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7 February 2023

s 9(2)(a)

By email: s 9(2)(a)
Ref: H2022018206

Tēnā koe s 9(2)(a)

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to Manatū Hauora (the Ministry of Health) on 6 December 2022 for information regarding public records from the Suicide Prevention Office. You requested:

“Dates of any meetings between officials at the Suicide Prevention Office and representatives of the major digital media platforms, particularly Instagram, Facebook, YouTube, and TikTok, at which they discussed potentially harmful content relating to suicide, self-harm, eating disorders, depression, anxiety, or other mental health conditions. Please identify those present for the government.

Any briefings or talking points prepared for those meetings.

Briefings, reports, memos, aides memoire, data analysis, presentations, submissions, or other documents created by the Suicide Prevention Office that provide an analysis of potentially harmful online content relating to suicide, self-harm and/or mental illness. I am particularly interested in anything that discusses the scope of the problem from a NZ perspective, measures that could be taken to mitigate the problem, and work that the government is undertaking.”

Manatū Hauora has identified one email chain and a memorandum in scope of your request. Both documents are itemised in Appendix 1 and copies of the documents are enclosed. Where information is withheld under section 9 of the Act, I have considered the countervailing public interest in releasing information and consider that it does not outweigh the need to withhold at this time.

I trust this information fulfils your request. Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Manatū Hauora website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Nāku noa, nā

A handwritten signature in black ink that reads "Kiri Richards". The signature is written in a cursive, flowing style.

Kiri Richards
Associate Deputy Director-General
Mental Health and Addiction
System Performance and Monitoring | Te Pou Mahi Pūnaha

Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	11 June – 12 December 2022	Email correspondence: FW: Introductory call - NZ Suicide Prevention Office Meta	Some information withheld under the following sections of the Act: <ul style="list-style-type: none">• Section 9(2)(a) of the Act, to protect the privacy of natural persons; and• Section 9(2)(k) to prevent the disclosure or use of official information for improper gain or advantage.
2	5 December 2022	Memo: Memo Suicide prevention and Social Media international hui	Some information withheld under the following sections of the Act: <ul style="list-style-type: none">• Section 9(2)(a); and• Section 6(b)(i) as its release would prejudice information entrusted to the Government of New Zealand from another Government or agency.

From: Sarah Hetrick
Sent: Monday, 12 December 2022 4:34 pm
To: Jackie Andrews
Subject: FW: Introductory call - NZ Suicide Prevention Office | Meta

This is the email and follow-up email we sent to Meta.

Ngā mihi,
Sarah

Dr Sarah Hetrick (she/her)
Principal Clinical Advisor
Suicide Prevention Office
Mental Health and Addictions Group
s 9(2)(a)
sarah.hetrick@health.govt.nz
Manatū Hauora, 133 Molesworth Street
Thorndon, Wellington 6011
Note I work Monday, Thursday and Friday.



From: Sarah Hetrick
Sent: Thursday, 30 June 2022 6:47 am
To: s 9(2)(a) @fb.com> s 9(2)(a) @fb.com>; s 9(2)(a) @fb.com>
Cc: s (9)(2)(a) @mentalhealth.org.nz>
Subject: RE: Introductory call - NZ Suicide Prevention Office | Meta

Kia ora koutou

I hope you have had/are having a successful trip. s (9)(2)(a) and I are keen to continue this conversation we have started, and very anxious to have a response to the questions we sent below.

Ngā mihi,
Sarah

Dr Sarah Hetrick
Acting Director, Suicide Prevention Office
Email: sarah.hetrick@health.govt.nz
Work days: My work days are Monday, Thursday and Friday



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From: Sarah Hetrick

Sent: Friday, 17 June 2022 3:42 pm

To: s (9)(2)(a) @fb.com>; s (9)(2)(a) @fb.com>; s (9)(2)(a) @fb.com>

Cc: s (9)(2)(a) @mentalhealth.org.nz>

Subject: RE: Introductory call - NZ Suicide Prevention Office | Meta

Kia ora koutou

Thank you very much for meeting with s (9)(2)(a) and I today as we work toward an joined up and collaborative approach to suicide prevention in the community, and particularly in the social media space. As you know, our particular and immediate concern is around ensuring a robust, clear, and timely response to ensure that contagion (that can lead to cluster suicide) is contained. However, as highlighted there is a lot of work needed in this space more broadly and we are excited about working with you as we develop a road map of the initiatives and activities that will be key in this area.

We are looking forward to our next meeting, and especially keen to work toward the round table idea that you mentioned.

I wonder in the meantime if you could please let us know the following:

- Who your key contacts are in Police, Netsafe, DIA, the Classification Office. This will help with doing some of the 'joining up' that I, in particular, need to be across
- It would be good to have more understanding about the different kind of training you offer, and who has received this to date, so we can think about who else might need it/would benefit
- It would be good to have clarity about why the automatic response for the MHF doesn't work from time to time, and if there is a way to mitigate
- If we have another situation, such as that which initiated this call, before we have bedded down clear processes (including from my perspective ensuring that we have adequate suicide and self-harm, but specifically contagion/cluster expertise in the mix), could you please outline what the best process would be for ensuring e.g. that a risky post is made private/removed – including, for example, if we could please have a more direct line of communication to ensure a timely response

It would be great to have a response as soon as you are able – we are aware of current issue potentially bubbling away.

Again, best of luck with International travel (slightly jealous!). We are very much looking forward to catching up again soon.

Ngā mihi,
Sarah

Dr Sarah Hetrick

Acting Director, Suicide Prevention Office

Email: sarah.hetrick@health.govt.nz

Work days: My work days are Monday, Thursday and Friday



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-----Original Appointment-----

From: s (9)(2)(a) @fb.com>

Sent: Saturday, 11 June 2022 2:06 pm

To: s (9)(2)(a); Sarah Hetrick s (9)(2)(a) @mentalhealth.org.nz

Subject: Introductory call - NZ Suicide Prevention Office | Meta


When: Friday, 17 June 2022 10:00 am-10:45 am (UTC+10:00) Canberra, Melbourne, Sydney.

Where:

Ways to join


 Computer or Mobile:

s 9(2)(k)

 Zoom Meeting Info:

Meeting ID: **95638279190**

Passcode: **9(2)(k)**

 Telephone:

Dial in on any of the following:

9(2)(k)

Enabled by **Zoom**

Memo

Proposed approach to international research to understand social media regulation as a suicide prevention strategy

Date:	5 December 2022
To:	Matthew Tukaki Director, Office of Suicide Prevention - Ministry for Health Caroline Flora Chief Censor, Te Mana Whakaatu – Classification Office
Copy to:	Dr Arran Culver, Associate Deputy Director-General, Mental Health and Addictions, System Performance and Monitoring
From:	Sarah Hetrick, Principal Clinical Advisor, Suicide Prevention Office Maggie Tait, Communications Manager, Classification Office
For your:	Consideration and Approval

Purpose of memo

1. This document outlines an approach to international outreach to help inform you about policy and operational approaches relevant to suicide harm and contagion online, in particular on social media.
2. This international outreach is one stream of work in a larger programme of work that aims to prevent the potential harmful impact online / social media content about self-harm and suicide.

Background

3. This initiative arose from discussion at the collaborative Social Media and Suicide Risk Collaboration Hui following a briefing from Kristina Kirk from DPMC about how the Christchurch Call operates. The group felt there were some similarities in this mahi that could be carried over into preventing the spread of suicide content. Kristina made connections with agencies in Appendix 1 which she felt would provide information on latest developments and policy.

Work approach

4. As discussed, we propose a series of zooms to be held during February next year. Sarah Hetrick and Maggie Tait to attend and support e.g., note taking.

Next steps and responsibilities

5. Agree to the approach and connect EAs to assist planning these meetings in the new year. It would be useful to consider whether there is a policy person who could be involved in these meetings.

Recommendations

It is recommended that you:

1.	Note	That once these consultations are complete learnings can inform advice/proposals to relevant ministers.	Yes/No
2.	Agree	To engage in international meetings for the purpose of the SPO learning about different approaches internationally so that we can make advice to relevant ministers in NZ.	Yes/No



Date: 5.12.22

Sarah Hetrick

Principal Clinical Advisor, Suicide Prevention Office
System Performance and Monitoring

RELEASED UNDER THE OFFICIAL INFORMATION Act 1982

Appendices

Appendix 1: International Contacts from Kirstina Kirk

Who/background of organisations	What	Why important/key questions	Steps so far
<p>DCMS s 6(b)(i) [redacted] dcms.gov.uk></p> <p>Department for Digital, Culture, Media & Sport - GOV.UK</p> <p>And s 6(b)(i) [redacted] @dhsc.gov.uk>;</p> <p>DHSC</p> <p>About us - Department of Health and Social Care - GOV.UK</p>	<p>Seek briefing on on policy and operational approaches, including any provisions in the Online Safety Bill regarding suicide harm and contagion.</p>	<p>What is their thinking about how this bill would help re suicide?</p> <p>Any targeted measures?</p> <p>Any general measures that could be applied?</p>	<p>Kristina made handshake, a couple of emails back and forth – last one with s 6(b)(i) [redacted] about our scope. Maggie Tait emailed s 6(b)(i) [redacted] back to say we'd like a meeting in February.</p>
<p>eSafety Australia</p> <p>s 6(b)(i) [redacted] @eSafety.gov.au;</p> <p>s 6(b)(i) [redacted] @eSafety.gov.au;</p> <p>s 6(b)(i) [redacted] @esafety.gov.au;</p> <p>s 6(b)(i) [redacted] @eSafety.gov.au</p>	<p>eSafety commission tools and approaches</p>	<p>What do they do?</p> <p>Can we hook into their mahi</p>	<p>Kristina made handshake. Maggie needs to reach out about a meeting in Feb.</p> <p>s 6(b)(i) [redacted]</p>

			s 6(b)(i)
<p>DG CNECT Directorate- GeneralConnect</p> <p>Communications Networks, Content and Technology</p> <p>https://ec.europa.eu/info/departments/communications-networks-content-and-technology_en</p> <p>The Directorate-General for Communications Networks, Content and Technology develops and implements policies to make Europe fit for the digital age.</p> <p>Cc: s 6(b)(i) s 6(b)(i) s 6(b)(i) s 6(b)(i)</p> <p>ec.europa.eu; @ec.europa.eu; ec.europa.eu</p>	<p>Digital Services Act</p> <p>The Digital Services Act significantly improves the mechanisms for the removal of illegal content and for the effective protection of users' fundamental rights online, including the freedom of speech. It also creates a stronger public oversight of online platforms, in particular for platforms that reach more than 10% of the EU's population.</p>		s 6(b)(i)

Appendix 2: Social Media and Suicide Prevention Risk: Collaboration workstreams

Response protocol for when suicide content erupts online	Response materials for when suicide content erupts online	International outreach, policy work and professional development	Relationship building
<p>It would be good to document in a protocol the agreed processes for: 1. Obtaining and sharing relevant information with the right people in a timely manner; and, 2. responding to the various situations that arise, including escalation processes where required (including for where content falls within remit of legislation and when it does not).</p> <p><i>Case study example: Ronnie McNutt suicide video blew up on Tiktok.</i></p> <p>An established group that includes:</p> <ul style="list-style-type: none"> • Suicide prevention • MHF • CASA • DIA digital safety team • Te Mana Whakaatu tbc • Netsafe • Police <p>This group would triage what agency might be needed in terms of a response, where the event fits in terms of legislation, implement an escalation process where, if its significant, there's an agreed media comment and</p>	<p>This is relevant to the mapping and collation of existing resources/guidance and development of new resources that SPO, CPRS, Ministry of Education have been facilitating with the existing group.</p> <p>It will be important to think through a few scenarios and have resources/guidance developed for these. For example,</p> <ul style="list-style-type: none"> • For the immediate or close contacts of deceased on social media • Local area content of concern on social media • National level content of concern on social media • Discussion of a death of high profile personality, which might 	<p>Series of discussions with contacts that Kristina Kirk provided.</p> <p>Use learnings from international jurisdictions (agencies) as well as the International Association of Suicide Prevention special interest group to develop advice to government or other next steps. This would come from SPO but other agencies/partners could feed into it.</p> <p>Use learnings to develop practical clinical professional development for clinicians around suicide and social media.</p> <p>Develop and update existing guidelines/guidance to ensure there are recommendations about how to assess and response to content on social media in postvention</p>	<p>Create a plan to start connecting directly and via partners to influence social media platforms.</p> <p>This would include:</p> <ul style="list-style-type: none"> • Individual level meetings • Working groups • International groupings

<p>spokesperson, advice to media, and note for relevant ministers.</p> <p>Escalation to include criteria for when to phone social media platforms and when the content breaching terms and conditions?</p> <p>Potentially members of the group could block and report content?</p> <p>Documented processes need to be clear about who is the lead and what different roles and responsibilities are.</p> <p>The documented processes need to include debrief about how a situation was managed and learnings from that.</p> <p>The group can co-design document the processes for the protocol; however, the actual response lead would be SPO. It would take the lead on sharing info, giving advice, sharing key messages and being across what everyone is doing.</p>	<p>be international</p> <p>Resources also include social media content that can be disseminated, such as information about helplines, 'take a break from socials' messages, postvention messaging (e.g. #chatsafe) or influencer content changing the subject to facilitate a positive mood.</p> <p>Each agency could develop their own version of social media content or share content from SPO and MHF.</p> <p>Professional advice would be needed for messages and images that move the dial.</p>	<p>responses and from a self-harm perspective.</p>	
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