Internet Safety Strategy Green Paper -

Submission from Samaritans

**Summary of key points:**

* Samaritans supports the introduction of a social media code of practice and recommends that this includes specific measures to address harmful suicide-related content.
* Research demonstrates that users of social media in general, and younger people in particular, are exposed to harmful suicide-related content via social media.
* A social media code of practice should include the prohibition of harmful suicide-related content in terms of use and mechanisms for the reporting and removal of harmful suicide-related content.
* Providers of social media platforms should be proactive in removing and blocking known harmful suicide-related content, particularly when such content appears to be going “viral”.
* Samaritans supports the improvement of digital literacy skills in schools and believe that this should include enabling young people to protect their emotional wellbeing when encountering distressing content relating to self-harm and suicide.
* Clinicians who are treating people at risk of suicide need support to improve their digital literacy and their awareness of suicide-related online content and its effects.

**About Samaritans**

1. Samaritans Vision is that fewer people die by suicide.

We work to achieve this vision by making it our mission to alleviate emotional distress and reduce the incidence of suicide feelings and suicidal behaviour.

1. We do this by:

**Being available** 24 hours a day to provide confidential, non-judgemental emotional support for people who are struggling to cope, including those who have had thoughts of suicide

**Reaching out** to high risk groups and communities to reduce the risk of suicide

**Working in partnership** with other organisations, agencies and experts

**Influencing public policy** and raising awareness of the challenges of reducing suicide

Samaritans is the leading suicide prevention charity, with over 5.4 million contacts a year, 23% of which are from people expressing suicidal feelings, and over 201 branches across the UK and Ireland.

**Internet Safety Strategy – social media code of practice**

1. Samaritans supports the introduction of a social media code of practice including the use of minimum safety standards for a range of online platforms. A new social media code of practice should specifically include measures to remove and restrict access to harmful suicide-related content.
2. Samaritans agrees with concerns cited in the green paper that certain types of suicide-related material online, such as detailed information about suicide methods, can be potentially dangerous when accessed by vulnerable individuals. The policy research report, *Priorities for suicide prevention: balancing the risks and opportunities of internet use[[1]](#footnote-1),* which was published last year in conjunction with the University of Bristol with funding from the Department of Health’s Policy Research Programme, has improved understanding of the risks of suicide-related material online. The report concluded that the internet is often used by people to explore possible suicide methods and read personal accounts of suicidal feelings and behaviour. Suicide-related use was found to be more prevalent amongst young people and more often included the use of social media. Harmful material was found to be “abundant and easily accessed” including through popular information sites and social media channels.
3. In other research, correlations have been found between internet use and self-harm, particularly more violent methods, suicidal ideation and depression among young people[[2]](#footnote-2). Studies have shown that people using new/emerging methods of suicide have done so as a result of finding information about them on the internet. An additional concern is the contagion effect of information about suicide found online, as research has already shown young people are more likely to engage in imitative behaviour[[3]](#footnote-3). This suggests vulnerable young people’s internet use can and does have serious, negative offline consequences.
4. We would like to take this opportunity to reiterate the recommendations of the University of Bristol report that industry, including providers of social media platforms, has a responsibility to promote safe internet use by ensuring that harmful suicide-related content is prohibited in their rules for contributors and that there are processes by which users can report harmful suicide-related content to be considered for removal.
5. A particularly concerning incident earlier this year involved the death by suicide of a 12-year old girl from the state of Georgia, USA which she had live-streamed via Live.Me.[[4]](#footnote-4) The video footage was subsequently posted and spread across a range of social media platforms. Samaritans reported a number of the individual URLs for this content to the social media sites concerned (including Facebook and Youtube) and the content was promptly removed but copies of the video continued to be reposted. Providers of social media platforms must be proactive when harmful suicide-related content goes “viral” and doing what they can to prevent such content from spreading. This should include moderators searching for and removing content when they become aware that a particular piece of harmful content is going viral, rather than waiting for it to be reported. In addition, Facebook has recently indicated that certain images can be identified the image’s unique “digital fingerprint” and then automatically blocked by being uploaded. As this kind of technique develops and improves, we would like to see this being used where possible to remove harmful suicide-related content.
6. It is also important to acknowledge that there are many smaller scale websites completely unrelated to suicide or mental health that are run by a small number of people who may, from time to time, come into contact with users expressing suicidal feelings. It can be difficult for moderators to know what the most appropriate action to take is or who to contact for help in such circumstances. We recommend the use of the National Suicide Prevention Alliance’s best practice guidelines on responding to suicidal content online which is designed to help moderators of online communities provide a safe and supportive response to someone in crisis online[[5]](#footnote-5).

**Internet Safety Strategy – improving digital skills**

1. Samaritans supports Samaritans believes that the teaching of emotional health & resilience skills is an important part of Personal, Social, Health and Economic (PSHE) education and that this should be a statutory element of the National Curriculum supported by appropriate staff training. We also support the teaching of digital literacy skills in schools as described in the green paper and believe that this should also address how young people can protect their emotional health and wellbeing when encountering distressing content relating to self-harm and suicide. Teachers and all professionals working with young people should be skilled up to be aware of the opportunities and risks connected with the online environment, particularly on self-harm and suicide-related content.
2. As noted in the University of Bristol policy research paper, some clinicians were unaware that individuals used Wikipedia and medical sites to obtain information about methods and their knowledge of chatrooms and social media was also limited. Clinicians may be in a unique position to guide internet use, and knowing about internet activity could help to identify high risk patients and contribute to clinical decision-making so that patients receive better support. Samaritans support the recommendations highlighted in the paper including that:
* training should therefore be provided to clinicians to increase their understanding of the online environment and the nature and impact of suicide-related internet use. This should include awareness of the potential for harm and for benefit, the types of sites accessed, and guidance about how and when to respond to disclosures of suicide-related internet use.
* clinicians should therefore explore an individual’s internet use as part of a ‘suicide risk assessment’, in order to identify ‘at risk’ individuals and develop appropriate treatment plans.
* clinicians could better support patients to recognise how and when their internet use is harmful, and to develop personalized online safety practices as part of their crisis planning.
1. <http://www.bristol.ac.uk/media-library/sites/policybristol/documents/PolicyBristol_Report_7_suicide_and_internet_use.pdf> [↑](#footnote-ref-1)
2. Daine, K., Hawton, K., Singaravelu, V., Stewart, A., Simkin, S., & Montgomery, P. (2013). The power of the web: A systematic review of studies of the influence of the internet on self-harm and suicide in young people. *PloS One, 8*(10), e77555. [↑](#footnote-ref-2)
3. Becker, K., Mayer, M., Nagenborg, M., El-Faddagh, M., & Schmidt, M. H. (2004). Parasuicide online: Can suicide websites trigger suicidal behaviour in predisposed adolescents? *Nordic Journal of Psychiatry, 58*(2), 111-114. [↑](#footnote-ref-3)
4. <https://www.huffingtonpost.com/entry/girl-12-commits-suicide-in-live-video-online_us_587add3de4b094e1aa9dc6fe> [↑](#footnote-ref-4)
5. *Responding to Suicidal Content Online,* NSPA *(2016)* <http://www.nspa.org.uk/responding-suicidal-content-online/> [↑](#footnote-ref-5)