

Technology, Mental Health and Suicide Prevention in Ireland

a Good Practice Guide



**REACH
OUT.com**

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1 Context: Help-seeking in the 21st century

While many of us remain reluctant to ask for help when we are going through tough times, the internet has become the great enabler of the 21st century. Online services allow individuals to gain the knowledge and confidence they need to bring private concerns towards inter-personal solutions. From the perspective of people already engaged in mental health services, the provision of online information, support and therapy is empowering and increases knowledge around available support options. Furthermore, online mental health platforms are democratising and allow a wide range of voices to shape and influence dominant discourse.

In Ireland, many services have developed to meet a growing public demand for mental health information and support online. The *My World Survey* (Dooley and Fitzgerald, 2012) found that **the internet is the single most popular source of mental health information among young adults** (aged 17 to 25). This trend is set to continue as the current generation of young adults is the most technologically literate generation ever, while the generation of over 30s are the last to have known a world without the internet.

Most of us have easy access to the internet every day. It has become instinctive to go online if we need helpful information or advice in relation to something bothering us. In fact, a considerable amount of help-seeking and help-giving is now conducted online before, or even instead of, accessing more traditional services. With this change in help-seeking and help-giving comes a period of negotiation when we need to work together to ensure the information and advice available online is safe and of a standard we would want for ourselves and the people we care about. This will also be a period of negotiation in relation to the integration of traditional formal supports with online platforms so the public is offered seamless access to support and consistent advice.

As we seek to coordinate and organise service offerings online, a further challenge lies in allaying anxieties related to issues of safety online often held by older generations and sometimes propagated by the traditional mainstream media. While certain anxieties and concerns are understandable and there are parts of the internet that are potentially very harmful, the most effective strategy in creating safe and positive environments online is to focus on and promote responsible sites and online services.

Despite the challenges we face, there is an obligation to work towards world-leading online mental health information and services because, put simply, that is where so many of us go when we are experiencing a tough time. This is highlighted by colleagues in the *Young and Well Research Centre* in Australia in relation to youth mental health when they state:

“if we are serious about reaching young people and promoting our services to them, we need to be where they are (i.e. online)”
(Campbell and Robards, 2013).

This point does not relate only to young people. In Ireland, usage of the internet among those aged 30 to 44 years in the past three months is as high as 90% according to a recent Central Statistics Office Household Survey (2013). Although extensive already, the trend in relation to population-wide internet usage on a day to day basis is only set to continue. Furthermore, over 20% of parents of teenagers recently reported using the internet for mental health information in the past month (Clarke et al, 2014). Therefore, not only is the internet increasingly a part of everyday life for people across all age groups, the internet has a particular utility in relation to mental health information.

2 Guidelines overview

ReachOut Ireland has been commissioned by the Health Service Executive's National Office for Suicide Prevention to develop good practice guidelines for the safe delivery of online mental health information and support. The development of these guidelines has been informed by the Technology and Mental Health Network (TMHN) which ReachOut Ireland convenes.

In developing these guidelines, the following questions have been explored:

What online services already exist in an Irish context?

What examples of good practice can we showcase and learn from, both in Ireland and internationally?

What relevant guidelines and policies exist that we can build on and adapt as appropriate?

To begin answering these questions, a survey of Technology and Mental Health Network members was conducted in 2013 – and an invitation to participate in the survey was extended beyond TMHN membership. That survey was conducted to explore existing service models, examine the use of social media platforms, determine examples of good practice and conduct a needs assessment around good practice guidelines.

In Section 3, the membership of the TMHN is profiled. The results of the national survey are presented and discussed in Appendix 3. While the survey was initiated in 2013, late responses were invited and incorporated into the results from both Day to Day Support Services (Ó Lá Go Lá) and Mental Health Reform.

This guide covers the area of service provision online by providing a suggested service typology and exploring each 'type'. Where relevant and appropriate service types are explained using case studies. The suggested approach is to focus on the areas of:

- **Information.**
- **Support.**
- **Therapy.**

These areas of service provision overlap significantly and each is open to interpretation but in broad terms each can be identified as requiring distinct and focused guidelines to ensure the public receives safe and effective services.

This guide also covers the use of social networking sites which are used for a range of purposes by mental health organisations ranging from brand awareness to service delivery.

A good practice checklist for service providers is included as Appendix 1.



3 Technology and mental health in Ireland

This section outlines the service model/ organisation overview of agencies providing mental health information and/or support online who have come together as the Technology and Mental Health Network (TMHN) for the purposes of information-sharing. This informal network is convened by ReachOut Ireland.

Note: the survey results in Appendix 3 include data from two agencies outside of the TMHN - Mental Health Ireland and the National Suicide Research Foundation.

Aware



Aware is the national organisation providing support, information and education regarding depression, anxiety and related conditions. Its online support options include an email support service as well as a new Life Skills Online programme (introduced in May 2013). The email support service (supportmail@aware.ie) is delivered by trained volunteers with a 'next day' response provided (based on a Monday-Friday service). As with Aware's nationwide support group meetings and LoCall Helpline, the email service provides a space where people can talk through their concerns and explore helpful options available to them.

The new Life Skills Online programme is based on cognitive behavioural therapy (CBT) and consists of seven modules which the participant completes in their own time, from the comfort of their own home. A supporter (trained volunteer) provides encouragement and feedback. The programme was introduced in a bid to overcome some of the barriers to help-seeking which still exist, and also to capitalise on the increasing interest from people in accessing online options.

The Aware website provides extensive information on depression and related conditions, as well as providing a platform for the organisation's services. In 2012 www.aware.ie had approximately 30,000 unique visits each month and the organisation also

utilises social media channels such as Twitter to engage with both service users and non-users.

In addition to these services, Aware also offers a free secondary schools positive mental health programme (*Beat the Blues*) as well as a group Life Skills option, delivered in communities nationwide.

Bodywhys



Bodywhys - the Eating Disorders Association of Ireland, offer both BodywhysConnect and YouthConnect as online support services. BodywhysConnect is an online support group service facilitated by two trained volunteers. The service operates on alternate Mondays and Wednesdays, with four or five support meetings per month, or approximately 53 meetings per year. The average attendance is seven users per group, though some groups may have up to 15 users.

YouthConnect is an online support group for 13-18 year-olds affected by an eating disorder. This operates each Sunday evening, with approximately 52 meetings per year. The average attendance is four users per group, though some may have up to eight participants. Feedback has been extremely positive from both the adult group and the teen group.

Bodywhys also offer email support through alex@bodywhys.ie, which is very popular. The email support service is a non-directive support, listening and information service. All emails are responded to within a distinct period of time, between one and three days, and all email replies in the main are supportive listening ear responses, which include both information and signposting when needed. Contacts and messages that come to the organisation via website queries that require more than an information response are also responded to from the email support service.

'See My Self' is an online psycho education programme for 15-24 year-olds. There are six modules looking at different issues such as self-esteem, body image, media and culture, (basic CBT ideas about thoughts, feelings, behaviour patterns), food and mood, and moving forward. Each module is constructed in the same way combining text, video, personal stories, quizzes, exercises, setting goals and interactive tools. Each participant is assigned a supporter to guide them through the programme. The supporter is a trained Bodywhys volunteer who checks in with the person via the online programme once a week. The supporter's role is to affirm, to encourage, to reflect and also to be a safety net if someone starts to struggle and needs to be reminded of their support network.

The Bodywhys website www.bodywhys.ie provides detailed information on eating disorders and related issues. As well as the extensive range of information about what eating disorders are, and how to approach and support them, the website is the gateway for accessing Bodywhys' binge-eating booklet, which is a self-help tool to help people with binge eating disorder to begin to normalise their eating habits with a view to getting further treatment and support. The website also has an online directory of service providers within Ireland. The directory represents a database of qualified and accredited professional support providers across the country who have experience working with people with eating disorders. In 2013, the website received an average of 4,300 unique visitors per month.

Drugs.ie

DRUGS.ie
Drug and Alcohol Information and Support

Drugs.ie is an independent website managed by The Ana Liffey Drug Project and funded by the HSE National Social Inclusion Office. Drugs.ie provides an online interactive information and support chat service - the Drugs.ie LiveHelper service. The site also houses a national database of treatment and rehabilitation, information and support, counselling, education and training services. This award winning site hosts a wealth of static content relating to drug and/or alcohol use, downloadable guides and support booklets, videos, an e-Learning platform and online self-assessment and brief intervention tools. Drugs.ie is also home to the 'Let's Talk about Drugs' National Youth Media Awards.

HSE National Office for Suicide Prevention



The HSE National Office for Suicide Prevention operates YourMentalHealth.ie as a whole population resource on the basis that every single one of us will experience tough times in our lives. *YourMentalHealth.ie* is a place to learn about mental health, and how to support yourself and the people you love. In 2014, *YourMentalHealth.ie* was re-launched alongside the #littletthings public mental health campaign. The website provides a searchable database of national and local support services, information on the types of mental health services available and information on how people can learn about the #littletthings that make a big difference to how we all feel. The resource was developed in partnership with a wide range of organisations from across Ireland.

There is more information on the #littletthings campaign here: www.yourmentalhealth.ie/Get-involved/LittleThings-campaign/Support-the-campaign/

My Mind



MyMind Centre for Mental Wellbeing was founded in 2006 as a not-for-profit community based provider of accessible mental health care. They now have centres in Dublin, Cork and Limerick city, providing a wide range of clients with counselling and psychotherapy services. MyMind charges their clients fees based upon their employment status, allowing the unemployed or full-time students to access their services at reduced rates. The revenue generated from full fee clients is reinvested into the organisation, enabling the provision of services that are more widely affordable.

Clients can self-refer to MyMind and appointments are usually made within 72 hours of a client contacting the office. Additionally, MyMind has a multi-disciplinary, multi-cultural team that is able to provide services in more than ten languages, serving the migrant population.

Along with providing face-to-face services, MyMind offers online support via email and video consultation, allowing those who are geographically removed from MyMind centres to avail of mental health support. In 2014, MyMind at Work was launched to promote emotional resilience and mental wellbeing in the workplace.

ReachOut.com



ReachOut.com, delivered by ReachOut Ireland, helps young people get through tough times. By providing quality mental health information and covering issues that can impact our mental health (relationships, drugs, alcohol, study, money etc.), ReachOut.com takes the mystery out of mental health. Advocating an integrated model of youth mental health support, ReachOut.com works with other service providers in order to accurately signpost all of the support out there, formal and informal, for anyone going through a tough time.

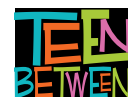
ReachOut.com has static content in text and video format and also produces dynamic content in the form of blogs, real stories and regular 'Ask the expert' responses. More broadly, ReachOut.com is a youth brand that highlights the everyday nature of

mental health and promotes positive mental health.

A key feature of service delivery on ReachOut.com is a moderated commenting facility which allows site visitors to leave comments and ask questions related to the full range of content across the site. Trained staff and volunteer moderators review, approve and respond to comments as appropriate within 24 hours, 7 days per week. The ReachOut.com service model originated in Australia and also operates in the United States.

ReachOut Ireland also operates ReachOutParents.com – a site launched in late 2014 offering parents information and advice about youth mental health issues and the use of technology to support youth mental health.

Relationships Ireland/ Teen Between



Relationships Ireland provides a range of professional services to couples, individuals and to families who are experiencing separation, divorce or the challenges of re-building new family structures. The Teen Between service focuses specifically on the needs of teenagers and young adults who are coping with these family conflicts and changes in their home circumstances. Teen Between provides face-to-face counselling with qualified and accredited counsellors and aims to support young people with the often conflicting emotions they may be feeling. It works to give them skills in communicating more effectively with their parents.

Relationships Ireland uses their online platform to provide video-based information and live online help (text-based) from their counselling team – while maintaining an active Twitter and Facebook presence. The Teen Between website provides advice as well as blogs and video content for both teenagers and their parents to help them make sense of the situation they might find themselves in. It also has an active Facebook and Twitter presence to continue an active stream of communication via social media. Along with face-to-face counselling services, Teen Between

is working to move some of its counselling services online to increase its geographical reach and provide an alternative environment with technology which teenagers may feel more comfortable with to express themselves in.

SpunOut



SpunOut.ie is a not-for-profit website created by young people for young people to promote general wellbeing and healthy living among people aged 16-25. As Ireland's youth information website, SpunOut.ie provides easy access to relevant, reliable and non-judgmental information on areas such as mental health and physical health as well as employment and education. SpunOut.ie's goal is to enable young people to live happy, healthy lives where they can avail of opportunities and build a bright future for themselves.

The wide range of youth focused information available in one online hub is unique and this is reflected in the consistent growth of traffic to the website.

Samaritans Ireland



Samaritans provides 24/7 emotional support to people experiencing feelings of distress or despair including feelings that may lead to suicide. This service is offered via a helpline which is now free to call in the Republic of Ireland, as well as through text, email and face-to-face visits at a network of branches across the country. All of Samaritans' services are provided by trained volunteers. Samaritans Ireland operates a 'listener scheme' which is the largest peer support scheme in Irish prisons. Samaritans carries out outreach work in schools, third level institutions, at music festivals, and in communities around the country. The organisation also provides 'active listening' skills trainings for a range of agencies, groups and other charities.

Turn2me.org



Turn2me.org combines psychology and technology to connect people, promote mental wellbeing and prevent suicide. Turn2Me is a charitable organisation founded in 2009 and provides a three tiered model of support for members visiting the site in search of mental health support. The model comprises: self help through Thought Catcher and an information centre; peer support through moderated live chat; and, professional support through online support groups, online counselling and the Mood Skills programme.

Thought Catcher is an online mood measuring tool to help members track their mood over time. *Mood Skills* is a programme combining weekly professionally facilitated structured online support groups on depression and e-learning psycho-educational modules. The programme is CBT based and therapist-led. It runs over periods of 10 weeks in 10 week cycles.

Members of Turn2me's online community must be 18 years old to register on the site and use the organisation's services. Members retain their anonymity while using open live chat, Thought Catcher and the online support groups. Entering into online counselling sessions necessitates the provision of additional information and consent, in keeping with best practice and the professional codes of ethics of the organisation's therapists.

All live chat moderators are volunteers and are fully trained. Online support groups are facilitated by qualified mental health professionals and online counsellors are qualified and accredited. All volunteers and therapists are subject to the Garda vetting process (Irish police check).

Online support groups are provided by qualified mental health professionals and cover a number of issues, such as depression, anxiety, suicidal thoughts, isolation, bereavement, LGBT (lesbian, gay, bisexual and transgender) issues and general mental health.

Online counselling sessions are free to Irish residents (and Irish citizens living abroad) via the Engage Programme. Turn2me works in collaboration with many partner organisations to promote the free online counselling service and to reach out to people who may need additional support.

Day by Day Support Services – Ó Lá Go Lá



Day by Day Support Services (Ó Lá Go Lá) is a not-for-profit organisation set up to provide supervised support to help reduce suicide, depression and other stress related mental illness to service users, who are in need of emotional support and encouragement. The service provides a safe, online community with care, support and empowerment.

Day by Day Support Service ‘admins’ are qualified in a variety of mental health areas, such as psychotherapy, psychology, psychiatric nursing, social care, youth studies, life and business coaching, counselling and the ASIST programme. The support offered is not advice, therapy or counselling and it is not intended to replace any of the above. What is offered is instant online support to a person who may be experiencing something in their life which they may be finding difficult to cope with. The service is a stepping stone for the individual until they are ready to reach out and have the necessary provisions for professional help and support put into place.

Service description:

- The peer to peer support platform is run through a Facebook page and is facilitated by trained admins. Service users are invited to come and support each other through discussion, topics and open forums.
- Non crisis support is through a confidential email support service again facilitated by the admin team. Emails are answered within 48 to 72 hours.

- Crisis support available is a confidential one to one online private messaging service with a qualified admin. Crisis is not defined by any exact words and each person will experience crisis differently. The service is a stepping stone for the individual until they are ready to reach out and have the necessary provisions for professional help and support put into place.

Mental Health Reform



Mental Health Reform (MHR) is the national coalition promoting improved mental health services and the social inclusion of people with mental health difficulties. The coalition is a partner of the See Change campaign. MHR's website www.mentalhealthreform.ie provides information on the organisation's research and policy work, including submissions on funding for mental health services, social inclusion, housing and mental health legislation. The website had almost 30,000 visitors in 2014. MHR answers enquiries from the general public via email to info@mentalhealthreform.ie, as well as responding to comments on the organisation's blog, Facebook and Twitter.

MHR also runs a separate information website, www.MentalHelp.ie, an online directory of the services and supports offered by Mental Health Reform's member organisations. The MentalHelp web directory is intended as a resource for people experiencing mental health difficulties, their family members and carers, and the general public. It provides an overview of how mental health services are organised and what to expect from them, as well as listing helplines and websites, training courses and recovery programmes, support groups and advocacy support services.

4 A typology of service models

The internet is increasingly a part of everyday life for young and old, in Ireland and across the world. Online resources are available to assist us in conducting a whole range of daily activities from grocery shopping and banking to doing homework or keeping in touch with family and friends. Yet, there can be considerable anxiety and uncertainty about internet use for mental health support or suicide prevention work. This anxiety can be lessened if we consider the positive opportunities associated with the use of well-run online services. Internet use has been described as occurring in two modes :

- **Information mode.**
- **Communication mode.**

(Edwards-Hart and Chester, 2010).

Information mode refers to human-computer interaction, for example, someone using a search engine like Google to simply retrieve information. In relation to information mode it has been reported that people are more inclined to seek sensitive information on the internet than anywhere else (e.g. Joinson and Banyard, 2002). It is where people go to find out about secretive, sensitive, worrying or potentially embarrassing things concerning them.

Communication mode is characterised by human-human interaction facilitated by a computer. In this context, people tend to perceive the internet as providing a certain amount of protection in relation to identity and are therefore less inhibited when engaging with other people online.

Type of online service

Online mental health resources utilise both information and communication modes in terms of how individuals interact with them and these resources can be further categorised in very simple terms as providing:

- **Information**
- **Support**
- **Therapy**

These three categories overlap considerably and are open to a certain amount of interpretation. For example, the provision of information can be understood, in certain circumstances, as constituting bibliotherapy. In terms of an individual's journey online, all three categories may be relevant and may be used in tandem.

One possible scenario where a person can move quickly through different service types would be:

1. Person finds ReachOut.com via a Google search and are signposted to Turn2me online support groups
2. In Turn2me's online support groups the person is told about access to online counselling via the 'Engage' programme also offered by Turn2me
3. Person successfully applies to take part in 'Engage' which includes online counselling sessions.

Despite the overlap across categories, it is useful to make a distinction based on practical criteria that can be included in checklists when providing information, support and therapy online.

5 Mental health information

Information-based resources cover mental health-related issues ranging from common mental health problems to descriptions of service models. This type of resource can be of benefit to a person who is experiencing a mental health difficulty by helping the person to better understand and manage their feelings. Information resources can also be of use for people who are concerned about the mental health of others.

Whether someone is gathering information for themselves or for someone else, that information can encourage people to get the support that is needed. Information-based resources are also very important at a population level because they have the potential to shape collective understanding of mental health.

The advantages of this type of resource include the relative safety associated with accessing quality assured static content. The main disadvantage is related to reliability or appropriateness of the information provided. Services should be clear on where, and by who, their content has been created. As long as the content is from reliable sources, information-based resources are relatively safe.

Resources that are predominantly information-based include www.reachout.com and www.yourmentalhealth.ie. Many such resources also provide the opportunity for interaction, use social networking platforms and/or provide some further therapeutic intervention.

Critical thinking

The internet provides a platform to reach unprecedented numbers of people with mental health information and recent data suggests that the internet is the first place many people will turn for both advice and support (Dooley and Fitzgerald, 2012; Clarke et al 2013). With that opportunity comes considerable responsibility. While the internet allows for ease of access to information, many people do not think critically about what they find online (Cline and Haynes, 2001).

One possible negative outcome of passive acceptance of mental health information online is that people get incorrect or harmful advice. Another possible negative outcome of people passively receiving certain information about mental health online is that a culture of 'somatic subjectivity' can be nurtured (Fullagar, 2010).

'Somatic subjectivity' refers to a tendency among the general public to self-diagnose for clinical disorders such as depression in themselves and others in response to the increased availability of information on depression, especially through websites which target the general public.

In the provision of mental health information online it is important that human emotions, common experiences and difficult situations are not routinely positioned within a medical framework with reference to diagnostic categories such as clinical depression or anxiety disorder.

Information standards

A certification programme called **The Information Standard** has been commissioned by the National Health Service in England and a useful framework can be derived from the Standard's 'principles and requirements'. In brief, the programme's principles relate to:

Information production: you have a defined and documented process for producing high quality information.

Evidence sources: you only use current, relevant, balanced and trustworthy evidence sources.

User understanding and involvement: you understand your users and you user-test your information.

End product: you double-check your end products.

Feedback: you manage comments/complaints/incidents appropriately.

Review: you review your products and process on a planned and regular basis.

These principles can be applied in the context of the present guidelines although it is worth noting that these principles can be open to subjective interpretation. For example, can we really say with certainty that any given source of ‘evidence’ is value-free or that it is the best possible source of information because it is a ‘recognised’ source of information? Here, we consider and adapt The Information Standard principles with reference to mental health in Ireland.

Information production

The Information Standard principles can be adapted to guide the provision of mental health information in Ireland. In the production and dissemination of mental health-related information, it is recommended that:

Organisations should have a defined and documented process for producing information. For example, this could be detailed on a flow-chart (as in Figure 1).

As an example in the area of mental health, a topic of increasing interest is positive psychology. To create content on positive psychology an organisation should first conduct research through online databases of peer-reviewed articles. Based on the most up to date research two staff writers should collaborate in drafting

initial overview copy on positive psychology. The content should then be reviewed externally based on a standard review template. Content should also be reviewed by the intended target audience, and ideally this should involve up to five reviewers. Based on the feedback from the external and audience reviews the organisation’s online editor should finalise and publish the copy on this new topic which would then be subject to review after 12 months (see Figure 1).

While the process identified above will apply to certain types of information, it is recognised that some topics relevant to mental health will not be routinely researched or studied by academic institutions. Furthermore, new issues and topics relevant to mental health will constantly emerge and providers of information-based resources must be dynamic in responding to information needs. For example, concepts such as ‘self-talk’ or cultural phenomena such as binge-drinking are both extremely relevant topics but there is relatively little peer-reviewed literature on either. In the case of less well-developed, cultural or emerging phenomena a more simple production process should apply, but this process should also be documented. In such cases, content might be routinely reviewed by two professionals from different academic or health disciplines.

Figure 1: Sample information production process



Evidence

The Information Standard recommends that only 'current, relevant, balanced and trustworthy evidence sources' are used when gathering data and preparing information for publication. In the area of mental health, there is some debate with regard to the way we approach the subject and some argue that the focus is too medical at the expense of considering the broader social determinants (e.g. the Critical Psychiatry Network). The mental health information published by any given agency will reflect their particular approach to mental health. However, regardless of the approach or philosophy of any given organisation, there are some general guidelines which apply.

Organisations should include references which are visible on every piece of information made available to the public

Information should be balanced 'to reflect the weight and quality of the evidence available and clearly identify any uncertainties or unknowns' (The Information Standard, 2013).

User-needs

A key factor in the development and production of mental health information is understanding your intended audience. By understanding your audience, information can be tailored so that it is:

- **Age appropriate.**
- **Accessible from a literacy perspective.**
- **In suitable, engaging formats.**
- **Not too technical.**
- **Relevant in the context of your audience's social world.**
- **Meaningful.**

To develop relevant, useful online content, organisations must first define their audience. For example, ReachOut.com targets the whole population of 12 to 25 year-olds in Ireland while ReachOutParents.com targets the parents of young people. Once an audience has been defined, a number of different techniques can be deployed to understand its needs, including the creation of typical profiles, conducting focus groups and one to one user-testing.

Here is a typical user profile developed in preparation for the creation of a resource for parents concerned about youth mental health (www.reachoutparents.com).

Example of fictional user profile

‘Typical parent No. 1’

Paula is a 45 year-old mother with three children living in Athlone town. She is concerned about her youngest daughter aged 14 who has recently started attending discos. Her youngest daughter is, in her mind, way beyond her years in comparison to her other daughters – more image conscious, technologically advanced, wanting to hang out with her friends all the time. Her major concern is in relation to alcohol and drugs. She knows that young people are drinking at the discos. Whilst she believes her child is not drinking, she is worried that her friends are and this is placing pressure on other young people.

This mother would like the resource to provide information for parents on:

- **Drinking and drug culture of young people - anything they should be aware of, key terms, what to look out for etc.**
- **How to talk to their child about hot topics such as drink, drugs, sex, bullying.**
- **How to know when a parent should step back and let them make their mistakes and when to intervene.**
- **How to deal with the issue of pressure from other young people on their son/daughter to drink or engage in risky behaviour.**
- **The issue of other families having different boundaries.**

Practical tips

While the actual content is the most important thing to consider when providing mental health information online, it is also important to think about practical aspects of information provision online. Here are some suggested tips:

- **Write in ‘short-form’ style.**
- **Break up long pieces of text with sub-headings.**
- **Use contrasting colours when laying out web pages.**
- **Make sure your site is easy to navigate.**
- **Keep your content easy to read by avoiding jargon.**

To ensure widespread accessibility, online content should be written to target an audience with a reading age of 10 to 12 years old.

Information checklists

Once providers of online mental health information have reviewed and taken into account available evidence and considered the needs of intended users, a final checklist prior to publication can include the following:

Audience needs have been carefully taken into account.

Content has been reviewed by more than one staff member and where appropriate at least one outside reviewer.

Content has been proofread for grammar and spelling.

A date of publication/update is included.

6 Online support

Online support services based around human to human interaction typically use chatrooms, online forums, email or instant messenger but can take other forms too such as websites with commenting facilities or sites which publish users' stories. Increasingly, social networking sites are being used in targeted ways to provide mutual self-help for specific issues, including mental health issues.

The following represent possible types of online mental health support with varying degrees of openness requiring varying degrees of moderation and management:

- **Support through social networking sites.**
- **Support via email responses.**
- **Moderated commenting facilities.**
- **Online forums.**

Social networking support in practice

Increasingly, person to person support is being provided via social networking sites such as Facebook and Twitter. Social networking sites have the capacity to build extensive online communities around common or general interests including issues like mental health promotion and suicide prevention. Currently, around 2 million of Facebook's 500 million users are Irish. In relation to age profile, 37% of Irish Facebook users are aged between 14 and 24 years (socialbakers.com).

Given the extensive use of Facebook, it is unsurprising that online communities have formed around sensitive issues and that very personal and open conversations have developed around issues like self-harm and suicide. An example of one such community can be seen on the 'Ó lá go lá' Facebook page. This Facebook page has dedicated, trained and supported moderators who are involved in service provision.

The distinction between community moderation and moderation performed by dedicated, trained moderators is an important one. It must be recognised that community moderation alone is limited and cannot be managed or regulated in the same way as moderation which is organised and delivered by service providers.

Support via social networking sites can have the advantage of being immediate and free to access. However, even with trained moderators, it is possible that comments which could trigger distress in others are published.

Given the inevitability of there being sensitive discussion and conversation on social networking sites, some of the major social networking platforms such as Facebook and Twitter have collaborated with mental health organisations in Ireland and in other countries with the aim of ensuring that crisis support is available to any users of social networking sites who may be acutely distressed.

Email support in practice

Email support is a popular approach to service provision which has benefits for both the user and the service provider. In particular, email support can be controlled and safely managed while also delivering very personalised information and advice for a wide range of difficulties. When providing mental health support via email it is important to establish some 'ground rules' with your users.

Email support is popular and has a lot of advantages from a user's perspective because it is free, allows a certain degree of anonymity and it also allows both the user and the service provider time to think and carefully consider the wording of mails. However, this form of support also increases the likelihood of disclosures of harm or abuse so it is essential that service providers have clear protocols of response developed when dealing with sensitive disclosures (Campbell and Robards, 2013).

Some basic tips in the provision of mental health information by email include the following:

- **Crisis management procedures should be clearly communicated to the user.** For example, it should be clear that confidentiality does not apply in certain circumstances including scenarios where risk to life has been communicated.
- **Timelines for response from service providers should be clear to the user.**
- **If an email support service has downtime at weekends, during holidays or at any other times then this should be clearly communicated on the organisation's site, any promotional material and also through an appropriate automated email response during those downtimes.**

Commenting facilities in practice

The provision of commenting facilities on a website allows for other users and the service provider to support a person going through a tough time. ReachOut.com in Ireland is an example of a service that provides support through a commenting facility.

See the ReachOut.com case study on pp 17-18.

Online forums in practice

Online forums provide space for people to discuss issues of mutual interest, share stories, get advice and work through common problems. There are online forums available to discuss anything and everything. Forums operate on the basis of members beginning new discussions on a specific theme. These discussions are called 'threads' and they are there for all site users to read and reply to if they wish to join the conversation. Online forums can be attractive because they offer a certain degree of anonymity and are disinhibiting for anyone embarrassed or uncertain

about problems or issues they are experiencing.

Tanis (2008) describes online forums as places 'where people can find emotional support and get the opportunity to share their story with others'. In the same article, Tanis also warns about the potentially negative impact of online forums on people's 'social coping' in offline environments.

In practice, many Irish online forums dedicated to mental health and suicide prevention have been closed down in recent months and years. Sustainability is a very real issue for forums focusing on sensitive issues because well moderated forums can be human resource intensive. Forums can also develop as spaces where a relatively small number of regular users tend to dominate threads which can make it off-putting for any new visitors thinking about getting involved in the conversation. Nevertheless, forums are still very relevant sources of mutual self-help online.

To ensure that online mental health forums are safe, responsible and health promoting it is recommended that:

- **Online mental health forums are moderated by trained staff or volunteers.**
- **Online mental health forums should be embedded on/signpost to, websites with quality-assured mental health information.**

The issue of training for online moderators is an important one. At present, most online mental health websites and services utilise in-house training for staff and volunteer moderators. It would be appropriate to move towards the development or adoption of some general principles to provide consistency in this area.

In order to manage risk on online forums, it may be possible to activate triggers or alerts to notify the service provider or moderators if certain words or phrases are used in discussion. Risk can also be managed to some extent through the provision of reporting functionality for members of the forum community.

Visitors to ReachOut.com can submit comments to the website 24 hours a day on sections of the site:

ReachOut.com aims to review and respond to all comments submitted to the site within 24 hours, seven days per week. The service employs a policy of pre-moderation – this means that all comments left on the site are checked before they are published.

This policy is used for a number of reasons, including:

- **It prevents distressing comments being visible to everyone before they are moderated.**
- **It provides the moderating team with time to compose a carefully considered reply to more serious comments.**
- **It allows spam to be caught and deleted so that visitors do not have to read it.**
- **It ensures that communications which break community guidelines are never published.**

Moderating team

ReachOut.com has a team of staff and volunteer moderators, whose role it is to review and respond to all commentary submitted to ReachOut.com as appropriate. All ReachOut.com moderators complete the training programme ReachOut 101, an online mental health training programme which includes a module dedicated to communicating safely online. The programme was developed internally but with considerable external advice and guidance from clinicians across a number of disciplines including psychiatry, psychology and general practice. Volunteer moderators are placed on a rota and sign up to moderating one half day per weekday. During this time, a staff moderator in the same office is also on duty as a supervisor. From 1pm to 5.30pm on weekdays and at weekends, staff moderators are responsible for reviewing and responding to comments submitted as appropriate.

In acknowledging that moderating can at times be distressing, ReachOut.com aims to ensure the wellbeing of all staff and volunteer moderators. To ensure wellbeing, moderators are required to partake in regular group debriefs.

Individual debriefs with ReachOut.com's Chief Clinical Adviser can also be arranged at any time at the request of staff or volunteers.

Replying to comments

ReachOut.com does not provide counselling and so the nature and tone of replies to comments are supportive but information-based and include signposting to further support.

When replying to comments moderators are required to:

- **Have empathy for the person and show they care.**
- **Repeat back - make it very clear that the comment has been read – use phrases like “From what you mention in your comment....” or “It sounds like you’ve been through a tough time lately...” or “I’m sorry to hear that....” or “we hope we can get you some useful information about bullying/exam stress” etc.**
- **Be supportive – we all need reassurance that however we are feeling, it’s OK and that there are ways to get through whatever is going on.**
- **Let them know they are not alone and give them hope – use phrases like “you can get through this” or “things can get better for you”.**
- **Let them know help is available and explain sources of support.**
- **Advise them to talk to someone they trust; a family member, friend or teacher etc.**
- **Direct them to appropriate and trustworthy support services if necessary.**
- **If someone is commenting from outside of Ireland, ReachOut.com policy is to suggest supports within that country. If relevant, trustworthy supports in the person’s country cannot be identified, the person will be advised to talk to their local doctor, who can recommend local supports.**
- **Avoid judging - keep a really open mind regardless of personal feelings, thoughts or beliefs.**

continued overleaf

Case study continued

- Always re-read before sending - it is very easy to leave out a word, or send a tone that was not intended. Read replies aloud before sending.
- Check to ensure understanding of the comment. If something doesn't feel right or if it's not clear as to whether something is serious or not, ask! Don't assume understanding to be correct.
- Do some research if necessary; read relevant content on ReachOut.com and link to as many ReachOut.com articles within the reply as appropriate.

If there is something very specific or technical in a comment about mental health services or medication then the advice of ReachOut.com's Chief Clinical Adviser is typically sought. In these cases it is usually a good idea to respond to the person, in an encouraging and supportive way, to let them know that a more detailed response will be posted after clinical advice has been received.

Moderating on ReachOut.com is not counselling

If a commenter seeks counselling, they are told explicitly that ReachOut.com does not offer counselling. They are provided with information on listings or with the contact details for an appropriate organisation (such as counsellingdirectory.ie or Turn2me.org).

If there is any extended or prolonged communication between a staff member or volunteer and a distressed ReachOut.com service user it is important at all times that the service user be made aware that the communication does not constitute counselling. In such instances both the Director of Programmes and Policy and the Chief Clinical Adviser are kept informed of the communication and a strategy to progress the communication towards a sustainable solution is agreed.

Comments that go against ReachOut.com guidelines

If a comment isn't suitable for publishing on ReachOut.com, but still needs a reply, the reply may be sent via email. The following may not be published on ReachOut.com:

- Comments with links to unfamiliar, external sites.
- Marketing comments 'selling' goods or services.
- Comments which mention specific types of medication.
- References to specific methods of self-harm and/or suicide.
- Mention of people's names or other identifying information (in some cases, the comment is edited to remove identifying information).
- Comments of a sexually graphic nature.



Figure 2 – ReachOut.com homepage

7 Online therapy

While the information and support service types outlined in this guide may provide a therapeutic benefit, there are a range of supports that specifically target mental health problems, or seek to enhance aspects of a person's mental health. These supports can be considered under the general category of 'online therapy'. An example of online therapy in an Irish context is detailed in the Turn2me.org case study on p.24.

Carlbring and Andersson (2006) categorise online therapy as following:

- **Mainly therapist led.**
- **Active, but minimal, therapist contact.**
- **Mainly self-administered with assessment or guidance by a therapist.**
- **Entirely self-administered (including mobile apps).**

Therapist led interventions can include either synchronous or asynchronous online counselling. While there are a number of advantages associated with this type of service, including the relative anonymity and therefore reduced inhibition on the part of the person using the service, the absence of non-verbal communication and cues is a major disadvantage.

In the case of asynchronous counselling, there are further disadvantages including the remoteness of the therapist and the potential for any misunderstandings or misinterpretations not being addressed in a timely way. For people at risk, this approach to service provision does not provide an immediate response and so, organisations must be careful in managing expectations of potential users. Anyone interested in using online counselling should investigate to ensure that prospective therapists are suitably qualified and adhere to appropriate standards.

An emerging area, informed by multi-disciplinary research across the world, is the area of self-administered online therapy programmes and applications including programmes delivered online and mobile applications. There is a growing evidence base supporting the efficacy of these

interventions in dealing with less severe mental health problems and some of these interventions can be accessed for free online. Most are based on the principles of cognitive behavioural therapy.

It should be emphasised that these programmes are likely to benefit those with less severe problems. Examples of this type of service include *Beating the blues blues* and *MOODGym*. Further examples of cognitive behavioural therapy based resources include an increasing number of mobile phone applications including WorkOut which was developed by ReachOut Ireland in collaboration with colleagues from Australia.

The guidelines and recommendations related to online therapy presented in this section relate mainly to therapy involving the input of a therapist at some level, rather than fully automated or self-directed programmes. Some guidance on basic requirements around mobile applications is also provided.

Overview of online therapy

Many organisations in Ireland currently deliver online therapy and it is becoming more popular as a means of delivering counselling via platforms such as Skype and Google Hangouts. Using technology may improve access to counselling and therapy by removing some of the barriers which currently exist for traditional face-to-face counselling and therapy. With the growth in the area of online counselling, it is imperative that any individual or organisation providing online therapy does so safely and securely.

This guide aims to provide information on the safe and secure provision of online therapy and much of the content here has been adapted from the Online Therapy Institute – www.onlinetherapyinstitute.com.

In particular, the guidelines below are adapted from the article *Ethical Framework for the Use of Technology in Mental Health* which was most recently accessed on 4 March, 2015 (onlinetherapyinstitute.com/ethical-training).

Recommended requirements for online therapists

Many of the principles that apply to face-to-face therapy apply to online therapy. While these suggestions are not legally required (as the sector is not yet regulated), organisations should strive to meet the following:

- Online therapists should be fully trained or be in the process of becoming fully trained.
- Online therapists should be accredited with a recognised accreditation body such as the Irish Association of Counselling and Psychotherapy or the Psychological Society of Ireland.
- Therapists should have a good understanding of the technology used in the delivery of services - this is especially important if something goes wrong with the technology.
- Clinical supervision, delivered either face-to-face or via secure methods online, should be in place.
- Professional indemnity insurance to practice online should be in place.

Information to be communicated to users

Organisations and individuals offering online therapy should make the following clear for potential clients:

- Information about their therapists i.e. name, short biography, areas of special interest and training and accreditation details.
- Contact information; email, telephone number and postal address for formal correspondence.
- The amount of time an individual may wait for an email response. Best practice indicates a maximum of two business days for therapeutic inquiries.
- Who can/will benefit from the online therapy being offered?
- Which issues might be beyond the scope of online counselling.
- Is there a minimum age?

- What is the service's policy with regards to the provision of therapy to under 18 year-olds?
- The geographical jurisdiction of the organisation or individual offering online therapy.
- Is there a fee? If so, how much, and how can it be paid securely?
- The kind of technology the client needs to access the online therapy.
- Privacy and confidentiality agreements.
- What a potential client should expect from a first session.
- Crisis situations protocols. People may come across online counselling websites or individual counsellors offering online counselling when they're actually seeking immediate help. Organisations and individuals offering online counselling should display emergency support information clearly. Visitors can be located anywhere in the world and so linking to global resources such as Befriender's International (www.befrienders.org) or the International Association for Suicide Prevention (www.iasp.info) is a good idea.

Informed consent

Consent must be sought from all potential clients before they access online therapy. This process begins when the client contemplates accessing services. The informed consent process should include a formal acknowledgement from the client to the therapist. This may be revisited during the course of therapy as necessary.

The following topics should be addressed to ensure the client can provide informed consent. This information should be made available to prospective clients before they sign up to any sessions. Time should be allocated in the first session to discuss these topics and ensure all the client's questions have been answered.

Advantages and disadvantages of online therapy: The pros and cons of online therapy should be discussed. Possible disadvantages can be a lack of visual and auditory cues (an issue especially in the context of risk assessment),

and advantages include easy scheduling, time management and lack of transportation costs.

Therapist's geographical jurisdiction:

The therapist's physical location should be made clear. The client should be made aware of which jurisdiction the therapist is operating within.

What happens if the technology breaks down:

The client needs to be informed about what to do if there is a connection error or the technology fails to work during a session, e.g. "If there is a connection error or technical failure the therapist will attempt to reconnect after five minutes. If the session cannot be resumed after five minutes the client should send a text message to reschedule the session."

Cultural specifics that may impact online therapy:

Therapists should discuss cultural differences and language barriers that may impact the delivery of services. The client's expectations should be discussed with the therapist (such as the meaning of the term 'counselling' etc.) ensuring their understanding and taking into account different cultures that can have very different understandings of these matters.

Professional boundaries: Therapists should discuss with clients the expected boundaries and expectations about forming any other relationships online, other than that of the therapist/client relationship. Clients should be informed that any requests for "friendship", business contacts or social media connections will be ignored to preserve the integrity of the therapeutic relationship and protect confidentiality. If the client has not been formally informed of these boundaries, the therapist should ignore any requests and explain why in subsequent interaction with the client.

Emergency contact: Individual therapists/organisations must offer specific information for emergency contact and set specific rules about disclosures of distress outside of scheduled therapeutic times e.g. (emails communicating distress in the middle of the night, threatening posts on a support forum). Therapists/organisations should research and be aware of local resources within the client's geographic area as emergency backup resources.

Confidentiality

Therapist as 'owner' of the record: Unless otherwise specified, the therapist remains the owner of the therapeutic record including all transcripts, notes and emails. The client should be informed that posting direct information about the therapist or verbatim information from sessions is prohibited.

File storage procedures: The client should be informed about how records are stored and for how long they are stored. All procedures should conform to the standards laid down in applicable law and as required by any relevant authority and file storage should involve encryption and password protection along with a commitment to destroy all records after a given period.

Video and call data: In the case of Skype and other online VoIP (Voice over Internet Protocol) and video calling services, calls may be recorded, but the recording and any transcripts written must be stored securely as per data protection legislation.

Privacy policy: The therapist's privacy policy should be included in the informed consent process including information about how email addresses, credit card information and client records are used, shared or stored. Applicable information regarding privacy and confidentiality that are required for patient consent in the geographic location of the therapist should be included in the informed consent process.

Encryption: An explanation about the use of encryption for therapy sessions should be made available to clients and information on the lack of encryption when unencrypted methods (e.g. standard email or texting) are used for issues such as appointment changes and cancellations should be made clear to the client.

Client details

The importance of assessment at the outset is highlighted by Carlbring and Andersson who point out that 'if proper assessment is not done before commencing treatment, there is a significant risk that someone with, for example, panic disorder symptoms, but who actually has a physical disorder (e.g. hyperthyroidism), tries psychological self-help without any success' (2006, p.549).

An initial screening and intake process begins when a potential client first makes contact. The following should be checked before proceeding with online therapy:

Level of technology skills: The client's experience with email, chatrooms, forums, social networks, instant messaging, texting etc. should be evaluated. Where possible, the client should be familiar with and comfortable using the platform used to deliver the therapy.

Client's language skills: Therapists should screen for language skills from initial contact through the first few exchanges. Appraising language barriers, reading and comprehension skills as well as cultural differences is part of the screening process. Text-based therapy may require assessment for keyboard proficiency.

Presenting issue: Therapists should screen to ensure the presenting issue is within their scope of practice and knowledge base. Screening around issues of suicidality, homicidality and immediate crisis should be formally addressed through an intake questionnaire.

Client identity: Therapists should verify the identity of clients by requesting a formal unique identifier such as a PPS (personal public service) number. The client must not be anonymous, and need to provide their first and last name, age, home address, and phone number for emergency contact.

Client age: Clients must confirm that they are 18 years old or over. At present, online therapy is not typically offered to those under 18 years old in Ireland. If online therapy is made

available to those under 18 then parental consent should be sought, along with informed user consent from the under 18 year-old.

Clinical concerns: Concerns regarding mental state should be addressed, e.g. whether the client is currently experiencing hallucinations or delusions; is actively abusing drugs and alcohol; and any medical or physical issues that might impact on therapy or require a different approach to therapy, e.g. disability that impairs typing. Any assessment instruments used should be approved for online or computer-assisted use according to the instrument author/publisher.

Risk assessment: Suicide and homicide risk needs to be considered by the therapist if there are more general clinical concerns regarding the client's mental state.

Key points

- Differences between communicating online and communicating face-to-face should be acknowledged.
- Despite the lack of visual cues, expressing warmth, genuineness and empathy should continue to be the priority as it is in face-to-face therapy.
- Make it very clear that you have read their email/messages.
- Always re-read emails or messages before sending to ensure there are no mistakes.
- Read emails or instant messages aloud before sending to ensure the tone is correct.
- Don't assume your understanding is correct, ask for clarification as often as necessary.

Computers/laptops/tablets/smartphones used for delivering online therapy should:

- Be password protected.
- Have anti-virus protection.
- Have back-up systems in place; records and data that are stored on the practitioner's hard drive are backed up either to an external drive or remotely using a cloud-based solution.
- Be firewall protected.
- Store records using encrypted folders or on an external drive that is safely stored.

Guidelines for self-directed therapy using mobile applications (apps)

According to Campbell and Robards (2013) 'apps are particularly useful for regular and repeated engagement (they can be used, for example, to record weight loss and gain, monitor heart rates, record sleep cycles and so on)'.

An increasing number of health-related apps is being developed and released. ReachOut.com and SpunOut have both recently released apps targeting health improvement in young people and both of these can be downloaded for free: WorkOut and MiYo.

In the publication, *Using technologies safely and effectively to promote young people's wellbeing* (2013), Campbell and Robards offer the following recommendations for apps:

- Apps should be simple to download, easy to operate and have a clear and specific purpose.
- Apps should provide a database for information collection either on the user's mobile device or through a cloud-based server.
- All information collected should be stored safely and securely in keeping with the relevant data protection legislation.
- Apps, wherever possible, should be cost-effective for the user.
- Apps should be registered to the organisation and copyrighted.
- Once an app is developed, the author/organisation needs to ensure it is regularly updated for operating system upgrades across platforms, both old and new, and of differing operating systems.
- Stick to your strengths. If you want to develop an app for health promotion, engage a technology development group to do the app building. If you are a health provider, use your expertise to develop the strategy and content and allow the developers to make the app useful, attractive and engaging.
- All apps researched, developed and released by health promotion organisations need to come with a legal disclaimer that the app is not a replacement for direct consultation with a medical or allied health professional.



Case study

Turn2Me.org



Figure 3 – Turn2Me.org homepage

Visitors to Turn2me.org can choose from a number of services such as moderated open live chat, online support groups, Thought Catcher, online counselling and the Cognitive Behavioural Therapy based Mood Skills programme on depression.

Members must register with the site to access the services. In doing so they create an anonymous username which allows them to share their feelings and experiences freely with other members in live chat, support groups and in Thought Catcher. Information provided by members in creating their Turn2me profile is stored securely and in keeping with data protection policy.

Turn2me provides free online counselling to clients who are 18 years old or over and resident in Ireland (or Irish citizens living abroad). Online sessions are available to anyone (over 18) worldwide at a fee (except for people in North America due to issues relating to jurisdiction and insurance).

Following initial contact regarding counselling, some essential information is requested, such as confirmation that the prospective client is 18 years old or over and whether they are currently receiving therapy elsewhere.

The client then completes the Client Information and Consent Form. This form provides all of the information required in order to assess the suitability of the client for online counselling along with real name and contact information, diagnosis (if any), medication (if any), and emergency contact person details. If deemed suitable, the

client is accepted into the online counselling programme (Engage) and assigned to an online counsellor who proceeds to arrange online sessions.

All live chat volunteer moderators, online support group facilitators and online counsellors are vetted by the Irish police (An Garda Síochána). All online counsellors are required to hold a professional qualification and be accredited (or working towards accreditation) with a recognised professional body and adhere to the code of ethics of their profession.

Self-care, supervision and de-briefing processes are in place for all volunteers and staff. Clinical supervision is provided for online counsellors. It is a requirement that online counsellors have professional indemnity insurance that covers them to work online. All volunteers and staff are provided with child protection training.

Predominantly, the type of online therapy provided by Turn2Me is synchronous chat (live chat). Chat is conducted in a secure online chat facility and client session notes are stored securely in keeping with best practice and professional ethics. From time to time asynchronous email counselling is requested while video counselling can also be facilitated.

The Engage Programme offers clients brief online therapy of eight weekly online counselling sessions. These may be accompanied by attendance at one online support group per week along with recording a number of thoughts in the Thought Catcher programme on the site to afford a more comprehensive therapeutic experience. In consultation with their counsellor, clients may be referred to specialist services following completion of eight weeks of online counselling sessions.

All of the services at Turn2Me are subject to rigorous weekly clinical review with respect to issues around risk to self or others and to identify users who may benefit from onward referral as appropriate.

8 Communication through social networks

This section has been informed by a number of protocol documents, especially the *Ana Liffey Drug Project Online Communications Policy*, *ReachOut.com (Ireland) Service Delivery Policy and Protocols and Duty of Care Policy and Procedures* – *ReachOut.com (Australia)*.

The use of social network sites as communication and engagement tools has become commonplace for organisations within the mental health sector. Social network sites are, by nature, quick-moving and their use requires a well thought-out approach and ongoing management.

Organisations should be clear on the aims of their social network sites. These aims generally fall within the following categories:

- Brand awareness.
- Sector conversations.
- Public interaction.
- Service delivery.

Many organisations use more than one social network site. It is important that organisations understand the differences between social networks, especially in terms of the audiences reached.

Roles and responsibilities

It is important that within each organisation, someone is responsible for social networking. This involves being responsible for the planning, implementation of and response to social network activity. While one person may hold responsibility for social networking, it is important to identify and be aware of other staff members and/or volunteers who have access to the organisation's social network sites and are able to moderate or post on the organisation's behalf.

If possible, the person responsible for social networking should monitor access to social media networks and should be aware of who is moderating, i.e. who is on social networking duty at any time. A rota should be in place to ensure all staff and/or volunteers who moderate

know who is moderating at any one time. The rota should ensure that each moderator has at least two days free of moderation each week as moderating online channels related to mental health and suicide prevention issues can be challenging. A colleague or supervisor should always be available to moderators to discuss ideas and review responses.

In acknowledging that moderating can at times be distressing, organisations should aim to ensure the wellbeing of all moderators. It should be the policy of organisations to ensure moderators partake in regular group de-briefs with fellow moderators and individual de-briefs with a health professional. Support from a health professional should be available at the request of a moderator. Moderating report forms should routinely be completed by moderators so that a record of each period of moderating is generated and stored for future reference. The extent and nature of moderation on social network sites should be communicated to users of those sites.

Moderating guidelines

Moderators set the tone, create the atmosphere and convey boundaries for their social network sites. The approach and style of content published on a Facebook page or Twitter profile should aim to be balanced in view of the full range of determinants of mental health. In general, it can be beneficial to take a whole population approach and acknowledge that we all go through tough times in our lives. As far as possible, language should be kept simple, to the point and jargon-free.

Social network site posts and messages should be checked for both general tone and any errors before being posted live. Hyperlinks should be checked for accuracy before posting and any links to external material or external sites should be verified before posting.

Generally, it is useful to note somewhere on your social network sites that you do not hold responsibility for third party content posted on your online platforms. Posts should not encourage communications of distress unless your organisation is prepared and fully resourced to deal with such communications.

Image and video usage

The potential impact on anyone who views social media content should be taken into account when selecting images and video to post on social media networks to safeguard against posting anything 'triggering' of negative thoughts or harmful behaviour.

When stock photography is used, due acknowledgement must be given. When photographs are taken by the organisation's staff or volunteers with the intention of later posting them on the organisation's social network sites, the people appearing in those photos should be informed of the intention to publish them online, verbally, in advance of taking the photo(s).

Where relevant, consent forms for participation in events, research or community activities should include a reference to the taking and usage of photos at and following that event.

Moderators should not 'tag' people in photographs appearing on their social network sites. They are free to tag themselves and their friends should they wish to.

Videos and photographs must be taken down immediately if requested by a person or parent/guardian of a person appearing in that video or photograph. It should be very clear on an organisation's social network sites as to who people can contact if they wish to have a photograph or video removed.

Community guidelines

Organisations working in this area generally welcome and encourage open conversation on their social network sites, whether they exist to promote brand awareness or to assist in service

delivery. To ensure conversation remains open and healthy, the following guidelines are suggested:

- **Advertising of commercial activity should not be permitted.**
- **Any abusive, defamatory, upsetting or potentially triggering (of distress) posts should be deleted.**
- **Content which promotes illegal activity should be deleted.**
- **Communication of disagreement with another person who has posted or with the organisation itself should be allowed as long as it is done respectfully.**
- **Anything inappropriate should be reported using the relevant report procedure on the social media channel and, if necessary, to the organisation's social media moderators.**

Moderators should lead by example when it comes to applying these guidelines.

It should be clear whether the organisation allows social network site members to share personal information and it must be clear who social network site members can get in touch with if they have a question or complaint.

Responding to social network site interaction

As far as is practical, interaction via social network sites should be acknowledged and responded to. For example, when someone comments on a Facebook page a response should be posted or the person's comment should be 'liked', depending on the comment.

When responding to interaction on social network sites be mindful:

- **To respond with empathy and use a supportive tone.**
- **Not to publish a response that is potentially 'triggering' of distress for others, especially if the response is publicly visible.**
- **To signpost and explain relevant supports when appropriate.**

Communications of distress or crisis

If a person posts a communication of distress publicly, a supportive response should be posted publicly, unless you feel replying publicly may start a conversation you do not wish to start or don't feel confident managing. In this case, if you have a means to contact the person privately do so. If contacting a person privately and directly, a public message should also be posted stating that the person is being contacted privately, reassuring the social network site members all reasonable steps to ensure the person is OK are being taken. This public post should be positive, reassuring and should also include information on support services available for anyone who is distressed or upset by the original post.

If crisis is communicated and a moderator becomes concerned about a person's safety, all reasonable steps should be taken to contact the person and ensure their safety. In such a situation, the person should be informed of the steps that will be taken, especially in relation to steps involving escalation to police or other services. A response should then be communicated to the person privately and, in a risk to life scenario, they should be informed of your intention to escalate to the Gardaí (Irish Police).

Inappropriate communication

If any inappropriate comments (see p.26 for criteria under *Community guidelines*) are posted on social networking sites they should be deleted and the person should be sent a message, if contact details are available, explaining why the post was deleted. If a post is deleted, a comment explaining why should be posted to the whole social network community. Although inappropriate posts can be deleted, there can be no guarantee that such posts have not been shared or retweeted so a disclaimer should be included stating that the organisation cannot be responsible for content on the page that is shared by others.

Critical communication

In general, service users or site members are fully entitled to hold negative opinions about an organisation and to express those via the organisation's social network sites. No comment or post should be removed merely because it expresses a negative view. Critical posts should only be removed if they name an individual within the organisation or contain inappropriate content.

A reply should be posted publicly to anyone who makes a complaint or is critical of the organisation. They should be offered support to help make their views clear. The moderator should inform them in a supportive manner, that if they wish to make a complaint, they should be provided with appropriate contact details of a senior person within the organisation. The content of any critical comments should be reviewed by staff for quality control purposes and to see if any further internal action needs to take place.

Formal complaints procedure

Organisations should have a formal complaints procedure for anyone who is unhappy with any aspect of service provision. A formal complaints procedure should clearly identify contact details for a person or persons within or representing the organisation. Formal complaints should not be made to staff directly involved in service delivery but to senior management staff such as the organisation Chief Executive Officer or to a designated member of the Board of Directors.

Personal and professional boundaries

The vast majority of staff in any given agency will have personal email and social network site accounts, and they make decisions on an ongoing basis about how they engage and communicate with the people they come into contact with. In this regard, people should be trusted to make the decisions that are right for them.

However, when it comes to interacting with an organisation's social network site members, the following guidelines and recommendations are suggested to protect staff, volunteers and social network site members.

Be consistent: A consistent approach should be followed when engaging with social network site members. If staff or volunteers connect with one or a few social network site members on a personal basis, they should be comfortable to connect with all. For this reason it is recommended that staff and volunteers do not connect with any social network site members through their personal email, phone or social network site accounts.

Consider organisational risk and liability: The extent of the organisation's service should be clear to social network site members and staff and volunteers should not be perceived as providing a crisis service or a first port of call in case of emergency. There should be clear and accessible guidelines for social network site members regarding how and when they should contact the organisation for support. It is recommended that staff do not provide any personal contact details to social network site members.

Consider staff and volunteer wellbeing:

Organisations should create and maintain a supportive and healthy work environment where staff and volunteers have a balance between their work and their personal responsibilities. It is recommended that staff and volunteers do not connect with social network members outside of work hours unless their role requires it.

Occasionally, a social network site member may request to connect with staff through a personal social network site account, by mobile phone or by personal email. There may also be times when providing one of these contact methods seems the easiest thing to do. However, in order to maintain personal and professional boundaries, in so far as possible, staff and volunteers should not contact social network site members through a personal social network account, by mobile phone or via personal email accounts.

It may be the case that friends and relatives of staff and volunteers who are already connected on social networks may also connect with the organisation's social network sites. These guidelines do not suggest that personal social network interaction should then be prohibited. However, in such circumstances conversation of the organisation's activities and services should be avoided if possible.

Emergency support services

Information on emergency or crisis support services, such as Samaritans, should be displayed prominently on social networking site pages which include mental health information or discussion.

9 Crisis response and escalation protocols

Crisis response procedure (online)

Virtually every organisation which provides mental health information or support online could be the recipient of crisis communication which indicates a risk to life situation. Ranging from synchronous counselling to services contactable by email, online mental health resources should be prepared to respond to such communication. The response followed by ReachOut.com to crisis communication is outlined here. This response is centred on the ReachOut.com Crisis Response Team which is made up of senior staff with supervision from a Chief Clinical Adviser. While the protocol detailed below is specific to ReachOut.com, there will be elements of it which are relevant to all services.

ReachOut.com escalation policy

- 1:** A potential crisis situation has arisen because a staff moderator or volunteer moderator becomes aware of a worrying or concerning online communication.
- 2:** The moderator contacts a member of the Crisis Response Team by mobile phone.
- 3:** The relevant member of the Crisis Response Team will advise as to whether an immediate response based on the template below (Appendix 2) should be posted on the site or our social media channels, or emailed (if possible), in response to the person communicating. The response should be used to make the person communicating fully aware of the concern generated by the communication and, if it has been decided, that ReachOut.com intends to contact statutory services regarding the communication.
- 4:** Based on the communication from the person and the information available regarding their circumstances, the Crisis Response Team will determine if there is

a need to contact the statutory services – typically, this will be An Garda Síochána.

5: When making a decision about whether to notify statutory services, the following things should be considered carefully:

Note: It is acknowledged that much of this information is unlikely to be available.

- **Age of the person.**
- **Contact information known for the person.**
- **The person's IP address.**
- **Support networks, as far as is known, available to the person.**
- **Current level of access and engagement with face-to-face professional support.**
- **Previous communication to ReachOut.com.**
- **Level of risk of harm to the young person or someone else (with reference to the ASIST risk assessment model – Applied Suicide Intervention Skills Training).**

6: In the event that a decision is taken to contact statutory services, the person should be informed of this decision. This decision should be taken in consultation between the relevant member of the moderating team and the Crisis Response Team. The person communicating can be informed of our intentions in the course of the initial response as outlined in step 3.

7: Based on the advice given to ReachOut.com by An Garda Síochána at a meeting in December 2013, (also attended by Turn2me.org), in the event of a crisis the following information should be collated and communicated by phone to the Gardai at Pearse Street Station, Dublin 2:

- **Wording of the comment or question.**
- **Person's email address.**
(email addresses provided when commenting on ReachOut.com are not verified so may not be genuine)
- **The time of the comment in UTC.**
(universal time coordinate)

- **The IP address (internet protocol)**
If the internet service provider can be identified through the RIPE database which can be accessed at www.ripe.net.

Pearse Street Garda Station can be contacted on 01-6669000 24 hours a day, seven days a week.

Details of all crisis communication escalated should be logged and stored in internal, password protected, shared folders.

8: A meeting for all moderators should be convened as soon as possible to de-brief and review following all incidents where contact has been made with statutory services. This de-brief/review can be done by telephone if necessary to ensure that it takes place as soon as possible after the incident. The

ReachOut.com Chief Clinical Adviser will be invited to participate in this meeting. This de-brief/review should be documented.

9: All staff members and volunteers involved in a crisis response will be offered the chance to meet individually with the Chief Clinical Adviser to facilitate reflection on that crisis response.

10: Modification to these guidelines and crisis response practice will be discussed and implemented as appropriate following review of incidents and on an ongoing basis.

11: All staff and volunteer moderators can request to meet with the ReachOut.com Clinical Adviser at any stage to discuss or reflect on anything related to moderating with ReachOut.com.

Guidelines review date and process

These guidelines should be reviewed in October and November 2015. In October 2015, all contributing stakeholders should be sent a template through which their review of the guidelines can be communicated. All reviews should be collated by ReachOut Ireland in advance of a face-to-face, consultative meeting of stakeholders to take place no later than November 20, 2015.

A second edition of these guidelines, based on stakeholders' review, should be made available in electronic format (e.g. as a PDF document) no later than the final day of January 2016.

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1 Good Practice Checklist

A guide for the public on what to look out for when assessing online resources

The information contained in this Appendix pertains to what is usually classified as 'terms and conditions'. All providers of online mental health information and support should provide terms and conditions of use of their services. The ways in which this information is framed and presented can vary from service to service.

Data protection and privacy policies

When reviewing online mental health resources, consider the amount and type of information a visitor is required to provide to access the site/use the service. All reputable services should have a clear privacy policy or statement which is easily available from the site's homepage and addresses the following types of issues:

- **Storage of personal information.**
- **Non-commercial use of information.**
- **Consent issues.**
- **Contact details (phone number, physical address) for any enquiries or complaints.**
- **Moderation policy.**

Moderation refers to the monitoring and review of communication online. It is of particular relevance in chatroom, forum-based services and services which offer commenting facilities.

There are three main approaches to moderating:

Pre-moderation: any communication to an online resource is checked before it is posted. This has the advantage of protecting the wider online community from any inappropriate or unhealthy content. It has the disadvantage of being resource intensive if the content is to be posted in a timely way, or of being unappealing

to users who don't get to see their content being posted instantly, as it would be on other sites.

Post-moderation: content is reviewed at given intervals after it has gone live. A user can post content and it will automatically be uploaded to the relevant site for anyone and everyone to see. The content is then reviewed from time to time by the organisation running the service. This helps to create a vibrant community in real time but is open to the possibility of inappropriate or harmful content appearing on a site.

Reactive moderation: the online resource provider depends on the community of users to 'flag' or 'report' content that they consider to be inappropriate to the administrators. The site administrators can then review any reported content before deciding whether or not it should be removed. Major social networking websites like Facebook and YouTube operate on this basis.

Crisis response guidelines

While they might not publish details online, all organisations that provide mental health support online should have a set of guidelines in place for staff and volunteers to refer to if they are contacted by a person in distress. These guidelines should detail the basic steps required in connecting someone with emergency services in a crisis. If anyone has any concerns about a particular service or resource, it is worth contacting the organisation to ensure that these guidelines are in place for staff and volunteers.

Checklist

Suggested requirements	Information-based services	Support-based services	Online therapy
Crisis response protocol	✓	✓	✓
Privacy statement	✓	✓	✓
Terms and conditions	✓	✓	✓
Social media policy	*	*	*
Information production policy	✓	✗	✗
Moderation policy	✗	✓	✗
Details of staff accreditation	✗	✗	✓
Details of fees and costs	✗	✗	✓
Complaints procedure	✓	✓	✓
Contact details including phone and physical location	✓	✓	✓
Informed consent	✗	✗	✓

*dependent on the use or otherwise of social media channels

APPENDIX

2 Template for responding to a person in distress

“Dear

It can be very hard dealing with (insert issue here, e.g. eating disorders).

There is information about (insert issue here) on this article here (insert hyperlink) and for information on local services visit (insert relevant agency name here).

If possible, we would encourage you to talk about this with someone you trust. Talking really does help.

You can also get immediate help in the following ways:

Contact Samaritans on 116 123 (Republic of Ireland)

Contact emergency services by calling 999 or go to the nearest Accident and Emergency Department.

Take care,

Support service team.”

3 Online mental health sector survey results

Respondents

The national online survey to inform the development of these guidelines was circulated to a total of 16 organisations, yielding 15 responses (94% response rate). This is a positive result and indicative of the interest in collaborating from across the sector. Reminders by email and, where necessary by phone, ensured a good response.

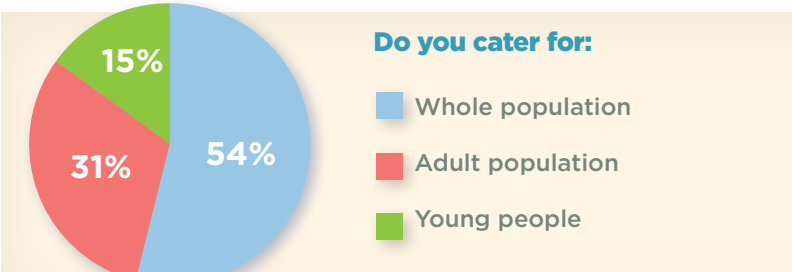
As HeadsUp has since ceased to operate, their responses have not been included in the final presentation of results. In total then, the results presented below are based on the responses of 14 organisations/services. The organisations/services that responded are listed below:

1 Name of organisation/ service

- HSE National Office for Suicide Prevention/ yourmentalhealth.ie and letsomeoneknow.ie
- ReachOut Ireland/ReachOut.com
- MyMind
- Relationships Ireland/TeenBetween
- SpunOut.ie
- Mental Health Ireland
- Turn2me
- National Suicide Research Foundation/ ifightdepression.com
- Bodywhys
- Aware
- Samaritans Ireland
- Drugs.ie/The Ana Liffey Drug Project
- Day by Day Services/Ó Lá Go Lá
- Mental Health Reform

2 Target audience

Fig. 4



When asked to specify targeted age ranges, the response was very mixed, perhaps indicating a lack of consistency in service model profiling in general.

Internationally, there is a move towards a youth mental health paradigm targeting people aged between 12 and 25 years old but traditional service delivery models retain a child/adult split usually basing changes in service provision around age 16 or age 18 years. The age ranges specified were:

- | | |
|----------------|--------------------------------|
| 12 to 25 years | 15-24 years |
| 12 + | 16-25 years |
| 18+ | 15-18 year-old school students |

It could be argued that specific age ranges only serve to guide the marketing of services and of more interest is data on the uptake of services by both age and gender. Also of interest and worth noting is the extent to which services are accessed by a 'third party' interested in supporting someone else.

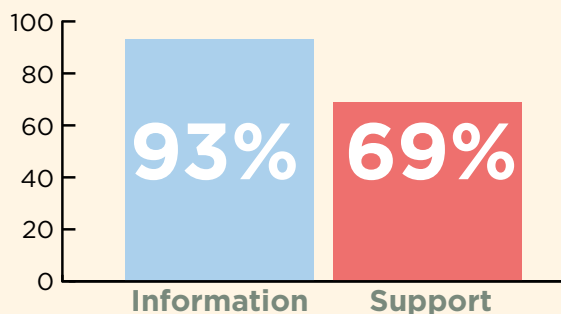
Note: In presenting the survey results the 'N' (number of respondents to each question) is indicated when that number is 10 or fewer.

Individual organisations/services are not identified in the presentation of detailed results.

3 Service model

Fig. 5

**Do you provide mental health:
Information? Support?**



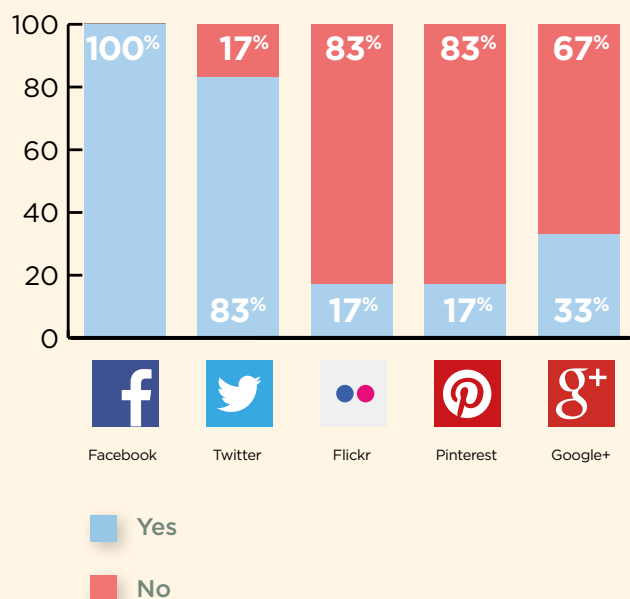
Information or support

An important distinction in understanding online mental health services is the distinction between mental health information and mental health support. All but one respondent highlighted that they provide mental health information online and the provision of quality information can be the bridge to support. Most organisations also indicated that they provide support.

At a basic level, it is recommended that some commonality of approach and philosophy guiding the provision of information is established in order to promote consistent mental health literacy among the populations we serve. It is also important to note that many online mental health supports identify as suicide prevention organisations – although this was not examined in the context of this survey.

Fig. 6

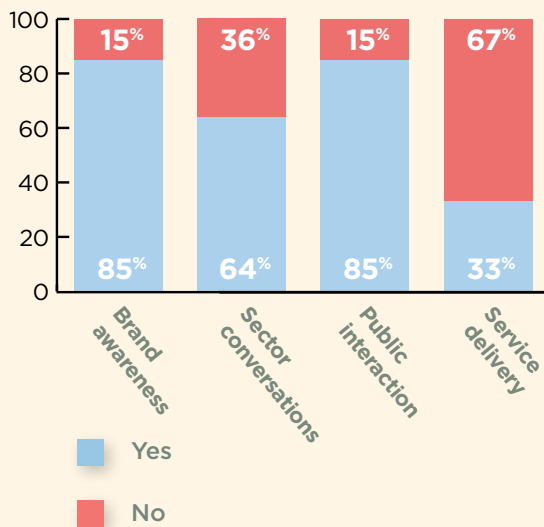
**Which of the following social
media platforms do you use?**



Social media platforms

Given that over 2 million of us in Ireland use it, it is no surprise that all of the respondents have a Facebook presence. Most respondents also use Twitter. Trends in the volume and nature of use in relation to other social media platforms like Google+ and Pinterest should be monitored .

Fig. 7 What do you use social media for?

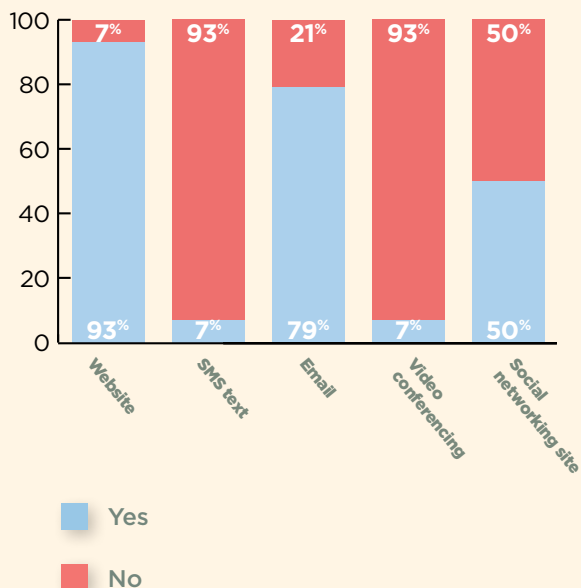


Social media usage

Of more interest is the actual nature of use of social media in the mental health sector. In general, social media serves as a platform for brand awareness and, to a lesser extent, in-sector conversations. It is important to note that 'public interaction' generally occurs on social media platforms so the art of shaping healthy and safe conversation is very important when it comes to social media use.

Some respondents reported that they carry an element of service delivery via social media.

Fig. 8 Does your organisation use the following in information / service delivery:

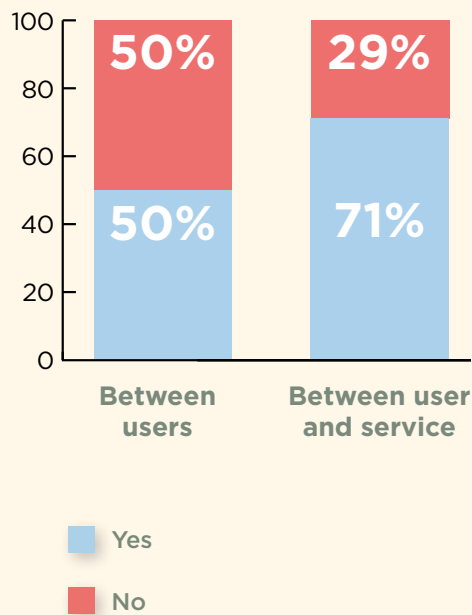


Service platforms

Unsurprisingly, most information and service provision is via dedicated websites complemented by interaction via email.

Fig. 9

Does your service allow interaction between users/ between you and the user?



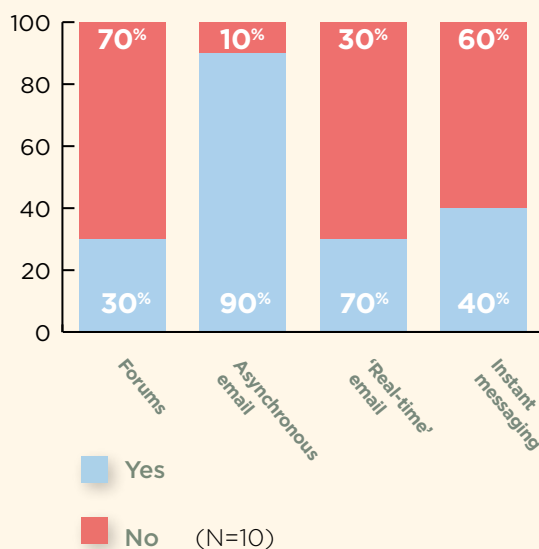
User interaction

The issue of *interaction* is very important in the context of online mental health service provision. Put simply, a static page of text on a website carrying quality-assured mental health information or advice can be of great value to a user and is very safe and straightforward (as long as the information is helpful).

While forums and sites carrying 'real time' discussion can be positive, they are open to abuse. From the perspective of user-service interaction, **organisations should only allow interaction with site visitors if they are resourced to safely manage that interaction.** For example, if an organisation provides commenting facilities on mental health content, they need to be resourced to moderate comments in a timely way and communicate moderating schedules to users by indicating in an automated response, for example, "your comment will be reviewed within 24 hours".

Fig. 10

Does your service provide the following:



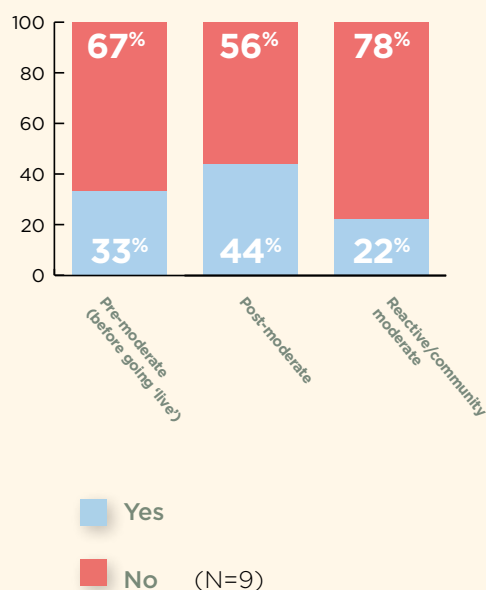
Service features

To manage interaction, it is understandable that the weighting in terms of service model is towards 'asynchronous' exchange although there is a certain amount of 'real time' service provision in the online mental health sector too.

One service model not captured by the choice of answers is 'online support groups' which operate at appointed times and are facilitated by trained moderators. **Understanding the nature and mechanics of user interaction on each other's sites and platforms will be important in building 'intelligent' referral pathways online.**

4 Moderating protocols and crisis response

Fig. 11 How would you describe your moderating protocol?



Broadly speaking, there are three approaches to moderating interaction online:

- **Pre-moderating – before going live for everyone to see.**
- **Post-moderating – comments go live immediately.**
- **Reactive moderating – which relies on the community ‘reporting’ or marking inappropriate content.**

Moderating

From a service and a user perspective there are advantages and disadvantages associated with each approach. While pre-moderating may seem counter-intuitive in an age of instant media, it is not always a deterrent to users, especially in the sensitive area of suicide prevention. This approach can actually reassure users that their comment or question is being treated and considered sensitively. The disadvantage of post-moderating or reactive moderating is that potentially upsetting or inappropriate content can be seen by potentially vulnerable people.

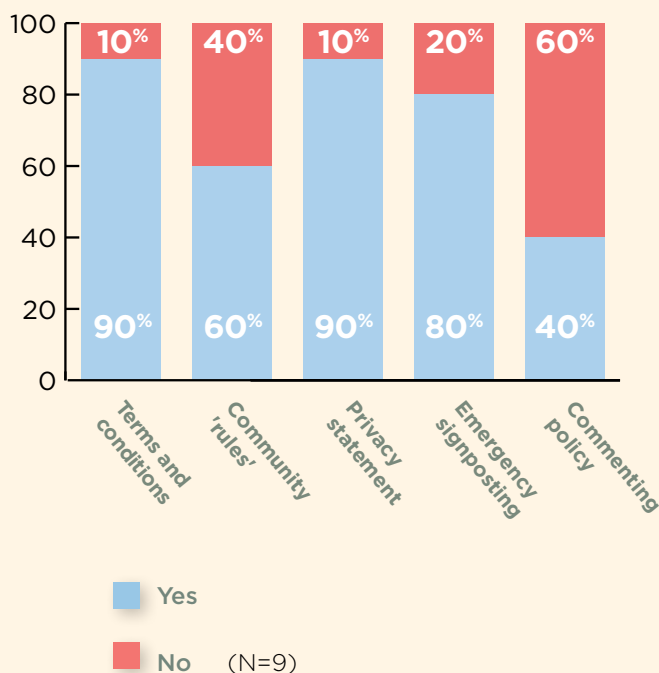
Most organisations in Ireland are using staff as moderators although some also use volunteers. None of the responding organisations use a third party/contracted moderating service. The use of third party moderators is increasingly common in other countries and this is a trend that’s likely to feature in the sector in Ireland in the near future.

There may be a need to introduce pre-emptive guidance in relation to the moderating of online mental health services for any company thinking about offering such a service. All respondents reported that their moderators are trained. Most of the training programmes specified are tailored in-house training programmes. Two respondents reported that their moderators receive the ASIST and SafeTALK suicide awareness programmes (for more on these programmes see www.livingworks.net).

All but one respondent said that staff and/or volunteers were provided with supervision and this was described in equal measure as ‘clinical’ and ‘non-clinical’. De-briefing opportunities are generally provided either amongst staff internally (88%) and/or by a clinician (60%).

Fig. 12

Does your site carry the following:



Protocols

In keeping with good practice, all of the respondents carry 'terms and conditions' and a privacy policy. Most respondents also provide signposting for emergency or crisis situations. It will be important to review, and standardise as appropriate, the information provided in relation to emergency situations.

In terms of internal policy documents and protocols, most organisations and services also operate in accordance with:

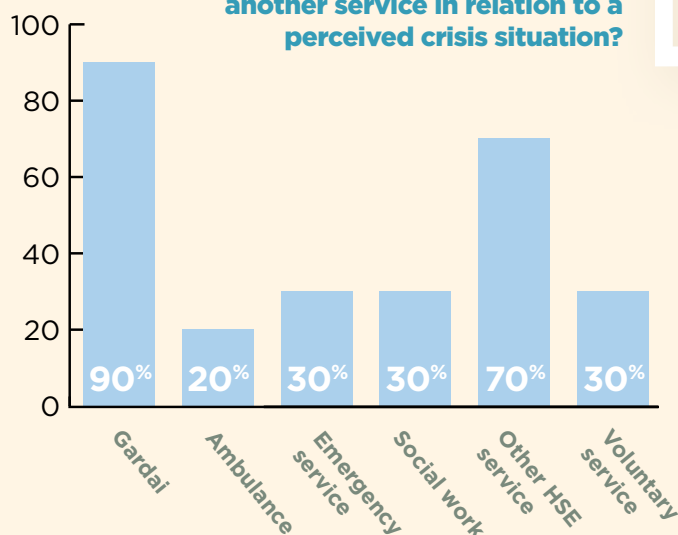
- **Moderating protocols (82%)**
- **Crisis response protocols (92%)**

All of the organisations that carry the relevant documents for users highlighted in Figure 12 are willing to share those documents with the membership of the Technology and Mental Health Network (TMHN).

Some of the respondents were not willing to share moderating protocols and crisis response protocols online, or at least were uncertain about the appropriateness of sharing certain policies publicly. This finding highlights the need to tailor the dissemination and availability of guidelines documents to different audiences. For example, the general public may not benefit from knowing the fine detail of moderating protocols and those documents may be best shared with staff and/or volunteers only.

Fig. 13

Has your organisation ever contacted another service in relation to a perceived crisis situation?



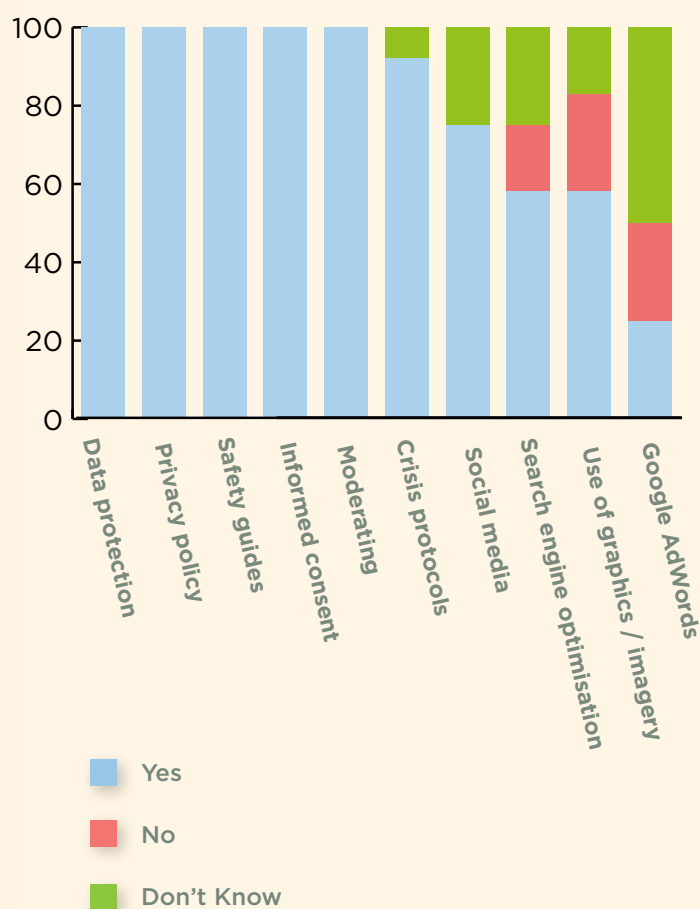
Crisis response

Most of the respondents (77%, n=13) have responded to a perceived crisis situation and have contacted another service as part of that response. The Gardaí are the most typically used service in crisis situations. Some initial discussions have taken place between TMHN member organisations and the Gardaí with a view to standardising crisis response protocols.

5 The guidelines

Fig. 14

Should the 'Good Practice Guidelines' contain:



Guidelines content

The responses in relation to what should be covered in 'good practice guidelines' provides a clear indication from within the sector of the important issues in service delivery. The data presented in the chart here highlight the opportunity for the development of practical, useful guidelines covering central issues related to data protection, online safety and moderating.

The insights yielded from this national survey reveal a passionate and informed concern for the users of our services and, encouragingly, demonstrate a commitment to work together towards good practice in this increasingly important area of service provision.

Acknowledgements

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Oisin Scollard, Turn2me.org

Derek Chambers, ReachOut Ireland.

Technology and Mental Health Network

Thanks to the following organisations and services who are part of the voluntary collective called the Technology and Mental Health Network which contributed to the development of these guidelines:

Health Service Executive, National Office for Suicide Prevention/yourmentalhealth.ie

ReachOut Ireland/ReachOut.com

MyMind

Relationships Ireland/TeenBetween

SpunOut.ie

Turn2me

Bodywhys

Aware

Samaritans Ireland

Drugs.ie/The Ana Liffey Drug Project

Day by Day Services/Ó Lá Go Lá

Mental Health Reform

Thanks also to both Mental Health Ireland and to the National Suicide Research Foundation who do not participate on the network but who did complete the survey of organisations working in the area of technology and mental health which helped to inform these guidelines.

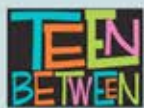
External review

The guidelines were reviewed by:

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Ó Lá Go Lá

