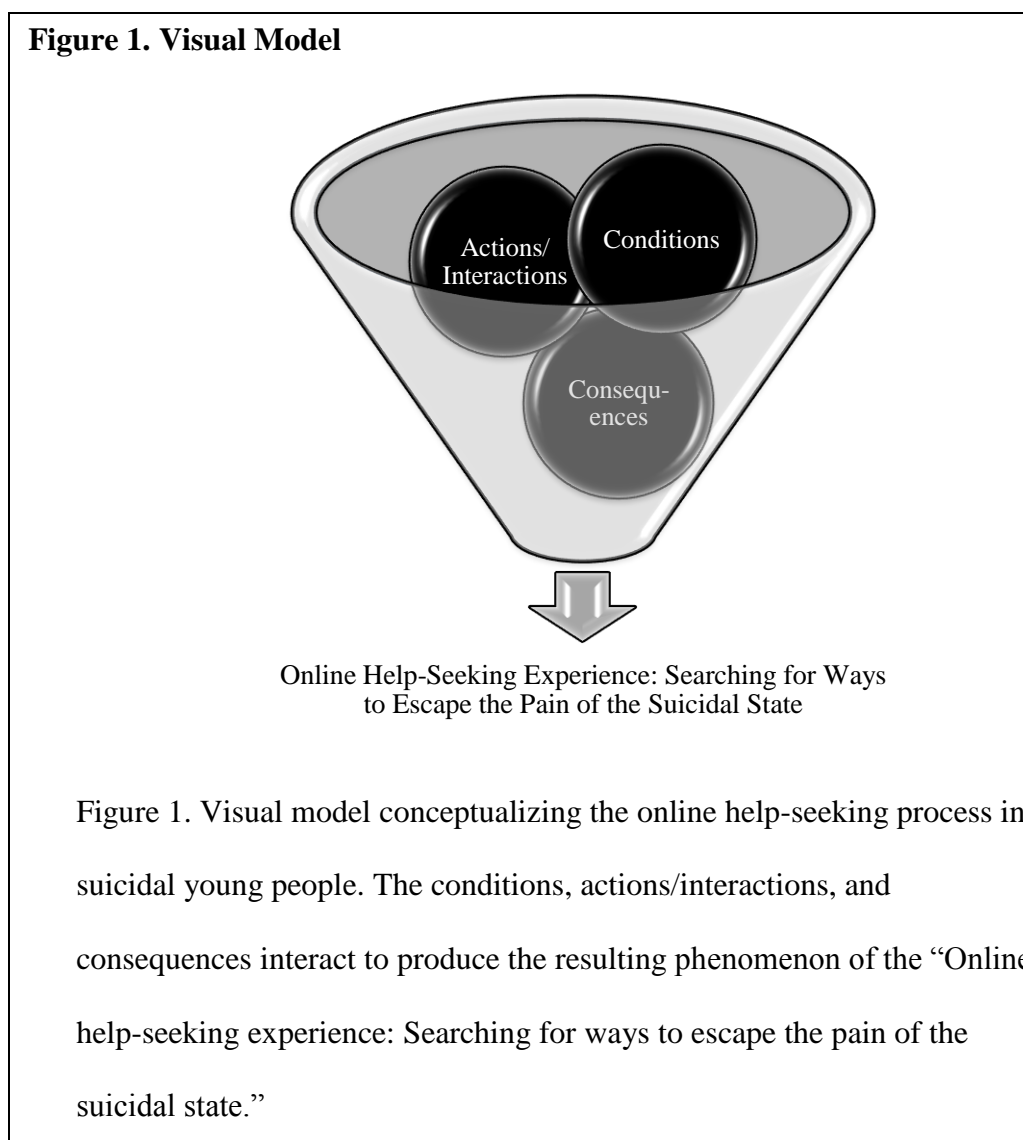
attracted to features of the Internet, they decided to go online to seek information or support. Participants accessed websites with positive and/or negative content, and their online actions and interactions varied depending on how they searched online, their amount of self-disclosure, and their experiencing of events that contributed to recovery. As a result of going online, participants experienced a number of consequences that had a mixed impact, although the majority of outcomes were positive. Ultimately, participants thought that their experience online was helpful.

The conditions, actions/interactions, and consequences described above all interact, relate to, and impact one another. Although there is some sequence to the results, the process of online help-seeking occurs in a non-linear manner so that each aspect can alter the others in direct or indirect ways. These interactions, as well as relationships to the central category, are presented in the form of a visual model in the following chapter in order to help describe and explain the process of online help-seeking in suicidal young people. The visual model provides a conceptualization of how the categories build toward developing a substantive theory.

Chapter Six: Discussion

Visual Model

A visual model for adolescent and young adult online help-seeking for the suicidal state is presented in Figure 1. This model evolved by employing Strauss and Corbin's (1998) and Corbin and Strauss' (2008) paradigm and it was developed from participants experiences. The basic components of the paradigm include conditions, actions/interactions, and consequences.

Figure 1. Visual Model

Online Help-Seeking Experience: Searching for Ways
to Escape the Pain of the Suicidal State

Figure 1. Visual model conceptualizing the online help-seeking process in suicidal young people. The conditions, actions/interactions, and consequences interact to produce the resulting phenomenon of the "Online help-seeking experience: Searching for ways to escape the pain of the suicidal state."

The model illustrates how I conceptualized the categories interacting and relating to one another. It shows how the parts (conditions, actions/interactions, consequences) merge to form a whole (the resulting central category or phenomenon); together, the parts comprise the central category, which I labelled as, "online help-seeking experience: searching for ways to escape the pain of the suicidal state." The conditions consisted of those that influenced the actions/interactions to occur and those that created variation in the actions/interactions. The former contained categories of, "having nowhere else to turn," "ambivalence," and "appealing features of the Internet." The latter consisted of, "online searching," "self-disclosure online," and "experiences contributing to recovery." The actions/interactions consisted of, "access websites with positive content," and "access websites with negative content." Consequences consisted of, "mixed impact of online experience," "psychological changes," "more options," "gaining understanding," "gaining support," and "seeking offline help."

To explain the model further, the balls in the funnel represent the aspects of the paradigm. These aspects interact with one another and work together to produce the final phenomenon. There is a relationship between each aspect of the paradigm, demonstrating that each aspect affects the other in direct or indirect ways. This impact is more substantial during subsequent online help-seeking that occurs after an initial time of going online for help. That is, online help-seeking was not a single event for any participant; it occurred multiple times to create an overall, larger process that consisted of all the times that individuals went online

for help. The result was that each aspect of the paradigm impacted upon the other aspects at some point, in a direct or indirect manner, so that they changed and altered one another in some way. Despite variations, the overall resulting phenomenon (central category) involved participants engaging in the online help-seeking experience as a means, or attempt, to escape the pain of the suicidal state. Using the analogy from the model, the overall "product" (i.e., central category) can contain variations depending on the "mix of the balls within the funnel," but ultimately the resulting "product" can always account for all the variation or "mixtures" in the funnel.

Although I viewed all parts of the paradigm as interacting together to create the central category, there was some order or sequence to the findings. This is illustrated by the placement of the balls in the funnel. That is, some conditions influenced participants to engage in online help-seeking; however, the action of online help-seeking varied depending on a number of additional conditions. The actions/interactions then resulted in numerous consequences.

Research Findings

The present study explored the phenomenon of online help-seeking in previously suicidal adolescents and young adults. For these participants, the online help-seeking experience was one that involved searching for ways to escape the pain of the suicidal state and to find ways to alleviate their psychological pain. In most cases, this meant searching for help, while in one case, it initially meant going online to find ways to commit suicide. The majority of participants' descriptions focused on searching for information and/or support

online that could aid in their recovery from the suicidal state.

There were several conditions that were in place that encouraged participants to seek information and/or support online. These included having nowhere else to turn for information or support, having feelings of ambivalence, and having a desire to seek out a form of help that was anonymous, safe, and convenient. Participants responded to these conditions by going online for help in order to access websites with positive content and/or access websites with negative content. There were also other conditions that led to variations in how participants acted and interacted online, including online search strategies, degree of self-disclosure, and experiences contributing to recovery.

As a result of their online help-seeking, participants experienced a variety of consequences. Some were expected, while others were not. For example, all participants found what they were looking for online; however, some occasionally encountered content that unexpectedly made them feel worse or better. Ultimately, going online for help had a mixed impact on participants in that their experiences were sometimes helpful, sometimes harmful, and sometimes neutral. When reflecting back on the overall online help-seeking process, all participants agreed that it was positive and helpful. The specific positive consequences included psychological changes, gaining more options, gaining understanding, gaining support, and seeking or improving offline help. Although these were primarily positive outcomes to online help-seeking, some negative experiences were embedded within the positive consequences. Overall, participants varied in how they interpreted their online help-seeking experience as playing a role in their

recovery; although it was helpful to all, the online help-seeking experience ranged from offering temporary relief to playing more of a significant role in long term recovery from the suicidal state.

Integration with Existing Literature and Implications

   Help-Seeking behaviour. The present study contributes knowledge about help-seeking behaviour in suicidal adolescents and young adults. This section is divided into two parts, including "overcoming barriers to help-seeking" and "offline/online help."

   Overcoming barriers to help-seeking. The present study showed that the Internet was helpful in removing barriers that would normally inhibit help-seeking in suicidal young people. That is, participants described many of the Internet's unique characteristics as being motivation to seek help online; the Internet's unique characteristics allowed them to overcome some of the barriers to help-seeking that are commonly discussed in the literature. Barriers to seeking help offline cited in the literature include concerns about stigma, shame and looking weak (Freedenthal & Stiffman, 2007; Gilchrist & Sullivan, 2006), concerns about confidentiality (Molock et al., 2007), lack of knowledge of available resources (Kataoka et al., 2002; Owens et al., 2002; Pagura et al., 2009), feeling a lack of support from others and feeling unable to confide in others (Cigularov et al., 2008; Gilchrist & Sullivan, 2006; Yakunina et al., 2010), and having a negative view of counselling (Wilson et al., 2005).

   Participants referred to all these barriers as being reasons that motivated them to go online for help. That is, the Internet is anonymous and confidential,

which allowed them to feel safe and less vulnerable, and to avoid feelings of shame or being perceived as weak. It was readily available to them, convenient, comfortable, and accessible on their own computer in their own private space. Participants went online looking for information on offline help resources, including help-line phone numbers, offline counselling locations and phone numbers, and books that could be accessed for help. Without going online, participants may not have gained the knowledge necessary to seek out offline forms of help. Going online also gave participants an alternative form of help when they felt like they lacked support from those in their lives, and/or when there was no one that they felt comfortable confiding in. Participants also sometimes went online because they had a negative view of traditional forms of help. Sometimes this negative view resulted from experiencing ineffective in person help, while, at other times, it was a view that was present without having experienced conventional forms of help. Thus, going online provided participant's with an alternative form of help that they were willing to access.

Past researchers have speculated about why young people prefer going online for help over other forms of help (e.g., Gilat & Shahar, 2007, 2009). These speculations were based on the barriers to help-seeking offline. The present study supports that some offline barriers to help-seeking work to motivate participants to seek help online, and that the Internet provides a way for individuals to overcome typical barriers associated with conventional forms of help.

Offline/Online help. Although the focus of the present study was on seeking help online, traditional forms of help were also discussed with

participants. The results from this study suggest that the two forms work together and can complement one another to facilitate recovery. There does not seem to be a specific pattern for how online and offline help-seeking occurs; sometimes it occurs concurrently, sometimes online help comes fist, and other times offline help comes first. However, in all cases, participants experienced the interplay between the two.

For most participants, going online encouraged them to seek formal forms of traditional help. This encouragement occurred in different ways, including gaining information about symptoms to feel confident enough to seek help offline, gaining information about where to go for help (e.g., help-lines, counselling centers), and/or being encouraged to seek formal in person help by others. There was only one participant who was not influenced to seek formal face to face help by going online. This individual was already receiving intensive treatment when she began accessing the Internet for help. However, going online did allow her to gain recommendations for relevant and helpful books. These books, as well as additional information found online, were used to improve the help she was receiving.

When looking at the help-seeking process (i.e., from when the suicidal state began to when it ended) of participants in this study, it becomes clear that these suicidal young people required both online and offline forms of help to cope with their suicidal state and facilitate their recovery. All participants in this study received some form of formal offline help at some point in their help-seeking process, and several participants also received some form of informal help. The

idea that suicidal individuals seek help offline in addition to online is supported by Harris et al. (2009a). These researchers found that 75% of individuals who sought help online also consulted with a mental health professional offline. The idea that both forms of help seem to be accessed by suicidal individuals throughout their help-seeking process suggests that both are beneficial in facilitating recovery from the suicidal state.

Although the present study and some past research supports that online help and offline help complement one another, Baker and Fortune (2008) discuss how online help-seekers may feel marginalized from society and be constrained from seeking personal or professional help offline. However, these were only speculations from researchers offering a different perspective to the positive results of their study on online help-seeking. In any case, the present study provides evidence against this perspective since online help-seeking tended to facilitate and encourage offline forms of help, rather than inhibit it.

Although online and offline help worked together to facilitate recovery in the present study, most participants found that conventional forms of help better facilitated their recovery. For some, formal in person forms of help (e.g., counselling) were most effective in their recovery, while one thought that her significant other played the biggest role. Participants often had a difficult time putting into words why they thought offline help was better. There was something about having another person present and actually saying what was felt that made it more helpful. That is, the personal connection and presence gained through offline forms of help seemed to be more effective in helping participants to recover.

Perhaps the anonymity gained online creates more distant relationships, resulting in a less personal environment; however, this idea is complex because anonymity tended to create a safe place for individuals to go to seek help and to disclose about their feelings, while avoiding feelings of shame and vulnerability. Thus, the anonymity allotted in online help-seeking may have both pros and cons.

Forms of online help. Participants accessed diverse sources of online help, ranging from professional websites (e.g., from organizations, government, institutions, mental health professionals) to non-professional websites (e.g., blogs, discussion forums) that contained a variety of information and/or support. The content accessed online was both positive and negative for most participants, except for those who purposefully avoided negative content. Participants experiencing the suicidal state did not always access sites directed at help for suicidal behaviours. Rather, information/support on self-harm or mental health (e.g., depression or anxiety) and coping strategies for everyday life problems were often sought. Thus, young people seem to access a range of help sources online, some of which are not specific to the suicidal state.

Gilat and Shahar (2009) discuss the benefit of being able to go online for help and choose from a variety of help options. That is, suicidal individuals have the option to choose the most convenient and comfortable form of online help for them, including communication with an individual or a group, and posting messages with a time delay or talking back and forth in real time with others. Participants also have the option not to communicate with others, but instead, observe or read what others have written or seek information on relevant topics.

Although participants accessed a variety of different online sources of help, not one accessed online counselling websites or discussion forums monitored by professionals or trained volunteers. None mentioned encountering this help option online. One participant discussed how having a help-line online that mimics a telephone help-line would be beneficial, but was unaware that resources similar to this exist online.

Internet's impact. As discussed in chapter two, there is an ongoing debate in the literature over whether the Internet is helpful or harmful to suicidal young people going online for help. The present study found that online help-seeking cannot be reduced to a simple classification of helpful versus harmful. Baker and Fortune (2008) agree when they argue that online help-seeking is complex and nuanced and that simplistic classifications of websites as being either "good" or "bad" should be eliminated in order to further understanding on the topic.

Participants in the present study had multiple and diverse experiences online, which often differed depending on their state of mind prior to logging on, what they were looking for, and what content they encountered. At times, participants were impacted in a positive way in that the Internet helped them to feel better; at other times, participants were impacted in a negative way in that they felt worse after logging off; at other times still, participants were unaffected by their experiences online. This mixed impact in different participants is supported by the results of Harris et al. (2009a) on help-seeking for the suicidal state in adults.

Although participants recall being impacted in various ways when going online for help, their overall reflection on the online help-seeking experience over time and over multiple log ins, was viewed as being positive or beneficial. Thus, despite negative experiences online, participants interpreted their overall experience as being positive. Yet, the overall help-seeking experience often was not viewed as being a life saving experience for participants and was usually viewed as playing only a small to moderate role in recovery.

Participants who talked about having negative encounters online were able to find positives in those events, despite also being impacted negatively for a temporary period of time. For instance, one participant realized that she did not want to be like depressed people online who were constantly negative, and another found it comforting to know that others were in a similar situation when she went to pro-suicide websites. This suggests that the impact of "negative" sites is more complex than "good" versus "bad." Informa Healthcare (2009) agrees in their statement, "the issue with these [pro-suicide] sites seems to be a little greyer than one might assume; they appear to cause damage and offer help in equal measure" (p. 190). Another participant who encountered both positive and negative content focused upon the positives in her interpretation of her online help-seeking process. Thus, she thought that the Internet played a moderate role in her recovery, despite encountering some negative information at times.

It is surprising that some participants described helpful events online, but often viewed these events as playing little or no role in their recovery. Because these events were helpful, it would seem that they would have been viewed as

being significant in recovery. This point highlights that, despite what happened online, participants seemed to take away their own interpretations of events and were, therefore, sometimes impacted in ways that could be unexpected to others. Because of individual interpretations, participants were also sometimes impacted differently by similar online events. For example, two participants found it helpful being able to talk to individuals who were recovered from the suicidal state, but thought that communicating with those who were depressed, suicidal, or self-harming at the time had a negative impact on them, at least initially. Yet, another participant found that talking to others online who were experiencing similar difficulties (i.e., depression, self-harm, and suicidal behaviours) was helpful.

Thus, the concern about there being negative suicide content online may be less worrisome than some previous studies have proclaimed because it is participants' interpretations of content and events that seems most important. It is how individuals interpret what they are looking at online, how they evaluate what they find, and how they apply that to their lives that has the largest impact. It is, therefore, difficult to say what would be most helpful to different individuals online because of variations in perspectives and interpretations of events. This idea can be compared to conventional forms of help in that different people require different forms of help to recover. For example, some require medications, some require infrequent counselling, and some require intensive treatment programs in the hospital. Looking specifically at counselling, various clients respond differently to the same approach and the same therapist. However,

finding the right fit for both offline and online forms of help can contribute to recovery from the suicidal state.

Some researchers discuss how the Internet could influence ambivalent suicidal individuals to choose either life or death, depending on the stimuli that they encounter (Becker et al., 2004). In the present study, participants did experience ambivalence, but encountering various stimuli online did not persuade most of them toward choosing life or death. That is, for most participants going online impacted them in the sense that their suicidal thoughts decreased, increased, or stayed the same for a short time after logging off, but, in no cases did going online foster suicidal actions.

Harris et al. (2009a) found that ambivalence is common in suicidal online help-seekers in that they visit both life affirming and pro-suicide sites. The present study confirmed this finding in all participants, except the two who purposefully avoided pro-suicide websites and other negative content online. These individuals were aware of their ambivalence; they indicated that they avoided negative content online because they thought they could be influenced toward suicide by such websites.

Overall, concerns surrounding the negative or harmful impact of the Internet are not supported by this study. Negative content online does exist, and it can have a temporary negative effect on individuals; however, more positives were mentioned by participants than negatives and the ultimate outcome to online help-seeking was beneficial. It is not to say that online activities can never have detrimental effects, rather, it did not for the participants in the present study.

Perhaps the results were positive, overall, for these participants because most were looking for help, suggesting that they had some hope to recover from the suicidal state. It is unknown how common it is for individuals to go online with destructive motives and then have a life changing experience that encourages them towards recovery. More research on individuals who go online with destructive motives, looking for negative information that promotes the act of suicide, is needed.

Suicide prevention. The results of the present study suggest that the Internet can work as a suicide prevention resource through the information and support available. Although the Internet did not always play a central role in participant's recovery, it at least provided a means to cope with the pain of the suicidal state for a period of time until other forms of effective help were received. Thus, in all cases, the Internet worked as a suicide prevention source in that it provided participants with some sense of relief. It also acted as a preventative source through information and support that encouraged participants to seek help offline.

It is important to note that this study does not attempt to minimize the fact that there is negative information available online and it can impact individuals in a negative way. Fortunately, the participants in this study that were impacted negatively experienced only temporary effects and the impact did not result in tragic consequences. It is up to researchers to conduct further research to better understand what happens differently in the process of the individuals who experience more negative results during online help-seeking.

With that being said, this study acknowledges that some improvements in online resources need to be made so that the Internet can function better as a suicide prevention resource. Such improvements suggested by participants include keeping information up to date and accurate on websites and improving website design so that they are easy to access and navigate. Becker et al. (2004) support these suggestions by advising that guidelines be put into place for suicide prevention websites to ensure quality. As well, they recommend the design and implementation of easily accessible and useful self-help websites targeted for suicidal young people.

Having quality websites where people can go to communicate or read about others experiences also seems beneficial. For instance, most participants described how interacting (reading stories or communicating) with non-depressed or non-suicidal people online was helpful. These individuals had been through the suicidal state or a mental health issue, but were now recovered and were sharing their stories online and offering support. The idea that recovered people are viewed as good sources of help is supported in Molock, et al., (2007). This suggests that having suicide prevention resources with people who have overcome the suicidal state and other mental health issues could be helpful. Educating individuals on where to go to access these forms of help may also be useful.

Harris et al. (2009a) emphasize the need for peer to peer contact in online help sources, so that suicidal young people can interact with others who are in a similar situation. These researchers suggest that professional suicide help websites and online counselling are not enough to help suicidal online help-seekers because

these individuals often desire communication, friendship, and/or anonymous self-disclosure. They suggest that websites with anonymous peer to peer contact should be implemented in open, but moderated online communication mediums (e.g., discussion forums). Some participants in the present study discussed how having contact with peers experiencing similar issues was unhelpful; however, these individuals did not partake in a forum with a moderator present. Perhaps this type of environment would have been more positive by having conversations focused on more therapeutic content.

Some suggestions, derived from the results of the present study, are provided to address the issue of negative content online. It would be difficult, if not impossible, to block, control, or monitor the negative content online on suicidal behaviour, self-harm, and mental illness. The simplest and most realistic solution to the issue of negative content online may be to educate young people about what to search for when looking for help, including what search terms to use and avoid, how to evaluate search results to determine which sites to access, and how to think critically about what is being viewed.

In addition, educating individuals on where to go online to access credible help sources is important. Educating students, parents, and professionals on what websites may be helpful and contain quality information/support would be beneficial. Advertisements and television commercials for such suicide prevention websites in communities may be helpful. It is important that individuals are educated about a variety of online help resources, including those that offer

information and those that offer support. Providing quality websites on self-help

information and coping strategies would also be helpful.

As a final implication for suicide prevention, the results of the current

study suggest that online and offline help should work together to prevent suicide

in young people. It seems that this is already occurring in some sense. That is,

individuals can find offline forms of help by going online, and occasionally,

offline help providers may direct individuals to online resources. For example, it

seems that some counsellors offline have started to recommend that their clients

look at specific online resources for additional help. Zahl and Hawton (2004)

found that some participants in their study had viewed websites after their

counsellors recommended that they find out about other people's experiences of

self-harm online. They suggested that, in this way, the Internet was used for

therapeutic reasons, although they were unsure whether this strategy was helpful

for participants. Likewise, Recupero et al. (2008) suggest that, "clinicians may

wish to assist patients in locating helpful, supportive resources online so that

patients' Internet use may be more therapeutic than harmful" (p. 878).

Considerations in the Results of the Study

The results of this study provide important information on the process of

online help-seeking in suicidal young people; however, it is important to consider

several points when reviewing the results of this study. For example, the results

are based on a small number of participants. In qualitative research, large numbers

of participants are not generally used, and the findings are specific to the group of

people who participated in the study. Thus, a small number of participants does

not limit the results as substantially as it would in quantitative research, which aims to generalize results. In addition, because no males participated, a male perspective is missing from this study. Moreover, it is unknown whether those who volunteered for the study demonstrate different characteristics than other suicidal individuals who go online. As mentioned, all participants sought out formal offline help at some point in their help-seeking process. Thus, this study is missing individuals who only sought out online forms of help, and this group of people may be different than those who seek out both online and offline forms of help. As such, the online help-seeking process described in the results of this study may be specific to those who sought help both online and offline. As well, most participants in this study went online to seek help with coping or overcoming their suicidal state. Only one participant went online with destructive motives initially, but the majority of her online experiences involved looking for help with recovering. Thus, the perspective of individuals who go online with destructive motives is limited; this study applies most to those who went online looking for information/support that could help them to cope or recover.

Implications for Future Research

The results of this study suggest a number of implications for future research on suicidal behaviour and help-seeking in young people. For instance, more research is needed on suicidal young people who only seek help online and never have a traditional help experience. These individuals may be very concerned about revealing their identity, and thus, it may be appropriate to employ a research method that allows participants to be entirely anonymous. For

example, an anonymous survey provided online where participants are required to check a box to give consent, rather than to provide written consent may be helpful. Another idea to gain access to these participants is to post an anonymous questionnaire (with closed and open ended questions) on the kijiji website where I posted some of my advertisements. If individuals could click on a link to the questionnaire directly from the kijii website and submit it anonymously, then this group of individuals may be more likely to respond.

More research is also needed on the help-seeking process of individuals who go online with destructive motives, searching for negative content online. Moreover, future research would benefit by looking at how males go online for help or for destructive reasons, in order to better understand their online help-seeking process. This population may be particularly difficult to access, however, since males are less likely than females to seek any form of help.

An additional suggestion for future research is finding out more about how people who have recovered from the suicidal state or mental health problems go online to share their stories and provide support. Some participants identified this type of online help as being beneficial to them, so it would be interesting to answer a number of questions regarding the online experiences of these recovered individuals. How do recovered individuals decide to go online to provide support? What type of help do they provide/offer (e.g., are they educated in suicide prevention and/or do they help primarily through sharing their own experiences)? What are the benefits in going online to provide support? What kind of offline support do they provide others (if any)?

Additional research could employ the same method as the present study, but take on a broader focus by looking at help-seeking in general in suicidal young people. This would allow individuals who only sought help offline to share their experiences as well. It could develop understanding about how individuals decide to seek offline forms of help instead of online forms of help, as well as additional information on the offline help-seeking process that is limited in the literature. This would allow for a more thorough understanding of the help-seeking process in young people experiencing the suicidal state.

Finally, future research could also be directed towards "testing out" whether the substantive theory in the present study applies to more diverse individuals who seek help online, either through follow-up qualitative methods or quantitative means. This study is viewed as a starting point for future research to build upon it.

Conclusions

Suicidal young people are accessing the Internet for help to escape their psychological pain caused by the suicidal state. The present study suggests that this can take the form of looking for helpful information or supportive individuals to aid in recovery, or it can take the form of searching for methods to commit suicide. In any case, this study has shown that the Internet can function as a suicide prevention resource. It is an alternative form of help for individuals who feel like they have nowhere else to turn, yet feel overwhelmed and want to find answers to help them escape their pain. Not everything online is helpful, but steps can be taken to improve the effectiveness of online resources so that they can

work together with offline forms of help in preventing suicide and suicidal

behaviour in young people.

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