Suicidology Online 2019; VOL. 10:12

Suicidology Online
open access journal
www.suicidology-online.com

ISSN 2078-5488

Original Research

13 Emails Why: A Qualitative Study of Jakarta Citizens' Online Help Seeking Experiences in Suicidal Crisis

Steven Cokro [1], Benny Prawira [✉,1,2]

[1] Into The Light Indonesia Suicide Prevention Community for Advocacy, Research and Education, Jakarta, Indonesia
[2]Graduate Program of Social Health Psychology, Atma Jaya Catholic University of Indonesia, Jakarta, Indonesia

Submitted: April 15th, 2019; Accepted: August 1st, 2019; Published: September 26th, 2019

Abstract: Jakartans as urban dwellers are exposed to many risk factors that raise their suicide risk. Online help-seeking resources become more available for those who are in suicidal crisis. In this research, we aim to explore the Jakarta citizens' experiences of online help seeking in suicidal crisis. We conducted content analysis from 13 firstly sent suicide crisis emails. In these emails, they mostly experienced suicide ideation without history of suicide attempt. These email senders mostly mentioned the personal, familial, and social risk factors that result in their suicidal ideations. Yet, they rarely mentioned protective factors that hold them from enacting their suicide ideation. Some recognize their mental health issues as depression. All of them have the intention to seek help from non-formal and formal sources, but only one have sought help from the professionals. Barriers to seeking help from non-formal and professional supports are concerns of being judged, concerns of being burden, concerns of treatment process, stigma and financial issues. Our findings suggest a need for more promotion of affordable urban mental health services, help-seeking behavior promotion, and suicide stigma eradication.

Keywords: suicide crisis; urban; Jakarta; online help-seeking; qualitative research

Copyrights belong to the Author(s). Suicidology Online (SOL) is a peer-reviewed open-access journal publishing under the Creative Commons Licence 4.0.

Suicide has been a serious mental health issue in Indonesia. The rate of suicide death in Indonesia is 4.3 per 100.000 people (World Health Organization, 2014). Recent findings from Naghavi, et al, (2019) found that Indonesia has the highest suicide death in South East Asia with an average of 8.580 annual deaths by from 1990 to 2016. Suicide behaviors that leads to suicide death are categorized into three steps: suicide ideation, planning with active desire to die, and attempt (Klonsky & May, 2015). A study found that among university students in Yogyakarta, Indonesia, 6.9 percent reported of having suicide ideation while 3.0 percent reported of having suicide attempt (Peltzer, Yi, & Pengpid, 2017). Childhood sexual abuse, depressive symptoms, involvement in physical fights, poor academic performance, living with parents or guardians, and low involvement in organized religious activities are behaviors significantly associated with suicidal ideation (Peltzer, Yi, & Pengpid, 2017). Meanwhile, suicide attempt is significantly associated with childhood sexual abuse, depressive symptoms, low involvement in organized religious activity and being underweight or overweight. In Muslim majority countries, official data of suicide tend to be lacking or extremely low due to religious stigma (Tondo, 2014), therefore the official reported number of suicide dead and behavior might be lower than the actual number.

Suicide ideation and negative mental health are associated with particular chronic stress (Rosiek, Rosiek-Kryszewska, Leksowski, &Leksowski, 2016). There is also evidence supporting living in Indonesian urban areas also associated with more risk factors of mental health problems (Jaya & Wulandari, 2018). These mental health problems potentially lead into suicide behavior. Responding to a number of suicide cases in Jakarta in 2018, many commented that

✉ Benny Prawira, M.Psych. Addres: Into The Light Indonesia SP-CARE, Jakarta 10630, Indonesia, E-mail: prawirabenny89@gmail.com

Suicidology Online
open access journal
www.suicidology-online.com
ISSN 2078-5488

mental health problems exacerbate due to living conditions in urban areas (Arief, Habibi, & Qalbi, 2017). There are also other several incidences with different underlying assumptions of “causes” reported by the media such as poor physical condition, old age, does not want to be a burden, etc. (Indrawan, 2017; Rahayu, 2017; Ikhsanudin, 2017; Ikhsanudin, 2017). Such stresses may be caused by the fact that a survey by Zipjet (2017) ranked Jakarta as the world’s 20th most stressful city to live in. The survey scored Jakarta’s stressfulness at 7.84 out of 10 (higher number means more stressful) based on physical features (density, green spaces, public transport, traffic, perception of security, sunshine hours), pollution (air, noise and light), finance (unemployment, debt per capita, social security and family purchase power) and social structures (perceptions about mental health, physical health, gender equality and race equality). Some of those conditions are suicide risk factors: unemployment, depression, anxiety, poor health condition, low income, low quality of life, acute stress, and high chronic stress (Crump, Sundquist, Sundquist, & Winkleby, 2013; Phillips, Yang, Zhang, Wang, Ji, & Zhou, 2002). The combination of mental health problems, suicide risk factors and stressors of living in urban settings would contribute to the risk of suicide in Jakarta citizens.

Preventing one to enact their suicide thoughts into attempt is by encouraging help-seeking behaviors during an event of suicidal crisis. Unfortunately, help-seeking process during a suicidal crisis is often very complicated due to a complex combination of mental health issues, suicidal tendencies and how society perceives these issues as well as themselves. People with current suicidal ideation tend to have a negative attitude to help-seeking, they also have lower intention to visit mental health professionals, and higher intention of not seeking help at all (Calear, Batterham & Christensen, 2014). Conventional help-seeking might also be hindered because of the low mental health literacy and the misleading information in the society that in turn will make people more unwilling to seek help (Jorm, 2000). People with higher suicide literacy in particular were found to have more positive attitude toward help-seeking, more willing to seek help from informal/non-mental health professional sources, and reduced intention of not seeking help (Calear, Batterham, & Christensen, 2014). Stigma was also the fourth-ranked barrier that deter help seeking behavior in ethnic minorities, youth, men, those in military and health professionals (Clement, Schauman, Graham, Maggioni, Evans-Lacko, Bezborodovs, Morgan, Rusch, Brown, & Thornicroft, 2015). Suicide stigma toward those who die by suicide was associated with reduced odds of mental health professionals (Calear, Batterham, & Christensen, 2014).

Gulliver, Griffiths & Christensen (2010) found that besides the issues of stigma and mental health literacy, such as difficulty of recognizing symptoms and knowledge about available mental health services, there are some other factors that may hinder these help-seeking process such as embarrassment related to the perceived stigma, trust and confidentiality issues, concerns of the service provider features, credibility and quality, and preference for self-reliance are some of most important barriers to help-seeking process in adolescent and young adults. They also found other factors that facilitate the help seeking process, such as perceived positive past experience in seeking help, social support and encouragement from others will help in help seeking process (Gulliver, Griffiths, & Christensen, 2010). In Indonesia, mental health literacy and community supports are also found as factors that affect people to seek help from professionals (Novianty & Hadjam, 2017).

Seward and Harris (2016) found that with increasing risk of suicide, face-to-face help-seeking will be decreased and instead the odds of help-seeking to informal online source will increase. For suicidal person, there are also strong relationship between help-seeking to online professionals and online professionals’ support sites. Efforts to give prevention and intervention in an online setting is important because that is where high risk individuals tend to seek help for their problems (Seward & Harris, 2016). Online help resources became more important in Jakarta since there are 42.8% Jakarta citizens are internet user, it has the highest percentage out of any other provinces in Indonesia (Marius & Pinontoan, 2017).

In recent days, there have been several online platforms for those who seek help in Indonesia. We selected one youth suicide prevention community which used to open an online peer counseling for those who were having suicidal behavior to investigate the experiences of Jakarta citizens’ online help-seeking in suicidal crisis. This community was chosen as it used to be the only non-profit community well-known for being specialized in suicide prevention and covered by mainstream media as a help center in Indonesia. By examining the free services specialized in suicide prevention, we expect to obtain more data from suicidal people with diverse social economic backgrounds. This service was shut down since the task force coordinator found out that it was not effective enough to encourage the email senders to visit mental health professionals. This happened due tosocial cultural stigma, geographical distances to the nearest mental health services and financial

Suicidology Online
open access journal
www.suicidology-online.com
ISSN 2078-5488

issues that hinder the email senders help-seeking behavior to visit mental health professionals. The community since then decided to change their strategy from providing free help centers via email services to offline support groups and online group chats. This study was done after the service was closed to examine how Jakarta citizens online help-seeking experiences was shaped in suicidal crisis. This study is also done to determine the factors that hinder their help-seeking behavior in real world settings.

Method

Procedures

Investigators already obtained the permission to archived email database from the community's current task force coordinator. The community task force coordinator permitted us with several conditions, such as there are only age and gender for personal identities and investigators may not depict the whole email in any kind of publications. Due to the confidential nature of online peer counselling platforms, the task force coordinator assisted investigators by looking for archived emails that matched with the criteria: these suicidal crisis emails were sent by those who stated that they lived in Jakarta (searching keywords: JakPus, Jakarta Pusat, Jak Pus, etc) and shared some details regarding their suicidal experiences. Only the first sent emails were included for the content analysis, latter replied emails were not going to be analyzed. The reason behind it was because we wanted to see their help-seeking behavior in a suicidal crisis. Latter responses were not considered as crisis situation since they already received first response to reduce the crisis. It is relevant with Klonsky & May (2015)'s argument that connectedness with others would reduce the severity of suicidal ideation. These e-mails were anonymized and then sent to the investigators.

Thematic content analysis from anonymized emails is a new method in investigating suicide experiences. Past content analysis about suicide behavior usually does this with suicide notes from completed and attempted suicide (Zhang & Lester, 2008; Sinyor, Schaffer, Hull, Peisah, & Shulman, 2015; Osgood & Walker, 1959; Rogers, Bromley, McNally, & Lester, 2007) or suicide notes from online resources such as social medias (Ruder, Hatch, Ampanozi, Thali & Fischer, 2011; Barrett, Lee, Shetty, Broadbent, Cross, Hotopf, & Stewart, 2016; Litvinova, Seredin, Litvinova, & Romanchenko, 2017) and suicide websites (Synott, Ioannou, Coyne & Hemingway, 2017) but not an archived email of suicidal crisis.

Ethical concerns

Informed consent was not obtained due to the anonymous nature of email services archival research method on the emails, so it was not possible. Ethical approval was obtained from Atma Jaya Catholic University of Indonesia (1436/III/LPPM-PM.10.05/11/2018), as the study only analysed the recorded anonymous archives of emails and it did not involve any direct interaction, assessment or intervention with these participants. Consent to perform this study was obtained from the community task force coordinator.

Results

There were 13 anonymized emails that fit with the criteria. All of email senders characteristics are presented in Table 1. All emails were translated to English by the authors. Most of them were females (n=7). Not all of the email senders' age were known, only ten of them mentioned their specific age. The age range from these ten email senders was 16-25 years old. Only first sent emails were analysed, as they reflected the moment they sought help in a suicidal crisis. The suicidal experiences written in the emails were divided into five categories: suicidal behaviour, risk factors, protective factors, mental health literacy and help seeking. Themes within these categories will be discussed below.

Table 1. Demographic characteristics.

Email sender	Age	Sex
ES01	22	Female
ES02	24	Female
ES03	16	Female
ES04	-	Male
ES05	25	Female
ES06	19	Female
ES07	25	Female
ES08	19	Male
ES09	24	Male
ES10	20	Female
ES11	-	Male
ES12	-	Male
ES13	24	Male

Suicidal behaviours

There are four themes emerged from the history of their suicidal behaviors mentioned in the emails as presented in Table 2. These themes are including (1) wish to die without any explicit suicidal thought, (2) explicit suicidal thought, (3) suicide planning and previous (4) suicide attempt. There were three people said a wish to die, five people stated explicit suicidal thought, four people told about suicide

Suicidology Online
open access journal
www.suicidology-online.com
ISSN 2078-5488

planning, two of them had planned the exact time to do suicide, one of them told about the obvious method, and one said that she was not going to do it on the day she sent the emails. One email sender had a history of suicide attempt.

Risk factors

There are four themes related to risk factors as presented in Table 3. There are personal risk factors, mental health issues, social risk factors and familial risk factors. Most frequently mentioned personal risk factors are negative view on self, perceived burdensomeness, negative view on life and future. Some email senders also mentioned other personal risk factors such as personality and interpersonal skill issues. One also mentioned a spiritual struggle regarding her faith to God. These personal risk factors may overlap with mental health issues and complaints that they mentioned before, but we separated these mental health issues from other personal risk factors due to their similarity to mental disorder symptoms and the direct effect on daily functioning of their cognitive, affective, and behavioural aspects.

For familial risk factors, most of the email senders mentioned how family pressure, conflict and violence have affected their mental health and triggered their suicidal ideation. There was also one person mentioned that living far away from family also affected him.

Most mentioned social risk factors are joblessness, bullying, and being dropped out of university. Few mentioned interpersonal issues with peers, financial issues and exposure to siblings' suicide attempt.

Table 2. Themes of suicidal behaviours.

Themes	Examples of Statement
Wish to die	"…a moment ago, I felt useless as human being and I wished it all to end…" (ES04)
Explicit suicidal thought	"Since last year, I have had thoughts to harm myself and to commit suicide." (ES03)
Suicide planning	"I really want to end my life, especially on my parents' anniversary, as a present for Papa, who has high expectations towards me." (ES05)
Suicide attempt	" I wish I could recover , becauseonce tried to commit suicide in March 2017. Until now, this suicidal thoughts can't get away from my mind." (ES06)

Table 3. Risk factors.

Themes	Themes Cluster	Examples of Statement
Personal Risk Factor	*Negative view on self*	"I began to think, was it because my lack ofskills so nobody wanted to hire me? My confidence was sinking and I was desperate..." (ES02)
	Perceived burdensomeness	" While my friends are on their stairs ofsuccess, I merely remain a burden to my parents." (ES02)
	Negative view on life and future	"Something bad will happen to me." (ES07)
	Personality and interpersonal skill issues	"The problem is, even to my closest friends, I can't completely open. I still tend to keep a number of innermost thoughts to myself." (ES02)
	Spiritual issues	" Since I took my hijab off , I began to question the existence of God and religions. I had conflicts deep inside my heart, up until the end of 2017." (ES07)
Familial Risk Factor	*Family pressure, conflict and violence*	"My parents set high expectations toward me." (ES05)
	Living far away from family	"I think I had this problem since I was in college, but It's getting worse for the past one and a half year, since I left home and began to live far away from my family." (ES13)
Social Risk Factor	*Joblessness*	"I'm jobless and I have to finish my education, but I got no money at all." (ES05)
	Bullying	"Body shaming? Oh, it's an everyday stuff. I realize that I'm not sexy and beautiful." (ES02)
	Interpersonal issues with peers	" Sometimes, I have to take a break from my friend, because I don't want to hate my friend too much. I'm too afraid to lose a friend." (ES02)
	Financial issues	"… My family is poor and live out of town. I amUnemployed. I got no money. I am stressed out." (ES11)
	Exposure to sibling's suicide attempt	"Six months ago, my younger sister had a fight with her boyfriend and she tried to commit suicide. Since then, I became more depressed, haunted by more suicidal thoughts." (ES03)

Suicidology Online
open access journal
www.suicidology-online.com
ISSN 2078-5488

Mental health issues

Table 4 presents all mental health issues of the email senders. On mental health issues, these email senders inclined to report more negative experiences on their affective aspect compared to their cognitive and behavioural aspect. The most reported issue is feeling hollow and empty. Others mentioned various complaints such as worthlessness, intense mood swing, losing pleasure, excessive guilt, helplessness, frustration, unable to feel any joy, and constant exhaustion. On cognitive aspects, most reported issues are thinking of having no purpose or no point in living. There were also those who mentioned flashbacks and absent-minded. On behavioural level, most email senders mentioned losing energy to do their daily activities. Others also mentioned social withdrawal and self-harm.

Mental health literacy

Table 5 shows the mental health literacy of these email senders. Most email senders were able to recognize several mental health issues as being depressed. Two of them also recognized that they may have anxiety disorders. One had a diagnosis of ADHD. Some also mentioned the physical and cognitive changes due to depression.

Table 4. Mental health issues.

Themes	Themes Cluster	Examples of Statement
Affective	*Feeling hollow and empty*	"…not sad, but empty—clueless for my life purposes." (ES02)
	Worthlessness	"…a moment ago, I felt like a useless and wanted it all end…"(ES04)
	Intense mood swings	"These days, my mood swing didn't occur as often as they used to be. But, what worries me is when the mood swing occurs, it becomes more severe and currently, I also have problems to share my thoughts and feelings directly." (ES04)
	Losing pleasure	"I used to love drawing, but now I rarely hold a pencil to even try to draw." (ES03)
	Excessive guilt	"I easily feel guilty and blame myself" (ES01)
	Helplessness	"I feel helpless." (ES05)
	Frustration	"I can't even recognize my feelings and this makes me frustrated." (ES07)
	Unable to feel any joy	"Since junior high , it's been very difficult for me to feel happy." (ES07)
	Constant exhaustion	"Every day, I feel exhausted even though I have slept for eight hours." (ES07)
Cognitive	*Purposelessness in living*	"Where should I go? My life is totally meaningless." (ES11)
	Flashback	"…I got panic everytime I remember my unhappy childhood…"(ES02)
	Absent mindedness	"I got carried away by my own thought." (ES02)
Behavioural	*Losing energy*	"I am eager to get good grades at school, but I lose my desire of studying. I push myself to study before the exams, but it lasts only for the first and the second day of exam, and afterwards I lose it again." (ES03)
	Social withdrawal	"During the worst episode, I am not able to do anything or meet anyone for 2-3 days." (ES13)
	Self-harm	"I started to hurt myself again." (ES07)

Table 5. Mental health literacy.

Themes	Themes Cluster	Examples of Statement
Recognizing mental disorders symptoms	*Recognizing symptoms of depression*	"I've been having depression episodes ever since I was 18. I got depressed due to one of my physical attributes, or should I say "appearance"." (ES09)
	Recognizing symptoms of anxiety disorder	"The symptoms I have experienced are pointing towards anxiety disorder and depression.. I'vebeen having them since 2012." (ES06)
Recognizing changes due to depression	*Recognizing physical changes*	"I was so depressed that my physical health is getting worse. I felt like I screwed up everything." (ES05)

Suicidology Online open access journal www.suicidology-online.com
ISSN 2078-5488

	Recognizing cognitive changes	"Ioften feel depressed, confused, and somewhat disoriented." (ES01)

Protective Factors

As the email senders already had suicidal ideation, the protective factors on this emails are defined as factors that reduce the possibility of future suicide attempt. Table 6 presents all of these protective factors. Protective factors were rarely mentioned compared to risk factors. Most of these email senders mentioned filial piety to their family especially parents hold them back from enacting suicide attempt. There were few others who mentioned personal protective factors such as fear of dying, concerns of being a burden after completing suicide, and connectedness to God in spirituality. One also mentioned a situational factor that hinders the enactment of suicide.

Help Seeking Experiences

All of the email senders had sought for help via internet to our email. These help seeking experiences are presented in Table 7. Most of them asked how to find nearby psychologist and psychiatrist. One sender also had the intention to seek help from peers. History of help seeking behaviour to professional was mentioned by one email sender. One sender also had sought help from her partner, but not doing it anymore. This happened due to being judged by her partner. Being judged is indeed one of the most frequently mentioned barriers to seek help from these email senders. Some also mentioned concerns of being a burden to others, concerns of treatment process, family stigma and financial issues.

Table 6. Protective factors.

Themes	Themes Cluster	Examples of Statement
Personal Protective Factors	*Fear of dying*	"…I have had several suicidal thoughts, again and again, but I always aware of the consequences." (ES10)
	Fear of being a burden after completing suicide	"The only thing that stop me to do "the stupid thing" is that I don't want to being a hassle so that people have to take care of my corpse later on." (ES13)
	Connectedness to God in spirituality	"Now I'm trying to getting closer to God, because I'm too tired to argue logically." (ES07)
Familial Protective Factors	*Filial Piety*	"But I always remember my mother and grandmother, so I call it off." (ES01)
Situational Protective Factors	*Raining*	"I intended to take my life last Thursday but I cancel it because it was raining." (ES08)

Table 7. Help Seeking Experiences.

Themes	Themes Cluster	Examples of Statement
Help Seeking Intention	*Formal sources of help-seeking : psychologist and psychiatrist*	"…I think I need to consult with a psychologist." (ES04)
	Informal sources of help-seeking : peer	"I'm confused and afraid to share my problems with my friends." (ES03)
Help Seeking Behaviour	*Formal sources of help-seeking : psychologist and psychiatrist*	"I went to seek a psychiatrist in 2014 and a psychologist too in 2016..." (ES05)
	Informal sources of help-seeking : partner	" My boyfriend was used to be my only sharing friend, that I trust the most." (ES01)
Help Seeking Barriers	*Concerns of being judged*	"He once told me that I complained too much, and that I was weak and was not grateful. He also added that he too had his own problems, only he was not as weak as me." (ES01)
	Concerns of being a burden	"I'm confused and afraid to share my problems with my friends, I got overthink that they won't listen to me or worse, something bad will happen if I tell them about my suicidal thoughts." (ES03)
	Concerns of treatment process	"I don't know what else to do. I want to seek a psychologist, but I'm not sure whether the psychologist is the right one for me." (ES01)
	Family stigma	"All this time I've been afraid to check on my mental health condition due to intense stigma from my family." (ES06)
	Financial issues	"I went to seek a psychiatrist in 2014 and also a psychologist in 2016, but the treatment never completed

Suicidology Online open access journal www.suicidology-online.com
ISSN 2078-5488

	due to my limited financial capacity, and I felt that they didn't help me much." (ES05)

Discussion

Most of the email senders' young age reflects the crisis of youth suicide. Globally, suicide is second leading cause of dead in 15-29 years old (World Health Organization, 2014). Even though Indonesia has the lowest rate of suicidal ideation in ASEAN among its young people aged 13-15 years old (Peltzer & Pengpid, 2017) and 18-30 years old (Peltzer, Pengpid & Yi, 2017), the urban youth suicidal experiences informs us that there is a need of more specific suicide prevention programs for youth. Among these email senders from Jakarta, more females reported their suicidal ideation than males. This finding is supported by Peltzer, Pengpid & Yi (2017) who found that in Indonesia, more female youths have suicidal ideation than males.

Email senders had gone through various suicidal behaviour. While some senders have implicit wish to die without any specific intention to kill their selves, most of them are most likely to have suicidal ideation and very few of them have developed a suicide planning. However, only one sender reported a history of suicide attempt. The findings on greater numbers of suicidal ideation compared to suicide planning and suicide attempt is consistent with Klonsky and May's Three Step Theory (3ST) of Suicide (2015). This theory explains that there are three steps on how suicidal ideation may develop to, but not necessarily ends to suicide attempt. Suicide behaviour is started on the point of living in pain, the person would have decreased desire to live as the individual is being punished for living. Combined with hopelessness, the person who is in pain would not be able to see any brighter future for the pain to ends, this process would result in suicidal ideation. The second step of the suicidal process is the increasing severity of the suicidal ideation, that may result in active desire of death which includes suicide planning. The severity of the suicidal ideation would depend on how strong the connectedness of the person to other people or other objects that gives the person a purpose or meaning. When the connectedness is less than the pain and hopelessness, the suicidal ideation would become stronger. On the third step, stronger suicidal ideation with active desire to die would lead to suicide attempt only when the person has three kind of factors which are dispositional factors (genetically driven pain sensitivity and blood phobia), acquired habituation factors, and practical factors that make a suicide attempt easier (knowledge of and access to lethal means)

Email senders reported several risk factors from personal, familial and social level as well as specific mental health issues. Some participants reported negative view on life and future. This view is a characteristic of hopelessness that may contribute to suicidal ideation (Klonsky & May, 2015). Reserved personality and interpersonal skills issues may also hinder connectedness that result in stronger suicidal ideation. Spiritual issues also become a risk factor for suicidal ideation for one participant when it comes to question the existence of God and she resolved it by leaning back to God which in the end, it makes her spirituality as an important protective factor by finding a sense of connectedness. Spirituality has indeed been known as both inhibitor and facilitator of suicide ideation in many various contexts along suicidal process (Colluci & Martin, 2008). Two participants also perceived their selves as a burden to others. According to Van Orden, Witte, Cukrowicz, Braithwaite, Selby, & Joiner (2010) perceived burdensomeness is a risk factor for suicide ideation.

We also found some risk factors that emerge as risks of living in urban Indonesian areas. Jaya and Wulandari (2018) found that urban dwellers tend to have higher scores on loneliness, bullying victim experience at home, negative self-schema, negative others schema, positive symptoms, and depression than their non-urban counterparts. Some of these issues were also reported as they also overlap with suicide risk factors. The prevalent negative view on self indicates the presence of negative self-schema that may result in pain. Some email senders live in Jakarta after leaving their hometowns, as a result of living far away from family, they may feel loneliness. As loneliness grows, the sense of connectedness could be diminished and results in stronger suicidal ideation. Bullying at home was also reported by those senders as familial pressure, conflict and violence. This may result in both pain and broken sense of connectedness.

Three email senders mentioned joblessness and one mentioned financial issues as the reason of their hopelessness and suicidality. Joblessness and financial issues are interconnected risk factors in suicidal behaviour. Finding from a psychological autopsy study in Italy (Pompilli, et al, 2015) also mentioned that joblessness is a significant risk factor for completed suicide and 50% of those who are jobless are in an adverse condition for having financial issues in prior to 12 months before their death. The pattern of financial issue as suicide risk was also found in Bali (Kurihara, Kato, Reverger & Tirta, 2009). Even though Indonesia has decreased unemployment rate (bps.go.id, 2018), the

Suicidology Online
open access journal
www.suicidology-online.com
ISSN 2078-5488

complexity of unemployment and financial difficulties contributing to suicidal behaviour in urban setting need to be addressed in further research as the national health insurance does not cover any self-harm or suicide attempt which might put more economic burden for those who have financial difficulties (Info BPJS Kesehatan, 2014).

In our study, we found only few people mentioned the protective factors that hinder them from their suicide attempt compared to those who mentioned their lifetime risk factors. This might be due to the involuntary hypersensitivity of suicidal people to stimuli related to their sense of defeat (Williams, Fennel, Barnhofer, Crane & Silverton, 2015) which usually developed as suicide risk factors.

Most senders mentioned their devotion to family hinders them from enacting their suicide attempt. Filial piety was also found to be protective factors from suicide attempt among Korean students who had experienced suicide ideation (Jo, An & Sohn, 2011). Jones, Lee and Zhang (2011) found that filial piety exists in all culture, but it is stronger in collectivist culture than the individualist one. This explains why these email senders tend to have more concerns on their parents when holding back the enactment of suicidal ideation.

Personal protective factor such as fear of dying is consistent with Joiner's interpersonal theory of suicide that fearlessness about death is an important factor in developing the capacity to enact the suicidal ideation (Van Orden, et al, 2010). Concerns of being a burden after the death was also mentioned by one sender. This is consistent with Harris, McLean, Sheffield and Jobes (2010) findings that high risk suicidal people tend to endorse the fear of burdening others after completing suicide as one of their reason for living. Situational protective factor such as rain that prevents the suicide attempt was reported by one sender. This is consistent with the Klonsky and May's theory (2015) which stated that the presence of practical factor as accessible means to die facilitates the enactment of suicide ideation. Spirituality in a sense as a way of reconciliation with God after a spiritual struggle also emerged as a protective factor in one participant as previously mentioned above.

Those who reported having mental health issues tend to have depressive symptoms from affective aspect such as feeling hollow and empty, worthlessness, intense mood swing, losing pleasure, excessive guilt, helplessness, frustration, unable to feel any joy, and constant exhaustion. They also reported loss of energy, social withdrawal, self-harm tendencies, purposelessness and absent mindedness. Depressive symptoms are found to be risk factor for suicide ideation (Peltzer, Pengid, & Yi, 2017). Anxiety disorder was also reported by two senders. One of them also has ADHD diagnosis from past visit to professional. Anxiety disorders with or without other comorbid disorders may have a role in increasing suicide risk (Barzilay & Apter, 2009). Previous research found that people with ADHD have a higher rate of suicidal ideation (Batterham, Calear, Christensen, Carrager& Sunderland, 2017). One sender mentioned flashback as a part of mental health issues. Flashback as a PTSD symptom was also found to be a risk factor in suicide behaviour in previous research (Panagioti, Gooding, Taylor, & Tarrier 2013) as it creates a sense of entrapment by traumatic memories repetition.

Most email senders have enough mental health literacy for acknowledging their series of mental health issues as depression. Some senders acknowledged that they might have the comorbidity of depression with anxiety and one acknowledged the comorbidity of anxiety disorder and ADHD. Comorbidity of mental health issues is indeed associated with higher chance of suicidal ideation (Batterham, et al, 2017). Some senders mentioned clearly that they were able to notice physical and cognitive changes due to the mental health condition, but they still have questions on seeking the right treatment and help to professional. This level of mental health literacy might be due to the limited availability of information regarding mental health services and mental health access. Limited cognitive capacity due to fatigue from depression symptoms might also explain difficulty in help-seeking (Demyttenaere, De Fruyt, &Sthal, 2005). People with suicidal ideation are also poorer at problem solving (Pollock & Williams, 2001), therefore they may have difficulties on how to find the right professional at times of suicidal crisis.

Regardless of the enormous amount of help seeking intention to professionals, we only found one who already performed the behaviour and had a history of professional help. This is consistent with Basic Health Research (Kementerian Kesehatan Republik Indonesia, 2013) that found only 26.6% of people with mental emotional problems who received professional treatment in their lifetime. A low help-seeking rate among those who were suicidal before their death was also found in a study in Bali (Kurihara, Kato, Reverger & Tirta, 2009).

One sender also told us that she had the intention to talk to her peers but only to find hesitation to do so. Another sender also had sought help from her partner, but she stopped from further help seeking due to the past experience of being judged by her partner. Concerns of being judged when talking about suicidal ideation to close circles was indeed one of the most frequently mentioned barriers to seek help from these email senders. Some also mentioned concerns and family stigma. This is in line

Suicidology Online
open access journal
www.suicidology-online.com
ISSN 2078-5488

with previous study done by Gulliver, Griffiths, and Christensen (2010) that stated perceived stigma is a help seeking barrier. Concern of being a burden to others also becomes a barrier for help seeking. This concern also overlaps with perceived burdensomeness (Van Orden, et al, 2010). Concerns of being judged, perceived stigma and perceived burdensomeness might have a very important role in collectivistic culture since people in collectivistic culture had the tendency to avoid being excluded and rejected from close relation (Hashimoto & Yamagishi, 2013). Further research on concerns of being judged, perceived stigma and perceived burdensomeness as help seeking barriers need to be done.

Other help seeking barrier is financial issue. This financial issue is stated by one email sender who lives in urban Jakarta area. Previous research among young adults in UK also stated that financial issue is a major instrumental barrier for help seeking (Salaheddin & Mason, 2016). This issue may also be raised by help seekers due to the lack of knowledge that Indonesian's national health insurance also covers mental health issue (Info BPJS, 2017).

Concerns on treatment process was also stated by one email sender as a factor that makes her hesitate to visit any professional. This is also consistent with the findings of Gulliver, Griffiths, and Christensen (2010) who found that concerns about perceived characteristic of the mental health provider, including their ability to provide help and the credibility, is a barrier to help seeking.

Strength and Limitations.

There are few strengths of this study. The first is as far as we know, current study is the first study which analyses online help seeking experiences in a suicidal crisis among urban citizens. Due to the anonymity in emails, social desirability might be reduced, so these senders were not afraid to share their experience as it is. It gives us an opportunity for a clearer view on their experiences.

Another strength of this study is that, it does not only include risk factors but also protective factors. Deeper analysis to both factors in this study can be a start for further research on suicide attempt risk in Indonesia. The last strength of this study is the help-seeking experiences were also analysed from its intentional level in a crisis state.

There are also some limitations of this study. The first limitation is we are unable to identify any protective factors from suicidal ideation since they had already had suicidal ideation when they sought for help.

The second limitation is due to the nature of email analysis, the researchers are not allowed to have further in-depth questions regarding their help seeking intention; thus it is impossible to analyse their past help-seeking behaviour and future help-seeking intention, unless it is told by them on the first sent emails.

Third limitation is due to its qualitative nature, the findings are not generalizable beyond these email senders; there should be a quantitative epidemiological research on risk and protective factors for both suicide ideation and suicide attempt among urban citizens to see how these suicide risk develop on population level.

Conclusions

This study has informed us on how urban citizens seek help from online peer counsellors in suicidal crisis. We found that most of these service users are young females. In this online platform, they shared their life experiences which consist of history of suicide behavior, risk factors, protective factors, their mental health issues as well as their help-seeking intention, behavior and barriers. Most of them showed how suicide ideation develops from personal, familial, and social risk factors. Unfortunately, they rarely mentioned protective factors that hold them from enacting their suicide ideation. Most of them have enough mental health literacy to recognize their mental health issues as depression and other mental health problems. Yet they have no information regarding local mental health services even though they have the intention to seek for professional help. They have intentions to seek help from non-formal and formal sources, but there are so many barriers they have to overcome. Some of these barriers such as concerns of being judged, perceived stigma and perceived burdensomeness might have a specific cultural mechanism that needs to be further investigated. Financial issues and concerns on treatment process are also considered as other help seeking barriers by them. This finding on these help seeking experiences from Jakarta citizens suggest a need for more promotion of affordable urban mental health services, help-seeking behavior promotion, and suicide stigma eradication in a culturally relevant suicide prevention program.

Acknowledgements

The investigators would like to acknowledge to the tremendous contribution of the community and the task force coordinator for not only giving permission but also assisting the investigators in searching the archived emails.

Suicidology Online
open access journal
www.suicidology-online.com
ISSN 2078-5488

References

Arief, T. M. V., Habibi, I., & Qalbi, A. (2017). Seorang Perempuan Bunuh Diri di Apartemen Bellagio, Kuningan. Retrieved 12th September 2018 from: https://kumparan.com/@kumparannews/seorang-perempuan-bunuh-diri-di-apartemen-bellagio-kuningan

Barrett, J. R., Lee, W., Shetty, H., Broadbent, M., Cross, S., Hotopf, M., & Stewart, R. (2016). 'He left me a message on Facebook': comparing the risk profiles of self-harming patients who leave paper suicide notes with those who leave messages on new media. *BJPsych Open*, *2*(03), 217–220. doi:10.1192/bjpo.bp.116.002832

Barzilay, S., &Apter, A. (2014). Predictors of suicide in adolescents and adults with mood and common comorbid disorders. *Neuropsychiatry*, *4*(1), 81–93. doi:10.2217/npy.13.86

Batterham, P. J., Calear, A. L., Christensen, H., Carragher, N., & Sunderland, M. (2017). Independent Effects of Mental Disorders on Suicidal Behavior in the Community. *Suicide and Life-Threatening Behavior*, *48* (5), 1–10. doi:10.1111/sltb.12379

BPS.go.id. (2018). Februari 2018: Tingkat Pengangguran Terbuka (TPT) sebesar 5,13 Persen, Rata-rata Upah Buruh per Bulan sebesar 2,65 juta rupiah.Retrieved 10th October 2018 from https://www.bps.go.id/pressrelease/2018/05/07/1484/februari-2018--tingkat-pengangguran-terbuka--tpt--sebesar-5-13-persen--rata-rata-upah-buruh-per-bulan-sebesar-2-65-juta-rupiah.html

Calear, A. L., Batterham, P. J., & Christensen, H. (2014). Predictors of help-seeking for suicidal ideation in the community: Risks and opportunities for public suicide prevention campaigns. *Psychiatry Research*, *219*(3), 525–530. doi:10.1016/j.psychres.2014.06.027

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., Morgan, C., Rusch, N., Brown, J. S. L., &Thornicroft, G. (2014). What is the impact of mental health-related stigma on help seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine*, *45*(1), 11 - 27. https://doi:10.1017/S0033291714000129

Colucci, E., & Martin, G. (2008). Religion and Spirituality Along the Suicidal Path. *Suicide and Life-Threatening Behavior*, *38*(2), 229–244. doi:10.1521/suli.2008.38.2.229

Crump, C., Sundquist, K., Sundquist, J., &Winkleby, M. A. (2014). Sociodemographic, psychiatric, and somatic risk factors for suicide: a Swedish national cohort study. *Psychological Medicine*, *44*(2), 279 - 289. doi:10.1017/S0033291713000810

Demyttenaere, K., De Fruyt, J., & Stahl, S. M. (2005). The many faces of fatigue in major depressive disorder. *International Journal of Neuropsychopharmacology*, *8*(1), 93–105. doi:10.1017/S1461145704004729

Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. *BMC Psychiatry*, *10* (130), 113 – 121. doi:10.1186/1471-244X-10-113

Harris, K. M., Mclean, J. P., Sheffield, J. & Jobes, D. (2010). The Internal Suicide Debate Hypothesis : Exploring the Life versus Death Struggle. *Suicide and Life-Threatening Behavior*, *40*(2), 181-192. doi:10.1521/suli.2010.40.2.181

Hashimoto, H., & Yamagishi, T. (2013). Two faces of interdependence: Harmony seeking and rejection avoidance. *Asian Journal of Social Psychology*, *16*(2), 142–151. doi:10.1111/ajsp.12022

Ikhsanudin, A. (2017). Kakek Bunuh Diri di Apartemen Latumenten Tinggalkan Surat Wasiat. Retrieved 12th September 2018 from: https://news.detik.com/berita/d-3543205/kakek-bunuh-diri-di-apartemen-latumenten-tinggalkan-surat-wasiat

Ikhsanudin, A. (2017). Mayat Wanita Ditemukan di Bak Air di Jakbar, Diduga Bunuh Diri. Retrieved 12th September 2018 from: https://news.detik.com/berita/d-3396776/mayat-wanita-ditemukan-di-bak-air-di-jakbar-diduga-bunuh-diri

Indrawan, A. F. (2017). Pria Coba Bunuh Diri dari Lantai 23 Apartemen di Jakarta Barat. Retrieved 12th September 2018 from: https://news.detik.com/berita/d-3735202/pria-coba-bunuh-diri-dari-lantai-23-apartemen-di-jakarta-barat

Info BPJS Kesehatan. (2014). DJSN tetap Awasi Ketat Keuangan BPJS Kesehatan. Retrieved 15th September 2018 from https://bpjs-kesehatan.go.id/bpjs/dmdocuments/8dca3fa5eb3b7fcc3c5bf04fb0ecf59c.pdf

Info BPJS Kesehatan. (2017). Penderita Skizofrenia Bisa Mendapat Pelayanan Kesehatan Melalui JKN-KIS. Retrieved 15th September 2018 from

Suicidology Online
open access journal
www.suicidology-online.com
ISSN 2078-5488

https://bpjs-kesehatan.go.id/bpjs/dmdocuments/8ab8026db745ac81dc21323489e4b612.pdf

Jaya, E. S., & Wulandari, S. (2018). Comparison rates of psychotic experiences, depressive symptoms, anxiety symptoms, and common mental health risk factors of people living in urban and non-urban areas in Indonesia. *PRoUSt Psychological Research on Urban Society*, *1*(1), 3 – 11.doi:10.7454/proust.v1i1.21

Jo, K. H., An, G. J., &Sohn, K. C. (2011). Qualitative content analysis of suicidal ideation in Korean college students. *Collegian The Australian Journal of Nursing Practice, Scholarship & Research*, *18*(2), 87–92. doi:10.1016/j.colegn.2010.11.001

Jorm, A. F. (2000). Mental health literacy: public knowledge and beliefs about mental disorders. British Journal of Psychiatry, 177, 396 – 401

KementerianKesehatanRepublik Indonesia. (2013). “Riset Kesehatan Dasar 2013 dalam Angka”.Retrieved 1st October 2018 from http://terbitan.litbang.depkes.go.id/penerbitan/index.php/lpb/catalog/book/158

Klonsky, D.E., & May, A. M. (2015). The three-step theory (3ST): A new theory of suicide rooted in the “ideation-to-action” framework. *International Journal of Cognitive Therapy*, 8(2), 114–129. doi:10.1521/ijct.2015.8.2.114

Kurihara, T., Kato, M., Reverger, R., &Tirta, I. G. R. (2009). Risk factors for suicide in Bali: A psychological autopsy study. *BMC Public Health*, 9, 1–7. doi:10.1186/1471-2458-9-327

Litvinova, T. A., Seredin, P. V., Litvinova, O. A., &Romanchenko, O. V. (2017). Identification of Suicidal Tendencies of Individuals based on the Quantitative Analysis of their Internet Texts. *Computación y Sistemas*, 21(2), 243–252. doi:10.13053/cys-21-2-2721

Marius, P., &Pinontoan, F. (2017). Indonesia Internet Usage For Business Sector 2013. Jakarta: APJII

Naghavi, M. (2019). Global , regional , and national burden of suicide mortality 1990 to 2016 : systematic analysis for the Global Burden of Disease Study 2016. *The BMJ*, 364 (194). doi:10.1136/bmj.l94

Novianty, A., & Hadjam, M. N. R. (2017). Literasi kesehatan mental dan sikap komunitas sebagai prediktor pencarian pertolongan formal. *Jurnal Psikologi*, *44*(1), 50 – 65. https://jurnal.ugm.ac.id/jpsi/article/view/22988

Osgood, C. E., & Walker, E. G. (1959). Motivation and language behavior: a content analysis of suicide notes. *The Journal of Abnormal and Social Psychology*, *59*(1), 58 – 67. http://psycnet.apa.org/doi/10.1037/h0047078

Panagioti, M., Gooding, P., Taylor, P. J., &Tarrier, N. (2013). A model of suicidal behavior in posttraumatic stress disorder (PTSD): The mediating role of defeat and entrapment. *Psychiatry Research*, *209*(1), 55–59. doi:10.1016/j.psychres.2013.02.018

Peltzer, K., & Pengpid, S. (2017). Suicidal ideation and associated factors among students aged 13–15 years in Association of Southeast Asian Nations (ASEAN) member states, 2007–2013. *International Journal of Psychiatry in Clinical Practice*, *21*(3), 201–208. doi:10.1080/13651501.2017.1301486

Peltzer, K., Yi, S., & Pengpid, S. (2017). Suicidal behaviors and associated factors among university students in six countries in the Association of Southeast Asian Nations (ASEAN). *Asian Journal of Psychiatry*, *26*, 32–38. doi:10.1016/j.ajp.2017.01.019

Phillips, M. R., Yang, G., Zhang, Y., Wang, L., Ji, H., & Zhou, M. (2002). Risk factors for suicide in China: a national case-control psychological autopsy study. *The Lancet*, *360*(9347), 1728 - 1736. doi:10.1016/s0140-6736(02)11681-3

Pollock, L. R., & Williams, J. M. G. (2001). Effective problem solving in suicide attempters depends on specific autobiographical recall. *Suicide and Life-Threatening Behavior*, *31* (4), 386–396. doi:10.1521/suli.31.4.386.22041

Pompili, M., Innamorati, M., Di Vittorio, C., Baratta, S., Masotti, V., Badaracco, A., Wong, P., Lester, D., Yip, P, Girardi, P., & Amore, M. (2014). Unemployment as a Risk Factor for Completed Suicide: A Psychological Autopsy Study. *Archives of Suicide Research*, *18*(2), 181–192. doi:10.1080/13811118.2013.803449

Rahayu, C. M. (2017). Polisi: Wanita Tabrakkan Diri ke Kereta di Cikini Diduga Bunuh Diri. Retrieved 12th September 2018 from: https://news.detik.com/berita/d-3528669/polisi-wanita-tabrakkan-diri-ke-kereta-di-cikini-diduga-bunuh-diri

Rogers, J. R., Bromley, J. L., McNally, C. J.& Lester, D. (2007). Content analysis of suicide notes as a test of the motivational component of the existential-constructivist model of suicide. Journal of Counseling and Development, *85*(2), 182 – 188. doi:10.1002/j.1556-6678.2007.tb00461.x

Suicidology Online
open access journal
www.suicidology-online.com
ISSN 2078-5488

Rogers, J. R., Bromley, J. L., McNally, C. J., Lester, D. (2007). Content analysis of suicide notes as a test of the motivational component of the existential-constructivist model of suicide. *Journal of Counseling and Development*, *85*(2), 182 – 188. doi:10.1002/j.1556-6678.2007.tb00461.x

Rosiek, A, Rosiek-Kryszewska, A., Leksowski, L., & Leksowski, K. (2016). Chronic stress and suicidal thinking among medical students. *International Journal of Environmental Research and Public Health*, *13*(2), 212 – 227. doi: 10.3390/ijerph13020212.

Ruder, T. D., Hatch, G. M., Ampanozi, G., Thali, M. J., & Fischer, N. (2011). Suicide announcement on facebook. *Crisis*, *32*(5), 280–282. doi:10.1027/0227-5910/a000086

Salaheddin, K., & Mason, B. (2016). Identifying barriers to mental health help-seeking among young adults in the UK: a cross-sectional survey. *British Journal of General Practice*, *66*(651), e686–e692. doi:10.3399/bjgp16X687313Schoene, A. M., & Dethlefs, N. (2016). Automatic Identification of Suicide Notes from Linguistic and Sentiment Features, In Reiter, N., Alex, B., & Zervanou , K.A. (Eds). LaTeCH 2016, Proceedings of the 10th SIGHUM Workshop on Language Technology for Cultural Heritage, Social Sciences, and Humanities 2016. Retrieved 12th September 2018 from https://www.aclweb.org/anthology/W16-2100

Seward, A., & Harris, K. M. (2016). Offline versus online suicide-related help seeking: changing domains, changing paradigms. *Journal of Clinical Psychology*, *72*(6), 606 - 620. doi:10.1002/jclp.22282

Sinyor, M., Schaffer, A., Hull, I., Peisah, C., & Shulman K. (2015). Last will and testaments in a large sample of suicide notes: implications for testamentary capacity. *The British Journal of Psychiatry*, *206*(1), 72 – 76. doi:10.1192/bjp.bp.114.145722

Synnott, J., Ioannou, M., Coyne, A., & Hemingway, S. (2017). A Content Analysis of Online Suicide Notes: Attempted Suicide Versus Attempt Resulting in Suicide. *Suicide and Life-Threatening Behavior*, *48* (6), 767-778 doi:10.1111/sltb.12398

Tondo, L. (2014). Brief history of suicide in Western Culture. In Koslow, S.H., Ruiz, P. &Nemeroff C.B (eds). *A Concise Guide to Understanding Suicide Epidemiology, Pathophysiology and Prevention* (page 3-12). UK: Cambridge University Press.

Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E. (2010). The interpersonal theory of suicide. *Psychological Review*, *117*(2), 575–600. doi:10.1037/a0018697

Williams, M., Fennell, M., Barnhofer, T., Crane, R., & Silverton, S. (2015). *Mindfulness and The Transformation of Despair Working with People At Suicide Risk*. New York: The Guilford Press

World Health Organization. (2014). Preventing Suicide: A Global Imperative. Retrieved 1st September 2018 from http://www.who.int/mental_health/suicide-prevention/exe_summary_english.pdf?ua=1

Zhang, J., & Lester, D. (2008). Psychological tensions found in suicide notes: a test for the strain theory of suicide. *Archives of Suicide Research*, *12*(1), 67 – 73. https://doi: 10.1080/13811110701800962

Zipjet. (2017). The 2017 Global Least & Most Stressful Cities Ranking. Retrieved 11th September 2018 from https://www.zipjet.co.uk/2017-stressful-cities-ranking