PREVENTION OF YOUTH SUICIDE IN NEW SOUTH WALES

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Submission to the Inquiry into the Prevention of Youth Suicide

New South Wales Parliament's Committee on Children and Young People

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Introduction

Technology, and the speed at which it develops, is part of our daily lives. Young people today have grown up digital. In 2011, less than a quarter of teenagers aged 14-17 used smartphones. Four years later, in 2015, 80 per cent of teenagers used a smartphone. Smartphones are transforming the way we deliver health care, including mental health and wellbeing.

ReachOut.com is a youth mental health portal, built with smart digital technology, that provides content, tools and personalised help that is free, accessible anytime and focused on self-help and early intervention. Optimised for mobile devices, it puts help in the pockets of young people everywhere. Our aim is to help young people recognise the signs and symptoms of mental health issues, and find the help that works for them.

Online mental health services are increasingly becoming a critical first step in a young person's helpseeking journey. ReachOut is designed to overcome many of the barriers to helpseeking – stigma, cost, waiting times, transport, a fear of breach of confidentiality and a preference for self-reliance – and has been shown to play a pivotal role in increasing helpseeking intentions[1]. Our research has shown that a significant proportion of young people experiencing psychological distress still do not seek help from a professional, and we must continue to explore new and innovative ways to facilitate helpseeking.

Young people present at mental health services with a range of needs, and across a diverse range of severity levels. Increasing demand for mental health services is placing significant pressure on the clinical system with some young people waiting many weeks to access services. Stepped-care approaches – operating across tiers of care from self-help through to specialist or intensive support – can reduce pressure on the system as well as improve the experience for consumers by offering a range of self-care options.

The devastating reality is that suicide is the leading cause of death for young people. Further, mental health remains the most pressing health issue for young people, and yet they often don't seek help or delay helpseeking. ReachOut helps young people by providing immediate help and support (self-help); in rural and regional areas, access to alternative forms of helpseeking where face-to-face services may be some distance away; and getting young people to the right service more quickly.

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[1] ReachOut Annual Survey, 2013

> **RECOMMENDATIONS:**
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> **There is a real opportunity to support youth suicide prevention by:**
> 1. **Investing in digital self-help and early intervention services that help young people to help themselves, to intervene earlier, and most importantly do this in a space where they feel comfortable and that is acceptable to them.**
> 2. **Integrate digital self-help and early intervention services into the broader mental health system, as part of a stepped care approach, to address the barriers to helpseeking faced by young people and reduce pressure on the clinical system.**

Inquiry Terms of Reference

The Committee on Children and Young People is inquiring into and will report on the current approaches aimed at preventing youth suicide in New South Wales, with particular reference to:

a. Any gaps in the coordination and integration of suicide prevention activities and programs across all levels of government
b. Governance arrangements and accountabilities for suicide prevention
c. Provision of services in local communities, particularly in regional and rural areas
d. Provision of services for vulnerable and at-risk groups
e. Data collection about the incidence of youth suicide and attempted suicide
f. Provision of high-quality information and training to service providers
g. Approaches taken by primary and secondary schools
h. Any other related matters.

The Committee is adopting the definition of 'young person' outlined in the Advocate for Children and Young People Act 2014, which is a person who is 12 years of age or above but under 25 years of age.

What is ReachOut?

ReachOut is accessed by 132,000 people in Australia every month; or more than 1.58 million people each year.

Since its inception in 1997, ReachOut has co-designed programs and products with young people, ensuring that the evidence-based digital tools, and information and support a young person accesses on ReachOut are relevant and delivered in a way that makes sense to them.

Our core service is ReachOut.com. In addition we have developed a range of innovative tools and programs that extend our reach and impact, including:
- **ReachOut Next Step:** a tool that recommends customised support options based on a young person's symptoms and how significantly the symptoms are affecting them. Support

options include articles, apps, forums, and online, face-to-face or phone counselling. Referral issues include mental health, alcohol, drugs, bullying, and much more.

- **Apps and Tools:** a digital tool that recommends mental health and wellbeing apps and digital resources that have been endorsed by both professionals and young people. It includes three apps that have been developed by ReachOut: Recharge (managing sleep), WorryTime (managing worry and anxiety) and Breathe (managing stress and anxiety).
- **ReachOut Orb:** an innovative digital game designed for use in Year 9 and 10 classrooms that has been mapped to the Australian Health and Physical Education curriculum, as well as to the NSW Curriculum. ReachOut Orb aims to improve students' understanding of key factors and skills that contribute to improved mental fitness and wellbeing.
- **ReachOut Schools:** offers support to teachers and other education professionals on building young people's wellbeing and resilience.
- **ReachOut Parents:** provides information, tools and resources to help parents and carers support 12 - 18 year-olds in their family environment; and includes an added option of coaching to give parents concerned about their relationship with their teenager additional one-on-one online support.

Smart tools: ReachOut Next Step

ReachOut Next Step was developed as part of a project led by ReachOut in partnership with the University of Melbourne and the Young and Well Cooperative Research Centre. The aim of the Next Step project was to develop and evaluate a service model to facilitate helpseeking by providing a gateway to relevant and personalised mental health information, resources and services.

Next Step tool appearance
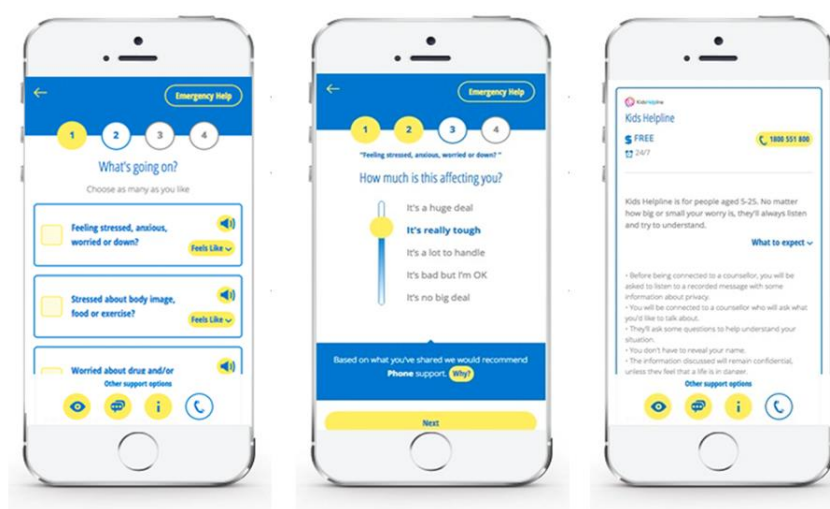
ReachOut Next Step, designed for and with young people, is now an important feature of the ReachOut service (ReachOut.com) and in providing a referral pathway when additional support is required, beyond self-help.

The Next Step tool is the outcome of a co-design and development process with the aim of:
- relieving distress / increasing positive affect
- simplifying the help-seeking process
- decreasing barriers to access
- increasing journey satisfaction and service awareness
- increasing intentions to seek help (and service use).

Next Step is accessible anytime and from any device and for young people:
- provides them with a place to start and show them what's next
- walks them through the process
- validates their feelings and shows them they are not alone
- provides them with a sense of hope
- tunes into their changing needs
- makes it easy to act and connect to support.

As part of developing Next Step ReachOut drew on the expertise of 10 leading mental health service providers. More than 600 young Australians participated in the project through helpseeking workshops; concept testing; prototype and user experience testing; the randomised control trial; functionality workshops; content and multimedia workshops; and ongoing through a youth advisory group.

The Next Step randomised control trial (RCT) demonstrated it was a more satisfactory approach to helpseeking (compared to usual helpseeking strategies), reduced negative affect and improved quality of life up to three months after using the tool (as measured by the AQoL).

Next Step today references 90 symptoms, 12 issues, five severity levels for each issue, 25 apps and tools, 5 online forums, 14 chat services, 41 phone services, 28 face-to-face services, 29 practical tips, 250+ articles and stories, 12 videos, 60 pathways and thousands of possible combinations.

Next Step has been developed as a 'widget' and can be made available on sites external to ReachOut, for example, service providers, universities and schools.

ReachOut longitudinal cohort study

In late 2014 ReachOut initiated a longitudinal cohort study, the initial results were published in 2016[2]. The cohort study included approximately 2000 ReachOut users recruited through a pop-up on the ReachOut site. Participants were aged between 16 and 25. This was a rolling sample, with participants asked to fill out four surveys carried out over a three-month time period.

The data showed there was a mix of one-off and repeated visitation among the participants. Young people most commonly found ReachOut through organic online search and through school, although some were referred by health providers and others. The most common time of visitation was after hours, when primary care services are not available and ReachOut is able to offer support.

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[2] ReachOut and EY, One Click Away? Insights into Mental Health Digital Self-help by Young Australians, 2016

Although ReachOut content and delivery aims to assist young people with mild to moderate problems, its service data shows that a range of young people access the service at different points in the helpseeking journey and with different levels of distress. Many of those young people had sought both formal and informal help previously but nearly 50 per cent had not found the help they needed.

While young people accessed a broad range of content, the majority of them came to ReachOut for support with anxiety (30.4 per cent) and depression (34.5 per cent).

95 per cent of participants said that ReachOut provided them with a safe and supportive community, with 67.2 per cent saying ReachOut made them feel less alone. 69 per cent of young people said that ReachOut helped them deal with their issue when they were going through a tough time.

Some of the key cohort study findings were:
- Of the young people who completed the study, 33 per cent were from regional and rural areas.
    - 32 per cent of this group indicated that there were depressed.
    - Over half (57 per cent) of the self-described depressed young people indicated that they had not sought help, even though they knew they needed it.
    - 63 per cent of participants agreed that ReachOut made it easy for them to help themselves.
    - 68 per cent agreed that ReachOut gave them a range of practical help, action and tools.
- Around one-third (34 per cent) of young people who completed the cohort study identified as LGBTQI.
    - Of these, 97 per cent said that ReachOut provided them with a safe and supportive community.
- Around one-fifth (21 per cent) of the young men who completed the cohort study accessed ReachOut to address anxiety issues.
    - 53 per cent had anxiety scores which placed them in the severe, or extremely severe, range (DASS scales).
    - Just over half (52 per cent) said ReachOut made them feel less alone.
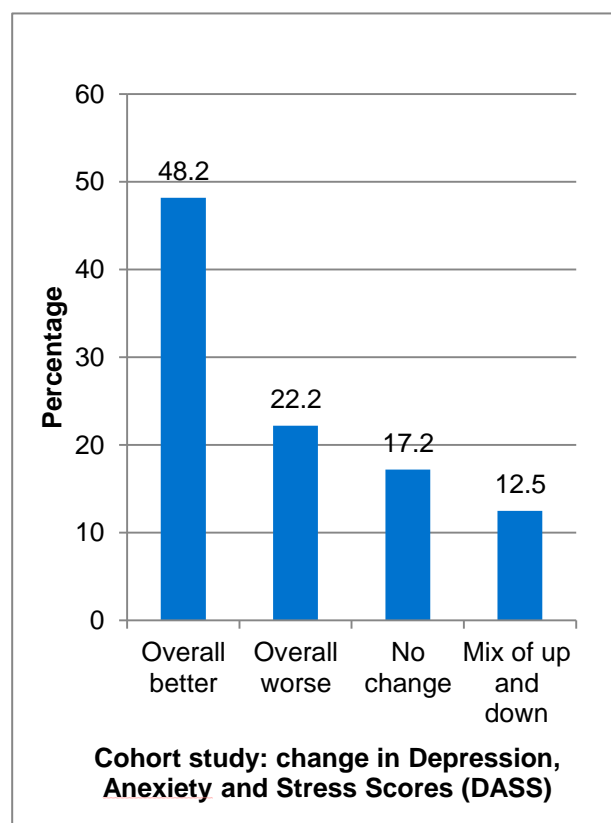   - 85 per cent rated the content as relevant to them.

These findings show that digital services play a crucial role in making these young people feel supported.

The data also showed that:
- 68 per cent of young people said that ReachOut helped them work out what they needed.
- 7 in 10 reported that ReachOut made it easy for them to help themselves.
- 2 out of 3 said ReachOut gave them practical suggestions and tools.
- 64 per cent said it helped them understand their experiences.

Finally, of the approximately 2000 young people who participated in the cohort study, around 50% (or 1 in 2) experienced an improvement in symptoms over the three month time period, and those who were classified as severe or extremely severe showed the most improvement (see **Chart 1**). While more evidence is required to understand more completely ReachOut's role in this improvement, the findings are extremely positive.

Suicide Ideation Questionnaire (SIQ)

The cohort study responses to a Suicidal Ideation Questionnaire (SIQ) found:

- over 33% of 16-20 year olds identified as being at high-risk of suicide, while 24% of 21-25 year olds identified as high-risk.
- individuals who identified as LGBTQI were nearly twice as likely to be at high risk of suicide (42.7%) compared to participants who identified as heterosexual (23.1%).
- 85.7% of participants who were at high risk of suicide faced stressful or serious problems in the last three months and recognised that they needed help. 50.7% did not seek help, whilst 35% sought help.
- depression and anxiety are the top 2 reasons for visiting ReachOut for all suicidal ideation risk levels.
- suicide becomes an increasingly important reason for visiting ReachOut as risk of suicide increases.
- helpfulness of mental health professionals decreases as risk levels increase, with 63.3% of no/low risk individuals finding them helpful/extremely helpful, declining to 49.6% for medium risk, and 44.2% for high risk.

Refer **Appendix A** for full SIQ analysis.

Chart 1: Cohort study change in DASS scores

Cohort study: change in Depression, Anxiety and Stress Scores (DASS)

Preliminary insights from ReachOut rural and regional research

ReachOut is currently conducting qualitative and quantitative research focussed on the helpseeking behaviours of young people in regional, rural and remote Australia. In this section we have summarised some preliminary insights.

Table 1 summarises the forces for and against helpseeking and described by young people in rural and regional Australia – obtained through co-design workshops, a national survey of 400 rural and regional young people, and diary study. Service providers and young people alike saw that digital self-help services are critical to support young people's mental health and wellbeing, and respond to the 'tug of war' of forces for and against helpseeking.

Table 1: Forces for and against help-seeking
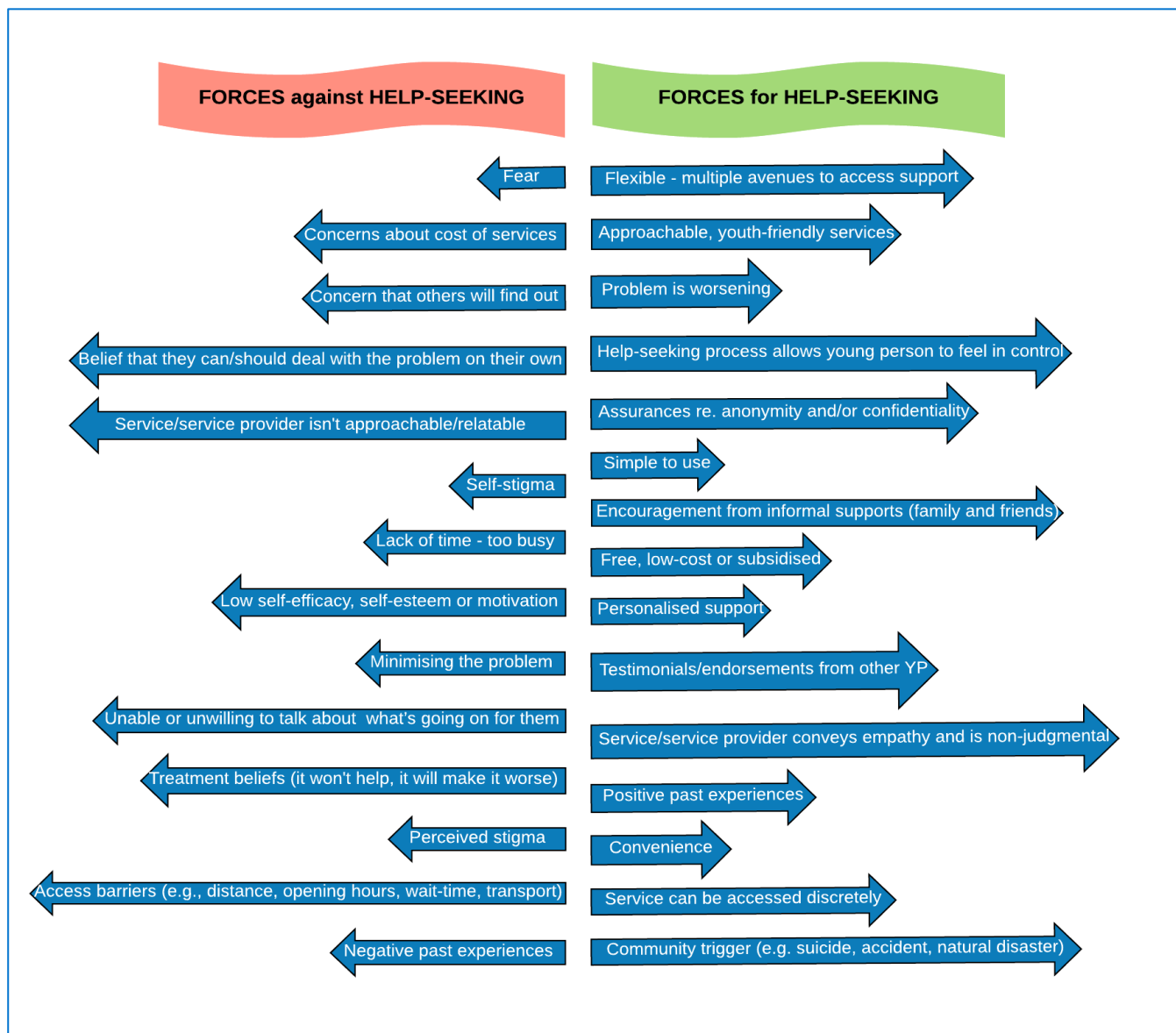
Specifically, the value of digital self-help services was related to four key benefits:

- **Confidentiality and anonymity**. Young people expressed a clear desire for anonymous support options. This helps to break down the barrier related to social proximity in small towns where "everybody knows everybody".

> *"[ReachOut] provides another option and people need options… if confidentiality is an issue, I will turn to an internet source to get some support, because no one's going to know me there. Or information, I can go here and get this information because they're not going to turn around and tell my friend or my neighbour, or my teacher."* [Service provider]

- **24/7 support**. Young people and service providers emphasised that one of the major advantages of digital solutions is that young people can access online support when and where they need it - they are not bound by office hours that may conflict with work or study schedules.

> *"...The timing of the distress often comes around late at night. That's when it's more difficult to access services…you guys do have your online ... discussion posts. ...Yeah, the forums. Which I often try and guide kids to. That if, in the middle of the night, you're really losing it, go online and talk to somebody."* [GP, Devonport, TAS]

- **Scale.** Services in rural towns are extremely stretched with long waitlists, and demand often far outstrips the supply. Young people can be bounced between services, which can leave them feeling frustrated and weary of telling their story.

> *"I would also say the service's capacity to* [manage] *client numbers. A lot of the times, services are at their limit, so they can't take more referrals."* [Service provider]

> *"They might have a case manager from four or five different organisations, and that's not helpful. So a lot of the young people we deal with sort of say, "Well, we don't want to have to tell our story yet again and again so we don't bother."* [Service provider]

- **Promotes autonomy**. Online services were seen to accommodate young people's need to feel in control of their help-seeking journey.

> *"I just think being online gives the young person control over their experience. They won't feel hindered by embarrassment or being scared. People also find more confidence online I think than in person."* [Young person]

NSW Mental Health Commission Western NSW Pilot

In 2015, ReachOut conducted an eight week small-scale pilot project in the Western NSW Local Health District (LHD), to integrate an online self-help and early intervention mental health service (a customised version of ReachOut Next Step) within a stepped-care approach. At that time, it was the first project in Australia to integrate established online and offline mental health services within such an approach.

Overall, the pilot project found that digital tools have the potential to reach a large number of young people, offer self-directed support to young people at any time of the day or night, recommend services based on a young persons' level of need, and provide a range of personalised support. It also demonstrates how a digital tool could provide a useful addition to the service system to facilitate helpseeking and to potentially increase service access to online and offline support.

Summarised below are the key findings and recommendations for future work from the pilot project.

<u>Key findings</u>

The key findings from the small-scale pilot are as follows:

- Service providers in the Western NSW LHD were open to the concept of an online prevention and early intervention tool.
- Service providers were very positive about the tool (Next Step) developed for this project and felt that the tool met the identified need and recommended the appropriate level of support for the level of need.
- Young people in the Western NSW LHD were open to the concept of an online tool to facilitate helpseeking. They indicated that to be engaging, the tool needed to be simple, straightforward and easy to use; use everyday, relatable language; be accessible to young people who preferred not to read; provide personalised, rather than generic results; be discreet and ensure that information remained confidential; and be free of charge.
- A targeted marketing campaign launched in the Western NSW LHD to raise awareness of the tool achieved rates of community awareness in young people, aged 16 -25, of just over 10%.
- The tool was live for eight weeks and received 1,873 visits. 1,617 people did not progress past the landing page. Of the 256 people who progressed past the landing page and started the tool, 207 completed it, leading to a conversion rate of just over 80%.
- The tool developed for this project was evaluated very positively by young people. Characteristics such as ease of use, ease of language, usefulness and credibility of information, range of information, design attractiveness and quality of the tool were rated good or excellent by young people who participated in tool evaluation surveys.
- All young people who used the tool and completed a pre-post survey (n=21) indicated that recommendations provided by the tool gave them, at least to some extent, the support they needed. In addition, 71% of respondents indicated that the tool helped them to better understand their problem and 81% indicated that they felt the tool guided them to seek help from an appropriate service.
- Almost half of all young people who completed the pre/post survey (n=21) accessed help based on the recommendation/s provided by the tool, with a wide range of support and service options accessed.

<u>Recommendations for future work</u>

The pilot identified the following key recommendations for future work**:**
- Young people have a strong preference for the language used in self-directed helpseeking facilitation tools to focus on the issue/s the young person is experiencing and how the young person is feeling (eg. symptoms) rather than on diagnostic criteria for mental health disorders or the use of clinical terminology.
- Barriers to helpseeking may vary from region to region and may differ between young people and adults. Identifying local barriers relevant to the targeted population is essential in developing a tool which could potentially incorporate features or functions that may overcome, or mitigate the impact of, these barriers.
- In geographical regions where on the ground services are limited or dispersed, recommending face-to-face services for individuals experiencing significant mental health concerns may be inappropriate due to accessibility issues. A more appropriate alternative, implemented in this project, may be to direct young people to a 24-hour telephone service operating in the local region (for example, the Mental Health Line) in order to assess needs, triage the young person and assist with logistics if required.
- Detailed local service mapping was found to be a very resource intensive task. Local service mapping also raised a number of issues including inclusivity (ie. which services to include/exclude from the tool and who these services were appropriate for) and sustainability (ie. how relevant service listings would be updated and maintained). Future projects need to weigh up both the relative costs (ie. resource, time and financial) and limitations associated with local service mapping against the potential benefits of local service mapping to the LHD and to local consumers.
- Time to consult with people in the local community, identify key issues in the local community and assess local needs to be accounted for in any future project.
- For projects that cover a large geographical area, local on-the-ground resources (for example, local champions) need to be identified across the region to ensure that project implementation and reach is maximised across the region.
- Young people in regional and rural areas consume mainstream media content as well as local media content. Limiting marketing to local media channels only restricts campaign reach. Designing a project where more mainstream media channels can be accessed to communicate campaign messages should improve campaign reach.
- Online tools, such as the one developed for this project, have the potential to be readily scalable. As such, online tools, once developed have the potential to reach large numbers of young people at no (or low) additional cost per person.
- The scalability of the online tool developed for this project lends itself to a further rollout of the tool in a number of ways, for example to other geographical areas, through educational settings and/or through a range of services that have contact with young people.

Insights from ReachOut users

To add context and a youth voice to our submission, we asked two ReachOut users, Ashleigh and Kate, to share their stories and experiences.

Ashleigh's story

My name is Ashleigh, and I'm a ReachOut Youth Ambassador. I also represent one in four of young Australians who have experienced a mental health issue. I have a lived experience of mental health recovery. In 2011, I intended to die by suicide, after experiencing debilitating anxiety that impacted my ability to attend uni, go to my part time job, and spend time with family and friends. I didn't know at the time what I was experiencing was a mental health issue. I didn't know what anxiety was, and I was too frightened to ask. And this led me to make the conscious decision that my only option was to take my own life.

I was hospitalised in September 2011, and over the following months, a wonderful and caring GP, psychologist, psychiatric nurse, and my family and friends supported me throughout my recovery. In my experience with mental health recovery, it wasn't a linear pathway to wellness. It wasn't a onetime effort, and I was fixed and cured. To this day, I work extremely hard to maintain strong mental health. Unfortunately, as incredible as my psychologist and GP were in supporting my recovery, they weren't always there when I needed them straight away. They weren't there when I was struggling in a day-to-day moment that would trigger my anxiety. I and many other young people who are experiencing a mental health issue have to wait before they can speak with these people who play such a vital role in recovery.

I found out about ReachOut when I was Googling about how to deal with anxiety. At this stage, I had already established what my diagnosis was, but I wanted to know more. I came across ReachOut, and experienced such a sense of relief in being able to access information, support, and various resources on the spot. That support from ReachOut was crucial for me to be able to manage my anxiety and support my mental wellbeing on a day-to-day basis. ReachOut taught me how to take care of myself in a way that I had never thought about before, to ensure I was looking after my mental health as a priority.

Before mental health recovery, I didn't know what self-care was, or the importance of things like gentle exercise, and mindfulness, and healthy eating. Once I went through recovery, I had to relearn how to look after myself, to ensure that I didn't hit that really low point again, and it's with the support of ReachOut and as a Youth Ambassador that I have the ability and the courage to share my story of mental health recovery.

Kate's Story

My name is Kate and I volunteer as a moderator on the ReachOut Forums. I help other young people from around Australia deal with post traumatic stress disorder (PTSD). I have had PTSD since I was 10 years old, a result of an incident that happened in my primary school.

In my role as a moderator on the ReachOut Forums I am part of the PTSD support group. I live in regional New South Wales and understand how important this service is for young people in regional Australia.

Being a ReachOut moderator is a fun and meaningful way to provide support through my personal story and experiences to people who need it. I feel part of a community. We talk about strategies that work for us and share them with others. I know that it helps of lot of younger users to hear this.

There are literally no support services for young people with PTSD in my area. In fact, the young people specific services here are limited. ReachOut Forums give young people in rural and regional areas a place to go when they wouldn't have had that otherwise.

Conclusions

ReachOut aims to assist young people with mild to moderate problems, however service data shows that a range of young people access ReachOut at different points in the helpseeking journey and with different levels of distress. Tools like ReachOut Next Step provide a range of personalised support options, helping young people to access the level of support they need.

As demonstrated by the ReachOut pilot project conducted in Western NSW, there is a real opportunity to integrate digital solutions into the broader mental health system, as part of a stepped care approach. Well-developed digital self-help options can ensure young people with emerging mental health issues have quicker access to less-intensive interventions. They also provide an alternative means of information and support for young people who face barriers to accessing more traditional mental health services, and respond to young people's desire for autonomy and anonymity.

Digital services can play an integral role in providing coordinated, efficient and effective mental health services with a stepped care approach. Digital services are scalable, offering an opportunity to help high numbers of young people; they are cost-effective, providing help quickly and efficiently across a high number of young people with little investment; and they can reduce pressure on the clinical system, leading to a stronger stepped care approach where young people get faster access to the level of service they need.

Appendix A: Cohort study data analysis using results from the Suicidal Ideation Questionnaire (SIQ)

The suicidal ideation questionnaire (SIQ) asks about thoughts around the following:

I thought about killing myself
I thought about how I would kill myself
I thought about when I would kill myself
I thought about what to write in a suicide note
I thought about writing a will
I thought about telling people I plan to kill myself
I thought about how easy it would be to end it
I thought about how easy it would be to end it

Scores on the suicidal ideation questionnaire were classified into the following 3 categories:

1) Recent thoughts of suicide: a score of 2 or more (have this thought about once a month) on any 2 thoughts (excluding the will item) of 7 on the SIQ
2) High risk: a score of 15 or more on the SIQ (and did not meet criteria for recent thoughts)
3) No risk/low risk: all other participants

| Risk level	Number	Percentage
No/low risk	1060	53.5%
Recent thoughts	323	16.3%
High risk	594	30%
N/A	5	0.3%

Age

Over 33% of 16-20 year olds were identified as being at high-risk of suicide, while 24% of 21-25 year olds were identified as high-risk.
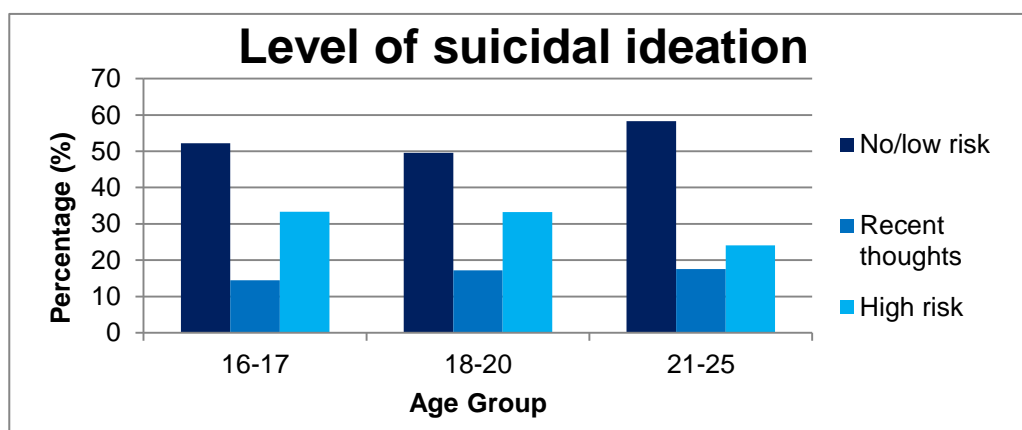
Gender

Over 43% of those who identify as a gender other than male or female were found to be at high-risk of suicide, much higher than participants who identified as either male or female, where the proportion of those at high risk were approximately 29%.
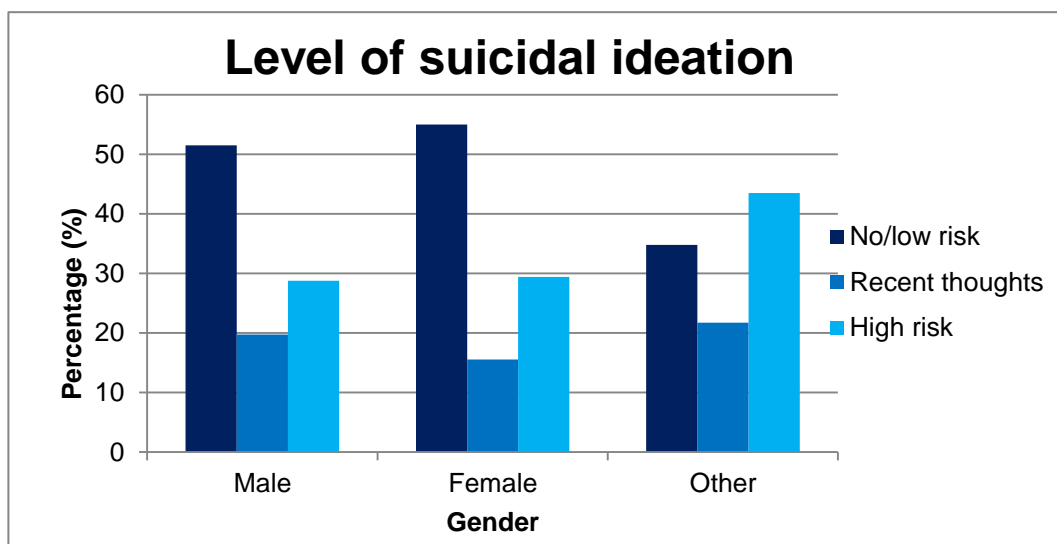
Sexuality

Individuals who identified as LGBTQI were nearly twice as likely to be at high risk of suicide (42.7%) compared to participants who identified as heterosexual (23.1%).
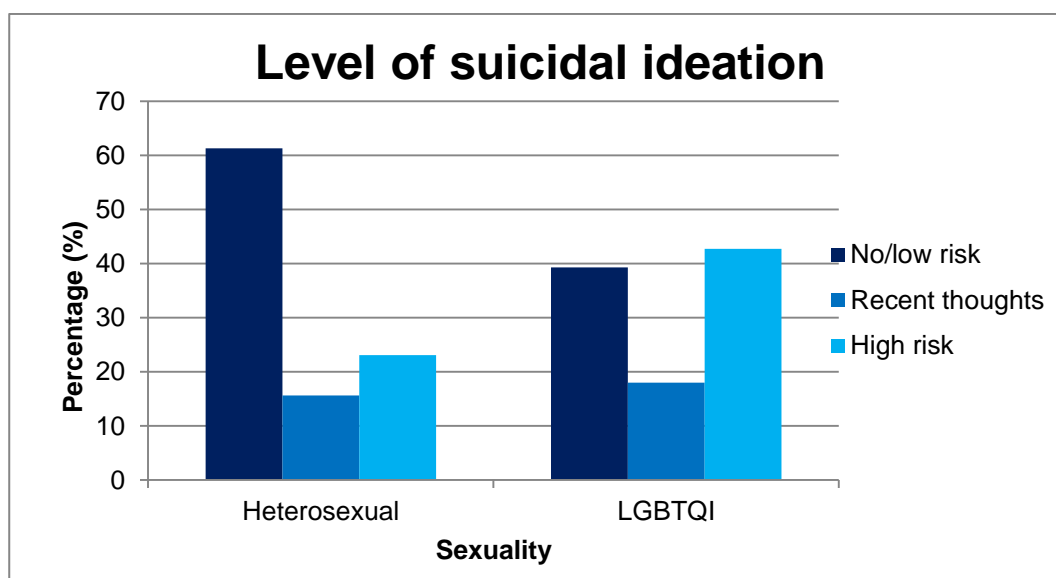
Problems in the last 3 months (across levels of problem severity)

<u>Across levels of problem severity:</u>
40.6% of participants who identified as having faced stressful or serious problems in the last 3 months that needed help but did not seek it were at high risk of suicide. Similarly, 41% of those that faced stressful or serious problems in the last 3 months and sought help were at high risk.

Problems in the last 3 months?	No/low risk	Recent thoughts	High risk	<u>Total:</u>
I have had few or no problems	85.3%	9.3%	5.4%	100%
I have had some problems but I did not feel I needed professional help	72.9%	13%	14.1%	100%
I have had some problems but I did not seek professional help although I thought I needed it	40.6%	18.9%	40.6%	100%
I have had some problems and I did seek professional help	40%	18.9%	41%	100%

<u>Within each risk level:</u>
85.7% of participants who were at high risk of suicide faced stressful or serious problems in the last 3 months and recognised that they needed help. Furthermore, 50.7% did not seek help, whilst 35% sought help.

Problems in the last 3 months?	No/low risk	Recent thoughts	High risk
I have had few or no problems	16.4%	5.9%	1.9%
I have had some problems but I did not feel I needed professional help	36%	21.1%	12.5%
I have had some problems but I did not seek professional help although I thought I needed it	28.4%	43.3%	50.7%
I have had some problems and I did seek professional help	19.2%	29.7%	35%
Total:	100%	100%	100%

Main reasons for coming to ReachOut

Depression and anxiety are the top 2 reasons for visiting ReachOut for all suicidal ideation risk levels.

Suicide becomes an increasingly important reason for visiting ReachOut as risk of suicide increases (N/A in no/low risk, 8th in recent thoughts, and 3rd in high risk).

Self-harm and Getting Help follows a similar trend in importance, suddenly appearing in the high risk population as the 5th and 6th highest reasons respectively for coming to ReachOut.

Rank	No/low risk		Recent thoughts		High risk	
	Issue	Percentage (%)	Issue	Percentage (%)	Issue	Percentage (%)
1	Anxiety	26.4	Depression	42.1	Depression	46.7
2	Depression	23.1	Anxiety	34.0	Anxiety	30.9
3	Stress	7.5	Abuse and violence	7.1	Suicide	14.9
4	Mental health issues (general)	7.0	Stress	7.1	Mental health issues (general)	9.3
5	School/uni/study	7.0	Mental health issues (general)	6.8	Self-harm	8.9
6	Abuse and violence	6.4	Helping others	5.8	Getting Help	6.0
7	Helping others	6.3	Eating disorders	4.9	Abuse and violence	5.8
8	Self-esteem/confidence	5.6	Suicide	4.9	School/uni/study	5.8
9	AOD	5.5	AOD	4.9	Stress	5.4
10	Eating disorders	4.0	Relationships	4.9	Eating disorders	5.3
	*n=994		*n=309		*n=570	

Helpfulness of ReachOut's information and support

Although ReachOut's helpfulness decreases as risk levels of suicide rises, it is still seen as a helpful resource to a substantial proportion of users with 66% and 61% of participants at high risk indicating that ReachOut was either fairly helpful or very helpful in feeling more able to deal with the issue and feeling less alone respectively. The lowest rating was for thinking more positively about myself, with only 39.1% of high risk participants indicating that they thought ReachOut was fairly or very helpful.

ReachOut's helpfulness (fairly/very helpful)	No/low risk	Recent thoughts	High risk
Feel more able to deal with the issue?	74.8%	65.7%	65.7%
Think more positively about yourself?	63.1%	49.3%	39.1%
Feel like you are less alone?	74.8%	69.5%	60.9%
Worry less about what other people would think about the issue?	65%	56.2%	48%

ReachOut user experience

All users of ReachOut, regardless of suicide risk level, provided very high user experience ratings, with over 95% of participants at all risk levels rating ReachOut as good or excellent on usefulness of the content, providing a safe and supportive community and on an overall rating of ReachOut.com.

User experience ratings (good/excellent)	No/low risk	Recent thoughts	High risk
Usefulness of the content	97.4%	96.6%	95.8%
Providing a safe and supportive community	97.2%	97.8%	96.5%
Overall rating of ReachOut.com	99.3%	99.1%	98.2%

ReachOut's qualities

Ratings of ReachOut's user experience goals appear to be relatively consistent across suicidal ideation risk levels, with the biggest difference seen between risk groups for ratings of 'ReachOut.com makes it easy for me to help myself' (12.5% between no/low-risk and high-risk).

ReachOut performs strongest on accessibility, relevance, perceived benefits, and understanding others, with over 75% of people agreeing with these qualities across all risk levels.

ReachOut's lowest ratings are on motivation, connecting people to others, and helping others, with less than 50% of people agreeing with these qualities in two or more risk levels.

ReachOut's qualities (agree/strongly agree)	No/low risk (%)	Recent thoughts (%)	High risk (%)
ReachOut.com is available and accessible in ways that are convenient for me	87	84.8	87.1
ReachOut.com is relevant to me	79.9	84.5	84.4
I can see the benefits of ReachOut.com	85.5	81.1	82.3
ReachOut.com helps me understand other people's experiences	80.1	77.2	75.3
ReachOut.com helps me understand my experience	72.5	67.4	71.9
ReachOut.com gives me a range of practical help actions and tools	72.5	62.7	64.7
ReachOut.com is relevant to my friends	70.1	63.6	62.6
ReachOut.com helps me work out what I need	68.3	55.9	59
There are many ways for me to provide feedback, contribute to or get involved with ReachOut.com	55.8	57	58.1
ReachOut.com makes it easy for me to help myself	66.9	55.2	54.4
ReachOut.com makes it easy for me to help others	54.7	46.7	49.1
ReachOut.com motivates me by showing me benefits and progress	50.9	40.5	46.1
ReachOut.com connects me to others	39.5	32.6	39.4

Telling people about ReachOut

While only 63.4% of those in the no/low risk levels and 54.1% and 55.1% in the medium and high levels respectively would tell friends and family that they use ReachOut.com, over 90% of participants at each risk level would tell a friend about ReachOut.com if they were going through a tough time.

Telling people (yes, I've done this before/I would)	No/low risk	Recent thoughts	High risk
Tell friends and family that you use ReachOut.com	63.4%	54.1%	55.1%
Tell a friend about ReachOut.com if they were going through a tough time	92.4%	91.8%	91%

Seeking professional help

While only 7.3% of people with no/low risk of suicidal ideation have gone to hospital for a mental health issue, this figure almost doubles for those at medium risk levels (13.3%), with high-risk individuals more than doubling medium-risk individuals at 28.3%.

The proportion of people who have seen a mental health professional within each risk increases with risk level, starting at 69% for no/low risk, 77.4% for medium risk, and 84.7% for high risk.

Helpfulness of mental health professionals decreases as risk levels increase, with 63.3% of no/low risk individuals finding them helpful/extremely helpful, declining to 49.6% for medium risk, and 44.2% for high risk.

Seeking professional help	No/low risk	Recent thoughts	High risk
Gone to hospital for a mental health issue? (yes)	7.3%	13.3%	28.3%
Seen a mental health professional? (yes)	69%	77.4%	84.7%
Helpfulness of mental health professional? (helpful/extremely helpful)	63.3%	49.6%	44.2%