Designing for Human-Centered Suicide Prevention and Mental Health Services

Designing for a state of well-being

Master Thesis by Lars Kvinnesland

Institute for Product Design
Oslo Metropolitan University
2019

Master Thesis by Lars Kvinnesland
Institute for Product Design
Oslo Metropolitan University
2019

Supervisor: Tore Gulden

Acknowledgements

I want to thank everyone who has made this thesis possible. I want to thank my supervisor Tore Gulden for always thinking outside the box, and asking the critical questions, Anna Kirah for pushing me far out of my comfort zone, Damjan Obal, Michael Nino Evensen and Linn Harbo Dahle for all the feedback and motivation. I also want to thank everyone who has participated directly and indirectly in interviews, discussions and excellent advice throughout the process.

I would like to include a special note of thanks to Adélie Dorseuil at the Norwegian Directorate of Health for always making time to meet and sharing her exceptional insights.

As a final note, I would like to thank family and friends who have been motivating pillars throughout the ups and downs during this thesis.

Abstract

According to the World Health Organization (WHO) close to 800 000 people die to suicide every year. In WHO's Mental Health Action Plan for 2013-2020, The Member States have committed themselves to work towards the goal of decreasing the suicide rate by 10% by 2020. Norway is one of 38 countries who has a national suicide prevention strategy and aims for this goal.

The goal was set when the Norwegian number of deaths to suicide were 550, in 2013. The Norwegian Institute of Public Health released the figures for 2017 showing that the suicide rate had increased with 6,5% instead of the planned decrease

Preventing suicide is a complex and challenging subject. The project research has dived into the different suicide prevention and mental health services offered in Norway. Using the perspective of design mythology, the project aims to highlight problems with the existing services. Building upon user insights and analysis the project creates a framework on how to improve different services by using human-centered design principles.

The project uses the created design principles and user insights and applies this to develop new features that are used to redesign the Norwegian Directorate of Health's mobile phone application, Heia Meg. The outcome is a human-centered application that aims to offer users a unique and personal experience, helping the users of the application achieving daily goals and getting a step closer to a state of well-being.

Abbreviations & Explanations

Abbreviations

BUFDIR: The Norwegian Directorate for Children, Youth and Family Affairs
E-DIR: The Norwegian Directorate of eHealth
GDPR: General Data Protection Regulation
HDIR: The Norwegian Directorate of Health
IA: Information Architecture
MVP: Minimum Viable Product
NIPH: Norwegian Institute of Public Health
UI: User Interface
UX: User Experience
WHO: World Health Organization

Explanations

Content: Text, and visuals/graphical elements that users experience, for example on a webpage.

Table of Content

Introduction 7
Problem Description 7
Research Question 7
Motivation and justification 7
Vision 7
Important Resource Persons 8
Process 9
Process for Project 10
Project Plan 11
Applied Methods 12

Preliminary Study 14
Preliminary Study 15
Findings 16
Reflections 16

Master Thesis18
DIGI-UNG 19
DIGI-UNG Interview 21

Discover 22
Understanding and Empathy 23
Framing the Challenge 23
Online Communities 24
Online Videos 26
Supporting Articles 28
Insight from Articles 29
Service Safari 30
Kors på Halsen 35
Insight from Service Safari 38
Personal Reflection 39
Interviews 40

Define 43
User Journey 44
Defining the Audience 45
Bottleneck 46
Bottleneck Consequences 47
Insight Statement 48
How Might We 49

Develop 50
Brainstorm 51
Bundle Ideas 58
Design Principles 59
The Concept 60
Analyzing Heia Meg 61
Current Application User Feedback 62
What to Prototype 63
MVP Prioritization Matrix 64

Deliver 65
Structure, Build and Prototype 65
User Journey 66
Information Architecture 67
Reinforcing Content Feedback Loop 68
Concept Development Process 69
Sketches 70
Wireframe 71
Implementing Design Principles 72
UI Style Guide 74
Clickthrough Prototype 76
Feedback 78
Presenting to HDIR 79
Itteration 80
Concept Prototype 81
Ensuring the Concepts Desirability, Viability and Feasibility 83

Conclusion and Reflections 84

Reference List 85

Table of Figures 88

Appendix 89
Appendix List 90

Introduction

Problem Description
As a member of WHO, Norway is a part of a goal to decrease the suicide rate in each member country by 10% within the year 2020 (WHO, 2018). As of writing this, the latest statistics in Norway shows that the Norwegian suicide rate has gone the opposite way (NIPH, 2018). Instead of reaching a goal of a 10% decrease, the Norwegian suicide rate has increased.

The goal of this project is to create concepts and suggestions that can be implemented in today's and upcoming services.

Research Question
How can suicide prevention and mental health services lower the threshold for contact and support of individuals towards a state of well-being?

Motivation and justification
During the research phase in a previous project, it was uncovered a concerning problem with the number of unanswered inquiries within services offering suicide prevention and mental health help through, chat, mail, and phone

As suicide one of the leading causes of death among 15 – 29-year old's, globally (WHO, 2019). The opportunity to push personal boundaries, exploring a challenging and complex subject matter, and bring a holistic perspective from a designer, to forecast unanticipated problems and solutions have been the primary motivation for the project.

Vision
The vision of the project has been to be able to create concepts and suggestions that can be implemented into days and upcoming services that can be beneficial for suicidal individuals and support them towards a state of well-being.

Important Resource Persons

Multiple people have been involved, directly and indirectly throughout the project, both in the preliminary study conducted in the fall of 2018 and in the thesis project in the spring of 2019.

During the project, the number of people that have opened up and talked about their experiences, directly or indirectly, with suicidal thoughts and mental health issues has been heartwarming and has unquestionably been a motivational drive throughout the project. Some of the interviewees during this project has preferred to stay anonymous and will therefore not be referred to by name.

The parties that have conveyed insight has been the HDIR, Kors på Halsen, Kirkens SOS and Mental Helse.

During the project, Damjan Obal, a design researcher with experience within user experience and behavior on digital platforms and Michael Nino Evensen, a product designer with a background within user experience on mobile platforms have acted as external mentors and advisors.

Process

Approach, structure and applied methods

Process for Project

The project consists of two stages, the preliminary study, and the master thesis. The preliminary study was conducted in late 2018. The study primarily focused on how the systems within the suicide prevention services worked, and why a large number of inquiries went unanswered. The result of the study was summarized, visualized and presented in a GIGA-Map (see page). The preliminary study acted as a foundation for the master thesis.

When starting to explore work on the master thesis, the subject matter was pretty clear, as it was clear that only the surface of the subject has been explored.

The starting research questions for the master thesis were:

- How can suicide prevention services answer more inquiries and support suicidal individual further towards a state of well-being?
- How to create a lower threshold for young males to contact suicide prevention services?

However, as the project started to unfold, it became apparent that by focusing on the inquiries of the services acted as a limiting factor for the scope of the project. During the project discover phase it was proved difficult to find boys/men within the target group. The project focus shifted in a direction to widen the scope, and not primarily focus on men, but instead focusing on embracing as many users as possible within the target audience.

The research question, therefore, changed to:

- How can suicide prevention and mental health services lower the threshold for contact and support of individuals towards a state of well-being?

Project Plan

Double Diamond with Human-Centered Design

The double diamond is a process model that was first introduced in 2005 by the British Design Council (Norman, 2013). The model has been chosen as the foundation of this project design process, due to the model's distinct way to keep the freedom of exploration throughout the process at the same time keeping a steady pace moving forward.

The project is split into four phases. The Discover and Define phase which focuses on the exploration of finding the right problems to solve. While the Develop and Deliver phase focuses on the exploration of finding the right solution (Norman, 2013). In the project final stage, Deliver, the goal is to deliver a feasible concept.

Throughout the project different approaches from User Experience Design (UX), User Interface Design (UI) and Service Design have been applied. From personal experiences, these approaches from the different disciplines are often similar. However, an overarching focus on human-centered design has been the primary mindset when executing different methods.

Human-Centered Design is an approach that focuses on involving the users throughout the development of a product or service. The process aims to create solutions that are tailored to fit the targeted audience's needs. The process relies on building empathy with the people that the product or sevice are aming for, and use this insights as the cornerstones in the solution (IDEO, 2015).

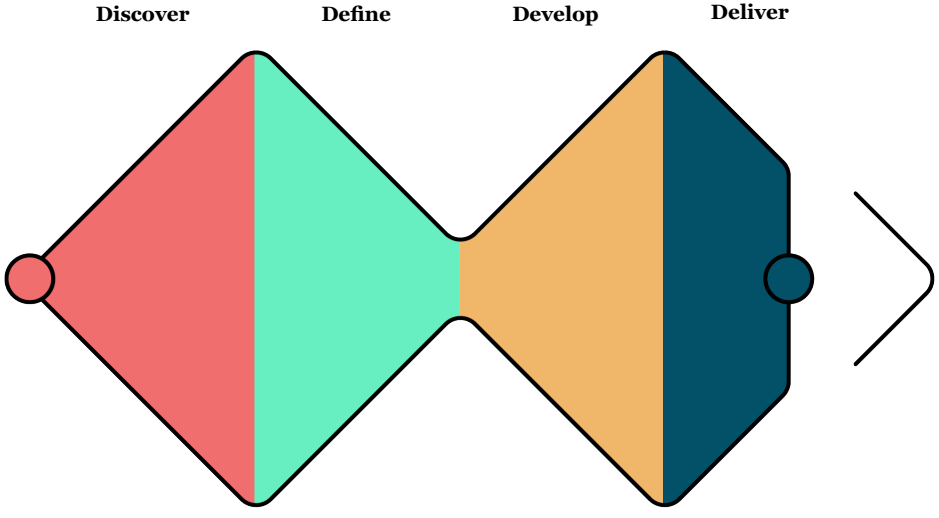


Illustration based on Double Diamond

Applied Methods

Preliminary Study
Exploring potentially interesting topics. Digging deeper into understanding the problem and context of the subject.

Master Thesis
Semi-structured in-depth interview
Semi-structured in-depth interviews performed face to face, creating an intimate atmosphere. Getting an understanding of problems, needs, and ideas (Hormess, Lawrence, Schneider, & Stickdorn, 2017).

Discover
The methods used in the discovery phased focuses on gathering data to create insights, depth, understanding, and empathy. However, by using these methods, there are also the likelihood of parts of the data being subjective, especially in in-depth interviews and online ethnography. It is therefore essential to gather data from several sources so that the insights are credible.

Secondary Research
The method was used to build understanding, empathy and create the foundational context of the subject, so in later phases, the focus was to ask the right questions, with depth (Hormess et al., 2017).

Online Ethnography
Investigate and observe how people interact in online communities (Hormess et al., 2017).

Autoethnographic
Service Safari was used to understand the experience of the users, by going through different services.

Define
The methods used in define is depended on the amount of credible data collected in the discovery phase.

User Journey
The method of creating a user journey was used to illustrate the user's experience of the services (Cheng, 2012).

Insight Statements
The method Insight Statements were used to create short sentences based on the gathered insights (IDEO, 2015).

How Might We
The how might we method were used to create questions, that can be used to further drive the ideation process (IDEO, 2015).

Develop

Similar to the define phase it is depended on the previous phases. However, the methods used in the development phase have the probability of being exposed to subjectivity, especially in the brainstorming, bundle ideas, and MVP Prioritization Matrix methods due to the involvment of participants.

Brainstorm Co-Creation

The brainstorming session is to create many ideas fast, by involving participants more they can share pain points and come with optimal ideas for what they have experienced (IDEO, 2015).

Bundle Ideas

Gathering the created ideas and prioritize wich ideas that are most plausible (IDEO, 2015).

Design Principles

Creating design principles that will act as a guiding framework, ensuring key insight is steering the focus of the concept (IDEO, 2015).

MVP Prioritization Matrix

MVP is the process of determining what is the minimum amount of features that should be included in a product or service. The goal of creating an MVP is to be able to test and validate the product or service with the target audience without too much investment (Ciligot, 2019).

Develop

The development phase is depended on gathered feedback in the earlier phases. Getting feedback on the concept is critical to see if the previous insights and the execution of these insights resonate with the intended target audience.

Information Architecture

Were used to create a visual structure of the concept.

Sketches

Sketching were used to quickly articulate and visualize the concepts base frames, based on structure from the Information Architecture.

Wireframe

To create the concepts flow in a visual representation.

UI Styleguide

Where used as a base foundation for the visual elements used to enhance the user experience of the concept.

Click through Prototype

Used to test the flow and presentation of the concept.

Concept Prototype

Share how the intended concept should be experienced, look and feel. The quality of the prototype should be used to convey the concept further and closer to a development phase.

Preliminary Study

The Starting Point

Preliminary Study

What is mental health?
WHO defines mental health as a state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to her or his community. *"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"* (WHO, 2019a).

What is suicide?
The Norwegian Institute of Public Health (NIPH) defines suicide as the result of self-inflicted injuries and a willing wish to die. According to the WHO close to 800 000 people die due to suicide every year. In WHO's Mental Health Action Plan for 2013-2020, The Member States have committed themselves to work towards the goal of decreasing the suicide rate by 10% by 2020. Norway is one of 38 countries who has a national suicide prevention strategy and aims for this goal.

The goal was set when the Norwegian number of deaths to suicide were 550, in 2013. The Norwegian Institute of Public Health released the figures for 2017 showing that the suicide rate had increased with 6,5% instead of the planned decrease.

One of Norway's suicide prevention solutions is suicide communication platforms. These platforms are a way for people to call, chat or send messages. Kirkens SOS, which has one of these platforms, gets over 300 000 inquires ever year (not only suicide). However, they manage only to answer 50 – 65% of the inquires (Kirkens-SOS, 2016).

As this is not only a problem for Kirkens SOS but all other services as well (Kors-på-halsen, 2018; MentalHelse, 2018). The primary goal for the preliminary study was to address and discover issues with these services and aims to find solutions for increasing the answer rate and feasibly find results that can help people contacting these services.

In the action plan to prevent suicide and self-harm, there are 29 actions that will be done to prevent suicide and self-harm, raise knowledgebase and competence in the service system. More than 80% of people dying to suicide have been in contact with a doctor within the last year and 66% within the last month before their death (HDIR, 2014).

What is depression?
Depression is defined as a mood or emotional state, which feelings of low self-worth or guilt as well as a reduced ability to enjoy life. Some of the symptoms of depression are the feeling of sadness, hopelessness, or pessimism, lowered self-esteem, decrease in the ability to take pleasure in ordinary activities and reduced energy (Britannica). According to HDIRs Action Plan for Prevention of Suicide and Self-harm 2014-2017 depression is present in 40-70% of all suicides (HDIR, 2014). The risk for suicide increases with symptoms related to depression.

Findings

For the users who get through and talk to the volunteers, in the prevention services, it seems to have a huge impact and a big step in the right direction for many people. However, the systems managing incoming inquiries appear to be simple and without modern logic or any call categorizing or prioritizing. The current systems have limited capability to record any beneficial technical data, like dropped calls and chats. The insight from the study shows that the chat provided by the services acted as the primary entry point to talk about suicide and self-harm (Kirkens-SOS, 2016; Kors-på-halsen, 2018; MentalHelse, 2018).

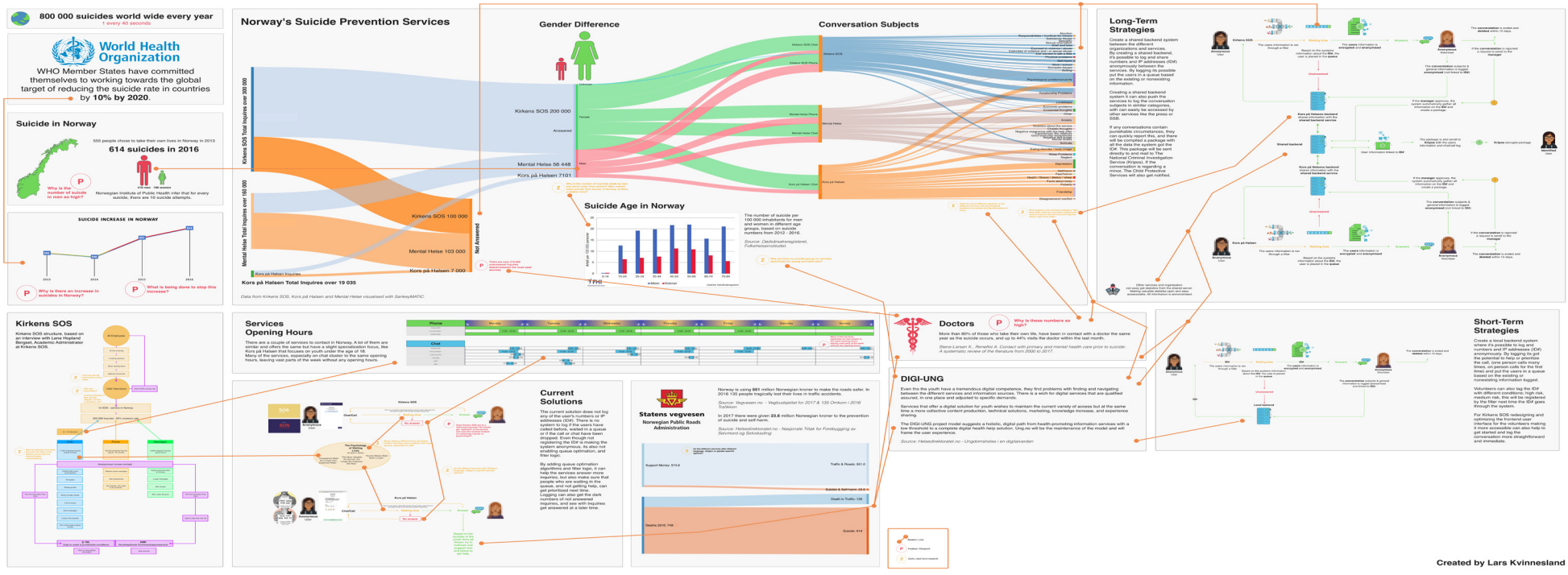
Reflections

Preventing suicide is a complex and challenging subject. Responding quickly on a chat, or a phone call could make a difference for an individual. There is no doubt that these services have a challenge. By using the findings illustrated in the GIGA-Map many actions can be taken to reach the desired 10% decrease set by WHO and getting Norway closer to the goal set for 2020. The research presented in the GIGA-Map clearly shows that there are different aspects of the suicide prevention services in Norway, which can and should be looked closer into. The technology is already available, the software that is used today could with some modification capture or limit the gap between the answered and not answered chats and calls.

A multidisciplinary group consisting of personnel with a background in technology, mental health, suicide prevention services, and organizations should dig into the findings covered by the GIGA-Map on the following page.

The next step should be to strengthen the communication platforms by experts in the designated fields together with personnel from suicide prevention services and as a result of this possibly save lives and prevent suicides, as well as being an active player to reach the desired number set by WHO.

Suicide Prevention Contact Services in Norway



The final GIGA-Map from Preliminary Study, full resolution in appendix

Master Thesis

DIGI-UNG

Secondary Research

Building on the foundation that was done in the preliminary study, a project named DIGI-UNG had come up serial times during the research. The project gives the impression of being an essential part of HDIRs pipeline, and it seemed indispensable for this project to explore further what the DIGI-UNG project was about, and what planes they had for the coming services within suicide prevention and mental health.

DIGI-UNG is an ongoing initiative owned by HDIR. It is a collaborative initiative between several of Norway's directorates, but the most involving parties are HDIR, BUFDIR, and E-DIR. Two reports have been published where they conveyed the goal of creating a holistic platform for youths between the age of 13 and 20 (HDIR, 2018).

The report highlights several valuable insights, some key insights were repeated numerous times.

- The youth are positivity towards digital services
- The youth expects the services to be easily accessible and easy to use
- Anonymity is of great importance
- Adapting language and content towards the target audience
- Schools are a core information distribution channel with an attached credibility
- Building trust with the users of the platform
- Collect useable and actionable statistics

It is essential to ensure that the platform contains reliable and qualitative content. To establish one platform and integrate information from other channels is one of the projects primary goals. The aim is also to simplify, and possibly merge the current digital services to ensure a consistent and improved service, offering the users valuable information, rich interactions and quick response times.

I LIKE TO TELL MY PROBLEMS TO SOMEONE THAT CAN SEE ME. I FEEL SAFER BECAUSE THEY CAN'T KNOW WHO I AM.
– GIRL 19.

IF I NEED TO LOG IN, I'LL LOOK FOR ANSWERS OTHER PLACES.
– BOY 16

Quotes from the report Ungdomshelse i en digital verden

DIGI-UNG

Secondary Research

The DIGI-UNG project aims to deliver services on three levels:

1. A library of searchable qualitative assured content tailored and appealing for the target audience and is accessible for everyone.

2. Give the users interactive guidance in digital learnings and online chat. Should be anonymous.

3. Give digital health help and treatment, with core functions of booking appointments, electronic prescriptions and online dialog with doctors or other medical professionals. Should be secured and the user's needs to be identified to be able to take advantage of the services offered.

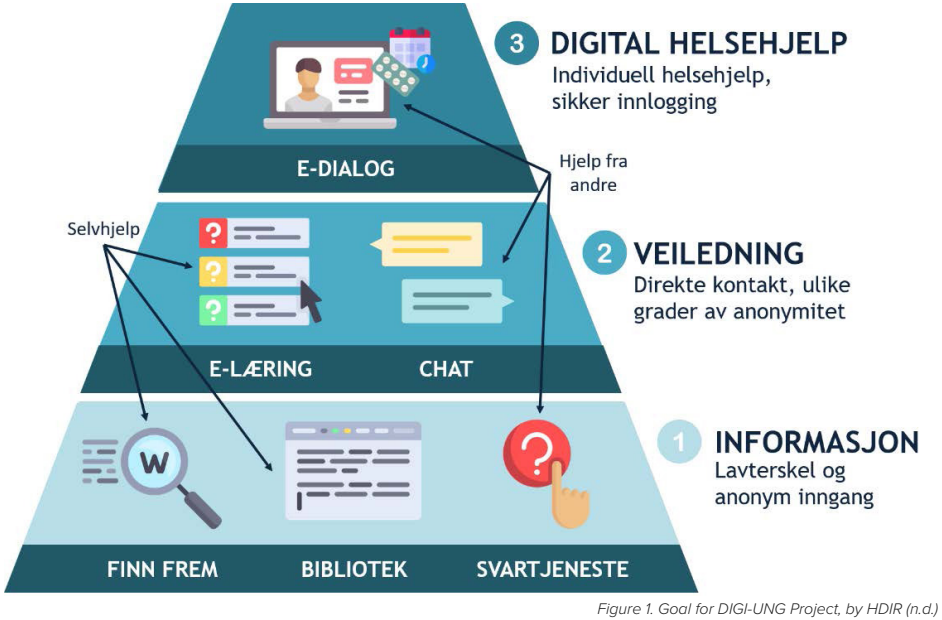


Figure 1. Goal for DIGI-UNG Project, by HDIR (n.d.)

DIGI-UNG Interview

Semi-Structured In-Depth Interview

The report from DIGI-UNG corresponds with the findings in the preliminary study, as well as highlighting that digital services and chats were in HDIRs scope. To better understand and make sure that the projects did not unnecessary collide or worked in opposition to each other, contact was established with the DIGI-UNG project leader, Adélie Dorseuil. One of the main interest areas during the beginning of the project was why so few men/boys contacted these services. This focus was later changed to reach a more general audience, due to the difficulty of reaching male participants within the target audience.

She was clear from the beginning, that only a small number of boys contact medical services. A critical touch point like the school health stations usually has a 10% visit rate of boys. By introducing digital solutions, the number of boys seeking help increased to 30%. She highlighted that boys often will search the internet instead of asking for help. Boys have a tendency for looking for questions raised by others and the answers given. *"Boys are more aimed towards self-help"*

She referred to HDIRs findings, based on qualitative research, showing that boys do not want to talk to women, especially regarding subjects related to body, puberty or sexuality. Boys often feel judged in a more considerable degree if they are talking to a woman. HDIR sees this as a direct relation to the low level of boys visiting the health stations. A majority of Norway's current health workers are women, 3000 women and 11 men (Bergsagel, 2018).

In HDIR's investigation, it was discovered that several of the participants over the age of 18 were not familiar with what health services they had access to. This problem was alike for boys and girls. Dorseuil points out that this is definitely a challenge.

During the interview it was made clear that the youths wish, of merging and collecting the services is a major, complex and demanding process. She opinions that they need to place the interest of the users in front of businesses interests, but not forget about who has the administrative responsibility, distribution of operating costs and ownership. Referring to how they already had completed a merger in the projects earliest start. Merging Klara Klok and Ung.no.

Ung.no is a well-known platform and is an essential part of the DIGI-UNG project. It will act as the project's entry point for the youths. However, the already major content library on the platform will be extended with new and updated content, as well as content from other sources. Furthermore, she states collecting the content will be longterm process as there is lot of duplicated work being distributed by the different services, many with slightly different content and in different types of professional languages.

Discover

Understanding and Empathy

Discover

Understanding and Empathy

Through building an understanding of the people that have experienced these situations, one of the primary goals is to build empathy. With empathy and understanding, it is possible to grasp context and complexity that opens up to new creative possibilities that keep the people in the center of the project (IDEO, 2015).

Nevertheless, going into qualitative research, there was an overarching intention to stay analytical and removing the emotional aspect, with the aim to look for reasons and difficulties in the highly emotional subject matter.

Framing the Challenge

The overarching goal is to explore what can be done to lower the amount of suicides in Norway. To scope the exploration, the project will focus on prevention services. The reason for focusing on prevention services is based on the potential to reach a large number of individuals through the presence of these services. By creating an awareness of the services currently being offered and applying human-centered design, they have a more significant potential to help to lower the number of suicides in Norway.

However, creating solutions that fit all will be difficult, and many of the services offered in Norway rely on funding which makes it hard to offer extended opening hours and prioritize updating their platforms.

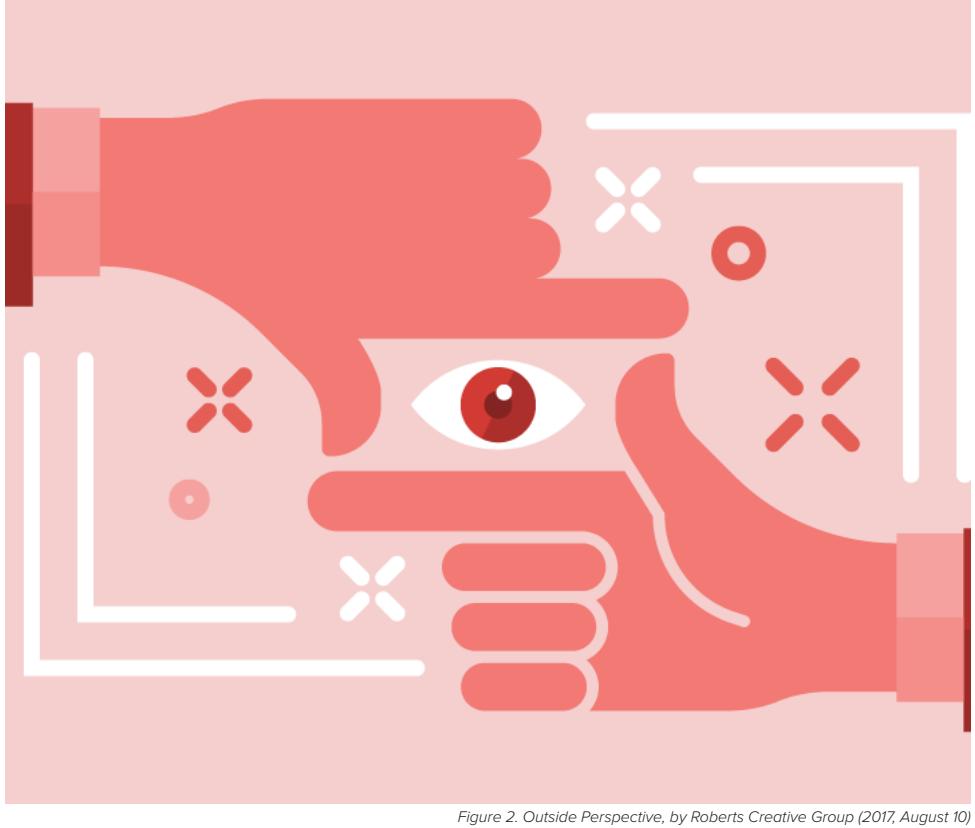
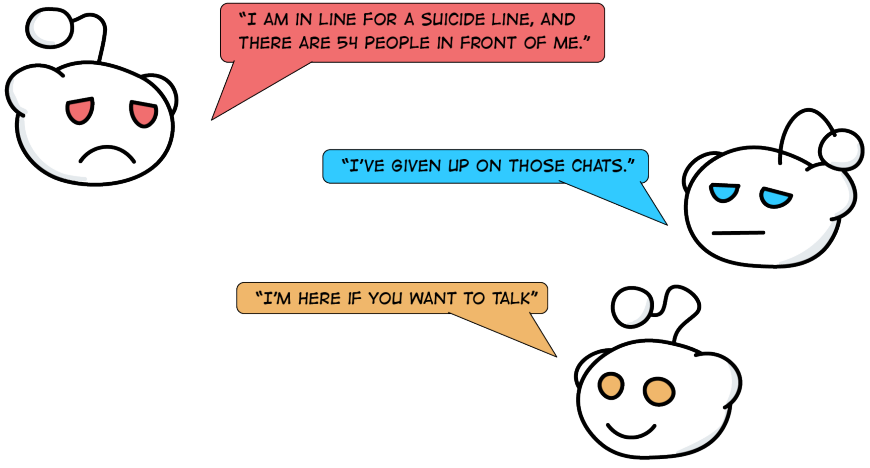


Figure 2. Outside Perspective, by Roberts Creative Group (2017, August 10)

Online Communities

Online Ethnography



Reddit

Above are some of the comments users are met with when visiting the subreddit SuicideWatch (Kohn, 2018), a forum dedicated to a specific topic on the website Reddit (OxfordDictionaries, 2019a). As of writing this the subreddit have over 129 000 members in their community. The community, like many others on the Reddit website, contains community guidelines that are being moderated by moderators making sure the posts and comments are up to the community's standard.

However, the horror in these communities is pro-suicide users, or trolls, a person who makes a deliberately offensive or provocative online post (OxfordDictionaries, 2019b), who are actively seeking out communities like this to push people over the edge. Individuals in the community are regularly met with posted messages saying; *"Sorry folks, we've got a troll: Please message the moderators if you get harassed via personal messages after posting here."*

The SuicideWatch community is very active and have new posts every day. People from all over the world are giving advice, sharing their personal stories and helping each other dealing with problems. However, even though this community is very active, they clearly state that they are not a hotline service and redirects users to services that provide direct help. These links are directing users to different suicide prevention services located many places around the world, including Norway.

This worldwide community is an indication of that if local services cannot grasp the demand of the people trying to use the local services offerings, communities can emerge on unofficial platforms, even if this means that the users do not get an immediate answer.

SnapChat

Another platform that has gotten a community to talk more openly about suicide and mental health is SnapChat. The platform is created primarily to be able to send photos, videos, and messages that disappear after being opened. The highly popular platform has over 188 million active daily users, where 71% of the user base is under the age of 34 years old (Omnicore, 2019).

On this platform Tale Maria, better known as Helsesista (roughly translated to school nurse) have created a profile where anyone can add her to be able to see the content she shares, as well as sending direct messages to her. She posts videos, photos, and answers messages. She sometimes screenshots and anonymize these answered messages and shares them on her other platforms like Facebook or Instagram, to most likely motivate others that follow her to take the step to talk about whatever issue or problem they might be dealing with. On her webpage, she states that the reason for her posting on SnapChat was due to her working on several schools as a nurse, but not feeling she was available enough for the students. By creating this SnapChat account, she could be more available and easily share small educational posts. Her work got media attention, and soon her account was popular all over Norway. Due to the popularity, she is working fulltime on the platform reaching youths (Helsesista, 2019).

From a post on Facebook, it is clear to see how she reaches the youths on their level. From a screenshot, a boy that is 19 asks her if there is an easy way to die. The boys continue to express his thoughts, and she replays in the same way as the boy, short and concise, using empathy to communicate back.

She also efficiently uses emoticons, a representation of a facial expression such as a smile or frown, to express her feelings, slowly giving the boy the motivation to return an answer, expressing his feelings.

The main selling point of Tale's platform is that whatever you share will not be permanent. This is most likely the primary reason for the users to be open towards Tale.

Figure 3. One Snap At A Time, by Anjana Jain (n.d.)

Online Videos

Secondary Research

While doing desk research, it was easy to get redirected to YouTube, and the many videos of people sharing their experiences and thoughts through video. Some of the videos stood out, most of them being recordings from TEDx. TEDx is similar to TED Talks, but with a focus on spreading ideas to local communities (TED, 2019).

Mark Henick talked about *"Why we choose suicide"* at TEDx Toronto.
He goes into details about his experience and thoughts when he stuck in a narrow dark place (Henick, 2013). Mark tells the story of when he was standing on the edge of a bridge. He tells that for the first time, he was in complete control over his life. Looking back, he could now see that his perception of life was collapsing, squeezing out the last instinctual hope. He could see the light from the police cars that had gathered on the bridge. Standing there on the bridge, feeling the wind blowing around this body, he heard a male voice.

"Jump, you coward."

Mark let go, feeling weightless. Then he felt an arm holding around him. A man in a brown jacket dragged him over to the concrete.

Mark asks the thought-provoking rhetorical question to the audience in Toronto, *"Can suicide be a choice when there are no other choices available? We are uncomfortable with feeling helpless and therefore try to rationalize when we hear about someone dying to suicide."* He continuous to say that there is help out there, information and treatments, however, they need to be available in an informed way. He closes the talk by talking to those who have suicidal thoughts, *"I Know there is a hope, somewhere deep inside. I felt it too. Keep that hope alive. We need you, we need you to be leaders in this conversation."*

Under the video, there were over 15 000 comments and 5.9 million views. Under the sea of positive and negative of comments there were some that stood out.

"As a teenager, you are told it is the best part of your life. For a teenager with depression, that is not a promising view for the rest of your life." "When he said "just one more day" it really hit home with me. I found myself in the corner of my bedroom with a Glock .45 to my head and I was starting to pull the trigger and it hit me, my 5-year-old daughter and my mom will be the ones who found me, and I just couldn't do that to them. I said to myself "just one more day". Now 12 years later I am so glad I just gave it one more day."

During his talk, he points out some thought-provoking points.
Is suicide a choice if there are no other choices available? It is not committing suicide. It is dying to suicide. Could you hang on one more day? Even if it had not worked towards anything better, so far?

The other videos that surface while researching were about the role men are supposed to have in society. Words like strong, dependable, provide for the family where some of the examples coming back again, and again.

Steph Slack mentions many of these in her talk *"We need to talk about male suicide"* (Slack, 2018). During her talk, one of her main points is how many men that feels ashamed sharing these feelings and are afraid of being woundable.

Sadie Penn says in her talk *"Shattering the Silence: Youth Suicide Prevention."* Honesty is scary, but it okay to talk about it, even if it reveals dark thoughts (Penn, 2017). She tells how to she clearly remember her teacher telling her, *"I would face those thoughts with you, then without you."* This shows the influence and impacts a teacher can have on students, and how things can change from the classroom.

This becomes even more evident in Brittni Darras talk *"The fight against teen suicide begins in the classroom"* where she talks about the importance of showing that someone cares, even if this person is a teacher (Darras, 2017). She tells the story of her experience with a student trying to die to suicide, without any sign. She tried to look for signs in her class, but it happened once more, to another student just a few years later. The same thing, no clear signs.

She started doing something extra, taking that extra mile as a teacher and created personalized cards for everyone in her class. In the cards, she wrote what made every student special and unique. Her reasoning for creating these cards was to show the students that they mattered in the world and somebody noticed them.

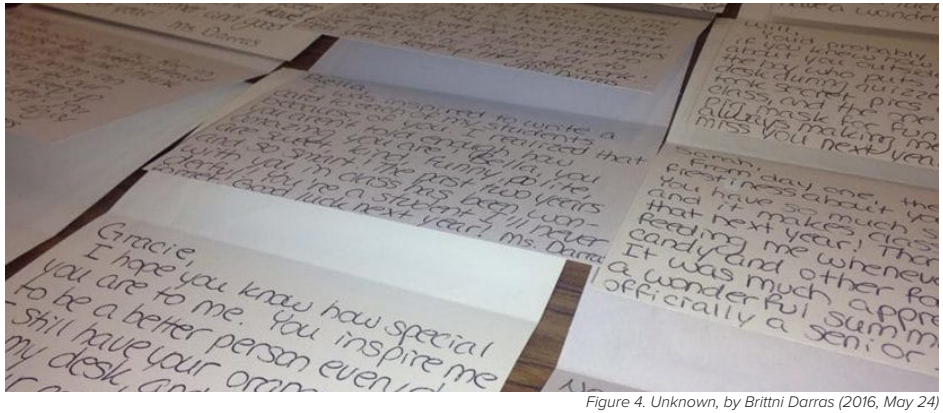


Figure 4. Unknown, by Brittni Darras (2016, May 24)

She later found out that the student that tried to die to suicide did not think that anyone would miss her, or that anyone cared about her. In the comment section of the video, it seems like her talk is resonating with many people.

One of the commenters writing:
"Just because they're failing doesn't mean they are a failure" I started crying hearing this."

This video shows the imporant impact a teacher could have.

Supporting Articles

Secondary Research

There are many studies and articles about suicide and suicide prevention. However, looking into suicide prevention and technology, it narrows down the results. The article Digital Suicide Prevention investigates what digital solutions are being worked on and explored (Vahabzadeh, Sahin, & Kalali, 2016). The article goes into how machine learning, applications, and wearable sensors can and is being used to collect qualitative user data, and how this data can create dynamic predictions that potentially can identify high-risk individuals as well as suicidal behaviors.

Collecting and using this kind of data is nothing new, and companies like Google are built on it (Beattie, 2018). However, it is just in reason years this kind of data is as accessible to collect as it is today. Seeing the potential in collecting and using this data to build new suicide prevention services have started. The 9th of October 2015 Barak Obama, hosted a Whitehouse event, with the theme *"using data to strengthen mental health awareness and suicide prevention"* (Patil & Honey, 2015). The event was a part of the global suicide prevention month and global health day. The goal of the event was to gather different disciplines, scientist, innovators, designers, and next-gen technologist in a hackathon scenario.

As suicide and suicidal thoughts are complex and highly individual, it makes it hard to foresee behavior and patterns. Individuals without any sign of being suicidal can rapidly become suicidal after a life event. By collecting and using data, it is possible to create predictions, see patterns and identify behavior in a much earlier stage.

There are already studies being conducted with the goal of collecting this kind of data with the goal of creating predictions and seeing patterns (Vahabzadeh, Sahin, & Kalali, 2016). There are also being developed platforms with the goal of helping, informing and guide therapists and physicians in determining a patient risk of suicide and other mental health conditions using artificial intelligence, analyzing linguistics and vocal characteristics in sessions (BusinessWeek, 2018).

Giving users personalized content is becoming vastly popular in entertainment services (Koponen, 2019). The use of machine learning is used to give recommendations to what content they predict that the user wants. However, this is about to change, as the content will not only be recommended to the users, but tailored to create a unique experience for the users. Personalized content like this is referred to as smart content. Smart content is where content that itself is affected and changes based on who is viewing it (Koponen, 2019).

As technology is now embedded more than ever into our everyday life, collecting data is easier than ever. Smartphones, smartwatches, and other accessories are filled with sensors that can monitor everything from location to heart rates. The manufactures of these platforms give the users access to the collected data through different applications on phones, internet browser, and other applications. With over 1.8 million applications on Apples App Store and 2.1 million applications on Googles Play Store (Statista, 2019), there are several companies creating applications with the goal of suicide prevention (Larsen, Seedat, Nicholas, & Christensen, 2016).

However, as the article Digital Suicide Prevention points out in their analysis, the majority of these applications often acts as a checklist (Vahabzadeh et al., 2016). The article A Systematic Assessment of Smartphone Tools for Suicide Prevention highlights that many of these applications only focus on one suicide prevention strategy, which WHO looks upon as a missed opportunity (Larsen et al., 2016). In the article, they also highlight the problem, with an application containing potential harmful content as well and applications promoting suicide fashionably and appealingly (Larsen et al., 2016).

Insight from Articles

Technology is becoming an assessment tool that is used in cooperation with a psychologist. Newer technology is using data to predict pattern which can see behavioral changes individuals that previously have not been possible. The data can be collected from everyday devices, that is already in users possession. This data can also be used to create unique personalized experiences.

Service Safari

Autoethnography

To get an understanding of what the users of the different services experience when using the services pages, the method Services Safari was applied (Schneider, Stickdorn, Bisset, Andrews, & Lawrence, 2010).

To get a minimum of personal bias opinions during the analysis, Don Normans Six Principles of Interaction and Jeff Johnsons Don'ts and Dos Principles were used as a foundation (Johnson, 2007; Nordbø, 2017; Norman, 2013).

When analyzing the pages, the focus was to experience:

- What is the first that the users are presented with when entering the page?
- Is there a clear goal and a call to action?
- What is the content provided on the page?
- What is the use of graphical elements?
- Is there an alternative language option?

It was chosen to focus on six of the twelve services linked from Helsenorge.no. The reason to choose these services was due to Helsenorge.no being the first result on Google, and as uncovered in the interview with Adélie Dorseuil, Google is the primary entry point for most users.

To not have a biased result and recommendation on Google, based on previous search history, the search results for *"selvmord"* (translation "suicide") were conducted on a clean internet browser with no history or logged personal data.

Figure 5. Research Safari, by David Reid (2018, May 24)

Helsenorge

Target Audience: Everyone
Services: Information and links to services

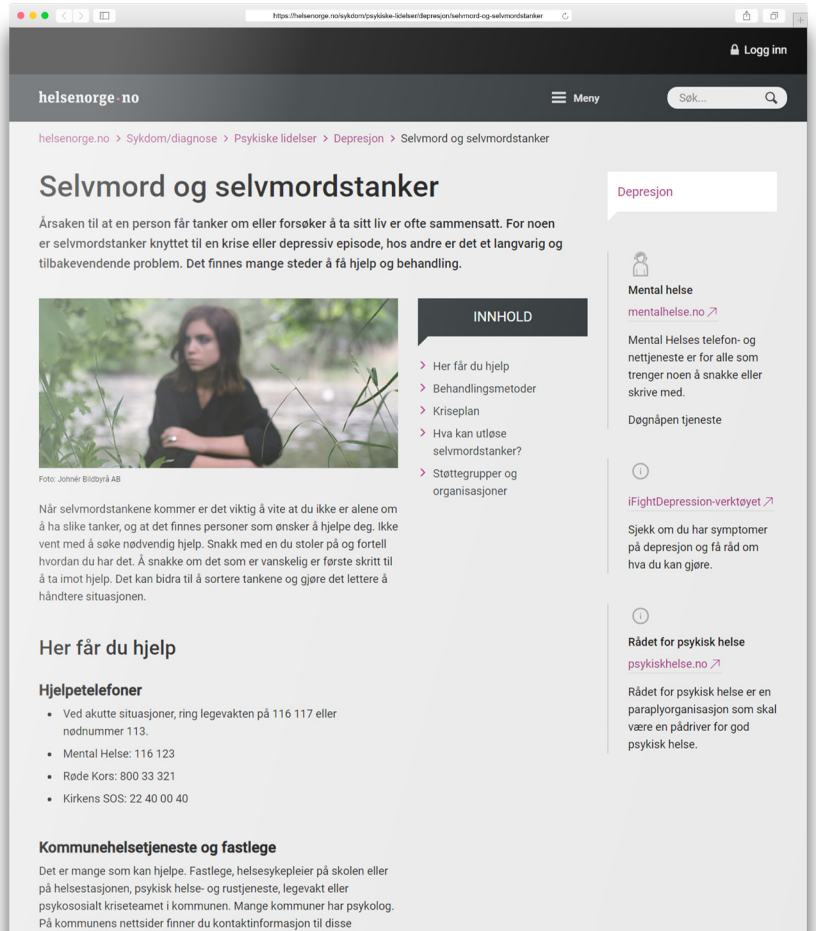
The first the user are met with when entering the page about suicide and suicidal thoughts is a stock photo of a blurred girl sitting in the woods, looking away from the camera.

The following content on the page gives general information about suicide and suicidal thoughts, as well as to provide links to helplines and prevention services.

The pages content does not have an alternative language option. Helsenorges main page has an English option. However, the content provided in English is limited, compared to the amount of Norwegian content

When looking further into the site the campaign *"Bare Du"* was found. In this campaign a tool box with different mobile applications for health and lifestyle were presented. Going through the applications listed, there was one application that stood out with a simple design and focus on giving the user small daily tasks. This was the Heia Meg application.

Figure 6. Screenshot - helsenorge.no (2019, May 3)
See Full Page Screenshot in Appendix



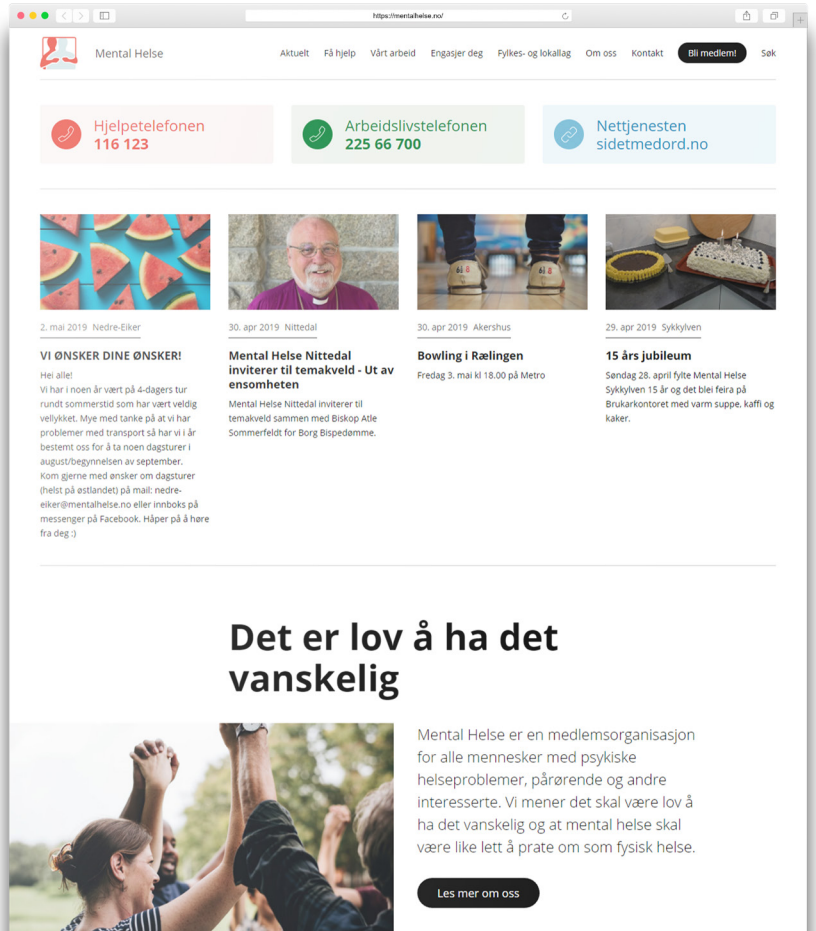
Mental Helse
Target Audience: Everyone
Services: Chat, phone, mail, forum and information

The first the users are met with when entering the page is the three visually different options for getting help, the helpline, work lifeline, and their chat service Si Det Med Ord.

The following content on the front page is a news section regarding news relevant to Mental Helse, an about us section, psykobloggen a blog section, local teams, calendar with upcoming events, how to apply for project funding, how to support Mental Helses work, about their policy's and at the bottom of the page there is a link to how to become a member as well as a repeated support us button.

The imagery used throughout the page mostly contains stock photos, but also contains some original photos related to the news posts. On the front page, there are three permanent photos, not used in news or blog posts. These does not focus on a person's face, but focuses on a situation.

Figure 7. Screenshot - mentalhelse.no (2019, May 3)
See Full Page Screenshot in Appendix



Si Det Med Ord – Mental Helse
Target Audience: Everyone
Services: Chat, phone, mail, forum, and information

As a part of the services offerings from Mental Helse, Si Det Med Ord is their chat option.

The first the users are met when entering the page, is a *"this is how you use this page."* Following on the front page, there is a selection of the latest forum posts, followed by an image link to the opening hours of the chat. Continuing on the page is a link to a page where users are sharing their experiences. Following is an about us section. At the button of the page, there is a section going through different quotes from the users of the page. At the bottom right is an image link of a chat bubble, by clinking the image link the users get a popup window that connects them to the chat service.

Figure 8. Screenshot - sidetmedord.no (2019, May 3)
See Full Page Screenshot in Appendix

Figure 9. Screenshot - kirkens-sos.no (2019, May 3)
See Full Page Screenshot in Appendix

Kirkens SOS
Target Audience: Everyone
Services: Chat, phone, mail, forum, and information

The first the users are met with is a black and white image of a woman staring away from the camera. Following the image is three big boxes with links to their phone, mail and chat service.

Following is a promotional video for the site, the thumbnail is of a boy using Snapchat. Following is an about us section, an interactive candle lighting, support us section, an image of the same woman as on the top of the page, this time the woman is in a public space on her phone looking away from the camera. Following the image is an become a volunteer section, an articles section that uses the faces of who the article is about and at the button there is a pixelated styled map of Norway, highlighting were their different centers are.

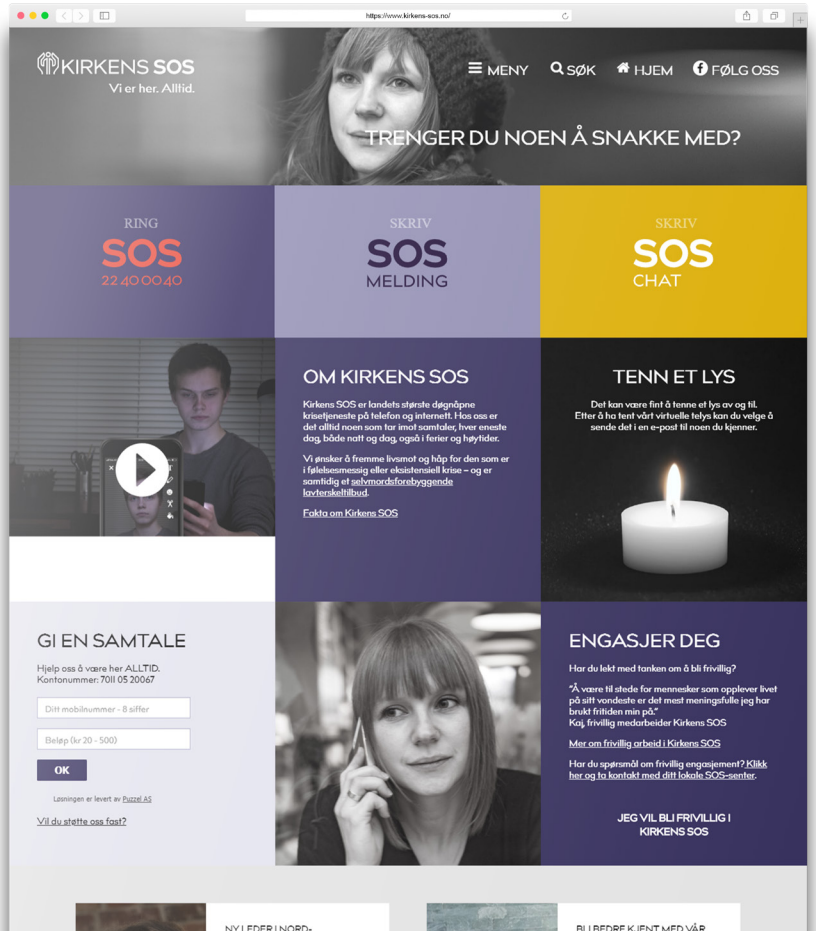


Figure 10. Screenshot - korspaahalsen.rodekors.no (2019, May 3)
See Full Page Screenshot in Appendix

Kors på Halsen

Target Audience: Everyone under the age of 18
Services: Chat, phone, mail, forum, and information

The first the users are met with are four image links to their phone, chat, mail and forum services. Followed by a short paragraph explaining the page. Underneath the text is an image of a woman with her back to the camera. The woman is in color and the landscape around her in black and white. In the horizon of the image is the text *"Welcome to Kors på Halsen!"*.

Following the image is a section with the latest forum posts. Underneath there are links to the different theme pages. The square links are combined into a heart shape.

After the themes, there is a section about becoming a volunteer as well as a link to their expert panel. Further down on the page is a feedback section. At the bottom of the page, there are links to their promotional videos.

All photos used on the pages seem to be originals.

Figure 11. Screenshot - lfss.no (2019, May 3)
See Full Page Screenshot in Appendix

The National Association for Prevention of Self-Injury and Suicide
Target Audience: Everyone between the age of 12 and 30
Services: Chat, phone, and information

The first the users are met with when entering the page is a close up photo of a woman's eyes and one hand on a wet window. Following is a text section about the organization, followed by information about suicide attempts. On the right side of the page is information about the chat, followed by a section that encourages people with experience with self-harm and suicidal issues to become volunteers.

On the far right of the page, there is an image link to the chat. By clicking the image link, the users get a popup window that connects them to the chat service. Underneath the chat link, is a slide show of 3 rotating stock photos. The photos in the slideshow are on a female arm with marks from self-harm, an image of a woman with running makeup, an image of a boy sitting tucked against the wall.

Following is a promotional video for the site and an illustration of an open door and linked to a section for their drop-in offering, and the end of the text is a larger text saying "Welcome!". One the right side of the button is a repeated text about suicide attempts.

Furthers down on the page is a counter with the text saying, *"Number of suicide attempts so far this year!"* Followed by the static number 3656.

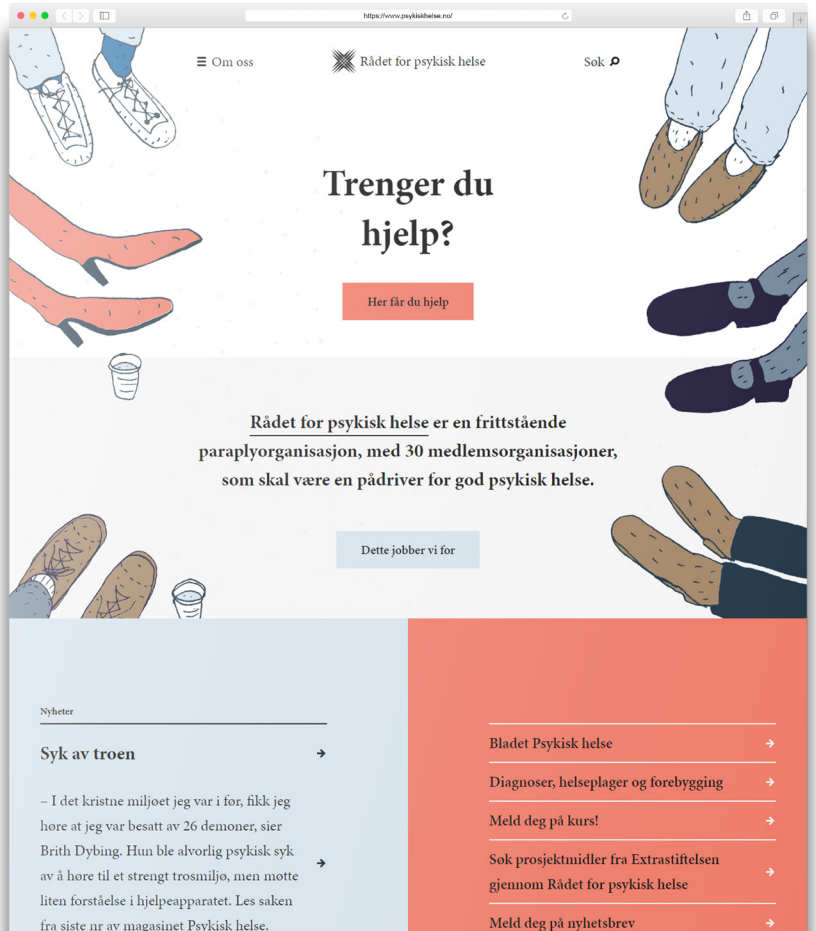
All the photos used on the page are stock photos.

The Council for Mental Health
Target Audience: Everyone
Services: Information and links to services

The first the users are met with when entering the page is the large text saying, *"Do you need help?"*. Followed by a button saying, *"Here you get help."*
On the right and left side of the page is a cartoon illustration of people's feet. Following the button is an about us section, a news section and links to their magazine for mental health, diagnoses, courses, applying for project funding as well as a sign up for their newsletters and links to their social media.

All illustrations are originals.

Figure 12. Screenshot - psykiskhelse.no (2019, May 3)
See Full Page Screenshot in Appendix



Insight from Service Safari

A common aspect of the services analyzed was that none of them had an alternative language. When going through the links to other services provided by Helsenorge, two of the links had an alternative language option. From the links provided by the Council for Mental Health four out of thirty- nine offered an alternative language. By not offering an alternative language it could hinder many potential users of accessing the service, purely by a language barrier.

Some of the services using the chat solution eDialog24 says on their page that the chat service they offer, is anonymous. However, when entering the chat, a GDPR messages is displayed saying *"GDPR, the EU's new rules for data protection, requires specific consent be obtained for storing personal data. We store information about your IP address, as well as other information you actively provide in the chat."* When contacting a representative at eDialog24. The representative informed that the data provided in the chat were stored on their servers. However, arguing that they are not storing this information with anonymous services, if the setup is correct.

This mismatch in provided information to the users could potentially heighten the threshold and hinder potential users. Users in these situations are often paranoid about being tracked (Blakstad, 2019).

Most of the services primarily use stock photos for illustrating their pages. In an article from Nilsen Norman Group, they point out that users do not feel connected with stock photos (Nielsen, 2001). Stock photos can in some cases be stigmatizing and full of stereotypes (Hummel, 2016).

Some of the services provide a lot of content on the front page. There is a mixture of their call to action on what services they provide, general information as well as a member and support sections. Bloated pages can hinder the user in finding the call to action (Nielsen, 2001).

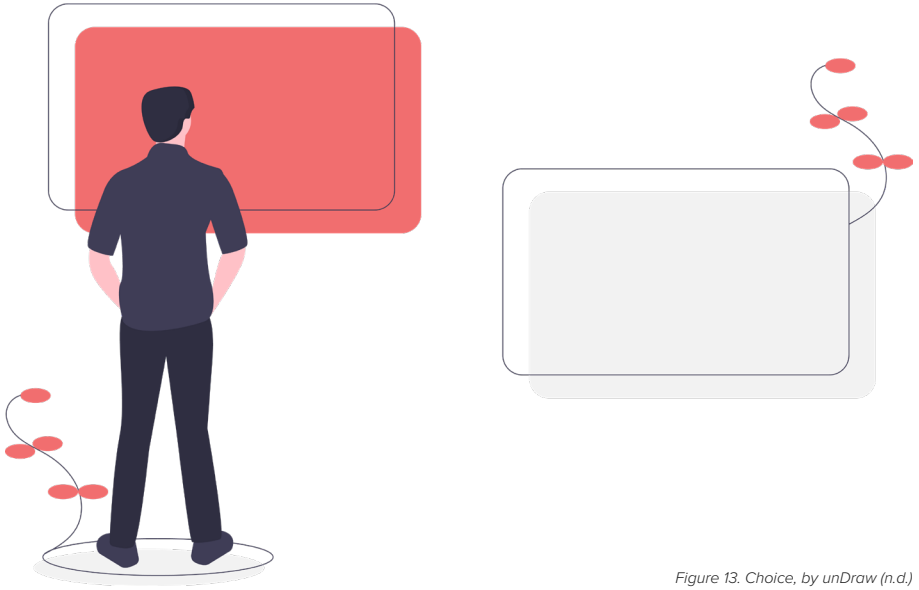


Figure 13. Choice, by unDraw (n.d.)

Personal Reflection

At this stage I felt confident in the collected data. However, I felt stuck without any clear view on why. It was not until Anna Kirah, my course advisor in Service Design, pointed out to me: *"YOU haven't talked to any users."*

I realized that I had come as far as I could without involving emotions, but to continue I needed to involve people that have experienced suicidal thoughts. I realized I was scared and had subconsciously postponed getting in contact. I was afraid if I got in contact that I would not know what to say or do.

I realized that I stood at a breaking point, dive in or scrap everything.

I promised Anna Kirah that I would talk to someone who had experienced this. And soon after this realization, I contacted a woman that wanted to share her experience and help with the project. We agreed on meeting at where she lived. On the trip over to meet her, I was so nervous, going over my notes and preparations. However, when we met, the fear went away (at least the most of it). We started talking right away. She shared her story, and I shared my findings. The time went fast, and we went deep into the subjects, and after 6 hours we had talked about everything.

Going back home, I felt relived and happy. I had pushed through my own personal boundaries and overcome a new personal and professional milestone. However, getting a message from the woman saying that it felt natural to talk to me about the subject, and thanked me for listening was a motivational push I won't forget.

Figure 14. Mirror Mirror, by James Oconnell (2018, May 30)

Interviews

Semi-Structured In-Depth Interview

Woman 1.

To get a better understanding of how the experience of dealing with suicidal thoughts, mental health and the system around it. A semi-structured in-depth interview were conducted with a 25-year-old woman.

During the interview, she told her story. A story involving a long-lasting eating disorder, self-harming and mental health problems. She also had suicide in close relations and her own experience with suicidal thoughts. She was clear from the beginning that she wanted to talk about it, to use her experience for something valuable. One of the problems she pointed out was that it was hard to understand, when it had gone too far. Explaining that she did not realize it un until she was in the middle of the situation. She explained how problems grew and started to consume every thought. For other people, the problems could seem minor, but for her they were massive. *"You think you are completely alone feeling these feelings."*

Looking back, she points out that it helps so much if people reach out and gives a little care. When feeling down a simple question like *"how are you* ***really*** *doing?"*, ensures that the person feels noticed. She underlines that it is hard to see the progression that is made, as there is nobody that reminds you how much you have improved.

When discussing the different services being offered in Norway, she reacted to the photos being used on the websites. *"So, this is how the health sector looks at me, an emo girl, sad in the woods?"* referring to the photos used on Helsenorges page. She also questioned, *"Where are the boys?"*.

During the interview, she was shown the application Heia Meg, and the response was positive, since the application was simple and focused on providing usefull easy everyday tasks.

She stated that she had never personally used these services and that a chat solution would not be a solution for her. *"For me, chat would not help. I used forums to ask the stupid questions anonymously. But, it took some time until I got an answer."* However, she thought it was necessary to make the threshold lower for using these services. She was strongly conveyed that the services needed to have longer opening hours, especially at night. *"Having open on Saturdays is as important as a Saturday night snack."* She pointed out that she thinks it is important that people know where to get help before they really need it.

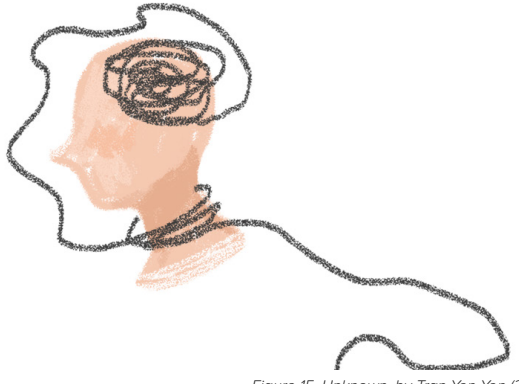


Figure 15. Unknown, by Tran Yen Yen (2018, August 19)

Key Talking Points

IT IS SO LITTLE THAT IS NEEDED FOR IT TO BE BETTER.

WE NEED TO BE HONEST.

WE NEED A LOW THRESHOLD OPTION, JUST GRAB A COFFEE.

TRYING TO GIVE INFORMATION BEFORE PEOPLE NEED IT.

WHY ME?

NOBODY WANTS TO WAIT FOR HELP. YOU DON'T KNOW YOU NEED HELP UNTIL YOU ARE IN THE MIDDLE OF IT.

THE TEACHER IS ONE PERSON YOU SPEND A LOT OF TIME WITH.

IF WE ARE GOING TO TALK ABOUT SUICIDE, WE NEED TO DO IT PROPERLY.

WHEN GOING TO A SERVICE, YOU NEED TO KNOW WHERE TO GO RIGHT AWAY, NOT LOOK AROUND FOR IT.

DO I HAVE ENERGY?

IT HELPS TO SHARE WITH FRIENDS.

MAKE IT PERSONAL. I'M NOT ANYONE.

THE SERVICES NEED TO BE AVAILABLE AT NIGHT! THAT IS WHEN I FEEL IT THE MOST.

THERE ARE SO MANY PROBLEMS THAT ARE GENERALIZED.

GETTING THE RIGHT PSYCHOLOGIST

IT IS HARD TO FIND OUT THAT YOU ARE IN THE SITUATION.

YOU NEED TO BE SICK TO GET HELP, SO YOU MAKE YOURSELF SICK.

HAVING OPEN ON SATURDAYS IS AS IMPORTANT AS SATURDAY NIGHT SNACK.

FOR ME, CHAT WOULD NOT HELP. I USED FORUMS TO ASK THE STUPID QUESTIONS ANONYMOUSLY. BUT IT TOOK SOME TIME UNTIL YOU GOT AN ANSWER.

Woman 2.
Another interview was conducted with a woman where she told her experience of being in an accident. The accident resulted in constant pain, and her suffering lasted for two years. During this time, she saw several medical professionals, but nobody could explain the reason for her pain. With the constant pain, she started to feel that her days were also becoming affected and *"losing the spark of life."*

When the pain was unbearable, she explained that *"I do not want to die, but I do not want to live with this pain."* The medical doctor prescribed antidepressant medication which had a positive effect, but she was afraid of getting dependent on it.

Months later she finally was given a diagnostic, getting the reason for her pain, it meant the world. Slowly, but steadily she started to improve. The spark of life returned, and step by step she got back the life that had been put on hold for two years.

Woman 3.
Contact was established with a woman that told her experience with severe depression. During her worst moments, she was institutionalized for several weeks. For her, the appointments with the psychologist were of high value for getting out of her depression.

The psychologist gave her an information sheet with assignments, that she would complete between sessions. She described how everyday tasks helped her, even though she sometimes lied on the sheet to seem better than what she felt. Breaking down the problems into smaller parts was one of the things she mentioned as being helpful to tackle the bigger problem, so when going through and discussing the different services she responded positively to the Heia Meg application.

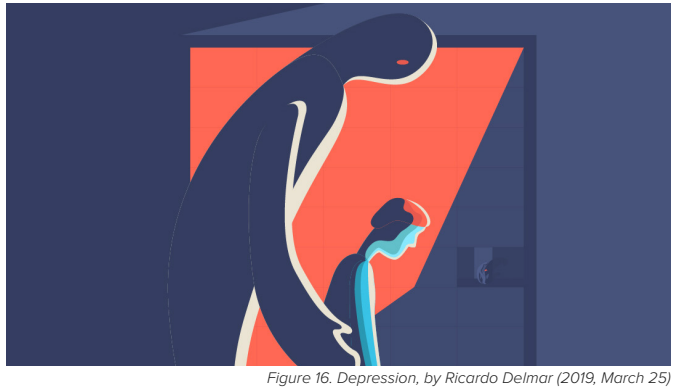
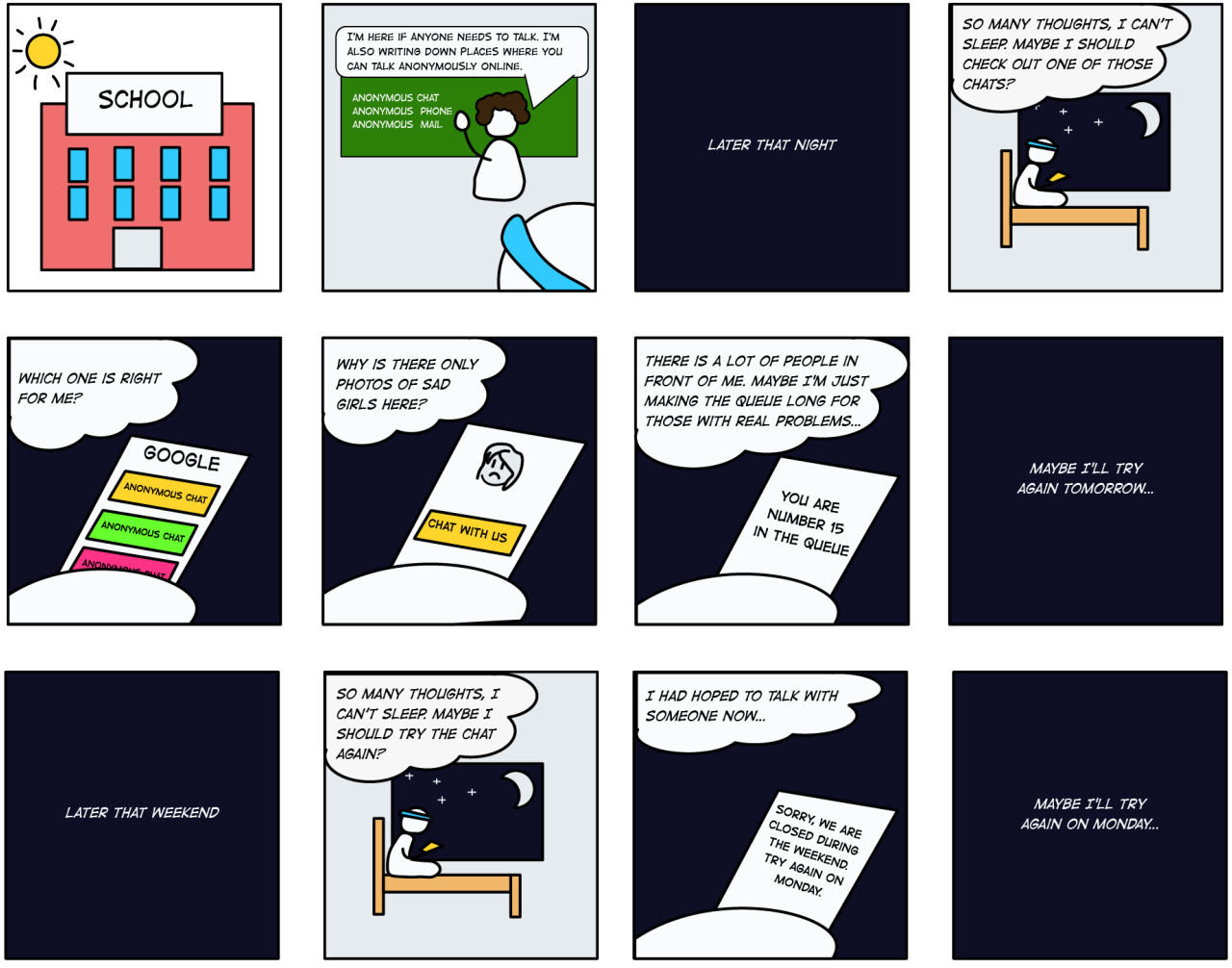


Figure 16. Depression, by Ricardo Delmar (2019, March 25)

Define

Finding Opportunities

User Journey



Defining the Audience

Statistics from the Norwegian Institute of Public Health shows that the number of suicides in Norway drastically increased after the age of 25 (NIPH, 2018). Therefore, the scope of the project will focus on users over the age of 25. As this will still be a broad scope, the project will be focusing on users who are actively seeking a solution to help them towards a state of well-being.

Figure 17. A bunch of people, by Giovana Milanezi (2012, April 23)

Bottleneck

In a production process, a bottleneck is referring to constraints being an active factor in the decrease of flow. In this illustration, the flow is referring to the number of users wanting to use a service.

Awareness

Constraints of the user-flow are due to:

- Users do not know what is being offered.
- Users do not know where to find what is being offered.

Platform

What facilitates the user-flow is:

- There are many different services.
- There are many specialized services.

Constraints of the user-flow are due to:

- Some users do not relate to specialized services.
- Some users feel stigmatized and generalized by the services.

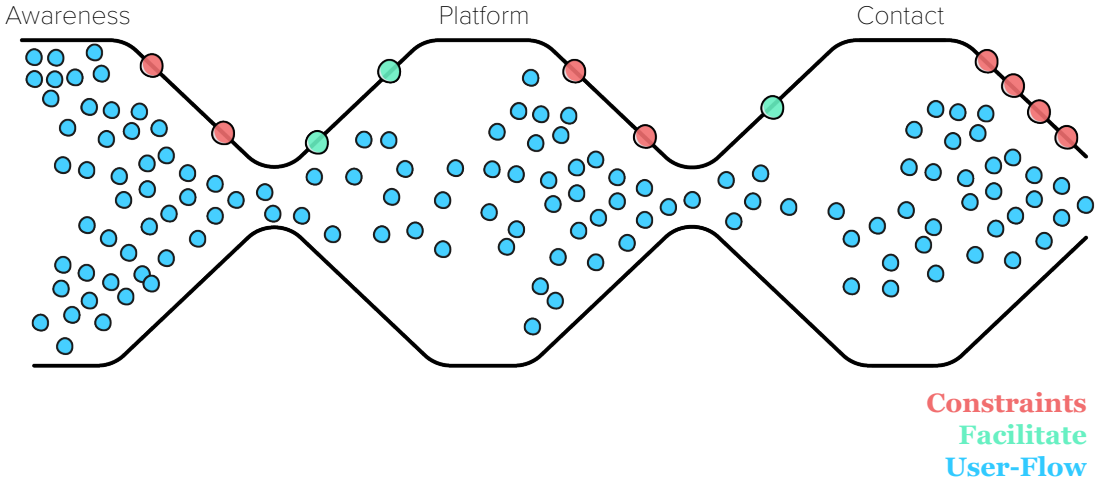
Contact

What facilitates the user-flow is:

- That there are multiple contact options.

Constraints of the user-flow are due to:

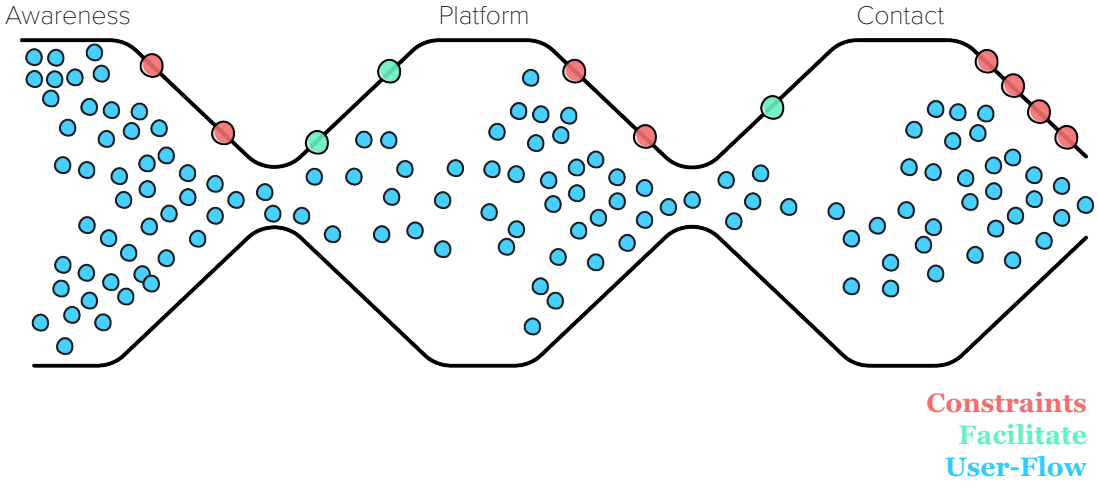
- There are often queues, long queues.
- The services are not open when the users need or want them to be.
- Some services are logging user's data.
- Some services require the users to fill in the information or have an account.



Bottleneck Consequences

All the different parts of the systems are connected, and if only one part of the chain gets fixed, it will act as a bottleneck on the remaining parts of the service chain. As found in the interview with HDIR, there seem to be difficulties with merging the platforms (especially the chat) due to some of the services being reluctant to lose their intellectual properties or ownership.

There needs to be a more overall focus on how to resolve the constraints from a holistic view. There is no *"one solution"* for the problem of suicide, and every service operating and trying to help people can be a part of a combined solution. No service will fit all. So, to instead of forcing all the groups into one service trying to solve everything, there should be a framework, rules or similar elements to help guide the services, as there seems to an absence of guidance on how to operate these kinds of services.



Insight Statement

To get an overview of the gathered insights, IDEO method Insights Statements were used (IDEO, 2015). The method focuses on combining the gathered insight into small sentences. The sentences will be used as a foundation for the *"How might we"* method used on the following page.

Awareness

- There is generally low awareness of where to get help.
- People over 18 do not know what health services are available for them.
- Schools and teachers are considered as a trustworthy and quality assured source.
- Teachers do not know what is being offered.
- There is a lack of in-depth knowledge and understanding of mental health.

Platforms

- Many platforms are bloated with content.
- The content on many of the platforms is not tailored towards the target audience.
- The use of imagery is generalizing and stigmatizing.
- Some of the specified content could scare away users.
- There is not a platform for an audience between the age of 18 and 30.

Contact Points

- There are often many, and long queues before getting help.
- The opening hours are often short, and not during the night.
- The threshold is heightened when the users need to fill in ANY information.
- There is conflicting information about anonymity.

How Might We

To translate the insight statements into actionable opportunity, the method *"How might we,"* were applied (IDEO, 2015). The goal of this method is to create questions that can later lead to areas of opportunity by answering the created questions.

Awareness

- How might we raise the low awareness of where users can get help?
- How might we make people aware of what health services they have accessible?
- How might we use schools and teachers as conveyers of trustworthy information that will make the students more aware?
- How might we make schools and teachers more aware of what different services that are being offered?
- How might we create a deeper understanding and knowledge of mental health?

Platform

- How might we convey the information without bloating the platform?
- How might we tailor content toward the targeted audience?
- How might we avoid the use of imagery and illustrations that are perceived as generalizing and stigmatizing?
- How might we offer specialized services without neglecting potential users that do not check all the boxes?
- How might we create a platform that is tailored towards an audience between the age of 18 – 30?

Contact Points

- How might we reduce the queues?
- How might we offer better availability for the users?
- How might we reduce the threshold of giving information, and continue to collect anonymous statistics?
- How might we create aligned information about the level of anonymity?

Develop

Exploring Solutions

Brainstorm

Co-Creation Session

To generate as many ideas as possible, a brainstorm session was set up with Woman 3. (IDEO, 2015). The goal was to generate ideas based on the themes; awareness, platforms, and chat. During the sessions, a timer was set to seven minutes per theme. After writing down ideas for each theme, each idea was explained. Building upon the former ideas the next round was shorter, five minutes per theme.

At the end of the brainstorming session, four votes were given each, which were used to find out which ideas were the most intriguing or had a probability to it.

To get more opinions on the ideas, an online whiteboard with the ideas were shared with various participants, were they as well gave four votes to the ideas that the most intriguing or had a probability to it.

Image from Brainstorming session

Brainstorm

Co-Creation Session

SHARED CHAT SERVICE, CONNECTING ALL SERVICES UNDER ONE CHAT-PLATFORM.
- SHARING RESOURCES
- COLLECTING THE SAME STATISTICS

A COMMON BACKEND. SERVICES MANAGE THEIR OWN CHAT BUT USE A STANDARD FRAMEWORK/RULESET.

A COMMON BACKEND. CAN SHARE RESOURCES IF IT IS NEEDED. "WE NEED MORE PEOPLE."

A CHAT WHERE USERS CAN ASK QUESTIONS OPENLY. VARIOUS SERVICES CAN THEN REPLY. "FIRST ONE TO REPLY."

A CHAT WHERE USERS CAN ASK QUESTIONS OPENLY. VARIOUS SERVICES CAN THEN REPLY. "FIRST ONE TO REPLY."

AN INFORMATION BOOKLET SENT IN THE MAIL. IT CONTAINS INFORMATION REGARDING MENTAL HEALTH, WHERE TO GET HELP AND EXPERIENCES.

A BAR/CAFE WHERE PEOPLE CAN MEET UP AND DOES NOT REQUIRE ANYTHING FOR THE ATTENDEES. HAVE SMALL EVENTS AND TALKS.

POP-UP "SPACE" WHERE PEOPLE CAN TALK OR LISTEN. (TEMPORARY PLACEMENTS, IN BUSY LOCATIONS)

A WEBPAGE DIRECTED TOWARDS USERS THAT IS 18 - 30 (AND OLDER?). GIVE INFORMATION THAT IS RELATED TO THAT AGE GROUP.

AN APP WHERE PEOPLE CAN EXPRESS THOUGHTS, FEELINGS, AND EXPERIENCES ANONYMOUSLY

HOST FREQUENTLY EVENTS TO LET PEOPLE TALK, SHARE STORIES AND EXPERIENCES

HACKATHON TO FURTHER HELP WITH DEVELOPMENT AND INNOVATION. GET DIFFERENT DISCIPLINES TOGETHER TO TRY SOLVING PROBLEMS OR FINDING POTENTIAL SOLUTIONS

AWARENESS CAMPAIGN USING WELL-KNOWN PEOPLE TO GET PEOPLE INFORMED

LETTING THE SUICIDE PREVENTION SERVICES PERSONNEL (PSYCHOLOGISTS AS WELL) TALK AND EDUCATE AT SCHOOL. TALK ABOUT EXPERIENCES, AND WHAT THAT CAN HELP

MAKE A NATIONAL MENTAL HEALTH EVENT (LONGER THAN A DAY). AWARENESS WEEK OR MONTH, SIMILAR TO WHAT'S DONE IN AMERICA.

DESTIGMATIZE AN EVENT, NOT FOCUSING ON MENTAL HEALTH DIRECT, BUT RATHER HOW TO MAKE THE EVERYDAY LIFE BETTER

Chat
Platform
Awareness

Brainstorm

Co-Creation Session

SHOW THAT THEY ARE NOT ALONE WITH THEIR THOUGHTS

INFORMATION BOOKLET

TAILORED AND TARGETED COMMERCIALS

HELPING USERS TO NAVIGATE TO THE RIGHT PLACE

MARKETING ON COFFEE MACHINES

DIARY TO SEE THE PROCESS AND THINGS HAVE CHANGED OVER TIME

EXCHANGE EXPERIENCES, HELPING PEOPLE IDENTIFY WITH OTHER PEOPLE WITH SIMILAR PROJECTS

A COWORKING OR WORKING SPACE WHERE THERE ARE DIFFERENT STATIONS

A MEETING PLACE ONLINE

HELP TO FIND OR REFER TO WHAT HAVE HELPED OTHERS

AWARENESS DAYS

DIARY TO SEE THE PROCESS AND THAT THINGS HAVE CHANGED OVER TIME

SHOW STATISTICS WITH HOW MANY ARE DEALING WITH DIFFERENT VARIATIONS OF MENTAL HEALTH

MENTAL HEALTH BUS

PEOPLE WORKING AT DINERS AND OTHER SERVICE POINTS, HAVING "ROLES"

PINS PEOPLE CAN BUY AT THE STORE

AN EASY AND ACCESSIBLE PLACE TO GET INFORMATION

USERS TELL EXPERIENCES WITHOUT "A FACE TO IT" TO NOT LIMIT WHO CAN FEEL A CONNECTION

COURSES HOSTED BY PUBLIC SERVICES

A "DIGITAL" NURSE SIMILAR TO WHAT HELSESISTA IS DOING ON SNAPCHAT, HOWEVER ON A PLATFORM THAT'S IS NOT AS TEMPORARY AS SNAPCHAT

POSTERS ON BUS STOPS

MARKETING AND AWARENESS ON DAILY PRODUCTS

Awareness

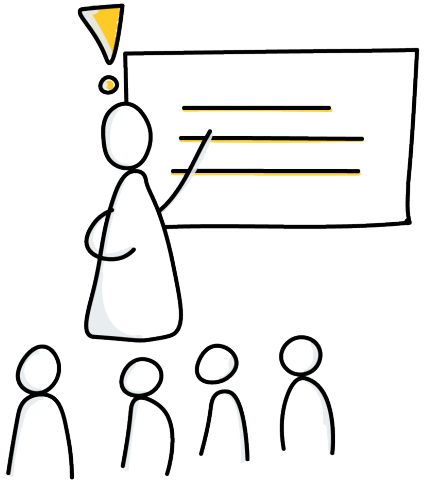
Illustrated Ideas

An information booklet sent in the mail. It contains information regarding mental health, where to get help and experiences.

A bar/cafe where people can meet up and does not require anything for the attendees. Have small events and talks.

Host frequently events to let people talk, share stories and experiences.

Awareness campaign using well-known people to get people informed.



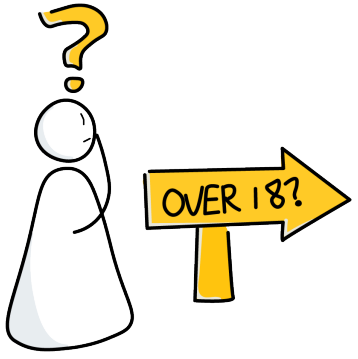
Letting the suicide prevention services personnel (psychologists as well) talk and educate at schools as well as sharing experiences.

Platform

Illustrated Ideas

Make a national mental health event *(longer than a day)*. Awareness week or month, similar to what is done in America.

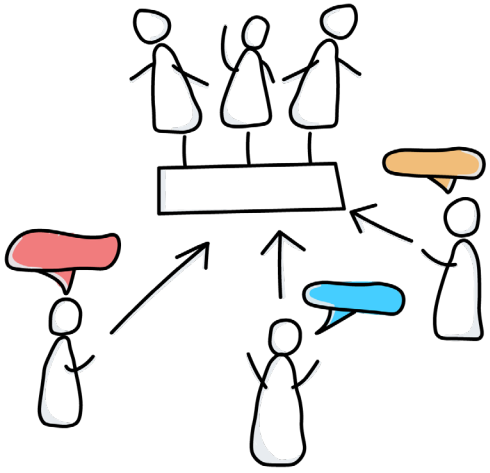
An app where people can express thoughts, feelings, and experiences anonymously.



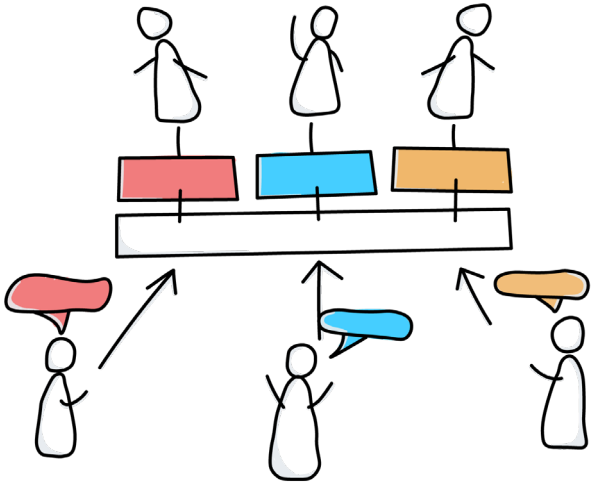
A webpage directed towards users that are 18 - 30 (and older?). Give information that is related to that age group.

Chat

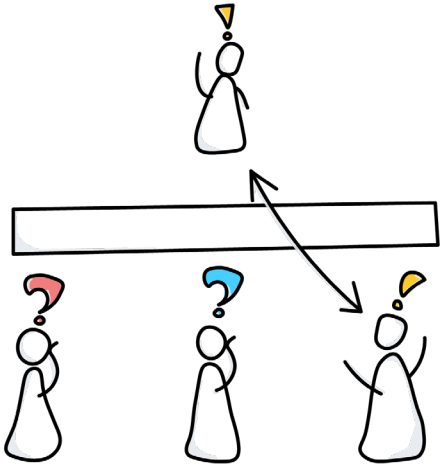
Illustrated Ideas



Shared chat service, connecting all services under one chat-platform. Sharing resources and collecting the same statistics.



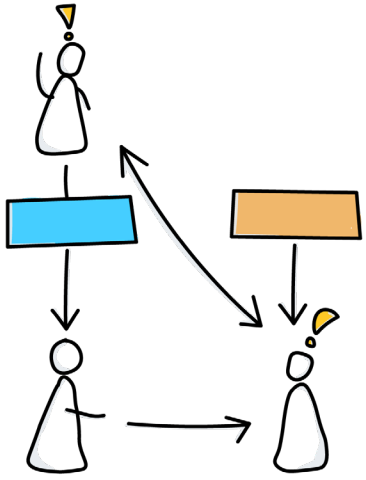
A common backend. Services manage their own chat, but use a standard framework or ruleset.



A chat where users can ask questions openly and various services can then reply. *“First one to reply.”*

Chat

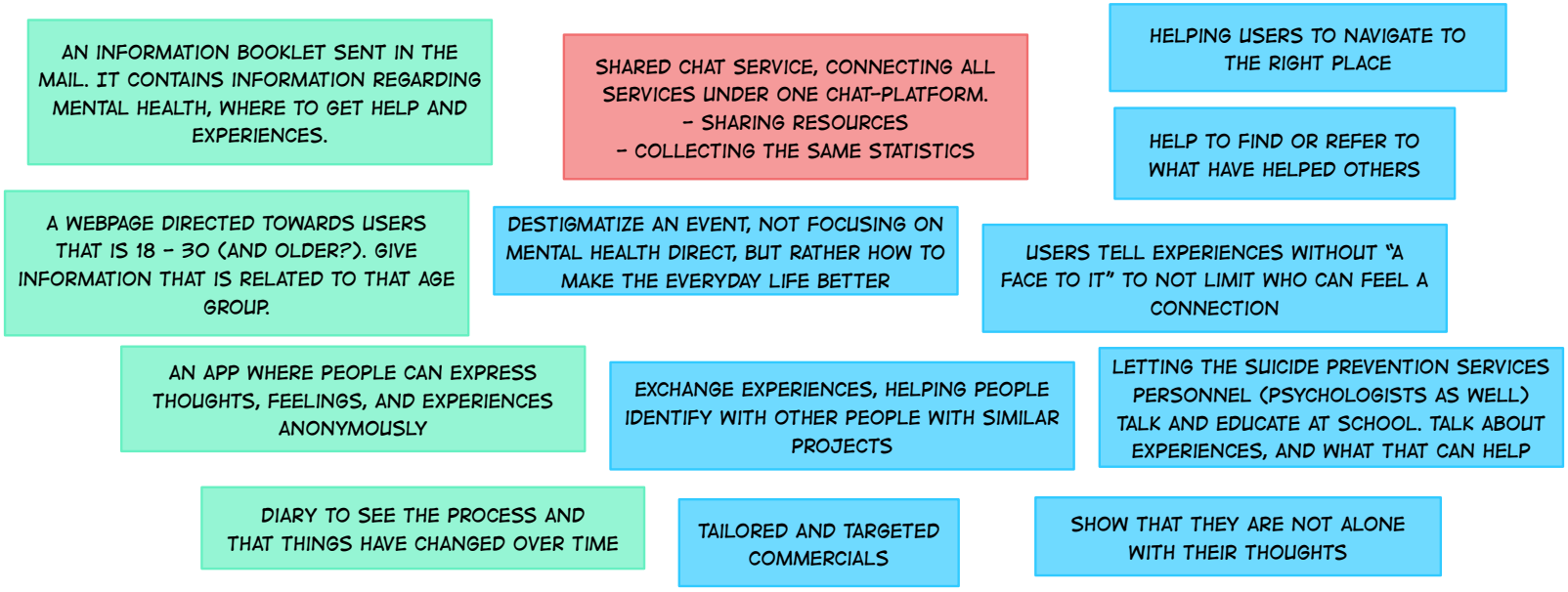
Illustrated Ideas



A common backend where the services can share resources if it is needed. *“We need more people.”*

Bundle Ideas

Based on the votes conducted online and with Woman 3. there were a few ideas that stood out. These ideas were chosen to be included in further exploration going forward into the development of the concept. These will later be rephrased into feature an idealist, that is used in the MVP prioritizing Matrix on page 65.



Design Principles

To act as a guiding framework, four principles were created. The principles created are used to keep the concept consistent with the insight (IDEO, 2015). The principles are not only created to be a framework for the concept of this project, but created broadly so they also can act as an underlying framework for any services focusing on suicide prevention and mental health.

The principles have been created based on the core insight gathered in the discovery phase. Nevertheless inspiration from other service's principles like Snapchat's Privacy Principles (Snap, 2019) and Google Privacy and Security Principles (Google, 2019) have been used.

Human-Centered
Identify and focus on the real needs and objectives of the users. The content should be relevant, tailored and centered towards the intended users of the service. The purpose of any material should be adapted towards the benefit of the user.

Privacy and Control
The user's privacy and anonymity should be of the highest priority. The users should have full control and access to their data. There should be an easy way for users to adjust or delete what data they have shared (if any). Deletion of any user data should be the default.

Accessible and Inclusive
It should be easy for the user to understand how to navigate and know where they are. The content provided by the service should be aimed to be available to as many users as possible. The service should strive to generate content that is easily accessible to people with disabilities or ethnic minorities with different primary language.

Consistency
The services should use patterns familiar to the user. Functionalities and behavior should be applied consistently across all touch points, both physical and digital.

The Concept

Several of the interviews mention the small task was one of the things that helped them to get better. Woman 3. used a booklet she got from her psychologist when she was dealing with her depression. The booklet contains information helping the person conquer depression. The booklet is called Cognitive Therapy and was a part of Torkil Berge and Arne Repål's book Happiness thieves: how to overcome depression (Translated from Lykketyvene: hvordan overkomme depresjon). In one of the segments about activities that counteracts depression, one of the themes were about the meaning of the small steps. The section explains how tasks that could be experienced as hard or overwhelming can be divided into smaller and more manageable subtasks (Berge, 2015). It explains how these small and simple tasks can have a significant impact to help the users towards a state of well-being.

In a phone interview with Oskar Blakstad, a clinical psychologist and the founder of Explorable and Assisted Self-Help (translated from Assistert Selvhjelp) an online application to help users between sessions with their psychologist, confirms how these small tasks can help make the daily life better.

He pointed out that some of the most effective task or goals users could complete should involve physical activities (not workout), socializing, a closeness to nature and a focus on one goal at a time. He also argues that finding the right activities to the unique users were the key to be able to help the users towards a state of well-being.

Blakstad informs that he tries to stay updated on the different services that offer solutions regarding mental health, but argues that it is hard to have an up to date list as these services appear and disappear quickly. This is also apparent in the psykiskhelse.no list of available services, which enlist 39 different mental health services.

Based on this core insight these small task and goals point towards being the right approach to involve in creating a concept. Looking at the what is offered in the space of motivating and daily goals solutions one application stood out, Heia Meg. At the time of discovering the application Heia Meg, it had only been publicly available for three months old. The application was developed by the HDIR and was a part of their campaign Only You (translated Bare Du). The campaign is focusing on giving tools, applications and daily advice to help the Norwegian population to change health habits and lifestyle.

The application was simple yet checked off some of the boxes involving daily messages and small tasks, focusing on improving the user's daily life.

Instead of creating a competing solution, giving even more options for the users, it became clear that this application was a terrific opportunity to redesign and apply the gathered insights from the research.

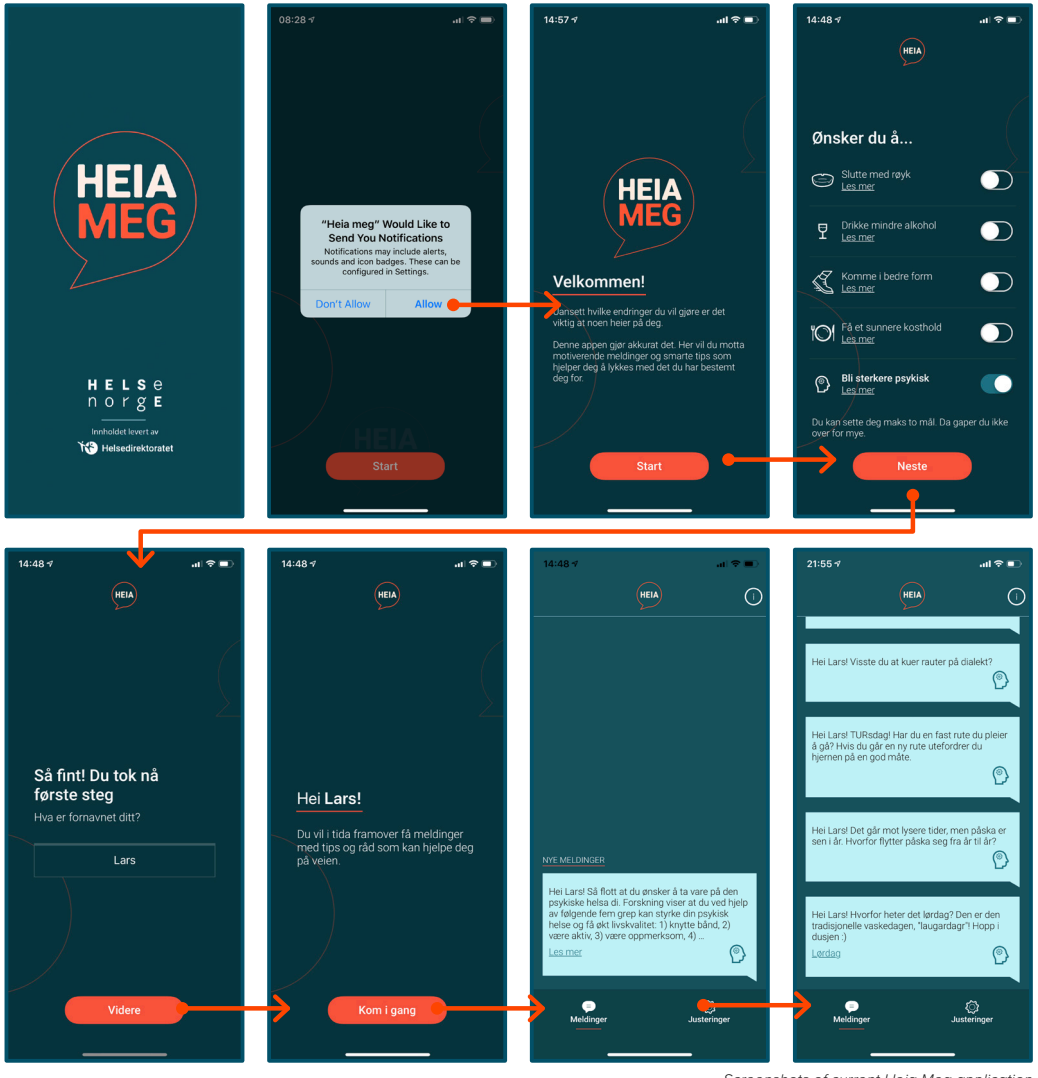
Analyzing Heia Meg

Similar to when analyzing the webpages using the Service Safari method, the focus in this analysis will be:

- What are the first users are presented with?
- Is there a clear goal and call to action?
- What is the content provided in the application?
- What is the use of graphical elements?
- Is there an alternative language option?

The first the users are met with, after the logo screen, is a notification asking for permission to send notifications from the application. The following steps are short positive reinforced sentences, like *"Nice! You now took your first step"*. The final step of the onboarding gives the users an indication of what to expect from the application.

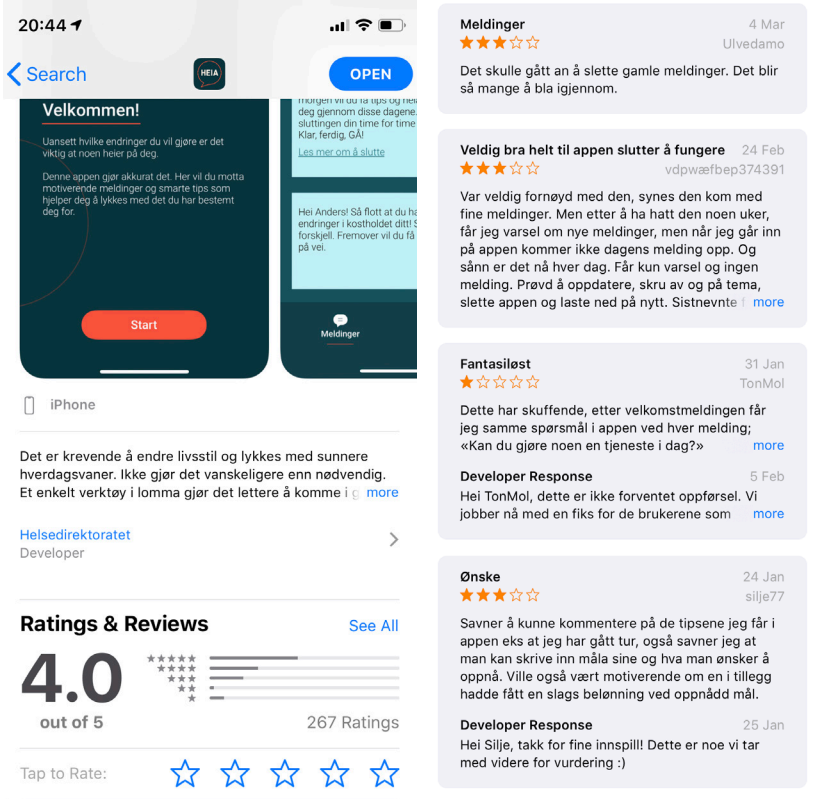
The users get a new message every day. The messages are varied, from fun facts to challenges. The messages appear not to be personalized to the users in a more significant degree than using the inserted name, followed by the daily message from the chosen theme(s). This becomes apparent when the view starts to fill up with messages. The application only uses icons as graphical elements. There is no alternative language to the application.



Screenshots of current Heia Meg application

Current Application User Feedback

Even though the application had not been out for more than a few months, it has already started to get several comments from users reviewing the application. Thought some of the comments are critical, they are not critical to the goal of the application, but rather general issues they experience with the application. Many of the comments gathered from Apples AppStore had wants and wishes from the users. Indicating that they see the potential of the application.



Screenshots of Heia Megs reviews on Apple's AppStore

What to Prototype

Based on the research conducted in the previous phases, the Heia Meg application resonated well with the gathered insight. As the application was relatively new with few features, there are opportunities to use this as a starting point for incorporating new features based on the gathered insight. To find out what insight to include and prioritized as features in the application, the Minimum Viable Product Prioritization Matrix model was used (Ciligot, 2019). The prioritization was conducted in collaboration with Woman 3.

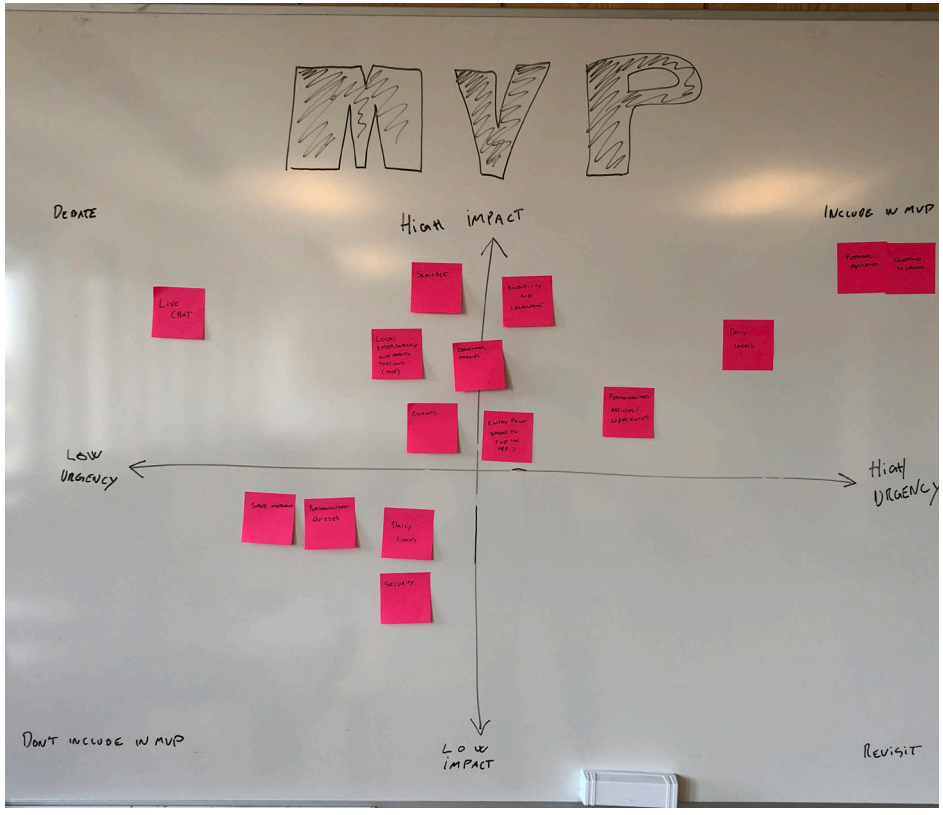
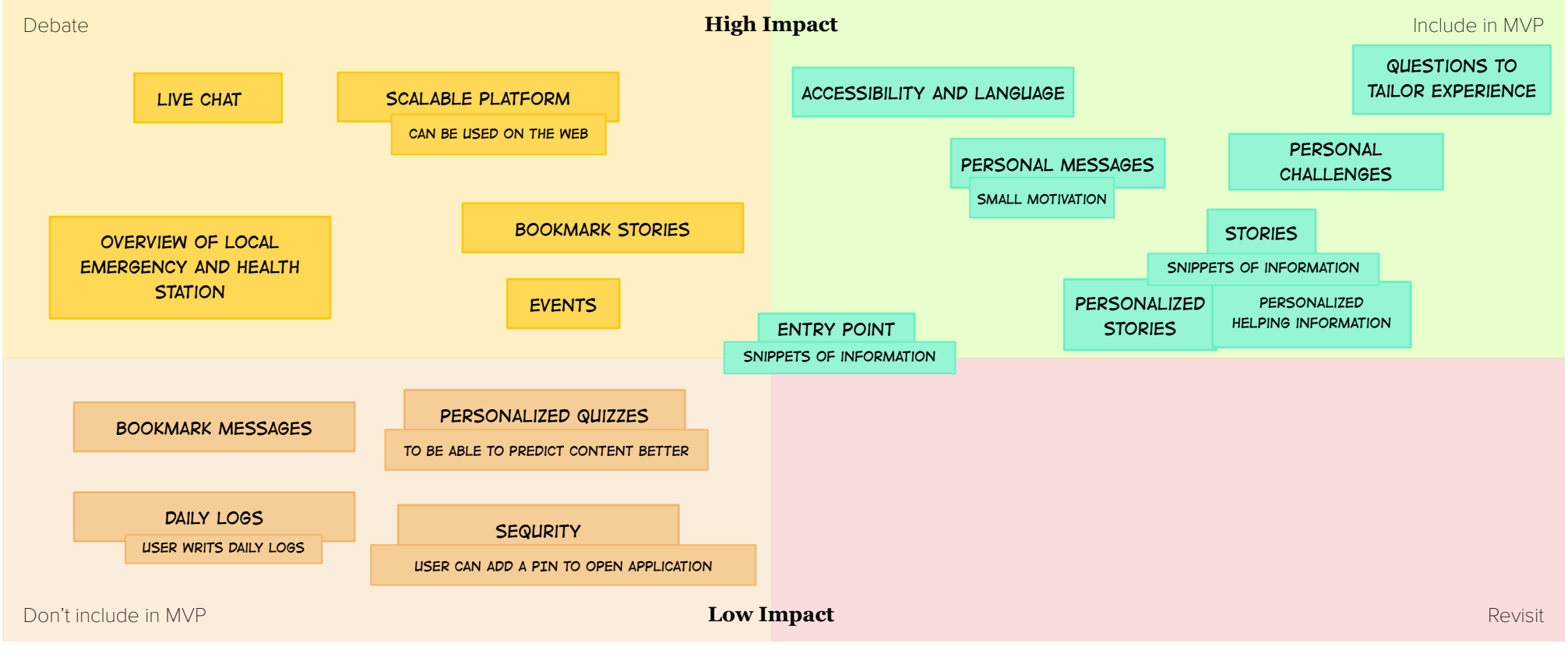


Image from MVP Prioritization Matrix

MVP Prioritization Matrix

Co-Creation Session



Deliver

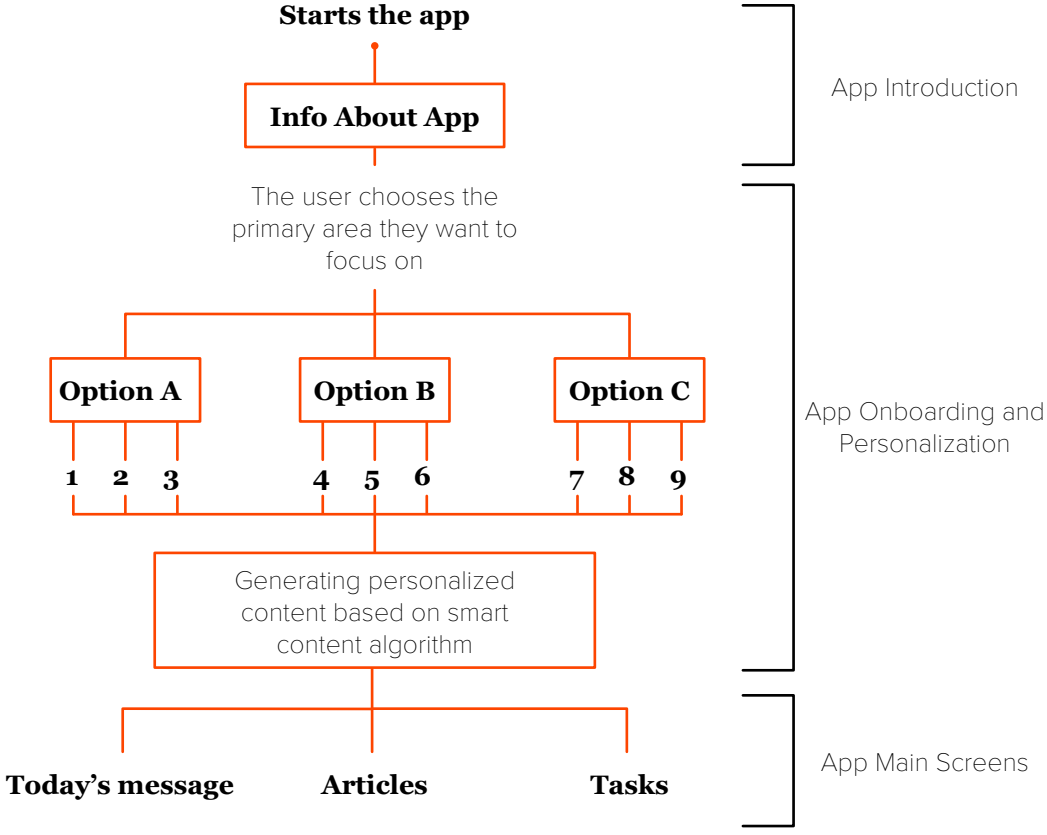
Structure, Build and Prototype

User Journey

Information Architecture

To better predict and personalizing the content to the users, it is necessary to get some fundamental insight into what the users want out of the application. Therefore similar to the current application there it is an onboarding guide giving the user some simple questions to answer. All the questions should have the option for the users not to answer. This will lower the threshold for the user to start using the application, and instead of stopping the onboarding possess, choose a default option. After the user has chosen between the different options, the users are at the end of the onboarding. They will then be presented with a screen indicating that the application is generating personalized content based on the answers provided. If the user has chosen not to answer anything during this process, the best default option is generated, giving a variation of content.

After the content generation is done, the user is presented with a welcome screen, before entering the applications three main screens, today's message, article, and task.



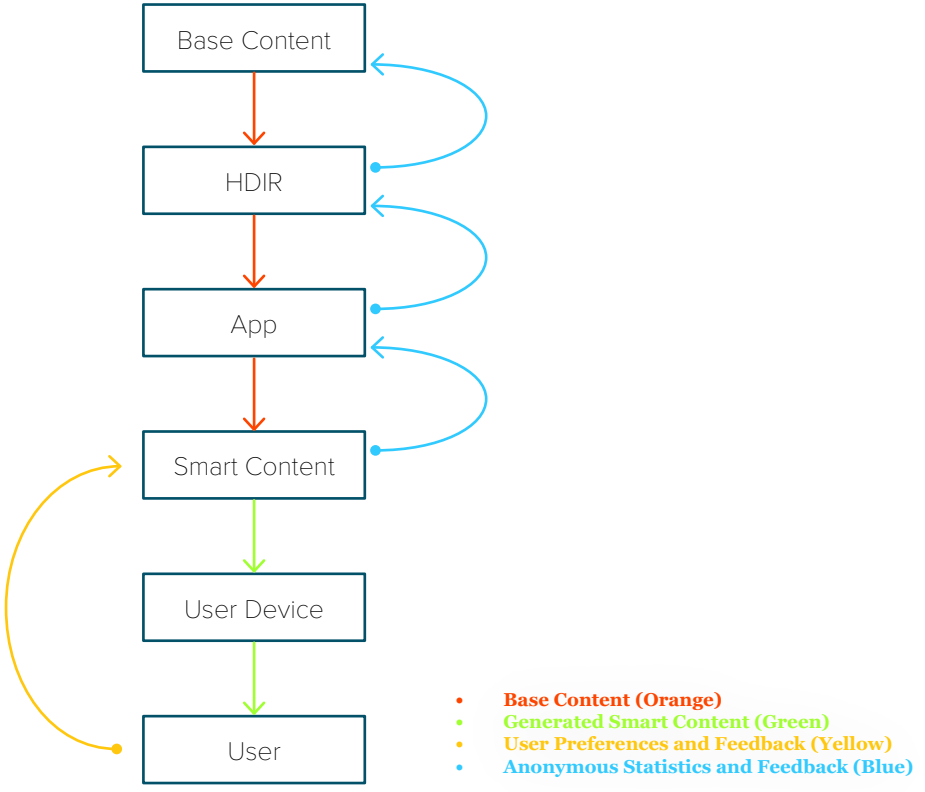
Reinforcing Content Feedback Loop

As the user starts to complete tasks, read articles and other interaction within the application, the users' preferences and feedback data is sent back to the Smart Content algorithm in a closed reinforcing loop (Meadows, 2008). The closed loop is only between the user's device and Smart Content algorithm, and the users predicted preferences is not shared with HDIR, to keep user data information anonymous. As the users continue to use the application, the algorithm will be able to predict relevant content and messages better.

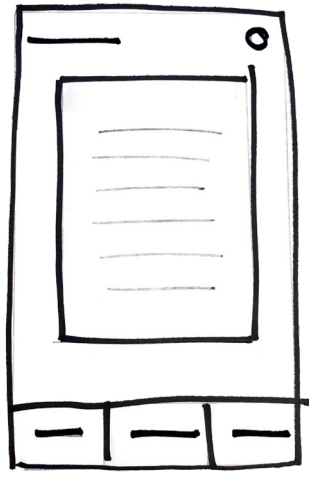
Nevertheless, relying on a personalization algorithm like this does not come without critique. An algorithm predicting preferences of a user is prone to predict the wrong or irrelevant content. Predicting the wrong content to users can result in the users losing trust in the application (Wendel, 2014).

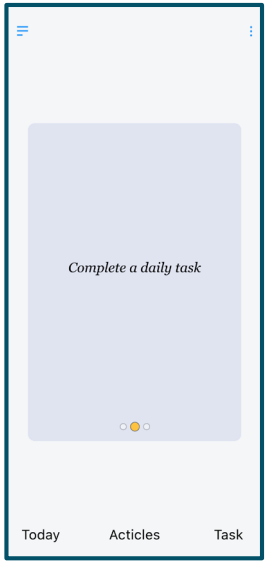
So, to avoid the algorithm from predicting wrong or irrelevant content, the base content that the Smart Content it is delivering should be created and monitored by HDIR and affiliated parties. The content that the user receives should be created to give users task, articles and daily messages that aim to encourage the users to complete them and changing their behavior towards a state of well-being.

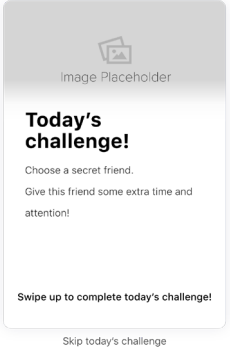
It is recommended that the base content is created in collaboration with health professionals within behavioral change, phycologists and other disciplines that naturally follows.

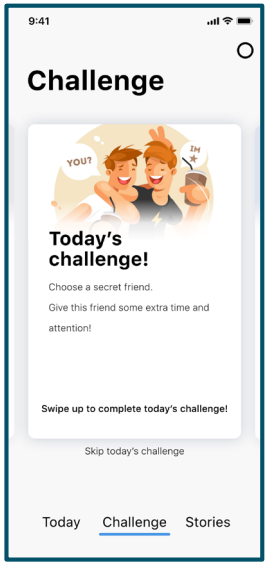


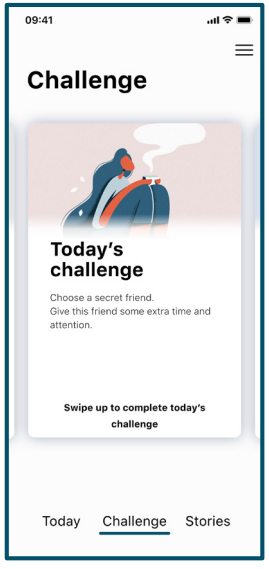
Concept Development Process











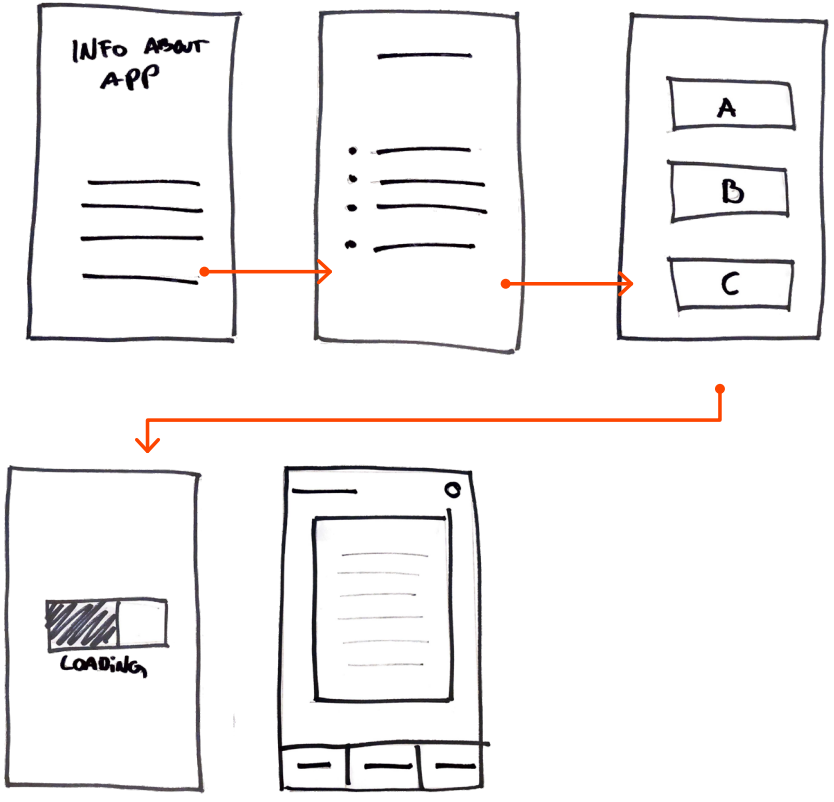
Sketch → **Wireframe** → Implementing Design Principles → **UI Style Guide** → Feedback and Itteration → **Clickthrough Prototype** → **Concept Prototype**

Sketches

Based on the Information Architecture the sketch wireframe was created to get a brief overview of what screens that needed to be included in the redesign.
The main focus of the screens included were;

- Terms and condition of the app giving the users a clear view and insight into what information is collected and how it is used.
- The onboarding and personalization prosses.
- A view of daily messages
- A view of daily articles
- A view of daily tasks

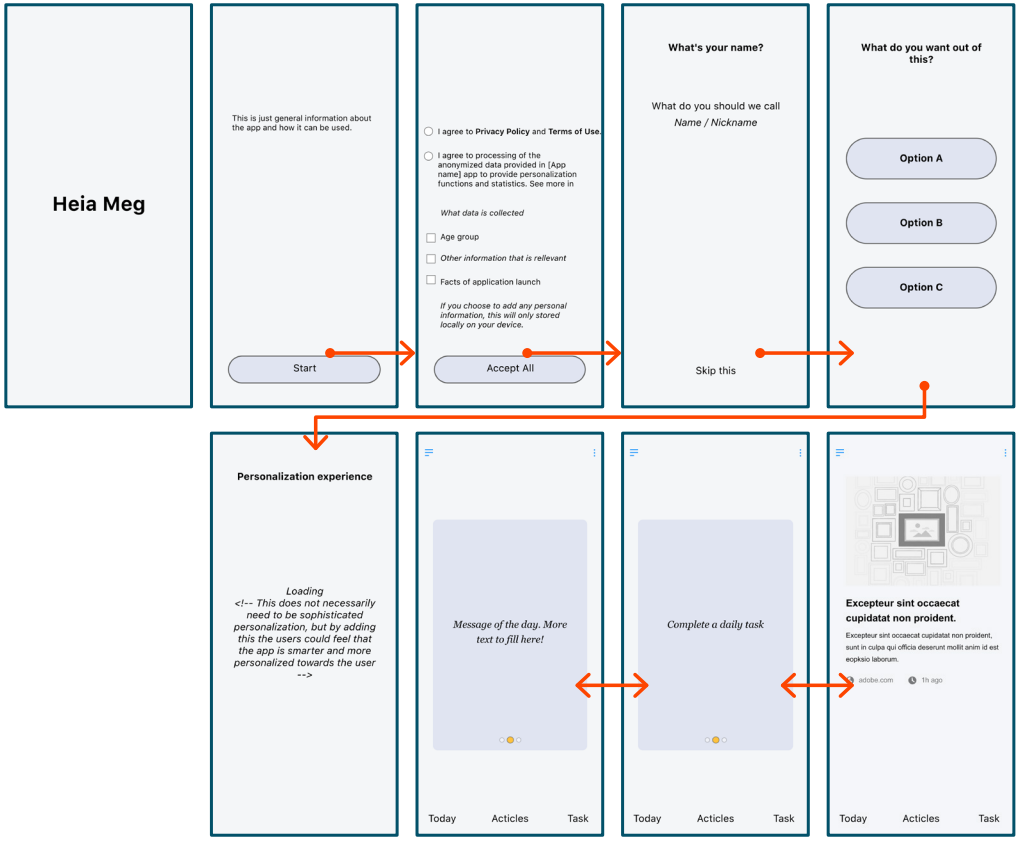
Looking at the feedback on the reviews of the current application, it was clear that the messages and tasks needed to be presented in a way that did not clutter the user's screen after a few days.



Wireframe

While translating the sketches into a digital format, the box surrounding the message of the day, had a similarity to the way application display flashcards, cards used for learning small chunks of new information. The card style also opened up the opportunity for presenting a new card every day, removing older cards, and decluttering the user's screen. By using cards, the user can also swipe between Today Message, Article, and Task.

As the foundation of the prototype started to form, the next step where to apply the design principles to make sure that the continuation of the design was aligned to the user insights.



Implementing Design Principles

Insight	Feature	Benefit	Design Principle
"Users often paranoid of being tracked." – Oskar Blakstad	Data Collection	Display in an easy and accessible way what is collected and tracked	Privacy and Control
"As little friction as possible. It should be easy to start." – Woman 1.	Onboarding – No Wrong Answer	If the user do not know or do not want to answer a question, a default option is chosen	Human-Centered
"As little friction as possible. It should be easy to start." – Woman 1.	Today (Daily Messages)	Making it possible to use the application without any obligation	Human-Centered
"It is the small things and tasks that help" – Woman 3.	Challenges	Motivate users	Human-Centered
"It is hard to see progress when you are in the middle of it" - Woman 1.	Challenge Tracker	See progress overtime	Human-Centered

Implementing Design Principles

Insight	Feature	Benefit	Design Principle
"Boys are more focused on self-help and seeing what others have asked or experienced" - Adélie Dorseuil	Stories, Articles and Videos	Giving users an insight into others experiences	Human-Centered
"So, this is how the health sector looks at me, an emo girl, sad in the woods?"- Woman 1.	Illustration	Using illustrations to en-rich content, avoiding using stigmatizing stereotypes	Human-Centered
	Dynamic Text	Using text that have the possibility to be changed in size and thinness	Accessibility
	Alternative Language	Being accessible for a wider audience	Accessibility
	Text to Speech	Applying descriptive text in the code of the application, making it possible for other accessibility features to read the text	Accessibility

UI Style Guide

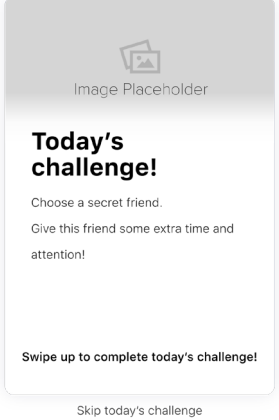
Figure 18. Tea, by Tanka (2018, October 3)

Illustration Style

Illustrations need to be simple, with calm colors. All illustrations need to have an alternative text describing the content of what is being illustrated, so that a screen reader can convey the content.

Card Style

The cards should show short bursts of information, with an illustration enriching the content. The information displayed on the card should change every day.



Button Style

Simple button style, with distinguished colors between primary and secondary option.

UI Style Guide

Fonts

Using the native systems fonts, making it easier to scale fonts with native accessibility tools.

Apple iOS

Aa

San Francisco

Bold Header Text
Light Body Text

Google Android

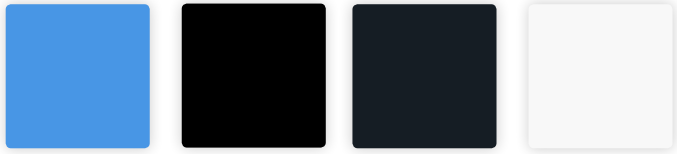
Aa

Roboto

Bold Header Text
Light Body Text

Contrast and Colors

The colors have high contrast, complying with the highest level of Web Content Accessibility Guidelines (WCAG 2.0) and meets the AAA standard (w3, 2008).



Blue
#4896E5

Black
#000000

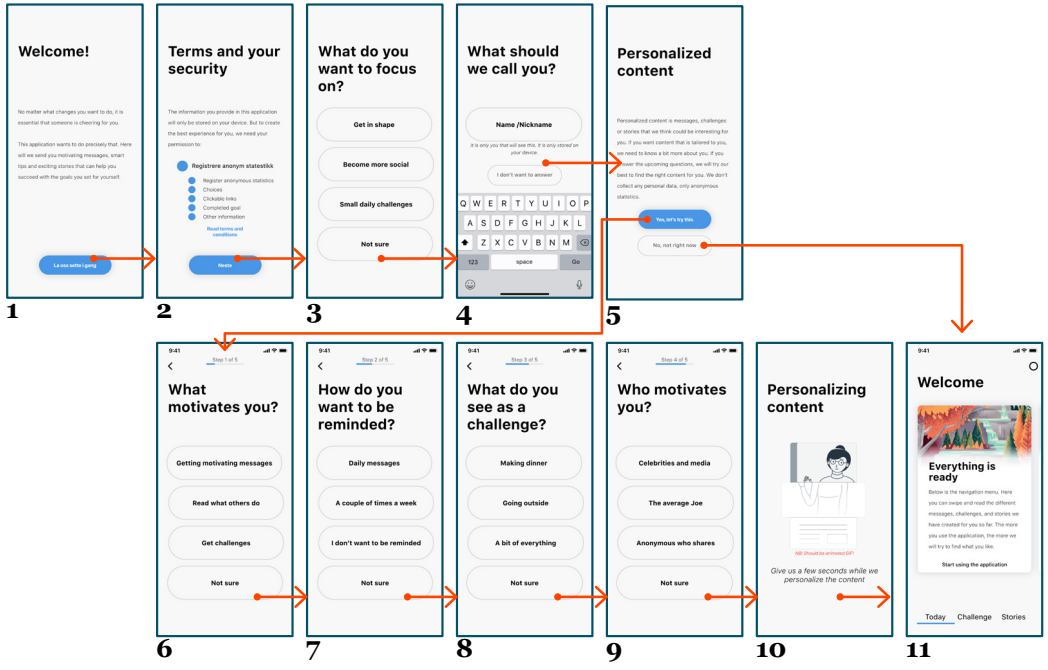
Dark Gray
#151D24

Light Gray
#F8F8F8

Clickthrough Prototype

Onboarding

1. The same welcome screen that is on the current application.
2. Clearly show the user what kind of content is gathered.
3. Give the application an indication of what the users want to focus on.
4. Can be used to personalize messages, and also predict gender to better tailor content.
5. Introduce the possibility to use personalized content will give the algorithm a better starting point to predict content for the user.
6. Get an indication of what type of content that is motivating for the user.
7. Get an indication of how often to notify the user.
8. Get an indication of what the user views as a challenge.
9. Get an indication of what type of content that is motivating for the user.
10. Show the user a visual representation of generating personalized content.
11. Indicate how the application will work, and change as they continue to use it.



Clickthrough Prototype

Main Screens

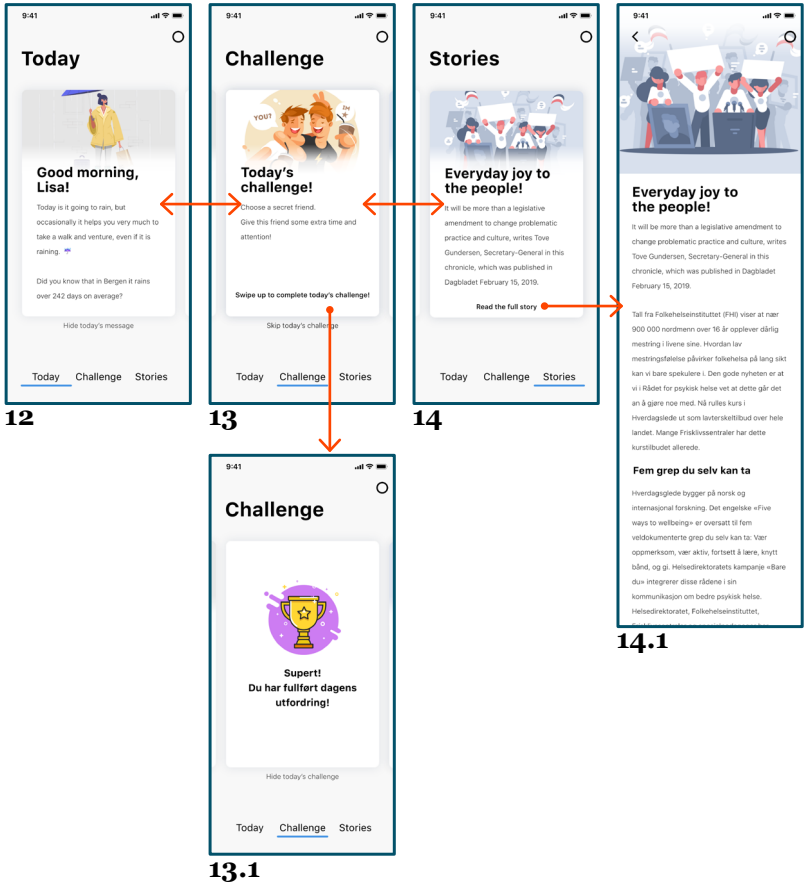
12. Today is the daily messages, similar to what is currently offered. The messages should be a short burst of positive reinforced information that could be interesting and motivating for the user.

13. The challenge contains new daily challenges, based on user preferences.

13.1 After a challenge is complete, the “card “ is turned around and displays a complete state.

14. Stories show daily snippets of news, videos, or other media related content that could be found interesting and motivating.

14.1 A full view of the article.



Feedback

To get feedback on the user's experience and design of the prototype. An online link to the interactive clickable prototype was shared with various UX designers, UI designers, Graphic designers, and services designers to get their professional opinion.

The prototype received much feedback. However, some of the feedback stood out:

- Some of the illustrations were to *"festive."*
- Would expect gamification of the challenges
- See a process view of the challenges
- Would like to work towards a goal
- Make it clear that there is a progress
- Have an option of when during the day the messages were received
- Unsure if people should have the option to skip challenges
- Offer the users an option to comment on why they completed or did not complete the challenge
- The user should have the option to add a comment or sentence to the completed challenge
- Unsure why it is important to add a name when it is my device
- *"I expect the content to be personalized"*

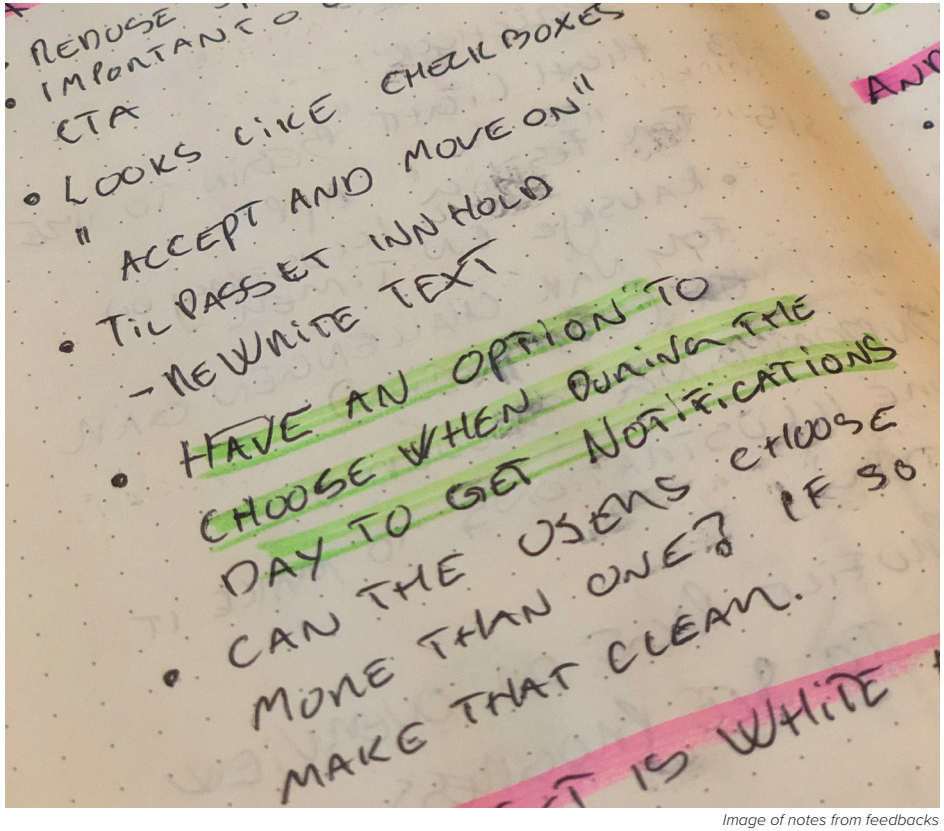


Image of notes from feedbacks

Presenting to HDIR

After the feedback from the different designers, as well as some non-designers a meeting with HDIR was scheduled. The meeting was with Adélie Dorseuil, and the agenda was to go through the current findings of the project so far. During the last part of the meeting, a quick view of the prototype was shown. Dorseuil showed interest in the redesigned and offered to create a connection with some of the people working on the Heia Meg project, Ove Jørgensen (senior advisor) and Øystein Tveite (project leader).

The following week a new meeting was scheduled with HDIR. During the meeting, both Jørgensen and Tveite showed great interest in the project. They also explained that the project was in an early testing stage and that they were collecting user's feedback to improve the experience of Heia Meg.

During the project, it has been difficult to find users within the target audience, and therefore little feedback on the created prototype was from people that were in that audience. However, seeing the interest HDIR have in the project could be an opportunity to further iterate the project in collaboration with HDIR. Giving the opportunity to reach a broader audience, as well as reaching the projects target audience.

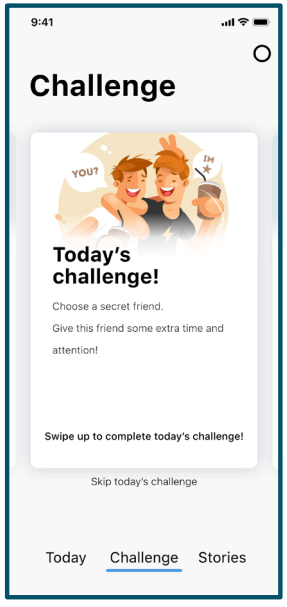
Image of prototype testing session

Itteration

Following the meeting with HDIR, the prototype went through a final iteration based on the feedback.

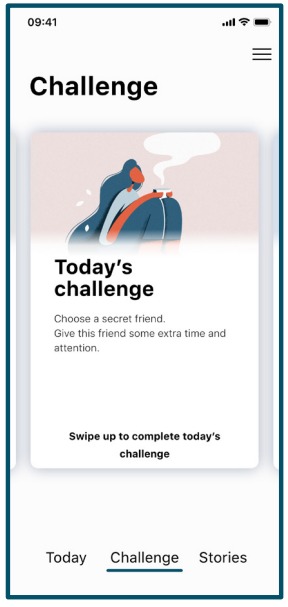
The changes included:

- Removing the option to hide or skip challenges
- Adding a challenge progression view
- Changing the settings icon
- Changes in the illustrations
- Changing the blue color to HDIRs blue color
- Changing spacing between fonts



Old Blue
#4896E5

Primary Button



HDIR Blue
#025169

Primary Button

Concept Prototype

Onboarding

Link to Interactive Prototype

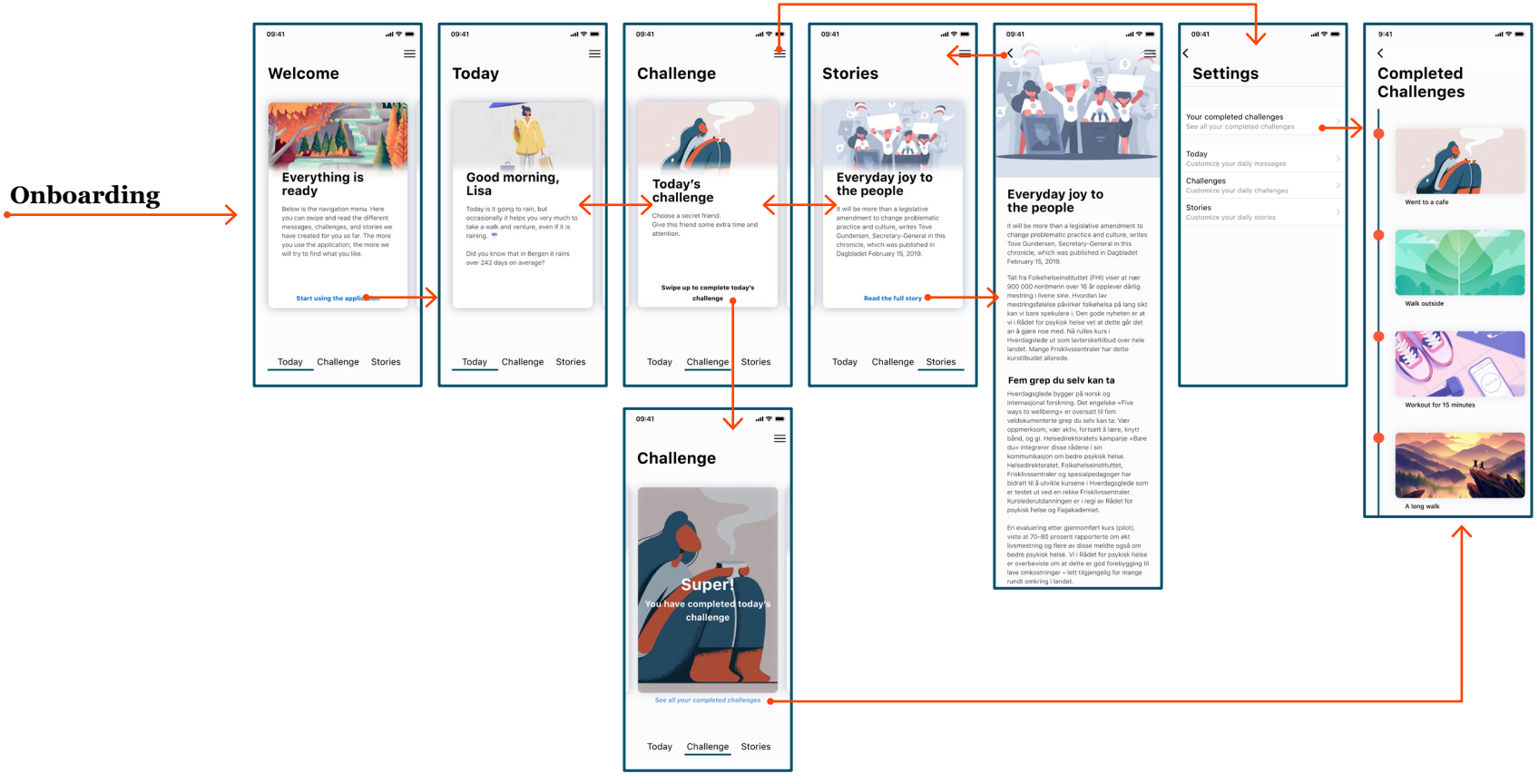
English

Norwegian

Concept Prototype

Main Screens

Onboarding



Ensuring the Concepts Desirability, Viability and Feasibility

Desirability
The focus throughout the project has been to focus on the users. Through the personalization of small challenges, the concepts core function is to understand what the users want.

Viability
As the goal of the concept is to help users towards a state of well-being. This should be the measurement of the project: “Does it help people towards a state of well-being?”

Feasibility
The technology behind the concept is already implemented in several services. Building the *“behind the scenes”* of the project can also be used for other projects further down the line.

To get a valuable indication if these statements are correct, the concept needs to be tested and iterated with users over a period of time and see if it has the desired outcome.

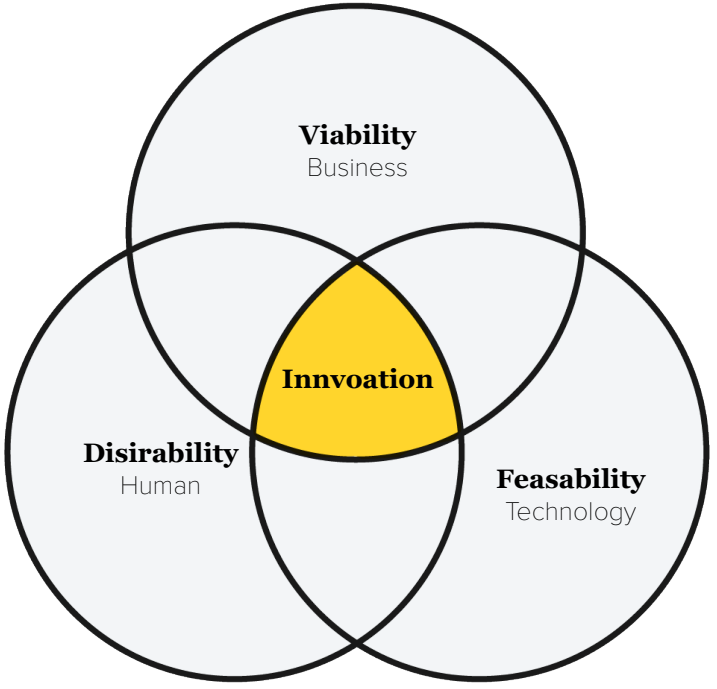


Illustration based on Design Thinking; Feasibility, Viability, Desirability Model

Conclusion and Reflections

The goal of this project has been to explore concepts and solutions that can be implemented in current and upcoming Norwegian health services. The research question for the project was to explore how suicide and mental health services can lower the threshold for contacting and supporting individuals towards a state of well-being.

Based on analysis and insights applied through the use of human-centered design, this question has been addressed.

Through the preliminary study, the issue surrounding the number of unanswered inquiries highlighted that there are gaps between the target audience of the services and the providers of the services. The preliminary study acted as a foundation to dive deeper into the subject of suicide and mental health. Through the interview with Adélie Dorseuil, the project manager at DIGI-UNG, it was made clear that HDIR is aware of the thresholds and the unanswered inquiries and are working on a holistic solution to try to resolve their problems.

Through core in-depth interviews, it became clear that many of the services applys content that can be perceived as provocative and thus drive potential users away. The absence of consistency of provided information concerning anonymity is a factor increasing the threshold for using the services.

During the discovery phase it became clear that solving small problems, step by step was core to be able to move individuals in the direction of well-being. To not be generalized, but rather seen as a unique individual, it was an essential part of the findings, that one size does not fit all.

Moreover, the problems that are holding the individual back can seem small for some, but in the eye of the beholder, it could be massive.

The author acknowledges that one of the most significant limitations of the project is the lack of access to the target audience. The author has had limited access to information gathered from the target audience when interviewing and testing the prototype. As a result, the project has instead focused on gathering information from various sources and stakeholders, both designers, non-designers, and HDIR professional mental health service personnel.

Nevertheless, the project obtains actionable elements on how to lower the threshold, by identifying the user's needs, tailor relevant content towards the intended users, prioritizing privacy and anonymity, giving greater audience access through multiple language options and show consistency throughout the service. Simplicity for the targeted audience experience through an intuitive interface using a sophisticated algorithm *"behind the scenes"* is vital for the resulting success of the concept.

The concept acts as an example on how many of these elements can be implemented and through collaboration and further cooperation with HDIR it can provide access and the opportunity to test, validate and iterate the concept on a grander scale than initially imaged.

Everyone is entitled to have the opportunity to be in a state of well-being. The concept features intend to help a unique individual reach a state of well-being, one step at the time.

Reference List

Reference List

Beattie, A. (2018). The Story Behind Google's Success. Retrieved from https://www.investopedia.com/articles/personal-finance/042415/story-behind-googles-success.asp

Berge, T. (2015). Lykketyvene : hvordan overkomme depresjon ([Ny rev. utg.]. ed.). Oslo: Aschehoug.

Bergsagel, I. (2018). Her er alle Norges mannlige helsesøstre. Retrieved from https://sykepleien.no/2018/11/her-er-alle-norges-mannlige-helsesostre

Blakstad, O. (2019, 25. April) Masteroppgave om Selvmordsforebygging/Interviewer: L. Kvinnesland.

Britannica, T. E. o. E. Depression. Retrieved from https://www.britannica.com/science/depression-psychology

BusinessWeek. (2018). Cincinnati Children's Hospital Medical Center; Clarigent Health Brings New Suicide-Prevention Technology to Meet Mental Health Needs. In (pp. 128). Atlanta.

Cheng, K. (2012). See What I Mean: How to Use Comics to Communicate Ideas.

Ciligot, C. (2019). How to Plan a Minimum Viable Product: a Step-By-Step Guide. Retrieved from https://clearbridgemobile.com/planning-a-minimum-viable-product-a-step-by-step-guide/

Darras, B. (Writer). (2017). The fight against teen suicide begins in the classroom. In: TEDx Talks.

Dorseuil, A. (2018, 24. January) Masteroppgave om Selvmordsforebygging/Interviewer: L. Kvinnesland.

Google. (2019). Our Privacy and Security Principles. Retrieved from https://safety.google/principles/

HDIR, T. N. D. f. H. (2014). Handlingsplan for forebygging av selvmord og selvskading Retrieved from https://www.regjeringen.no/no/dokumenter/Handlingsplan-for-forebygging-av-selvmord-og-selvskading-2014-2017/id758063/

HDIR, T. N. D. f. H. (2018). Ungdomshelse i en digital verden. Retrieved from https://www.helsedirektoratet.no/rapporter/ungdomshelse-i-en-digital-verden

Helsesista. (2019). Hele Norges Helsesøster i Sosiale Medier! Retrieved from https://helsesista.no/om/

Henick, M. (Writer). (2013). Why we choose suicide. In: TEDx Talks.
Hummel, C. L. (2016). Inclusive and Diverse Stock Photography Sites. Retrieved from https://www.thebusinessofhelping.com/inclusive-and-diverse-stock-photography-sites/

IDEO. (2015). The Field Guide to Human-Centered Design.
Johnson, J. (2007). GUI Bloopers 2.0: Common User Interface Design Don'ts and Dos (Updated and rev., [New ed.]. ed.): United States: Morgan Kaufmann Publishers Inc.

Kirkens-SOS. (2016). Kirkens SOS Års Rapport 2015 - 2016. Retrieved from https://www.kirkens-sos.no/assets/documents/Kirkens-SOS-i-Bj%C3%B8rgvin-%C3%85rsmld-16.pdf
Kohn, I. (2018). FOR SUICIDAL MEN, THIS SUBREDDIT CAN BE THE DIFFERENCE BETWEEN LIFE AND DEATH. Retrieved from https://melmagazine.com/en-us/story/for-suicidal-men-this-subreddit-can-be-the-difference-between-life-and-death

Koponen, J. (2019). Get ready for a new era of personalized entertainment. Retrieved from https://techcrunch.com/2019/04/13/get-ready-for-a-new-era-of-personalized-entertainment/

Kors-på-halsen, R. K.-. (2018). Kors på Halsen Års Rapport 2017. Retrieved from https://korspaahalsen.rodekors.no/globalassets/pdf-aarsrapporter/arsrapport-2017-kph.pdf

Larsen, M. E., Seedat, S., Nicholas, J., & Christensen, H. (2016). A Systematic Assessment of Smartphone Tools for Suicide Prevention.

PLOS ONE, 11(4), e0152285. doi:10.1371/journal.pone.0152285
Meadows, D. H. (2008). Thinking in systems: A primer: chelsea green publishing.

MentalHelse. (2018). Hjelpetelefonen Årsrapport 2017. Retrieved from https://www.mentalhelse.no

Nielsen, J. (2001). 113 Design Guidelines for Homepage Usability. Retrieved from https://www.nngroup.com/articles/113-design-guidelines-homepage-usability/

Reference List

NIPH, N. I. o. P. H. (2018). Suicide (NH). http://www.norgeshelsa.no/norgeshelsa/?language=en

Nordbø, T. (2017). Introduksjon til interaksjonsdesign. Oslo: Universitetsforl.

Norman, D. A. (2013). The design of everyday things (Rev. and exp. ed. ed.). New York: Basic Books.

Omnicore. (2019). Snapchat by the Numbers: Stats, Demographics & Fun Facts. Retrieved from https://www.omnicoreagency.com/snapchat-statistics/.

OxfordDictionaries. (Ed.) (2019a). Subreddit. Retrieved from https://en.oxforddictionaries.com/definition/subreddit

OxfordDictionaries. (Ed.) (2019b). Troll. Retrieved from https://en.oxforddictionaries.com/definition/subreddit

Patil, D., & Honey, K. (2015). Open Data and Innovation for Suicide Prevention: #MentalHealthHackathon. Retrieved from https://obamawhitehouse.archives.gov/blog/2015/12/09/open-data-and-innovation-suicide-prevention-mentalhealthhackathon

Penn, S. (Writer). (2017). Shattering the Silence: Youth Suicide Prevention. In: TEDx Talks.

Schneider, J., Stickdorn, M., Bisset, F., Andrews, K., & Lawrence, A. (2010). This is service design thinking : basics, tools, cases. Amsterdam: BIS Publishers.

Slack, S. (Writer). (2018). We need to talk about male suicide. In: TEDx Talks.

Snap. (2019). Our Privacy Principles. Retrieved from https://www.snap.com/en-GB/privacy/privacy-center/

Statista. (2019). Number of apps available in leading app stores as of 1st quarter 2019. Retrieved from https://www.statista.com/statistics/276623/number-of-apps-available-in-leading-app-stores/

TED. (2019). TEDx Program. Retrieved from https://www.ted.com/about/programs-initiatives/tedx-program

Vahabzadeh, A., Sahin, N., & Kalali, A. (2016). Digital Suicide Prevention: Can Technology Become a Game-changer? Innovations in clinical neuroscience, 13(5-6), 16.

w3. (2008). Web Content Accessibility Guidelines (WCAG) 2.0. Retrieved from https://www.w3.org/TR/WCAG20/

Wendel, S. (2014). Designing for behavior change : applying psychology and behavioral economics. Sebastopol, Calif: O'Reilly.

WHO, W. H. O. (2018, 24 August 2018). Suicide. Retrieved from http://www.who.int/en/news-room/fact-sheets/detail/suicide

WHO, W. H. O. (2019a). Mental health: a state of well-being. Retrieved from https://www.who.int/features/factfiles/mental_health/en/

WHO, W. H. O. (2019b). Suicide data. Retrieved from https://www.who.int/mental_health/prevention/suicide/suicideprevent/en/

Table of Figures

Figure 1.
HDIR (n.d.). Goal for DIGI-UNG Project [Digital image]. Retrieved from Ungdomshelse i en digital verden, DIGI-UNG Anbefalinger (del 2)

Figure 2.
Roberts Creative Group. (2017, August 10). Outside Perspective [Digital image]. Retrieved from https://dribbble.com/shots/3725838-Outside-Perspective

Figure 3.
Jain, A. (n.d.). One Snap At A Time [Digital image]. Retrieved from https://anjanajain.com/

Figure 4.
Darras, B. (2016, May 24). [Digital image]. Retrieved from https://www.facebook.com/bdarras/posts/10209563911960730?utm_medium=google

Figure 5.
Reid, R. (2018, May 24). Research Safari [Digital image]. https://dribbble.com/shots/4628154-Research-Safari

Figure 6.
helsenorge.no (2019, May 3). [Digital image]. https://helsenorge.no/sykdom/psykiske-lidelser/depresjon/selvmord-og-selvmordstanker

Figure 7.
mentalhelse.no (2019, May 3). [Digital image]. https://mentalhelse.no/

Figure 8.
sidetmedord.no (2019, May 3). [Digital image]. https://www.sidetmedord.no/

Figure 9.
kirkens-sos.no (2019, May 3). [Digital image]. https://www.kirkens-sos.no/

Figure 10.
korspaahalsen.rodekors.no (2019, May 3). [Digital image]. https://korspaahalsen.rodekors.no/

Figure 11.
lfss.no (2019, May 3). [Digital image]. https://lfss.no/

Figure 12.
psykiskhelse.no (2019, May 3). [Digital image]. https://www.psykiskhelse.no/

Figure 13.
unDraw (n.d.). [Digital image]. https://undraw.co/illustrations

Figure 14.
Oconnell, J. (2018, May 30). [Digital image]. Retrieved from https://dribbble.com/shots/4650656-Mirror-Mirror

Figure 15.
Yen, T.Y. (2018, August 19). [Digital image]. Retrieved from https://www.behance.net/gallery/69224203/T-Kn-Mental-Health-fanpage-Issue-Illustrations

Figure 16.
Delmar, R. (2018, August 19). [Digital image]. https://dribbble.com/shots/6230588-Depression

Figure 17.
Milanezi, G. (2018, August 19). [Digital image]. https://www.flickr.com/photos/giovana_milanezi/7104037555/

Figure 18.
Tanka. (2018, October 3). [Digital image]. https://dribbble.com/shots/5342367-Tea

Appendix

Appendix List

Due to the different size formats, the appendix will not be numbered, the items in the appendix will proceeding order:

GIGA-Map – Full resolution

Full Page Screenshot of helsenorge.no

Full Page Screenshot of mentalhelse.no

Full Page Screenshot of sidetmedord.no

Full Page Screenshot of kirkens-sos.no

Full Page Screenshot of korspaahalsen.rodekors.no

Full Page Screenshot of lfss.no

Full Page Screenshot of psykiskhelse.no

Front Page Mockup Illustration of Concept

Approved Participant Consent from the Norwegian Centre for Research Data (3 pages)

Used Interview Guide for Semi-Structured Interview with Adélie Dorseuil

Chat with eDialog24 regarding GDRP and logging anonymous data

Suicide Prevention Contact Services in Norway

800 000 suicides world wide every year
1 every 40 seconds

World Health Organization

WHO Member States have committed themselves to working towards the global target of reducing the suicide rate in countries by **10% by 2020**.

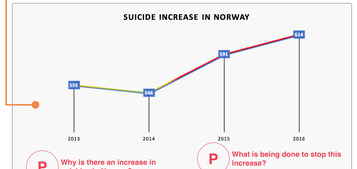
Suicide in Norway

555 people chose to take their own lives in Norway in 2013

614 suicides in 2016

Norwegian Institute of Public Health infer that for every suicide, there are 10 suicide attempts.

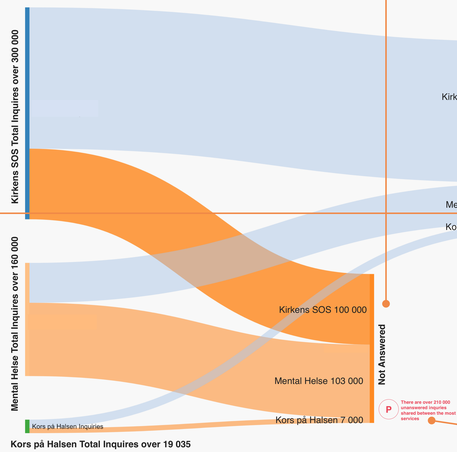
P Why is the number of suicide in men so high?



P Why is there an increase in suicides in Norway?

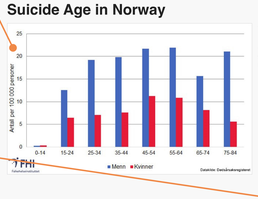
P What is being done to stop this increase?

Norway's Suicide Prevention Services



Z Why is the number of inquiries made by men xxx much lower than women? Men commit more suicide then women in Norway, is there a solution here?

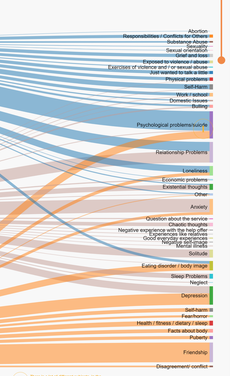
P There are over 210 000 unanswered inquiries to Kirkens SOS, the most used service.



The number of suicide per 100 000 inhabitants for men and women in different age groups, based on suicide numbers from 2012 - 2016.

Source: Dødsårsaksregisteret, Folkehelseinstituttet.

Z Why are there no suicide groups or services specifically for young and adult men?



Z There is a lot of different subjects in the Kirkens SOS chat, how can we prioritize problems and rounds are the big discussions in many.

Z What happens with all these statistics? Who can use them and how can we use them? How can we used to improve the services and help the users to get more help?

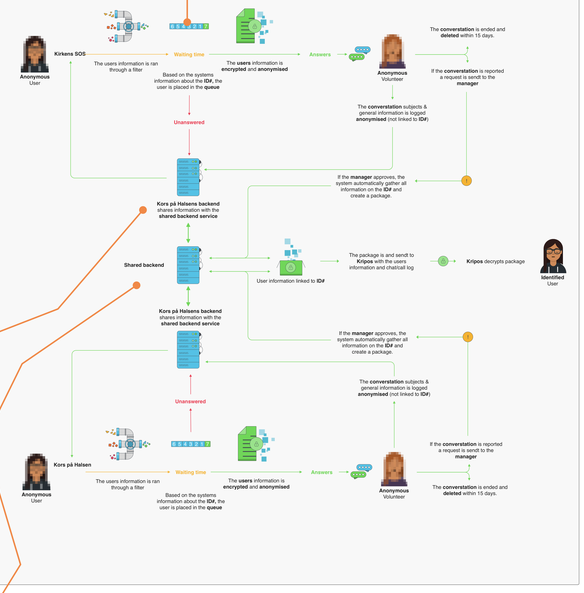
Data from Kirkens SOS, Kors på Halsen and Mental Helse visualised with SankeyMATIC.

Long-Term Strategies

Create a shared backend system between the different organizations and services. By creating a shared backend, it's possible to log and share numbers and IP addresses (ID#) anonymously between the services. By logging its possible put the users in a queue based on the existing or nonexisting information.

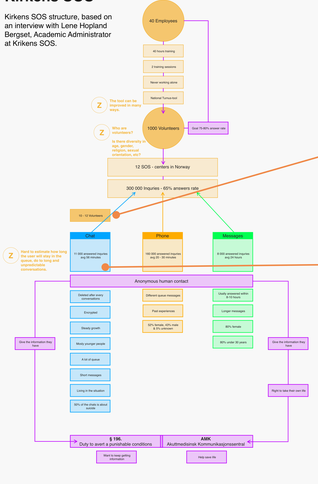
Creating a shared backend system it can also push the services to log the conversation subjects in similar categories, with can easily be accessed by other services like the press or SSB.

If any conversations contain punishable circumstances, they can quickly report this, and there will be compiled a package with all the data the system got the ID#. This package will be sent directly to and mail to The National Criminal Investigation Service (Kripos). If the conversation is regarding a minor, The Child Protective Services will also get notified.



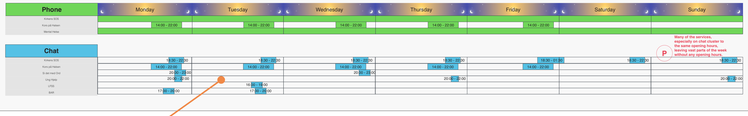
Kirkens SOS

Kirkens SOS structure, based on an interview with Lene Hopland Bergset, Academic Administrator at Kirkens SOS.



Services Opening Hours

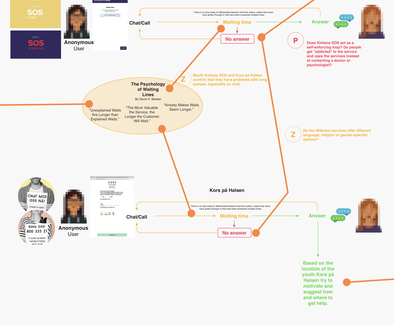
There are a couple of services to contact in Norway. A lot of them are similar and offers the same but have a slight specialization focus, like Kors på Halsen that focuses on youth under the age of 18.
Many of the services, especially on chat cluster to the same opening hours, leaving vast parts of the week without any opening hours.



Current Solutions

The current solution does not log any of the user's numbers or IP addresses (ID#). There is no system to log if the users have called before, waited in a queue or if the call or chat have been dropped. Even though not registering the ID# is making the system anonymous, its also not enabling queue optimation, and filter logic.

By adding queue optimation algorithms and filter logic, it can help the services answer more inquiries, but also make sure that people who are waiting in the queue, and not getting help, can get prioritized next time. Logging can also get the dark numbers of not answered inquiries, and see with inquiries get answered at a later time.



Statens vegvesen

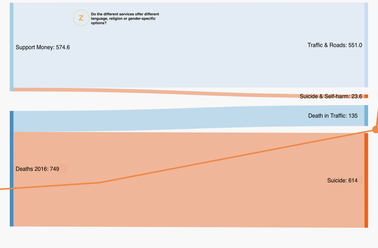
Norwegian Public Roads Administration

Norway is using **551** million Norwegian kroner to make the roads safer. In 2016 135 people tragically lost their lives in traffic accidents.

Source: Vegvesen.no - Vegbudsjettet for 2017 & 135 Omkom i 2016 Trafikken

In 2017 there were given **23.6** million Norwegian kroner to the prevention of suicide and self-harm.

Source: Helsedirektoratet.no - Nasjonale Tiltak for Forebygging av Selvmord og Selvskading



Doctors

P Why is these numbers so high?

More than 80% of those who take their own life, have been in contact with a doctor the same year as the suicide occurs, and up to 44% visits the doctor within the last month.

Stene-Larsen K., Renefiot A. Contact with primary and mental health care prior to suicide: A systematic review of the literature from 2000 to 2017.

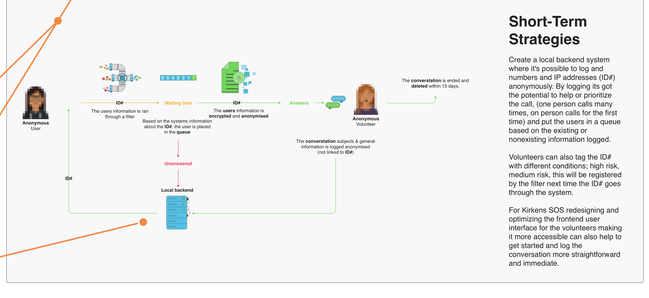
DIGI-UNG

Even tho the youth have a tremendous digital competence, they find problems with finding and navigating between the different services and information sources. There is a wich for digital services that are qualified assured, in one place and adjusted to specific demands.

Services that offer a digital solution for youth wishes to maintain the current variety of access but at the same time a more collective content production, technical solutions, marketing, knowledge increase, and experience sharing.

The DIGI-UNG project model suggests a holistic, digital path from health-promoting information services with a low threshold to a complete digital health help solution. Ung.no will be the maintenance of the model and will frame the user experience.

Source: Helsedirektoratet.no - Ungdomshelse i en digitalverden



Short-Term Strategies

Create a local backend system where it's possible to log and numbers and IP addresses (ID#) anonymously. By logging its got the potential to help or prioritize the call, (one person calls many times, on person calls for the first time) and put the users in a queue based on the existing or nonexisting information logged.

Volunteers can also tag the ID# with different conditions; high risk, medium risk, this will be registered by the filter next time the ID# goes through the system.

For Kirkens SOS redesigning and optimizing the frontend user interface for the volunteers making it more accessible can also help to get started and log the conversation more straightforward and immediate.

Created by Lars Kvinnesland

Selvmord og selvmordstanker

Årsaken til at en person får tanker om eller forsøker å ta sitt liv er ofte sammensatt. For noen er selvmordstanker knyttet til en krise eller depressiv episode, hos andre er det et langvarig og tilbakevendende problem. Det finnes mange steder å få hjelp og behandling.

Foto: Johnér Bildbyrå AB

INNHOLD

- Her får du hjelp
- Behandlingsmetoder
- Kriseplan
- Hva kan utløse selvmordstanker?
- Støttegrupper og organisasjoner

Når selvmordstankene kommer er det viktig å vite at du ikke er alene om å ha slike tanker, og at det finnes personer som ønsker å hjelpe deg. Ikke vent med å søke nødvendig hjelp. Snakk med en du stoler på og fortell hvordan du har det. Å snakke om det som er vanskelig er første skritt til å ta imot hjelp. Det kan bidra til å sortere tankene og gjøre det lettere å håndtere situasjonen.

Her får du hjelp

Hjelpetelefoner

- Ved akutte situasjoner, ring legevakten på 116 117 eller nødnummer 113.
- Mental Helse: 116 123
- Røde Kors: 800 33 321
- Kirkens SOS: 22 40 00 40

Kommunehelsetjeneste og fastlege

Det er mange som kan hjelpe. Fastlege, helsesykepleier på skolen eller på helsestasjonen, psykisk helse- og rustjeneste, legevakt eller psykososialt kriseteamet i kommunen. Mange kommuner har psykolog. På kommunens nettsider finner du kontaktinformasjon til disse tjenestene.

Helsepersonell kan hjelpe deg å få det bedre. De kan lytte, bistå i å sortere i det som er vanskelig, og samtidig gi hjelp til å fokusere på mål og ønske om bedring. Dette kan bidra til en opplevelse av å mestre situasjonen bedre.

Både fastlegen og kommunens psykolog kan henvise deg til Barne- og ungdomspsykiatrisk klinikk (BUP) eller Distriktspsykiatrisk senter (DPS) hvis det er behov for det.

Støttegrupper og organisasjoner

En rekke organisasjoner er involvert i arbeidet med forebygging av selvmord. Enkelte av dem har støttegrupper og hjelpetelefoner. Se oversikt nederst på siden.

Behandlingsmetoder

Det finnes effektiv behandling for personer som sliter med selvmordstanker. Samtalebehandling (individuell eller familieterapi) kan være til god hjelp. Andre behandlingsmetoder er dialektisk atferdsterapi (DBT) og mentaliseringsbasert terapi (MBT).

Både skolehelsetjeneste, psykisk helse- og rustjeneste og fastlegen kan gi deg informasjon om hvilke behandlingstilbud som finnes i kommunen og i spesialisthelsetjenesten.

Kriseplan

Hvis tankene om å ta ditt eget liv blir fremtredende, kan det være fint å ha kriseplan som inneholder informasjon om:

- faresignaler (tanker, følelser og atferd) som du bør være oppmerksom på
- dine tidligie tegn på krise, og faktorene som øker risiko for selvmordsatferd
- hvordan du ønsker å bli møtt, og hva du mener er virksom hjelp og behandling
- hva du kan gjøre selv for å unngå å handle på ved selvmordstanker
- hvilken hjelp du kan få fra familie, venner og øvrig nettverk
- kontaktinformasjon til tjenester og personer i ditt nettverk, hvem som bør involveres når tegn eller symptomer er under utvikling, og når og på hvilken måte dette skal skje

Ansatte i helsetjenesten kan hjelpe deg å utarbeide en slik kriseplan. Utarbeidelsen krever et nært samarbeid mellom deg og din behandler, og eventuelt familiemedlemmer og andre.

Hva kan utløse selvmordstanker?

Eksempler på hva som kan utløse tanker om å ta sitt eget liv:

- Belastende livshendelser som tap av nære venner eller familiemedlemmer, opplevelse av ensomhet, vedvarende konflikter, vold, overgrep, omsorgssvikt, mobbing, samlivsbrudd, arbeidsledighet og ventetid før soning i fengsel.
- Psykiske helseproblemer som for eksempel depresjon, psykoser, personlighetsforstyrrelser, rusmiddelproblemer. Særlig flere psykiske helseproblemer samtidig.
- Selvmord eller annen selvmordsatferd i familien.

En kombinasjon av flere forhold kan gi en opplevelse av håpløshet og en følelse av ikke å mestre livet. Risikoen for slike følelser øker jo flere forhold som er til stede samtidig. Det er kjent at perioden rett etter utskrivelse fra spesialisthelsetjenestene og tiden etterpå kan være en svært vanskelig periode og at selvmordstanker kan gjenoppstå i denne perioden.

Støttegrupper og organisasjoner

- Kirkens SOS – døgnåpen tjeneste der du kan skrive SOS-melding, ta en SOS-chat eller ringe SOS-telefon.
- Sidetmedord.no – del tanker og følelser med andre, spørsmål besvares av Mental helse.
- Kors på halsen – tjeneste driftet av Røde Kors der alle opp til 18 år kan ta opp det som er viktig for dem på e-post, chat eller telefon.
- Unghjelp – en ungdomsdrevet organisasjon som deler og utveksler erfaringer for å spre kunnskap om psykisk helse blant ungdom i Norge.
- Barn av rusmisbrukere (BAR) - en bruker- og interesseorganisasjon for barn i alle aldre som opplever foreldres rusbruk som en belastning.
- Landsforeningen for etterlatte ved selvmord (LEVE) - støtter etterlatte og berørte ved selvmord, og bidrar til å forebygge selvmord gjennom åpenhet, opplysningsvirksomhet og politisk arbeid.
- Unge LEVE - for ungdom som har opplevd selvmord i nær relasjon
- Landsforeningen for forebygging av selvskading og selvmord (LFSS) - for ungdommer og unge voksne i alderen 12-30 år og deres pårørende.
- Landsforeningen for pårørende innen psykisk helse (LPP) - for deg som er pårørende til en som er psykisk syk.
- Mental Helse - for alle mennesker med psykiske helseproblemer, pårørende og andre interesserte.
- Mental Helse Ungdom - jobber for økt åpenhet om psykisk helse, forebygging av psykiske plager og et bedre psykisk helsetilbud - for barn og unge opp til 30 år.
- Kors på halsen - Røde Kors sitt samtaletilbud der barn og unge kan snakke om det de har på hjertet, gratis og anonymt.
- Voksne for barn - jobber for barns oppvekstvilkår og psykiske helse.

Innhold levert av: Helsedirektoratet

Sist oppdatert: 25.06.2018

Skriv ut

Depresjon

Mental helse

mentalhelse.no

Mental Helses telefon- og nettjeneste er for alle som trenger noen å snakke eller skrive med.

Døgnåpen tjeneste

iFightDepression-verktøyet

Sjekk om du har symptomer på depresjon og få råd om hva du kan gjøre.

Rådet for psykisk helse

psykiskhelse.no

Rådet for psykisk helse er en paraplyorganisasjon som skal være en pådriver for god psykisk helse.

Informasjonen på helsenorge.no er levert av ulike organisasjoner i helsesektoren og er laget for å gi deg generell kunnskap. Det er ingen erstatning for undersøkelse eller behandling hos helsepersonell. Dersom du er syk eller trenger medisinsk hjelp av andre grunner, bør du oppsøke fastlegen. Når fastlegen ikke er tilgjengelig og hjelpen ikke kan vente - ring legevaktnummer 116 117.

Ring 113 når det er akutt og står om liv.

Hjelpetelefonen
116 123

Arbeidslivstelefonen
225 66 700

Nettjenesten
sidetmedord.no

2. mai 2019 Nedre-Eiker

VI ØNSKER DINE ØNSKER!

Hei alle!
Vi har i noen år vært på 4-dagers tur rundt sommerstid som har vært veldig vellykket. Mye med tanke på at vi har problemer med transport så har vi i år bestemt oss for å ta noen dagsturer i august/begynnelsen av september.
Kom gjerne med ønsker om dagsturer (helst på østlandet) på mail: nedre-eiker@mentalhelse.no eller innboks på messenger på Facebook. Håper på å høre fra deg :)

30. apr 2019 Nittedal

Mental Helse Nittedal inviterer til temakveld - Ut av ensomheten

Mental Helse Nittedal inviterer til temakveld sammen med Biskop Atle Sommerfeldt for Borg Bispedømme.

30. apr 2019 Akershus

Bowling i Rælingen

Fredag 3. mai kl 18.00 på Metro

29. apr 2019 Sykkylven

15 års jubileum

Søndag 28. april fylte Mental Helse Sykkylven 15 år og det blei feira på Brukarkontoret med varm suppe, kaffi og kaker.

Det er lov å ha det vanskelig

Mental Helse er en medlemsorganisasjon for alle mennesker med psykiske helseproblemer, pårørende og andre interesserte. Vi mener det skal være lov å ha det vanskelig og at mental helse skal være like lett å prate om som fysisk helse.

Les mer om oss

Psykobloggen

Se alle bloggposter

2. mai 2019 Psykobloggen

GOD NOK

Av Marit T. Hordeberg Svensen

29. apr 2019 Psykobloggen

Vi er i endring

Hvorfor skal vi henge oss opp i fortiden?

Av Malin Ryssdal

29. apr 2019 Psykobloggen

Angstnissen min

Hva er jeg frykter? Mest av alt er jeg redd for angst.

Av Heidi Fedje

260 lokallag skaper gode møteplasser

Våre lokal- og fylkeslag gjør en stor samfunnsnyttig innsats ved å skape gode møteplasser for mennesker med psykiske helseplager. Gjennom deltakelse i lokal- og fylkeslagsaktiviteter får du muligheten til å påvirke utviklingen av tjenestetilbudet der du bor.

Finn ditt lokallag

5. mai

Mental Helse Møre og Romsdal
Årsmøte Mental Helse Møre og Romsdal 2019

Mental Helse Sogn og Fjordane
Årsmøte i Mental Helse Sogn og Fjordane

Mental Helse Stranda
OpenDag

Mental Helse Sykkylven
Årsmøte Mental Helse Møre og Romsdal

Mental Helse Vefsna
Sandaskiaffen - Late night edition

Se hele kalenderen

Søk støtte fra Extrastiftelsen gjennom Mental Helse

Det er mulig å søke prosjektmidler gjennom Mental Helse fra Extrastiftelsen. Hvert år deler Extrastiftelsen ut midler til gode prosjekter. I 2017 delte Extrastiftelsen ut 265 millioner til 944 prosjekter over hele landet, innenfor helseprosjekter og forskning. I 2018 ble de fordelt 303 millioner.

Støtt vårt arbeid

Enten du vil være aktiv eller støttemedlem vil du kunne påvirke utviklingen av tjenestetilbudet der du bor. Hvis du støtter Hjelpetelefonen, gir dette til å styrke tjenesten slik at flere kan få hjelp.

Vi kjemper for åpenhet, forebygging og et bedre helsetilbud

Gjennom politisk påvirkningsarbeid, folkeopplysning og formidling av brukererfaring, jobber organisasjonen for økt åpenhet, bedre forebygging og behandling av psykiske helseproblemer.

Les mer om vår politikk

Brukermedvirkning

Retten til selvbestemmelse og medbestemmelse er en viktig del av prinsippet om respekt for den enkeltes integritet.

Tvang

Mental Helse er i prinsippet imot bruk av tvang.
Det bar bli samme praksis tilknyttet det å hente pasienter med psykiske helseproblemer som innenfor helsetjenesten for øvrig.

Pårørende

Pårørende, andre nærstående, slekt og venner kan være en ressurs for den enkelte bruker. Hjelpeapparatet må få mer nødvendig kunnskap om hvordan de kan støtte familier i en vanskelig livssituasjon.

Åpenhet

Dessverre er det fortsatt slik at åpenhet om psykiske helseproblemer kan få negative følger. Psykiske helseproblemer må avmystifiseres og likestilles med somatisk sykdom.

Folkehelse

Psykiske helseproblemer kan medføre økt arbeidsuførhet og økt dødelighet.
Forebygging av psykiske helseproblemer må gjøres til et viktig satsningsområde innenfor folkehelsearbeidet.

Høringer

Et av Mental Helses mål er å drive påvirkningsarbeid for å ivareta og forbedre det psykiske helsetilbudet. Mental Helse er høringspart til flere offentlige rapporter, veiledere og retningslinjer.

Engasjer deg du også!

Engasjer deg i kampen for økt åpenhet, forebygging og behandling av psykiske helseproblemer du også!

Bli medlem! Støtt vårt arbeid!

Kontakt oss

Sentralbord:
Telefon: 352 96 060
Man – tors: 09.00-15.00
Fre: 09.00-14.00

E-post:
post@mentalhelse.no

Besøksadresse:
Storgata 38, 0182 Oslo

Fakturamottak:
kunde0716@krbilag.no

Fakturaadresse:
Mental Helse
Storgata 38
0182 Oslo

Organisasjonsnummer:
971 322 926
(egne numre lokalt)

facebook.com/mentalhelse
instagram.com/mental_helse

Pressekontakt

Generalsekretær
Linda Berg-Heggelund
lindaheggelund@mentalhelse.no
45 96 37 79

Landsleder
Jill Arild
jill.arild@mentalhelse.no
41 23 06 14

Informasjonsleder
Anlov P. Mathiesen
anlov@mentalhelse.no
48 00 60 50

For medlemmer og tillitsvalgte

Kurs og opplæring

Et av de viktige satsingene for Mental Helse er å ha et godt og aktivt miljø for kurs og opplæring i alle deler av organisasjonen. Mental Helse tilbyr kurs for medlemmer, tillitsvalgte og andre interesserte.

Likepersonsarbeid

Retningslinjer og skjema for rapportering.

Velferdstilskudd

Fylkes-og lokallag kan søke Velferdsmidler gjennom Mental Helse sentralt. Søknads- og rapporteringsfrist er 15. mars hvert år.

Rapportering

Her finner dere informasjon om års- og likepersonsrapportering.

Maler / verktøy

Her finner dere nyttige maler, verktøy og annen informasjon relevant for lokal- og fylkeslag.

Logg inn

Veileder og linker til innlogging på Min side, epost og nettsider.

Medlemsfordeler

Oversikt over dine medlemsfordeler finner du her.

SLIK BRUKER DU SIDEN

På Sidetmedord.no kan du dele tanker og følelser med andre brukere eller våre ansatte veiledere. Bruk forum og vennetjeneste for å utveksle erfaringer og meninger med andre brukere, eller send en melding anonymt til oss og få svar innen 48 timer.

SKRIV TIL OSS

FORUM

VENNETJENESTEN

LES MER OM TJENESTENE

SISTE POSTER

3/5 Hei!
FINN VENNER

3/5 Re: Gammel dame gruer seg til...
FINN VENNER

3/5 Re: Sug fra mellomgulv/bryst o...
ANGST

3/5 Ensom homofil mann 49 fra Berg...
FINN VENNER

3/5 Re: Lufte tanker og erfaringer...
RELASJONSPROBLEMER

3/5 Noen som trenger kamerat i Gjø...
FINN VENNER

DEL DINE ERFARINGER MED ANDRE SOM ER I SAMME SITUASJON SOM DEG.

LES MER OM ERFARINGER

KORT OM

Sidetmedord.no

GÅ TIL TEMA-ARTIKKEL

SITATER FRA VÅRE BRUKERE

"Her sitter jeg og har nok engang skrivekløe. Hva skulle jeg gjort uten sidetmedord? Jeg har tenkt mye på det og dette har bedret livskvaliteten min betraktelig. Her han jeg fått den voksenpersonen som jeg har savnet største delen av livet til å dele tanker med"

ANONYM

NYTTIGE LENKER

116 111 ALARMTELEFONEN FOR BARN...
AMAB
ANGSTRINGEN
BARNEOMBUDET
BLÅLYS

TIPS EN VENN

TIPS EN VENN OM SIDETMEDORD.NO

Din venns e-postadresse >

HJELPETELEFONEN
116 123

COPYRIGHT 2019 SI DET MED ORD - EN TJENESTE LEVERT AV MENTAL HELSE, ALL RIGHTS RESERVED. ANSVARLIG REDAKTØR: LENE PETTERSEN

Chat tjenesten er nå utilgjengelig

KIRKENS SOS
Vi er her. Alltid.

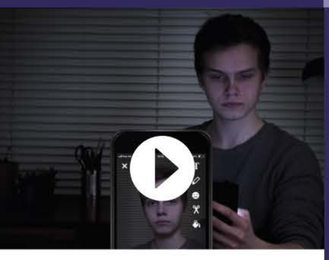
MENY SØK HJEM FØLG OSS

TRENGER DU NOEN Å SNAKKE MED?

RING
SOS
22 40 00 40

SKRIV
SOS
MELDING

SKRIV
SOS
CHAT



OM KIRKENS SOS

Kirkens SOS er landets største døgnåpne krisetjeneste på telefon og internett. Hos oss er det alltid noen som tar imot samtaler, hver eneste dag, både natt og dag, også i ferier og høytider.

Vi ønsker å fremme livsmot og håp for den som er i følelsesmessig eller eksistensiell krise – og er samtidig et selvmordsforebyggende lavterskeltilbud.

Fakta om Kirkens SOS

TENN ET LYS

Det kan være fint å tenne et lys av og til. Etter å ha tent vårt virtuelle telys kan du velge å sende det i en e-post til noen du kjenner.

GI EN SAMTALE

Hjelp oss å være her ALLTID.
Kontonummer: 7011 05 20067

Ditt mobilnummer - 8 siffer

Beløp (kr 20 - 500)

OK

Løsningen er levert av Puzzel AS

Vil du støtte oss fast?

ENGASJER DEG

Har du lekt med tanken om å bli frivillig?

"Å være til stede for mennesker som opplever livet på sitt vondeste er det mest meningsfulle jeg har brukt fritiden min på."
Kaj, frivillig medarbeider Kirkens SOS

Mer om frivillig arbeid i Kirkens SOS

Har du spørsmål om frivillig engasjement? Klikk her og ta kontakt med ditt lokale SOS-senter.

JEG VIL BLI FRIVILLIG I KIRKENS SOS

NY LEDER I NORD-HÅLOGALAND, MØT HENNE!

Det skjer mye i Kirkens SOS i Nord-Hålogaland for tiden. Ved årsskifte gikk de ut av Bymisjonen i Tromsø og sluttet seg til Landsforeningen Kirkens SOS. I tillegg fikk de ny leder 1. mars, nemlig Gry Heggås Jensen. Vi har allerede merket oss at Gry jobber systematisk, har masse energi, er nysgjerrig og tar tak i utfordringer på strak arm. Vi vil gjerne bli bedre kjent med henne og har stilt noen spørsmål, les her.

BLI BEDRE KJENT MED VÅR LEDER I HEDMARK OG OPPLAND!

Høsten 2018 kom Hilde inn som ny daglig leder i Kirkens SOS Hedmark og Oppland. Vårt inntrykk så langt? Hilde er en virvelvind som ikke er redd for å ta tak i nye utfordringer og som sprer glede og entusiasme rundt seg. Bli bedre kjent med Hilde.

1. JANUAR 2019 - EN MERKEDAG I KIRKENS SOS SIN HISTORIE

Fra nå av er Kirkens SOS en landsforening. Ni av de elleve sentrene i norgesnettverket ble 1. januar fusjonert med sentralleddet. De to siste sentrene blir innlemmet innen to år. Bakgrunnen for omdanningen er ønsket om å ruste Kirkens SOS for fremtiden med bedre og flere felles administrative løsninger og en helhetlig personalledelse med sentralt arbeidsgiveransvar.

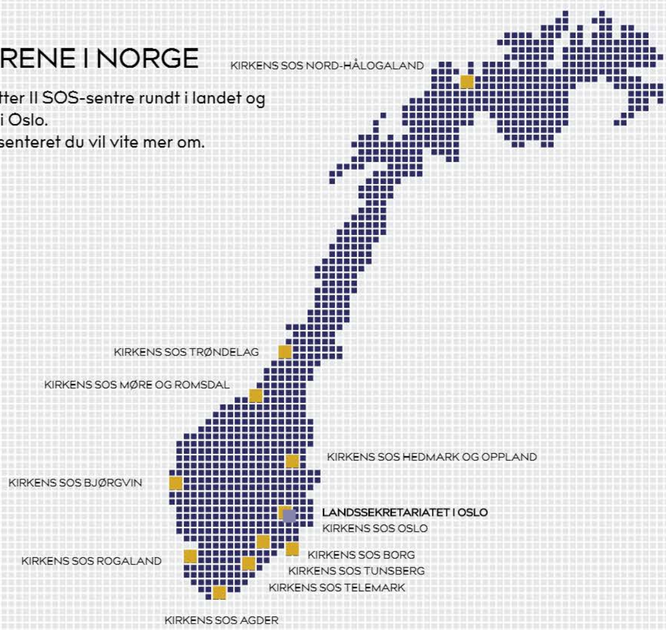
SAMTALETIPS: HOLD PÅ HEMMELIGHETER

Christine er ansatt i Kirkens SOS og kjenner godt til våre samtaletips. Vi har spurt om hun kan fortelle litt om dagens samtaletips, hvorfor er det så viktig?

Flere artikler

SOS-SENTRENE I NORGE

Kirkens SOS omfatter 11 SOS-sentre rundt i landet og landssekretariatet i Oslo.
Klikk på navnet til senteret du vil vite mer om.



Kirkens SOS • Lovisenberggata 15A • 0456 Oslo • post@kirkens-sos.no • +47 23 08 13 80

Illustrasjonsfoto: Torstein Ihle / portretter ansatte: Thomas Xavier Floyd / kampanjefoto: Von kommunikasjon / Web: Noop / Design: Ernø

Trykk på et av bildene under for å komme i kontakt med oss

Gratis, trygt og anonymt for deg opp til 18 år. Her kan du prate med eller skrive til voksne som er frivillige i Røde Kors. De hører på det du har å si og hjelper deg om du vil. Du kan også snakke med andre på din egen alder på forumet.

Siste aktivitet i forumet

❤️ HAR LYST PÅ SEX, MEN DET ER VANSKELIG! (sex og seksualitet)
BH? (kroppen min) ❤️
❤️ STEFAR KLAGER PÅ MEG (krangling og konflikter)
HJELP! BESTEVENN PROPLEM (krangling og konflikter) ❤️
❤️ HAR VELDIG LYST PÅ NETTVENN (åpent tema)
GUTTER LES! (kroppen min) ❤️
❤️ UNGDOMSSKOLEN. (familie, venner og kjærester)
ALENE (på nett og mobil) ❤️
❤️ BARE SNAKK! (THE GIRL) (min psykiske helse)
LIKER HUN MEG? (familie, venner og kjærester) ❤️
❤️ VIL GJERNE FÅ MEG EN BREVVENN (åpent tema)
11 ÅR (TROR JEG VIL HA DET...) (sex og seksualitet) ❤️
❤️ HJELP, HVA GJØR JEG MED GUTTEN? (full av følelser)
HAN VET IKKE HVA HAN VIL... (full av følelser) ❤️
❤️ JEG ORKER IKKE MEG SELV (er jeg bra nok?)

Lurer du på noe?

Ønsker du ikke å kontakte oss direkte, og du ikke finner svar i forumet vårt, kan du prøve å skrive inn det du lurer på, eller utforske et tema som interesserer deg, under.

Tilpasset søk

Hvem er våre frivillige?

Som de fleste aktivitetene i Røde Kors, baserer Kors på halsen seg på frivillighet. Alle som svarer på telefon, chat og mail er frivillige mellom 22 og 75 år. Ekspertpanelet vårt er også frivillige, er et utvalg av ungdommer i alderen 14-17 år. Les mer om ekspertpanelet vårt, og det å være frivillig hos oss, ved å trykke på en av sirklene under.

Hjelp oss til å bli bedre!

Kors på halsen er avhengige av deg for å kunne være en god tjeneste. Ris eller ros, ideer eller feilmelding - vi tar din mening på alvor! Gi oss derfor gjerne en tilbakemelding.

Vi har også et eget ekspertpanel i Kors på halsen. De tester oss og gir oss tilbakemelding på ting vi må bli bedre på, eller gjøre annerledes, og vi har behov for enda flere. Har du lyst til å bli en ekspert kanskje?

Reklamefilmer for Kors på halsen!

Vi har flere ulike filmer om Kors på halsen og hva vi gjør. I 2017 lagde vi ulike kampanjefilmer om blant annet legning, skjønnhet og det å være normal. Vi har også en egen film om telefontjenesten vår. Del gjerne filmene med andre, så får enda flere vite om oss, og kan ta kontakt!

Følg oss på Facebook Følg oss på Instagram

LFSS – Landsforeningen for forebygging av selvskading og selvmord.

Vi er en medlemsorganisasjon for ungdommer og unge voksne i alderen 12-30 år og de pårørende. Vi ble stiftet i 2009, og i 2015 etablerte vi oss i egne lokaler sentralt i Oslo. Vi jobber ut fra likeperson-prinsippet og frivillighet. Likeperson innebærer at de fleste som er frivillige hos oss har egen erfaring som brukere eller pårørende. Vi har også frivillige som vil være med å bidra som et godt medmenneske og som har kjennskap til vår problematikk.

Hos oss skal du bli Hørt – Møtt – Sett (HMS). Vår ideologi er at du her skal finne et fristed for tankekjør, få møte andre i lignende situasjon, dele erfaringer, få støtte og veiledning og kunne delta i aktiviteter av ulike slag. Våre aktiviteter er tilpasset de fleste i vår målgruppe og er et lavterskeltilbud. Det arrangeres temakvelder, medlemskvelder og undervisning. LFSS jobber også aktivt med informasjonsarbeid, kurs og veiledning for helsepersonell og andre som kommer i kontakt med våre ungdommer.

Vi er et nasjonalt ressurssenter for innhenting av brukerkunnskapen. Det jobbes aktivt med å sette søkelyset på selvskading og selvmordsforebygging på nasjonalt plan med fokus på de som sliter med selvskading og selvmordsproblematikk og alle de pårørende og andre som rammes. Vi er en politisk og religiøst uavhengig organisasjon. Vi ønsker mer åpenhet og at kunnskapen til brukere og pårørende skal likestilles med erfarings- og forskningsbasert kunnskap = Kunnskapsbasert praksis. Men vi ønsker også at samfunnet generelt skal få en bedre forståelse av hva selvskading er og hvordan det er å slite med selvmordstanker/selvmordsforsøk.

Vil du være med og støtte vårt arbeid? Ditt medlemskap er med på å bidra til at vi kan fortsette arbeidet, søke midler til driftstilskudd og være en pådriver i saker som angår oss på nasjonalt og politisk nivå. Som medlem bidrar du til at vi kan etablere ulike aktiviteter, temakvelder og medlemskvelder samt hvert år arrangere vår nasjonale konferanse i forbindelse med 1. mars (Verdensdagen mot selvskading). Men det viktigste av alt er at du bidrar til å gjøre en forskjell for våre ungdommer og de pårørende.

.....

Selvmordsforsøk:

4000-6000 selvmordsforsøk per år.

Beregninger viser at helsetjenesten behandler mellom 4000 og 6000 selvmordsforsøk årlig. Tallet er usikkert og er et resultat av beregninger som Folkehelseinstituttet har gjort på grunnlag av data fra Norsk Pasientregister, samt WHO/EURO-registreringen av villet egenskade i Sør- Trøndelag for årene 1995-1999. Det er vanlig å anta at det er om lag 10 selvmordsforsøk for hvert selvmord. Ca. tre ganger flere kvinner enn menn gjør selvmordsforsøk. Selvmordsforsøk er en type villet egenskade, hvor formålet i større eller mindre grad er å avslutte eget liv. For mange er det et uttrykk for ønske om hjelp til forandring av problemer som oppleves mer eller mindre uløselige. Det er vanlig å oppgi både ønske om hjelp og tanker om å dø, og ved nærmere samtale vil de fleste selvmordsforsøkere fortelle at ønsket om å få hjelp er det sterkeste.

.....

Meld deg inn her

MELD DEG INN

ANONYM CHAT

Trenger du noen å snakke med, eller har du noen spørsmål?

Tirsdager kl. 16-19 og Søndager 17-21 kan du chatte med oss og være anonym.

KLIKK HER FOR Å STARTE EN CHAT

Er du ungdom og sliter med selvskading/selvmordstanker eller er du pårørende, søsken eller andre nærstående og trenger litt støtte og veiledning?

Vi arbeider ut fra likepersonprinsippet hvilket betyder at de som bemanner chatten har egen erfaring og/eller er pårørende. Alle frivillige har taushetsplikt.

Skjul ditt besøk

Vil du bidra med din egen erfaring til vår Chat?

Vi søker deg som har egen erfaring med selvskading og selvmordsproblematikk, og som har lyst til å bruke erfaringene dine til å hjelpe andre. Vi trenger deg som har lagt din egen fortid bak deg og som har lyst til å gi andre en «hånd å holde i».

Som frivillig på chatten vil du få muligheten til å gi av deg selv, lytte til andre og bidra på en måte om føles meningsfylt og givende. Vi jobber ut i fra likepersonprinsippet, noe som om vil si at alle som bemanner chatten har hatt egne erfaringer. Vi vet hvor viktig det kan være å møte et medmenneske som kan lytte og forstå, og vårt motto er Hørt – Møtt – Sett (HMS).

Vi trenger deg som er over 18 år, har mulighet til å stille opp minimum en ettermiddag i måneden, og som kan levere politiattest og underskrive taushetserklæring. Du vil få veiledning og opplæring underveis.

Er du...

- Brennende interessert i å hjelpe andre?
- En god lytter?
- En støtte for andre?
- En som møter andre med respekt og varme?

Har du...?

- Egen erfaring med selvskading og/eller selvmordsproblematikk?
- Tid til overs?
- Lyst til å bli frivillig hos oss?

Ta kontakt og send CV til post(a)selvskading.org

Drop-in: Tirsdager kl. 16-19

(Storgt 28, inngang fra Lybekkergata)

sliter med selvskading/selvmordsproblem og ønsker å møte oss til samtale, ta en kaffe/te eller få informasjon og veiledning. Tilbudet gjelder også pårørende og andre.
Vi er også tilgjengelig på telefon:

414 69 427

Generelle spørsmål og svar kan utveksles på vår hjemmeside www.lfss.no ved å klikke på chat-ikonet.

Vi er bemannet med frivillige som har egen erfaring eller ønsker å være et medmenneske. Alle frivillige har taushetsplikt. Du kan velge å være anonym.

Velkommen!

FAKTA

Selvmordsforsøk:

selvmordsforsøk årlig. Tallet er usikkert og er et resultat av beregninger som Folkehelseinstituttet har gjort på grunnlag av data fra Norsk Pasientregister, samt WHO/EURO-registreringen av villet egenskade i Sør- Trøndelag for å rene 1995-1999. Det er vanlig å anta at det er om lag 10 selvmordsforsøk for hvert selvmord. Ca. tre ganger flere kvinner enn menn gjør selvmordsforsøk. Selvmordsforsøk er en type villet egenskade, hvor formålet i større eller mindre grad er å avslutte eget liv. For mange er det et uttrykk for ønske om hjelp til forandring av problemer som oppleves mer eller mindre uløselige. Det er vanlig å oppgi både ønske om hjelp og tanker om å dø, og ved nærmere samtale vil de fleste selvmordsforsøkere fortelle at ønsket om å få hjelp er det sterkeste.
Kilde: Folkehelseinhinstituttet

Dette betyr at hver dag prøver i gjennomsnitt ca. 17 personer å ta livet sitt! Inkluderer vi alle somer involverte – pårørende, sosialt nettverk, arbeidskolleger osv. – blir disse tallene omfattende sett fra et folkehelseperspektiv. Dette gjelder også selvskading.
Selvskading:
CASE-studien fra 2003
(M. Ystgaard) viste at av 4 000 norske ungdommer hadde 11 prosent skadet seg selv med vilje og tre ganger så mange jenter som gutter. Ungdata Nordland fra 2014 er en studie for alle trinn i videregående skole og viser at 28 prosent hadde forsøkt å skade seg selv. LFSS sin bekymring er at vi i de seks årene vi har arbeidet daglig med denne målgruppen ser at debutalderen har gått ned fra 12 år til 9 år. Det er meget urovekkende og noe vi jobber med å få fokus på i de aktuelle fora.

Antall selvmordsforsøk hittil i år!

3656

This website uses cookies to improve your experience. We'll assume you're ok with this, but you can opt-out if you wish. Accept Read More

Trenger du hjelp?

Her får du hjelp

Rådet for psykisk helse er en frittstående paraplyorganisasjon, med 30 medlemsorganisasjoner, som skal være en pådriver for god psykisk helse.

Dette jobber vi for

Nyheter

Syk av troen

– I det kristne miljøet jeg var i før, fikk jeg høre at jeg var besatt av 26 demoner, sier Brith Dybing. Hun ble alvorlig psykisk syk av å høre til et strengt trosmiljø, men møtte liten forståelse i hjelpeapparatet. Les saken fra siste nr av magasinet Psykisk helse.

Tvangsproblemet

Hverdagsglede til folket!

Flere nyheter

Om informasjonskapsler

Bladet Psykisk helse

Diagnoser, helseplager og forebygging

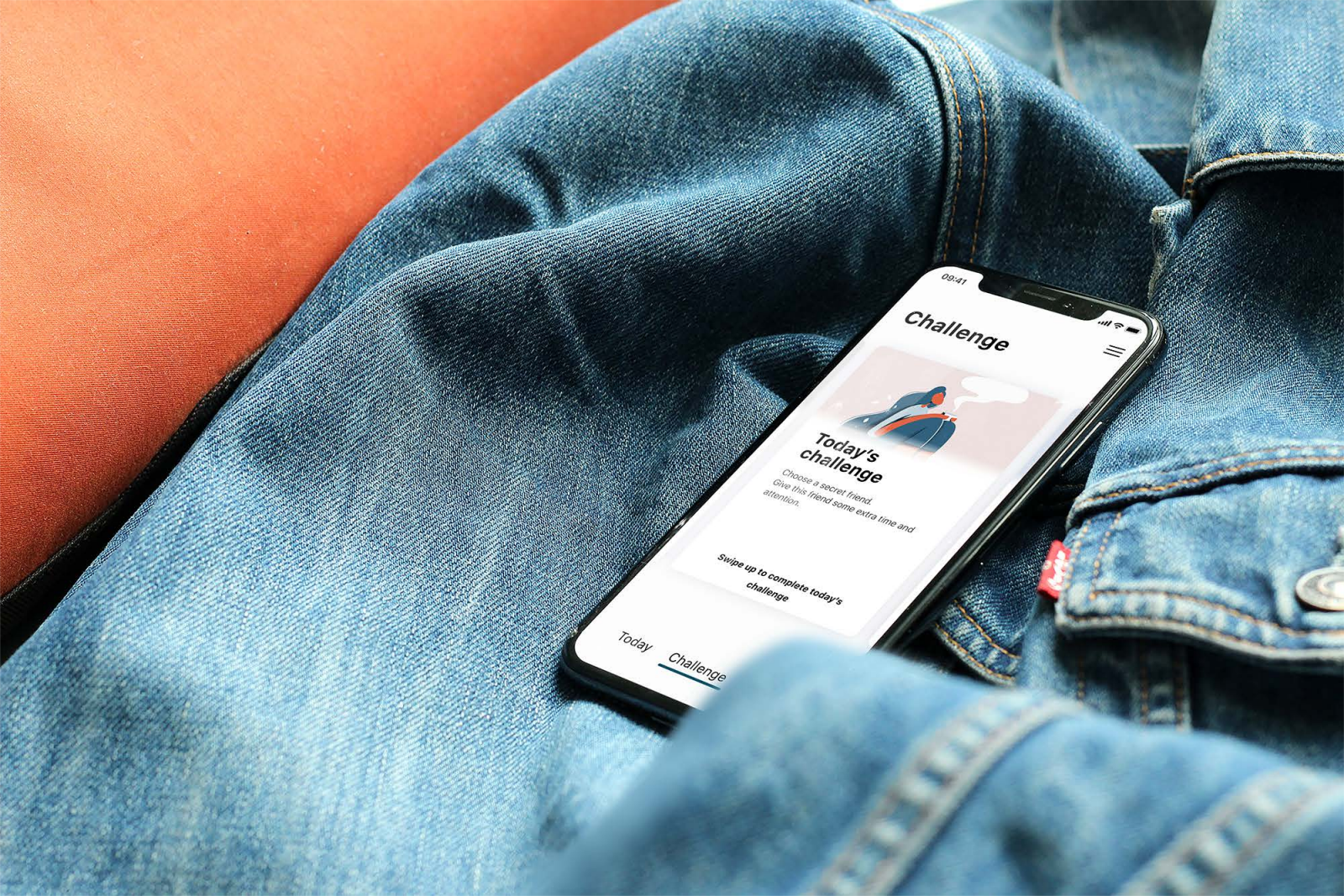
Meld deg på kurs!

Søk prosjektmidler fra Extrastiftelsen gjennom Rådet for psykisk helse

Meld deg på nyhetsbrev

Følg oss på:

Innsamlingskontrollen


09:41
Challenge
Today's challenge
Choose a secret friend.
Give this friend some extra time and attention.
Swipe up to complete today's challenge
Today
Challenge

Deltaker Samtykke for Prosjekt:

Behavioral Change in Suicide Prevention Services Through Systems-Oriented Design

Dette er et spørsmål til deg om å delta i et prosjekt hvor formålet er å utforske eksisterende og kommende selvmords forebyggende tjenester i Norge. I dette skrivet gir vi deg informasjon om målene for prosjektet og hva deltakelse vil innebære for deg.

Formål

Masterprosjektet går ut på å utforske eksisterende og kommende tjenester i Norge som jobber med forebygging av selvmord. Det vil bli gjort utforsking på hvorfor kun et lite antall gutter bruker disse tjenestene. Data som blir samlet inn under prosjektet vil bli brukt til å komme med forslag og konsepter som har et mål om å være nyttig for suicidale individer, og gi støtte til en forbedret tilstand.

Hvem er ansvarlig for prosjektet?

Institutt for Produktdesign ved OsloMet er ansvarlig for prosjektet.

Hva innebærer det for deg å delta?

- Et intervju og diskusjon rundt tema.
- Det vil bli dokumentert med lydopptak og ved notater.
- Spørsmålene inneholder hvordan eksisterende tjenester samarbeider i dag, og hva som blir gjort fremover for å forbedre dagens tjenester.

Det er frivillig å delta

Det er frivillig å delta i prosjektet. Hvis du velger å delta, kan du når som helst trekke samtykke tilbake uten å oppgi noen grunn. Alle opplysninger om deg vil da bli anonymisert. Det vil ikke ha noen negative konsekvenser for deg hvis du ikke vil delta eller senere velger å trekke deg.

Ditt personvern – hvordan vi oppbevarer og bruker dine opplysninger

Vi vil bare bruke opplysningene om deg til formålene vi har fortalt om i dette skrivet. Vi behandler opplysningene konfidensielt og i samsvar med personvernregelverket.

- Det vil kun være studenten (Lars Kvinnesland) som vil ha tilgang til personopplysningene under prosjektet.
- Datamaterialet fra intervjuet vil bli lagret i en 256bit AES kryptert .dmg fil på privat maskin.
- Personopplysninger som navn, epost og arbeidsplass vil være direkte personidentifiserbart.

Hva skjer med opplysningene dine når vi avslutter forskningsprosjektet?

Prosjektet skal etter planen avsluttes 04.06.2019. Etter at prosjektets avsluttes vil personidentifiserbare opplysninger fjernes, omskrives eller grovkategoriseres kort tid etter.

Dine rettigheter

Så lenge du kan identifiseres i datamaterialet, har du rett til:

- innsyn i hvilke personopplysninger som er registrert om deg,
- å få rettet personopplysninger om deg,
- få slettet personopplysninger om deg,
- få utlevert en kopi av dine personopplysninger (dataportabilitet), og
- å sende klage til personvernombudet eller Datatilsynet om behandlingen av dine personopplysninger.

Hva gir oss rett til å behandle personopplysninger om deg?

Vi behandler opplysninger om deg basert på ditt samtykke.

På oppdrag fra OsloMet – storbyuniversitetet har NSD – Norsk senter for forskningsdata AS vurdert at behandlingen av personopplysninger i dette prosjektet er i samsvar med personvernregelverket.

Hvor kan jeg finne ut mer?

Hvis du har spørsmål til studien, eller ønsker å benytte deg av dine rettigheter, ta kontakt med:

- Veileder: Tore Gulden, tore.gulden@oslomet.no, OsloMet – storbyuniversitetet.
- Emneleder: Bente Skjelbred, bskjelbr@oslomet.no, OsloMet – storbyuniversitetet.
- Vårt personvernombud: Ingrid S. Jacobsen, på epost (personvernombud@oslomet.no) eller telefon: 67 23 55 34.
- NSD – Norsk senter for forskningsdata AS, på epost (personverntjenester@nsd.no) eller telefon: 55 58 21 17.

Prosjektansvarlig
Lars Kvinnesland

Samtykkeerklæring

Jeg har mottatt og forstått informasjon om prosjektet *Behavioral Change in Suicide Prevention Services Through Systems-Oriented Design*, og har fått anledning til å stille spørsmål.

Jeg samtykker til:

- ☐ å delta i intervju
- ☐ at opplysninger om meg publiseres slik at jeg kan gjenkjennes, fullt navn og arbeidsplass.

Jeg samtykker til at mine opplysninger behandles frem til prosjektet er avsluttet, ca. 04.06.2019.

(Signert av prosjektdeltaker, dato)

Intervjuguide Personlig Intervju

Uformell Prat

Informasjon om Prosjektet

- Kort om bakgrunnen for prosjektet
- Forklar hva intervjuet skal brukes til

Generelt om DIGI-UNG Prosjektet

- Hva tror du blir det viktigste med DIGI-UNG som en tjeneste?
- Hva tror du blir den største utfordringen med å utvikle en helhetlig tjeneste som DIGI-UNG prosjektet.
- Hvordan jobber dere i helsedirektoratet med å få ned selvmordsraten med 10%?
    - Er DIGI-UNG med å løse dette samfunnsproblemet?

Chat

- Hvem er det som skal gjøre dette arbeidet? *(tidlig stadium)*
    - Noen brukere må ofte vente lenge for å få svar, hvordan blir denne problematikken sett på i DIGI-UNG prosjektet?
        - Ser dere på et tettere samarbeid Kripos og barnevernet angående avvergelsesplikt?
        - 0-24 samarbeidet?
    - Blir de allerede eksisterende tjenestene med i utviklingen?
    - Blir dette et alternativ til, eller er planen at DIGI-UNG sin plattform skal være en overordnet Chat løsning for disse type tjenester?
    - Innsamling av data og statistikk

Bibliotek, Søk og Svar

- Det blir nevn at dere kommet til å ta å ha et samarbeid med ung.no
    - Vil ung.no fortsette som en hjelpe kanal
        - Vil poster og informasjon bli duplisert mellom kanelene
    - Arbeidet som blir jobbet med på ung.no, er det som en del av DIGI-UNG prosjektet? – Hvem jobber med dette?
    - Ser dere på å ha et samarbeid med andre kanaler, leve.no

E-Læring

- DIGI-UNG prosjektet blir rettet mot barn/ungdom under 20
    - Hva med foreldre som har barn i denne alderen, vil tjenesten også kunne bli rettet mot dem? Slik at de kan finne informasjon.
- Det blir snakket om at det skal være et «modulær tjeneste», er tanken at funn i prosjektet skal/kan bli videreført og brukt som en «mal» til dem som er over 20 i et senere stadier?

Åpen dialog med dem, eller noen andre.

- Informasjons kanaler, NSSF
- Plattformer, deres måte formidle informasjonen videre
- Er det noe andre som jeg kunne ha tatt kontakt med

Oppsummering

[redacted]
12:31
Hei, og velkommen til Kundeservice.
Du prater nå med [redacted] Hva kan jeg hjelpe deg med?
Meg
12:31
Hei, jeg var innom en nettside som bruke deres chat. Når jeg startet chatten fikk jeg en melding om GDPR, som sa at «Vi lagrer informasjon om IP-adresse, samt informasjon du aktivt gir fra deg i chat.» Er det da nettsiden som bruker tjenesten som lagrer informasjonen eller er det da dere som lagrer denne informasjonen?
[redacted]
12:33
Det lagres på serveren vår
[redacted]
12:34
Det står vel også i lenken om personvern antar jeg
[redacted]
12:34
Det skal i hvertfall lenkes til en slik side
Meg
12:34
Ok, og dette gjøres selv om nettsiden sier at chatten er annonym?
[redacted]
12:35
Nei, da skal det ikke lagres om alt er satt opp rett. Da skal vel egentlig ikke GDPR-varselet heller vises
[redacted]
12:35
Hvem var det du snakket med?
Meg
12:36
I dette tilfellet så var jeg innom www.lfss.no
[redacted]
12:37
Nettopp... De bruker en gammel chatklient der dette varselet kommer opp automatisk
[redacted]
12:37
Den er anonym, og ingenting lagres
[redacted]
12:38
Sendte dem script for ny klient for et par dager siden da de holder på med nye nettsider
Meg
12:39
Den er grei måtte sjekke, takk. Men tanken er at de chattene som bruker deres chat og sier de er annonyme lagrer ikke informasjonen, selm om det kan komme opp en GDPR melding?

[redacted]

12:40

Ja, stemmer... Nå har jeg dog endret GDPR-meldingen for dem slik at den for "anonym chat" vises, og ikke den som er default

Meg

12:40

Supert, takk for informasjonen.

[redacted]

12:40