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Online with suicidal ideation: How individuals communicate in and perceive a peer-to-peer mediated social media group

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ABSTRACT

Objective: Individuals experiencing suicidal ideation increasingly use social media to communicate with peers. The literature shows mixed results of its impact and lack of in-depth explorations of closed social media groups. Aim was to explore how members of a closed peer-to-peer social media group for individuals experiencing suicidal ideation communicate and perceive of their membership.

Method: Access to a closed Facebook group was obtained through administrators and members. Data consisted of descriptive statistics, written content (1 January–30 June 2020), and in-depth interviews with members ($n = 5$). Data were analyzed using thematic network analysis.

Results: A total of 445 posts and 2891 comments were analysed alongside five interviews. Four thematic areas emerged: (i) Members could share their thoughts with 'similar others' in the group; (ii) Many outpoured frustrations in a one-directional manner, while others searched for deep peer discussions; The group was used for (iii) sharing emotional peer-to-peer support; and (iv) practical advice to navigate the psychiatric and social systems. **Conclusion:** Findings highlight the group as a safe space and perceived lack of support from the system. They can assist in better understanding the value and challenges of online peer-to-peer communities; advise on how to navigate them; and pinpoint to support needs of this community.

1. Introduction

Suicide is a major public health problem affecting millions worldwide (World Health Organization, 2014), however it remains a challenge to identify and support individuals who are at risk of ending their lives. Many individuals who consider suicide do not seek formal care and support (Christensen et al., 2014). Instead, many turn to the Internet and social media for help, making both important sites for suicide prevention. More than half of the world's population are social media users (Datareportal, 2023), and over the past 20 years, social media has become an increasingly common tool to connect, communicate, and engage with others (Correa et al., 2010). Social media provides the opportunity for individuals living with a (mental) health condition or disease to become 'expert patients', where they obtain and share detailed knowledge of their own situation living with illness (Fox et al.,

2005; Romeyer, 2021). However, social media is more than just a source of information, it also provides a space for engagement and interaction. Qualitative research has found that social media allowed for individuals living with serious mental illness to feel less isolated, sharing hope, and strategies for coping (Naslund et al., 2016). Furthermore, social media has been used to provide crisis support for individuals experiencing suicidal ideation, and has been found useful to reduce social isolation, and deliver therapy and outreach to isolated groups (John et al., 2018; Marchant et al., 2017) as well as reaching otherwise hard-to-engage individuals (Silenzio et al., 2009). Especially, young individuals have been found to find a space on social media to share otherwise secret fears with peers, gaining an element of support and feeling of being heard (Daine et al., 2013). Social media thus provide a candid opportunity for obtaining both information and social support in a more or less anonymous way, which is especially relevant for individuals experiencing

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suicidal ideation – a situation often still surrounded by stigma.

In contrast to print media where best practices can be implemented, there is little or no regulation of suicide content on social media sites, although most global platforms have policies and resources allocated to, primarily, reduce the volume (for example (Perez, 2019)). Previous research exploring the relationship between social media and suicide has tended to focus on motivations and characteristics of users and user impact, when an individual search for suicide-related content online (Wiggins et al., 2016). For example, research has explored the potential negative consequences of talking about suicide online, including contagion, promotion, and normalization of suicide, triggering, (John et al., 2018; Marchant et al., 2017; Ueda et al., 2017) and already vulnerable individuals being drawn into depressive messages giving enticement to suicide (House, 2020). A review of social media use and suicide attempts in adolescents reported an independent association between “problematic” use of social media (Internet addiction) and suicide attempts in young people, although the causality and underlying explanations were unestablished (Sedgwick et al., 2019). Some research has been aimed to quantify the link between online support and mental well-being, measuring how the language in mental health communities on Reddit influence risk of suicidal ideation in the future (De Choudhury & Kiciman, 2017), which is useful to ‘flag’ moderators and experts.

A review by Robinson et al. sought to identify the evidence for social media use and suicide prevention, with an aim to specifically explore social media sites providing support for individuals with suicidal ideation (Robinson et al., 2016). Others have focused on how users interact and engage with each other online. Horne and Wiggins found interactional expectations in two open, online forums, including a dilemma in how members presented themselves as being suicidal ‘enough’, but not too suicidal to be held accountable for not following through (Horne & Wiggins, 2009). When not adhering to these ‘rules’, it negatively affected the responses they received (Horne & Wiggins, 2009). Building on this research, Wiggins et al. explored how members interacted within threads in an open suicide discussion forum, with a specific focus on support, and how members talked each other back from ‘the edge’ (Wiggins et al., 2016). Such social support is important for mental well-being and in recent years, there has been substantial research on emotional support in online peer support groups, focusing on coping with difficult life events. Individuals going through a stressful situation may experience support from “significant others” or “similar others” (Thoits, 2011). Significant others entail relatives who do not experience the same type of stressor, whereas similar others have experience of the same type of stressor, and are thus in a position to provide effective emotional support (Thoits, 2011). For people living with severe mental illness, stigma, social marginalization, and feelings of hopelessness and helplessness, can sometimes lead to substance abuse, poverty and even suicide – and from ‘the system’s’ side, it is often difficult to reach these individuals. Thus, online peer-to-peer networks might offer novel avenues for support and engagement (Naslund et al., 2016) and benefit individuals who are otherwise hard to engage in the ‘offline world’ (Robinson et al., 2016; Silenzio et al., 2009).

With this study, we add to the interactional research on suicide and social media, by conducting an in-depth exploration of the dynamics, interaction, and support among peers within a *closed* Facebook group. We hypothesize that the dynamics in a closed group look different than in an open, online forum, accessible to all, which have previously been researched: a closed group requires membership request and posts are only visible to other members. This provides a higher level of privacy and safety for discussing sensitive issues. In contrast, open Facebook groups may have a wider range of participants, including those who may not fully understand the topic or who could potentially respond in an unsensitive manner. Furthermore, whereas, to the best of our knowledge, previous literature on this topic has applied a one-method approach, we combine several methods (online discussions and interactions over six months, offline interviews with members, and statistics of traffic in the group) to obtain a holistic and in-depth understanding. Thus, the aim of this study was to explore how members of a closed peer-to-peer social media group for individuals experiencing suicidal ideation communicate and perceive of their membership. By exploring interaction between peers experiencing suicidal ideation, we aim to obtain insights into how these thoughts are managed collectively in an online group, which are relevant to improve suicide prevention efforts.

2. Materials and methods

2.1. Research design

Being the most used social media platform worldwide and the preferred social media platform for Danish adults, Facebook was selected for data collection for this study. One specific suicide-related Facebook group was selected, which at the time of data collection, was the largest Danish peer-to-peer Facebook group for individuals experiencing suicidal ideation, with +600 members. We chose to combine data from (i) statistical descriptive data of traffic in the Facebook group; (ii) field notes of communication taking place in this group; and (iii) offline, in-depth qualitative interviews with members of the same group. This allowed for a detailed exploration of how members communicated and perceived their membership. Engagement with the two most important suicide prevention NGOs in Denmark, Livslinien (the Lifeline) and SIND (Danish NGO advocating for mental health), was influential in shaping the rational and objectives for the study.

2.2. Research team

The interdisciplinary research team consisted of researchers with backgrounds in psychology, anthropology, and public health with strong research records within social media and peer-to-peer communities, as well as years of suicide prevention research including printed media’s portrayal of suicide and ethical dilemmas in (mental) health research.

Box 1

Definition of suicide and experiencing suicidal ideation

Definitions

In this study we make use of the definition of *suicide* by the World Health Organization: “the act of deliberately killing oneself” (World Health Organization, 2014).

Suicidal ideation, often called suicidal thoughts or ideas, involves thoughts of killing oneself (Harmer, Lee, Duong, & Saadabadi, 2022). It can involve everything from fleeting thoughts to detailed plans. By using this term, we aim to capture how suicidal ideation is not a static situation, but a feeling that can come and go (Reeves et al., 2022). We do thus not consider whether individuals have made plans for suicide or not.

2.3. Recruitment of participants

Access to the Facebook group was obtained through contacting administrators of the group and included several steps. The overall aim of the study and most responsible and mutually beneficial ways to obtain access to the group was discussed in writing with administrators. The first and second author presented the study to all members of the group through an introduction text posted in the group to allow for questions about the researchers' presence, the study approach and design as well as confidentiality and storage of data. Informed consent was achieved by presenting the study to the group and asking members to reach out to the research team or administrators if they wished to be excluded. After administrators had facilitated several discussions among group members about the aim of the study, the group agreed to the research. Two group members asked to be excluded, though one person changed her mind the next day. Participants for interviews were recruited by posting a question within the group asking if any members were interested in participating in the interviews. All interviewed participants gave verbal, informed consent to participate.

2.4. Data collection

The data collected online consisted of posts published in the group between 1 January 2020 to 30 June 2020. Administrators also allowed the researchers to obtain access to statistics of the group, including demographic composition of members and traffic in the group during the study period. Interviews with members of the group took place online ($n = 3$), by phone ($n = 1$) and in person ($n = 1$), depending on the participant's preferences and infection prevention (parts of data collection took place during COVID-19 lockdown). Interviews lasted between 1 and 1 ½ hour and were conducted by the first author guided by a semi-structured topic guide. Participants were invited to talk about any aspects of being a member of the specific Facebook group they found relevant, including why and under what circumstances they became a member; what they used their membership for, i.e. how often they communicated (if at all), and what they communicated about; their relationship with other members of the group, including perceptions of peer-to-peer support; and rules and regulations of the group and enforcement of these.

2.5. Data analysis

In total, four interviews were transcribed verbatim and checked by the first author for accuracy against the audio recording. One participant did not wish to be recorded, and instead thorough notes were made during and after the interview. In addition, field notes were made on posts and comments in the Facebook group page and organized systematically in an excel sheet by the second author.

Field notes and interviews were then uploaded into the analysis software NVivo12 (QSR International, 2020). Triangulation between the different types of empirical data was conducted making use of a combined inductive and deductive approach, and inspired by Attride Stirling's thematic network analysis (Attride-Stirling, 2001). Data were coded using predefined themes (for example how peer-to-peer support was experienced in the group) while also being open to new emerging themes (for example support to navigate the psychiatric and social systems). Codes were collated into basic themes, and exploring the relationship between these, themes relating to similar issues were combined in networks. Regular meetings were held in the research team to discuss emerging themes. A total of four organizing themes structure the presentation of the findings (sharing suicidal ideation with 'similar' others; venting frustrations; sharing emotional peer-to-peer support; and sharing support to navigate the psychiatric and social systems).

2.6. Ethics

This study was conducted in accordance with the General Data Protection Regulation of the European Union and ethical guidelines related to conducting qualitative research in an online community (Eysenbach & Till, 2001). The study did not require formal ethical approval in accordance with the available guidelines of the National Ethics Committee in Denmark. Members and participants were told that their participation was voluntary and that they could withdraw from the study at any time. Anonymity was ensured in different ways: (i) Data were collected through field notes rather than collecting screenshots of the text, to ensure members could not be identified during the subsequent analysis and presentation of results. Though risking losing parts of the initial meaning and context of the text, this was deemed necessary to ensure privacy. (ii) Confidentiality of interview participants and members of the group was maintained by giving them a pseudonym. (iii) Any identifying information was eliminated from field notes and interview transcriptions. Data was stored on a safe data platform according to our institution's data safety measures.

3. Results

The statistical data obtained from Facebook showed that in total 445 discussion threads were generated (mean: 2.5 threads/day) and 2891 comments (mean: 16 comments/day) were made. An average of 622 members were registered in the group, though this varied during the study period. In total, 63.5, 35.3 and 1.1 % identified as females, males, or user-defined gender, respectively. Most members were in the age group 18–54 years (84.1 %), whereas 4.9 and 11.0 % were in the age group 13–17 years or older than 54 years, respectively. The majority of members were based in Denmark (84.3 %), followed by members from Norway (14.4 %). An administrator highlighted how the group was diverse in its composition:

"(...) we have children and adolescents, there are 13–17 year's old in the group. We have people above 70 years, who live in pain hell, we have mentally ill and bi-polar like myself, borderline...."

On average, 183 individuals were active at least once daily, which implied either reading at least one post, posting the first post in a new discussion thread, making a commentary to an existing post, or engaging in a combination of two or more of these activities. No change in traffic following the Danish COVID-19 lockdown in March 2020 was found. From our data, we could not establish changes in traffic at different times of the day. However, an administrator highlighted how some members would continuously leave the group and come back.

3.1. Sharing suicidal ideation with 'similar' others

In the interviews, several members expressed a desire for sharing their life situation with their significant others but felt they were unable to do so. Such sharing was explained to put the other in a difficult and unfair situation. Søren, a member of the group, explained how:

"I know from my own life, that it is very lonely. You cannot say to your wife or kids or parents or best friends, what you feel like, that you want to take your own life."

Paul mentioned how individuals not familiar with experiencing suicidal ideation, would often interpret his suicidal thoughts as a critique directed against them as individuals. Likewise, Søren elaborated how, if you tell someone about your suicidal thoughts, they find it difficult to bear:

"(...) then you find out that their first thought and comment is: isn't my presence enough in your life to want to stay here? And then you will never say it to anyone again".

Members sometimes shared how offline relationships with family

and friends could worsen their quality of life, and sometimes lead them to alienate themselves from them. For example, Anton explained how his parents would not accept his homosexuality, which worsened his suicidal ideation. An administrator of the group, Rikke, mentioned how she would not share her thoughts because she was scared to get hospitalized:

“Well, it is like, you want to tell them you feel bad, however you do not want to tell them (...) well I was so afraid that they would forcefully hospitalize me.”

On a few occasions in the interviews, members shared their positive experiences with disclosing their suicidal ideation offline. Rebekka described how she tried being open about her suicidal thoughts to a group of friends, who responded with understanding and support.

In contrast to the difficulties in sharing their feelings with significant others, members found it helpful to share with similar others in the group. Søren mentioned that what, in his opinion, made a positive difference about becoming a member of this group was:

“having a space for saying that [you are having feelings of suicide], and that you have an idea that there is someone in the other end who understands what I am saying.”

Members emphasized how the group offered a space to share their suicidal urges acknowledging that their feelings were received by like-minded individuals who understood their situation. The group thus provided a safe space for sharing a difficult situation.

3.2. Venting frustrations

In total, 50 out of 445 posts were vents of mental pain and hopelessness – a phenomenon also highlighted in the offline interviews. These types of vents were described as “primal screams” by an administrator and was characterized by being one-directional ‘outpourings’ with no initiation of discussion, and they typically received no comments from other members. These posts were often short and appeared to be written in a moment of distress, expressing an in-the-moment emotion. For example, Jeppe wrote how he could not cope anymore with being alive and was looking forward to the day he would die. Similarly, Mads highlighted how he should be allowed to die, having nothing to live for. Søren explained how the group had become a place to go when struggling with negative feelings and having nowhere to go with these emotions:

“(…) that I am feeling like crap right now, I feel like killing myself, I don’t know what to do with these emotions and I don’t know what to do with my life”

In an interview, Rikke mentioned how, to an outsider, these outbursts might seem violent and over the top, however, generally acceptable among this group of peers:

“(…) well you know, it sounds horrible, but you don’t need that filter (in this group)”

These vents of mental pain and hopelessness, however, appeared to benefit the sender, more than the wider group. An administrator, Søren, mentioned how the original motivation behind having this group was to create a space where one would be able to share the deeper feelings evolving around suicide:

“We also want to know and work with, something more... why do we have these suicidal thoughts, where do they come from (...), why do some people end up committing suicide. It is, afterall, just a thought.”

Similarly, Jon highlighted how he enjoyed the posts with more depth and thought behind it.

“Yeah, like, why do I feel the way I do right now. I do not want to feel this way. Well, putting a bit more thought behind it, instead of the more factual way: now I am here like that, feel sorry for me.”

While Søren had imagined the group to be a place for deep reflection of life and death, this was however not the case. Three of the five interview participants highlighted how they felt annoyed by these ‘ventilation’ posts, which was why they would not comment on them, and how they wished for more substance. Helle mentioned:

“These posts about “I will kill myself” [a typical example of a ‘vent post’]– can we talk about why? But there are no comments to that.”

There thus appeared to be a clash between what was the initial aim of the group, as well as what many members had hoped for, and these venting posts that were most common and limited in their form of communication.

3.3. Sharing emotional peer-to-peer support

Both communication in the group and the in-depth interviews showed how the group was a peer-to-peer community where members could gain emotional support from each other. In interviews it was highlighted how a group on Facebook, in comparison to Instagram, could provide a feeling of group-belonging and togetherness with peers due to the sense of privacy and allowing for longer thread conversations. Our field notes revealed how members would write detailed accounts of their life story, explaining why they were in this difficult life situation. When members specified mental pain or frustration in this way, it was often followed by extensive emotional support by other members. Other types of emotional support posts entailed reminders of how members were not alone with their suicidal ideation. An administrator, Rikke, mentioned in an interview how a group like this could have helped her prior to becoming a member of the group, when she felt a strong suicidal urge. She highlighted how it could have made her feel less alone:

“(…) it would really have given me a sense of not being alone, and it would have given me a feeling that if anyone in this group had felt like this, but was better now (...) that’s what I want to give to other people now (members in the group) (...) Maybe it all seems dark, you really can’t see a way out and that’s also why you are tormented. If anyone had been there and told me: I know you can’t see a way out and I know you don’t believe me and that you don’t want to listen, but I just want to say that I have been there”

Rikke thus now saw herself as a role model in the group. Emotional support was frequently displayed by encouraging members to write or call if needing support. She highlighted how the membership of the group came with a certain responsibility:

“So we have responsibility towards each other, and we don’t just, eh, let someone die to suicide without contacting that person or contacting someone, you know”

That meant that members and in particular administrators would contact members who posted anything that made them worry about their safety.

Our field notes showed that part of providing emotional support was to cheer up other members and give hope, i.e., by posting links to documentaries and movies or recent research within suicide prevention. Betina asked other members to write one thing they liked about themselves, no matter how insignificant they might think it was. Another type of emotional support was to share ways to cope with suicidal ideation. Pernille wrote how her mental pain lessened when she engaged in crocheting and another found solace in music. It was also common to share life experiences that were not related to suicidal ideation. For example, Lone asked for advice when entering a new romantic relationship. Sometimes these “off-topic” discussions were not met well by some of the other members, who highlighted how it was outside the scope and

aim of the group.

3.4. Support to navigate the psychiatric and social systems

Frustrations regarding the “system” was often aired in the group and interviews, and the members helped each other navigate it like ‘expert patients’. Especially, weaknesses and limitations of the psychiatric system ($n = 43$) and social services ($n = 9$) were expressed. These posts were often elaborate, referred to the members’ own experiences, and frequently led to longer discussions in the comments, including advice, comfort, and sharing of own experiences with the psychiatric and social systems. Rikke highlighted the difficulties members had with the ‘system’:

“You see these much-tormented people posting again and again and again and again, and they write about how they have been hospitalized and they have asked for help and one thing and the other, however they have been treated like that and you just sit there and you are like, that’s psychiatry in Denmark!”

An administrator, Søren, mentioned in an interview how the whole purpose of the group was to act where the system failed:

“We [the Facebook group] is just a result of all that has not been done [to help us]”

Our field notes revealed how these interactions sometimes became practical and specific, i.e., asking questions as to how to behave when being admitted to the psychiatric emergency room. Some expressed feelings of rejection within the health care system while others highlighted frustrations with being hospitalized because they did not feel it helped mitigate their suicidal ideation. A frequent dissatisfaction with “the system” was the duration of hospitalization. Often members expressed being discharged from psychiatric units too soon – often while still experiencing suicidal ideation. For example, Alexandra described being discharged from a psychiatric hospital, despite explaining to the staff that she did not feel comfortable going home. Another reoccurring critique was aimed at health care workers and social case workers. Specifically, members commented on how health care workers were not well-equipped to handle and act upon suicidal ideation.

4. Discussion

This study provided a powerful lens and window into the personal stories of individuals experiencing suicidal ideation in a Danish context. Especially, our findings showed how individuals experiencing suicidal ideation communicated, provided, and received, support in a closed, social media forum. The findings showcased four themes: (i) how members could share their thoughts with ‘similar others’; (ii) how many used the group to outpour frustrations; and how the group was used for (iii) sharing emotional peer-to-peer support and (iv) practical advice to navigate the psychiatric and social systems.

While we cannot establish if an online forum, such as the one included in this study, has primarily beneficial or harmful consequences for whether individuals’ actually act on their suicidal ideation, it clearly provided a free and safe space to *communicate* about difficult and oftentimes stigmatized life situations. This online, safe space thus offered a refuge for individuals in crisis, a space to seek understanding, and an opportunity to connect with others who could genuinely empathize.

Our findings highlighted how members appreciated sharing their life stories in the group to peers perceived as being similar to them. Others have noted how this phenomenon can be explained as ‘Tellability’, i.e. the desire (or not) to share one’s life story (Yeo, 2021). In our study, members found tellability in the closed Facebook group, which they, in interviews, emphasized was difficult to find in the offline world. This was also highlighted by Wiggins et al. in their study of online forums’ ability to create opportunities to come into contact with similar others,

which appeared to be more challenging in an offline reality, and less likely to happen (Wiggins et al., 2016). As also found by Blanchard et al., the strong feelings of being in the same position created a sense of community that allowed members to expose their vulnerable selves in their search for emotional support (Blanchard et al., 2011). ‘Mattering’ and ‘anti-mattering’ are key concepts in other research exploring suicidal ideation online (Deas et al., 2023). ‘Mattering’ in this context captures how individuals are perceived to be important and significant to others, whereas ‘anti-mattering’ refers to individuals feeling, through explicit actions or inactions by someone else, as if they do not matter to others (Flett, 2022). Deas et al. (2023) in their exploration of the online community r/SuicideWatch on Reddit of 500,548 posts found that anti-mattering was observed in 70 % of posts. Interestingly, in our study anti-mattering was not an emerging theme. Instead, individuals appeared hesitant to burden their significant others with their difficult feelings, expressing how they rather wanted to protect them from their difficult situation and emotional turmoil.

As Deas et al. (2023), we also found hopelessness was a common theme among the members, illustrated in the venting of frustrations. While the group played this significant role in providing peer support, we also saw a paradox in how the safe space of the group was negotiated, however, not necessarily out in the open. On one hand, it was used for venting frustrations that did not give space for replies or discussions among members. Reeves et al. have argued that suicidal ideation is not a linear phenomenon but appears in waves with spikes (Reeves et al., 2022). It appeared that group members posted in the group in accordance with such waves of emotional states and even left the group when they were in a good place and came back when and if their suicidal ideation spiked. On the other hand, individuals in our in-depth interviews highlighted how they searched for deeper emotional exchanges, which was typically not fulfilled. While ‘safe spaces’ are constantly negotiated among members of it (Scheuerman, Branham, & Hamidi, 2018), our findings showed how this appeared subtle in how members replied to each other’s posts, and not through an open debate about the purpose of the online space.

Our findings showed how members with more experience with suicidal ideation would support other members by giving practical advice on how to handle suicidal ideation but also the psychiatric and social systems. Members thus dared putting their ‘expertise’ as experienced in having suicidal ideation and navigating systems into play, thus becoming more than just similar others’, but playing prominent roles in each other’s lives. Members thereby helped each other become better equipped to navigate in a, perceived, difficult system where they felt stigmatized and improperly listened to. In Denmark, mental health has been part of the tax-based, universal, and free of charge public health care system since 1933, and all citizens have access to free public psychiatric care (Nordentoft & Erlangsen, 2019). Since 2007, public Suicide Prevention Clinics provide counseling, therapy, and practical support to individuals with suicidal ideation (Nordentoft & Erlangsen, 2019). While the Danish suicide rate has decreased significantly over the years from one of the world’s highest of 38 per 100,000 in 1980 to 11.4 per 100,000 in 2007 and today (Nordentoft & Erlangsen, 2019), the public psychiatric system is currently under strain. The public mental health and social care services in Denmark has not seen the same advancements and investments as somatic disease management and treatment, and a significant increase in the number of people with mental disorders and unwell-being is a reality (Danish Health, 2022). Also, the public mental health system is challenged by lack of availability for treatment, insufficient quality, lack of human resources, and long delays (Danish Health, 2022). In response to political intentions to improve public mental health and social care in Denmark, the National Board of Health in 2022 shared recommendations for a long-term action plan to reduce number of re-admissions, reduce waiting times, and increase life expectancy for people with mental disorders, though with no specific recommendations for suicide prevention and treatment (Danish Health, 2022). It is within this reality many of the members of the closed group

included in this study found themselves and it was evident how the online community provided support when members did not feel supported by offline, public mental health support systems, in the social welfare system of Denmark.

This study has several implications. Providing insight into real-time discussions about suicide, which would have been difficult to obtain in an interview situation, it contributes with an understanding of the peer exchanges of people experiencing suicidal ideation. Suicide is preventable (World Health Organization, 2021) and a better understanding of individuals' thoughts about suicide are important in developing suicide prevention programmes and interventions directed towards supporting individuals experiencing suicidal ideation and strengthening healthcare professionals in how to communicate with them – and how not to. The findings from this research may allow researchers and authorities alike to identify shortcomings in current mental health and social service practices in the Danish setting. As seen from our research, many individuals with suicidal ideation struggle with feelings of stigmatization and not being heard – and therefore reach out to peers online to receive recognition and acceptance of their feelings and thoughts. Our findings can equip organizations working within the suicide prevention field to better understand the value and challenges of online peer-to-peer communities, advice on how to best navigate such communities as well as the quite specific calls for action towards the ones who feel let down by the system or simply not listened to properly. Future research could explore whether it would compromise the emotional peer-to-peer safe space if organizations and professionals take an active part in communication. The effects of supporting administrators in their tasks could also be further investigated and some of the ethical dilemmas in hosting a group with this focus deserve further analysis (Perry et al., 2021). It would be relevant to explore opportunities for holding on to members who are 'in a good place', to increase the stories of hope. However, it may also increase the risk for members who have moved on and maintain them in a mental space with suicide at the center. Around 70% of the members in our study would not communicate in the group. It would have been relevant to hear the perceptions of these silent 'on-lookers' and their perceptions of membership, trust and sense of tellability in what they share. Our findings showed that it was common practice for members to share articles and media resources about suicide with each other. A potential avenue for future interaction with this and similar groups could be to share self-help resources. Finally, interactions with similar groups could be a way in for NGOs or government actors to reach a particular hard to reach group.

This study had some limitations. As illustrated in the methods, social media research is faced with a challenge in terms of how to best obtain informed consent. Our approach of using field notes instead of direct quotes from the communication in the group might have resulted in some aspects being "lost in translation" and a deeper analysis of the discourses used was not possible. More and repeated offline interviews could have provided us with a better understanding of members' offline lives and how their online activity related to this.

Strengths of the study include how we combined a range of methods to explore suicidal ideation in a closed Facebook group, providing us the opportunity to triangulate findings. For example, this allowed us to enquire about phenomena observed in the written text in the in-depth interviews, i.e. further exploring perceptions of the venting of frustrations. Furthermore, we were able to get access to an otherwise hard to reach group in an ethically sound manner. A member of the research team (TP) has a background in health ethics, which was beneficial in solving ethical dilemmas in our research approach.

5. Conclusion

This study provided an insight into the communication in an online peer-to-peer community for individuals experiencing suicidal ideation. Key findings included how members could share their thoughts with 'similar others', which was found difficult with 'significant others'.

Many members used the group to vent or outpour frustrations in a one-directional manner. Finally, the group was used for sharing emotional peer-to-peer support and stories of hope as well as practical advice to navigate the psychiatric and social systems. Findings can inform and assist professionals in contact with individuals experiencing suicidal ideation to better understand the value and challenges of online peer-to-peer communities, advise on how to best navigate such communities, and pinpoint areas for action to make these individuals feel more heard.

CRedit authorship contribution statement

Jane Brandt Sørensen: Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Supervision, Validation, Writing – original draft. **Jacob Lauge Thomassen:** Conceptualization, Data curation, Funding acquisition, Investigation, Methodology, Project administration, Resources, Validation, Writing – review & editing. **Flemming Konradsen:** Conceptualization, Funding acquisition, Methodology, Writing – review & editing. **Dan W. Meyrowitsch:** Conceptualization, Funding acquisition, Methodology, Writing – review & editing. **Thilde Vildekilde:** Writing – review & editing. **Oscar Milsted Karstad:** Writing – review & editing. **Thomas Ploug:** Conceptualization, Funding acquisition, Methodology, Supervision, Writing – review & editing. **Natassia Rosewood Kingod:** Conceptualization, Formal analysis, Funding acquisition, Methodology, Writing – review & editing.

Declaration of Competing Interest

There is no conflict of interests.

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References

- Attride-Stirling, J. (2001). Thematic networks: An analytic tool for qualitative research. *Qualitative Research*, 1(3), 385–405. <https://doi.org/10.1177/146879410100100307>
- Blanchard, A. L., Welbourne, J. L., & Boughton, M. D. (2011). A model of online trust: The mediating role of norms and sense of virtual community. *Information, Communication & Society*, 14(1), 76–106. <https://doi.org/10.1080/13691181003739633>
- Christensen, H., Batterham, P., & O'Dea, B. (2014). e-Health interventions for suicide prevention. *International Journal of Environmental Research and Public Health*, 11(8), 8193–8212. <https://doi.org/10.3390/ijerph110808193>
- Correa, T., Hinsley, A. W., & de Zúñiga, H. G. (2010). Who interacts on the Web?: The intersection of users' personality and social media use. *Computers in Human Behavior*, 26(2), 247–253. <https://doi.org/10.1016/j.chb.2009.09.003>
- Daine, K., Hawton, K., Singaravelu, V., Stewart, A., Simkin, S., & Montgomery, P. (2013). The power of the web: A systematic review of studies of the influence of the internet on self-harm and suicide in young people. *PloS One*, 8(10), e77555. <https://doi.org/10.1371/journal.pone.0077555>
- Danish Health, Authority. (2022). Strengthening mental health care. *Recommendations for a 10-Year Action Plan in Denmark—Short Version*. Copenhagen, Denmark: Danish Health Authority. www.sst.dk/en/English.
- Datereportal. (2023). *Digital 2023: Global Overview report*. <https://datereportal.com/reports/digital-2023-global-overview-report>.
- De Choudhury, M., & Kiciman, E. (2017). The language of social support in social media and its effect on suicidal ideation risk. *Proceedings of the International AAAI Conference on Web and Social Media*, 11(1), 32–41. <https://doi.org/10.1609/icwsm.v11i1.14891>

- Deas, N., Kowalski, R., Fennell, S., Radovic, E., Carroll, H., Robbins, C., et al. (2023). I just want to matter: Examining the role of anti-mattering in online suicide support communities using natural language processing. *Computers in Human Behavior*, 139, Article 107499. <https://doi.org/10.1016/j.chb.2022.107499>
- Eysenbach, G., & Till, J. E. (2001). Ethical issues in qualitative research on internet communities. *BMJ*, 323(7321), 1103–1105. <https://doi.org/10.1136/bmj.323.7321.1103>
- Flett, G. L. (2022). An introduction, review, and conceptual analysis of mattering as an essential construct and an essential way of life. *Journal of Psychoeducational Assessment*, 40(1), 3–36. <https://doi.org/10.1177/07342829211057640>
- Fox, N. J., Ward, K. J., & O'Rourke, A. J. (2005). The 'expert patient': Empowerment or medical dominance? The case of weight loss, pharmaceutical drugs and the Internet. *Social Science & Medicine*, 60(6), 1299–1309. <https://doi.org/10.1016/j.socscimed.2004.07.005>
- Harmer, B., Lee, S., Duong, T. V., & Saadabadi, A. (2022). *Suicidal Ideation*. Treasure Island: StatPearls. <https://pubmed.ncbi.nlm.nih.gov/33351435/>.
- Horne, J., & Wiggins, S. (2009). Doing being 'on the edge': Managing the dilemma of being authentically suicidal in an online forum. *Sociology of Health & Illness*, 31(2), 170–184. <https://doi.org/10.1111/j.1467-9566.2008.01130.x>
- House, A. (2020). Social media, self-harm and suicide. *BJPsych Bulletin*, 44(4), 131–133. <https://doi.org/10.1192/bjb.2019.94>
- John, A., Glendenning, A. C., Marchant, A., Montgomery, P., Stewart, A., Wood, S., et al. (2018). Self-Harm, suicidal behaviours, and cyberbullying in children and young people: Systematic review. *Journal of Medical Internet Research*, 20(4), e129. <https://doi.org/10.2196/jmir.9044>
- Marchant, A., Hawton, K., Stewart, A., Montgomery, P., Singaravelu, V., Lloyd, K., et al. (2017). A systematic review of the relationship between internet use, self-harm and suicidal behaviour in young people: The good, the bad and the unknown. *PloS One*, 12(8), Article e0181722. <https://doi.org/10.1371/journal.pone.0181722>
- Naslund, J. A., Aschbrenner, K. A., Marsch, L. A., & Bartels, S. J. (2016). The future of mental health care: Peer-to-peer support and social media. *Epidemiology and Psychiatric Sciences*, 25(2), 113–122. <https://doi.org/10.1017/S2045796015001067>
- Nordentoft, M., & Erlangsen, A. (2019). Suicide—Turning the tide. *Science*, 365(6455), 725. <https://doi.org/10.1126/science.aaz1568>
- Perez S. (2019, September 10). Facebook tightens policies around self-harm and suicide. *TechCrunch*+. https://techcrunch.com/2019/09/10/facebook-tightens-policies-around-self-harm-and-suicide/?gccounter=1&guce_referrer=aHR0cHM6Ly93dC3uZ29vZ2xlLmNvbS8&guce_referrer_sig=AQAAAI_ebyBwxBwUjXCQ8OtC17CT_FQ5E5PY9d7u4iabMTBu4-7UFq38pWQak8vVvPRHA2m5EAHEalkyP43-TpeGK0gh24Lg9AXYuf9x_5z6GMGFHWZjYzy4RsNg3L4KvKiNzWbvS7na5ymNz40HXNfqhd-cZLIJjXlby4ZZMdKh
- Perry, A., Pyle, D., Lamont-Mills, A., Du Plessis, C., & Du Preez, J. (2021). Suicidal behaviours and moderator support in online health communities: A scoping review. *BMJ Open*, 11(6), Article e047905. <https://doi.org/10.1136/bmjopen-2020-047905>
- QSR International. (2020). *NVivo Qualitative Data Analysis Software 12* [Computer software].
- Reeves, K. W., Vasconez, G., & Weiss, S. J. (2022). Characteristics of suicidal ideation: A systematic review. *Archives of Suicide Research*, 26(4), 1736–1756. <https://doi.org/10.1080/13811118.2021.2022551>
- Robinson, J., Cox, G., Bailey, E., Hetrick, S., Rodrigues, M., Fisher, S., et al. (2016). Social media and suicide prevention: A systematic review: Suicide prevention and social media. *Early Intervention in Psychiatry*, 10(2), 103–121. <https://doi.org/10.1111/eip.12229>
- Romeyer, H. (2021). The expert patient in the digital age: Between myth and reality. B. Cordelier & O. Galibert (Eds.). *Digital health communications* (1st ed., pp. 120–143). Wiley. <https://doi.org/10.1002/9781119842651.ch6>
- World Health Organization, Saxena, S., Krug, E. G., & Chestnov, O. (2014). *Preventing suicide: A global imperative*. World Health Organization.
- Scheuerman, M. K., Branham, S. M., & Hamidi, F. (2018). Safe spaces and safe places: Unpacking technology-mediated experiences of safety and harm with transgender people. In , Vol. 2. *Proceedings of the ACM on Human-Computer Interaction* (p. 28). New York, NY: ACM. <https://doi.org/10.1145/3274424>
- Sedgwick, R., Epstein, S., Dutta, R., & Ougrin, D. (2019). Social media, internet use and suicide attempts in adolescents. *Current Opinion in Psychiatry*, 32(6), 534–541. <https://doi.org/10.1097/YCO.0000000000000547>
- Silenzio, V. M. B., Duberstein, P. R., Tang, W., Lu, N., Tu, X., & Homan, C. M. (2009). Connecting the invisible dots: Reaching lesbian, gay, and bisexual adolescents and young adults at risk for suicide through online social networks. *Social Science & Medicine*, 69(3), 469–474. <https://doi.org/10.1016/j.socscimed.2009.05.029>
- Thoits, P. A. (2011). Mechanisms linking social ties and support to physical and mental health. *Journal of Health and Social Behavior*, 52(2), 145–161. <https://doi.org/10.1177/0022146510395592>
- Ueda, M., Mori, K., Matsubayashi, T., & Sawada, Y. (2017). Tweeting celebrity suicides: Users' reaction to prominent suicide deaths on Twitter and subsequent increases in actual suicides. *Social Science & Medicine*, 189, 158–166. <https://doi.org/10.1016/j.socscimed.2017.06.032>
- Wiggins, S., McQuade, R., & Rasmussen, S. (2016). Stepping back from crisis points: The provision and acknowledgment of support in an online suicide discussion forum. *Qualitative Health Research*, 26(9), 1240–1251. <https://doi.org/10.1177/1049732316633130>
- World Health Organization. (2021). *Suicide worldwide in 2019—Global health estimates*. World Health Organization. [file:///C:/Users/vzm814/Downloads/9789240026643-eng%20\(3\).pdf](file:///C:/Users/vzm814/Downloads/9789240026643-eng%20(3).pdf)
- Yeo, T. E. D. (2021). "Do you know how much I suffer?": How young people negotiate the tellability of their mental health disruption in anonymous distress narratives on social media. *Health Communication*, 36(13), 1606–1615. <https://doi.org/10.1080/10410236.2020.1775447>