MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

17 June 2026

Tēnā koe

Official Information Act request

Thank you for your email of 19 May 2026, requesting information about the Ministry's guidance on responding to thoughts of self-harm or suicidal ideation. You requested:

- *Please provide me with any guidance/policy/process about handling clients who disclose thoughts of self-harm or suicidal ideation. Please ensure this includes but is not limited to when MSD should inform next of kin or the Police.*

I have considered your request under the Official Information Act 1982 (the Act). Please find my decision on your request set out below.

Please find attached **Appendix One** outlining the steps to follow when a client, during the call, makes threats against themselves, our people, the Ministry, or members of the public.

The acronym "CSR" used in Appendix One stands for *Customer Service Representative*.

Appendix Two contains the link referenced on page one of Appendix One, relating to self-harm.

Appendix Three contains the link referenced on page two of Appendix One, relating to suicide awareness.

Appendix Four provides details of the Ministry's policy for addressing harmful behaviour directed at staff by clients or other members of public, wherever it arises.

Please note only the linked pages relevant to your request have been included in the appendices. Please contact us if you require a copy of a specific additional page.

Alongside the guidance, processes and policies provided, MSD also holds a comprehensive suite of online training for staff to increase their awareness around these areas.

I will be publishing this decision letter, with your personal details deleted, on the Ministry's website in due course.

If you wish to discuss this response with us, please feel free to contact OIA_Requests@msd.govt.nz.

If you are not satisfied with my decision on your request, you have the right to seek an investigation and review by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz or 0800 802 602.

Ngā mihi nui

pp. 

Anna Graham
General Manager
Ministerial and Executive Services

Threats and security

Information to help you handle calls where a client makes threats against themselves, our people, the Ministry of Social Development, or members of the public.

For information about handling challenging or abusive callers please see:

- Challenging callers
- Challenging callers - Doogle

Client threatens self-harm
There maybe times where you receive a call from someone so distressed or depressed that they may be at risk of self-harm.

Self-harm is a behaviour, not an illness, as people usually self-harm to cope with distress or to communicate they're distressed.

If during your conversation the client becomes emotional and threatens to harm themselves, it's important you listen carefully and try to reassure them.

- If they want to talk – listen. Don't be judgmental or criticise how or what they're feeling.
- Say things like; *"I can hear you're very distressed"* or *"I appreciate how difficult it is for you".*
- Please take the time to engage with them.

Offer other services available; friends or family, Lifeline (0800 543 354) or Samaritans (0800 726 666).
"I understand what you're saying and know of help available. Do you have a family member or friend you can speak to? If not, can I give you the number of Lifeline or Samaritans?"

CSR action

- Alert a manager and ask them to notify the police if you feel there's an immediate risk to the caller, or you have concerns for the safety of the caller or a related party.
- It is standard Ministry practice to make a report of 'threatened self harm' to the Police. This is so they can complete a wellness check on the person at their home.
- Make sure you note everything the caller says and any background noises you hear in writing.

Find out:

- where the caller is now
- if there's anyone with them
- if they've taken anything, or if they're injured.

Try and keep them on the phone for as long as possible or until a support person or police arrive at the location.

Family and friends have an important role in providing some much needed social support and encouraging the person who is self-harming to seek help. If provided with treatment and social support, the majority of those who carry out self-harm will recover and lead full and productive lives.

For all instances where threats are made (against themselves or others), the event must be entered in STAR (under Security Incident) and escalated to a manager. Debrief with a manager, colleague, peer support person or Regional Health and Disability Advisor (RHA/RDA).

More information: Self-harm - Doogle
Client threatens suicide
There maybe times where you receive a call from someone so distressed or depressed that they may be at risk of attempting suicide.

To determine what's going on and to avoid any confusion:

- try asking clear and closed questions (where the response is either yes or no)
- focus on keeping the person safe by getting them help.

If contact is in person make sure the conversations are as private as possible, especially considering the open office layout in many of our offices.

When a client threatens suicide, follow the RAG model – Recognise, Ask, Get Help.

CSR action

- Alert a manager and ask them to notify the police. It's standard Ministry practice to make a report of suicide to the Police so they can complete a wellness check on the person at their home.
- Follow the **RAG model**

    Recognise - that someone may be at risk of suicide (they may say it directly or indirectly)

    Ask the right questions empathetically:

    The first question can be worded a few ways, the key is to find out whether someone is thinking of suicide; the second one is about the intent to act on those thoughts (immediate risk/emergency).

    - "Do you have suicidal thoughts?"
    - "Are you thinking of suicide?" **if yes:**
        - "Are you intending to act on those thoughts?"
        - "Would you hurt yourself?"

    Ask clear and closed questions (where the response is either yes or no) and focus on keeping the person safe by getting help

    Get help – arrange the right help depending on the answers to these questions. Alert a manager and ask them to notify the police.

    - While following the RAG model keep the following in mind:
        - Note everything the caller says and background noises in writing.
        - If client is on the phone keep them on there for as long as possible or until a support person or police arrive at the location

If you don't believe there's an immediate risk, eg someone has suicidal thoughts, but they tell you **they wouldn't hurt themselves:**

- At the end of your conversation, double check they're safe by asking *"Before we end this call, I'd like to ask if you're physically safe where you are right now?"*. This could include asking who they have in their immediate proximity (to confirm they're not alone), or what supports/who they will engage with after the call.
- For all instances where threats are made (against themselves or others), the event must be entered in STAR (under Security Incident) and escalated to a manager. Debrief with a manager, colleague, peer support person or Regional Health and Disability Advisor (RHA/RDA).

More information:

- Suicide attempts & suicide - Doogle
- Suicide Awareness - Doogle

What actions a manager can do based on the situation

If you believe there is an immediate risk - someone has thoughts of suicide and says **they would act on those thoughts**:

- In person – contact the local mental health crisis team & follow their advice (do not leave them unsupervised)
- On the phone – call the police and follow their advice which may include staying on the phone for as long as possible or until a support person can arrive.

Facts about suicide and self-harm

Suicide attempts & Suicide

Many people will have suicidal thoughts at some point in their lives. Although suicidal ideation and attempts are associated with an increased risk of suicide, most individuals with suicidal thoughts or attempts never die by suicide.

Usually, people with suicidal thoughts, intent or plans want to end significant emotional pain, have a sense of hopelessness or can't see a solution to their problems.

Whilst it can never be accurately predicted whether someone will commit suicide, there are factors that increase the risk:

suicidal ideas, plans, previous attempts, intent and lethality of plan

psychiatric diagnoses (depression, schizophrenia, eating disorders, borderline personality disorder, bipolar disorder)

physical illnesses (cancer, nervous system diseases, COPD, HIV, etc.)

psychosocial factors (lack of support, unemployment, poor relationships)

having access to firearms or other lethal means, such as drugs or other substances.

Not all suicidal people will admit to having suicidal thoughts or intentions. In fact, those who are serious about committing suicide rarely tell others as they fear their plans will be interrupted.

People who have lost someone to suicide, are more vulnerable to physical and psychological disorders and are more at risk of suicide themselves. Symptoms of depression, PTSD, feelings of guilt and shame as well as physical issues are more common during the 6 months after a suicide and are more severe among parents who have lost children.

Talking about suicide doesn't make a person more likely to attempt suicide. In fact, by being open about suicide and giving the individual a chance to talk about it, they may realise that suicide isn't the best option.

If you're worried about someone's safety, please do not delay asking them if they may be feeling suicidal and get them help if they do. In a crisis, please use any of these contacts [https://www.mentalhealth.org.nz/get-help/in-crisis] .

Self-harm

Self-harm is a behaviour, not an illness, as people usually self-harm to cope with distress or to communicate that they are distressed. People could deliberately hurt themselves for several reasons, including; to numb the emotional distress by causing physical pain, to deal with anxiety or to punish themselves.

People who self-harm have genuine difficulties coping with some aspects of their life, they may struggle with problem solving and find it hard to ask for help. Most people who self-harm are not considered to be suicidal or want to take their own lives, however some people who self-harm can also be suicidal at the same time.

Self-harm is always serious and can cause disability or death. It's not uncommon, and anyone who self-harms needs a clinical assessment.

Common ways of self-harm include:

cutting skin on wrists, arms and legs

biting or scratching skin

head banging or punching self

burning skin

hair or eyelash pulling.

The act of self-harming usually helps the person cope with their distress. Unfortunately, the relief is temporary and is followed by feelings of shame. Self-harming can be addictive and difficult to stop.

How to help

You can help someone who has self-harmed by:

assessing if they need first aid and calling an ambulance if the injury is life-threatening

staying calm and talking to the person about their self-harm, let them talk openly (this will be difficult for them, especially if you're close to them) and listen actively

remembering that people self-harm because they are struggling to cope

not judging or criticising

assuring them that you love and support them regardless of their actions

explaining their behavior isn't healthy and gently guide them to seek help
arranging an appointment with their doctor.

Remember, you can help someone who is self-harming, but you can't stop them from self-harming.

Treatment

Psychological therapies (e.g. seeing a psychologist or a counsellor) can teach people new coping skills and may help reduce or stop self-harm altogether, and include:

treating associated mental illness
preventing future self-harm
improving coping skills
reducing distress
preventing suicide
extending the time between self-harm
reducing injury severity
helping your family or support people to help you.

Family and friends have an important role in providing much needed social support and encouraging the person who is self-harming to seek help. If provided with treatment and social support, the majority of those who carry out self-harm will recover and lead full and productive lives.

Content owner: Health Safety and Security **Last updated:** 13 July 2023

Suicide Awareness

Suicide awareness and knowing what to do in a crisis, is crucial to reducing self-harm and preventing suicide. It's also important that we talk about suicide openly and aren't afraid to ask questions that could save someone's life.

To ensure that you feel confident when responding to people who may be at risk of suicide and know the right steps to take, please complete the Suicide Awareness course.

Whilst suicide awareness is important, always remember that while we can do our best to help someone, we can't control their behaviour.

> Facts about Suicide and Self-harm [http://doogle/working-here/keeping-healthy-and-safe/wellbeing-at-msd/workplace-mental-health-and wellbeing/self harm and suicide facts html]

Definitions

Self-harm	Deliberate self-inflicting of painful, destructive or injurious acts without intent to die
Suicide attempt	A survived attempt to end one's life
Suicide	Self-inflicted death with evidence that the person intended to die
Suicidal ideation	Thinking about ending one's life; thinking about suicide

How to respond to someone at risk of suicide

Whilst many people can have suicidal thoughts that come and go, with no intention to act on those thoughts, some people seriously contemplate it and consider taking the next steps.

Managing a client at risk of suicide is very much like managing a mental health crisis or emergency. To determine what is going on and avoid any confusion, try asking clear and closed questions (where the response is either yes or no) and focus on keeping the person safe by getting them help.

Wherever possible, as soon as you think you may be talking to someone who is at risk, discreetly let someone know what is happening and ask for their support for the whole process. It is always better if two people do this process together.

Make sure the conversations are as private as possible, especially considering the open office layout in many of our offices.

At MSD we follow the RECOGNISE – ASK – GET HELP (RAG) model.

1. ***Recognise*** - that someone may be at risk of suicide (they may say it directly or indirectly)

2. ***Ask*** the right questions empathetically:

The first question can be worded a few ways, but the key is to find out whether someone is thinking of suicide; the second one is about the intent to act on those thoughts (immediate risk/emergency).

"Do you have suicidal thoughts?"
"Are you thinking of suicide?"
if yes:
"Are you intending to act on those thoughts?"
"Would you hurt yourself?"

3. ***Get help*** – arrange the right help depending on the answers to these questions

What you can do based on the situation

If you believe there is an immediate risk - someone has thoughts of suicide and says they would act on those thoughts:

If in person – contact the local mental health crisis team [https //www health govt nz/your health/services and support/health care services/mental-health-services/crisis-assessment-teams] & follow their advice (do not leave them unsupervised)
If on the phone – call the police and follow their advice

If you do not believe there is an immediate risk - someone has suicidal thoughts but they tell you they wouldn't hurt themselves:

Help the client connect with professional help and support. This could include:
Need to Talk [http //www 1737 org nz] 1737
The Depression Helpline [http://www.depression.org.nz], 0800 111 757
Lifeline [http //www lifeline org nz], 4357 0800 543 354

Suicide Crisis Helpline [https://www.lifeline.org.nz/services/suicide-crisis-helpline] 0508 828 865

At the end of the conversation, double check to make sure they are safe by asking “So just in case, I want to ask this before we finish this call, are you going to be safe?”

If at any time you are unsure about someone’s safety and you are not with them, call the police and ask them to do a welfare check.

After you have managed the situation

Record detailed notes of your conversation in CMS (what the client said and what actions you took)

Record the event in STAR

Debrief with a colleague, manager, peer support person [http //doogle/working here/keeping healthy and safe/wellbeing at msd/peer support/peer-support-profiles.html] or Regional Health and Disability Advisor (RHA/RDA).

If you feel upset, please make sure you take some time away from your desk.

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Addressing Harmful Behaviour Policy

Purpose

The purpose of this policy is to describe how the Ministry of Social Development (MSD) will manage the risk of harmful behaviour directed at MSD staff by clients or other members of the public, wherever it arises.

Harmful behaviour has been identified as a Ministry-wide critical risk to health and safety, and as provided by the Health and Safety at Work Act 2015, MSD is required to have available for use, and to use, appropriate resources and processes to eliminate or minimise this risk. MSD is also bound by the Government's Protective Security Requirements, including the requirement to assess security risks, protect staff from threats of violence, and support them if they experience a harmful event.

Policy Statement

MSD's Leadership Team has agreed to the following statement:

In the delivery of our services we will not tolerate behaviour towards our staff, contractors, clients and public that could result in any form of harm.

We will always respond to behaviour that makes us feel physically or psychologically unsafe, in ways that are consistent with our values:

Manaaki Tangata – We care about the wellbeing and success of people

Tika me te pono – We do the right thing with integrity

Mahi Tahi – We work together, making a difference for communities

Whānau – We are inclusive and build a sense of belonging and place.

Harmful Behaviour

For the purposes of this policy, Harmful Behaviour is any action or conduct that is intended, or could reasonably be expected, to cause pain, fear, distress, or suffering to an individual. This may be verbal, physical, or psychological in nature and may occur in person, over the phone, or through social media or other digital communication. The behaviour may be actual, threatened or implied, and is likely to negatively impact the health, safety, or wellbeing of MSD staff or others. Harmful behaviour includes but is not limited to:
Threats of self-harm or suicide where the person attempts to attribute blame or responsibility to a staff member.

Scope

This policy applies to all Ministry staff who may experience the effects of harmful behaviour directed at themselves or their colleagues in their capacity as employees of MSD, regardless of when or where it arises, including:

any location where MSD services are being delivered

any off-site location where MSD staff are working

public spaces where an MSD staff member is the target of harmful behaviour

staff working from home

social media and virtual spaces where an MSD staff member is the target of harmful behaviour

whether the harm is actual, threatened or implied.

The policy also applies to clients, contractors and members of the public affected by harmful behaviour whilst on Ministry premises.

This policy supports a broader approach to workplace safety and wellbeing that includes the Positive Workplace Behaviours Policy [https://doogle.ssi.govt.nz/resources/helping-staff/policies-standards/hr/hr-policies/positive-workplace-behaviours-policy/index.html] , covering the behaviour of other staff, contractors or co-workers.

Threats of suicide or self-harm, or harm to others

Threats of suicide or self-harm, or harm to others, should be taken seriously and acted on with urgency. Advice and procedures for dealing with these situations can be found on Doogle here [https://doogle.ssi.govt.nz/working-here/keeping-healthy-and-safe/wellbeing-at-msd/workplace-mental-health-and-wellbeing/self-harm-and-suicide-facts.html] and here [https://doogle.ssi.govt.nz/community/display/HIYA/Threats+and+security] . These events should be reported in STAR, and follow-up support should be provided to staff who have handled clients threatening self-harm or who are at risk of suicide.

Support to colleagues and clients

All staff have a responsibility for the safety and wellbeing of their colleagues. If it is safe to do so, they should provide immediate support and assistance to colleagues who are experiencing harmful behaviour. Colleagues and managers also have a key role in supporting their teams and each other after incidents of harmful behaviour.

Regardless of personal thresholds, it is important to be aware of how other colleagues and clients or members of the public can be affected by harmful behaviour that they find offensive or threatening.

Responsibilities

Person/Party	Responsibilities
MSD Leadership (as Officers under the Health and Safety at Work Act 2015)	• Meet their duties of due diligence, including to ensure appropriate resources and processes are available for use, and are being used, to eliminate or minimise risks of harmful behaviour as outlined in this policy.
Managers	• • • Conduct regular whole-of-site training exercises that support staff safety and security. • Ensure incidents of harmful behaviour are properly recorded in STAR, and that appropriate follow up and/or remedial actions are taken. • Lead post-incident debriefing sessions available to all affected persons, improving processes and sharing learnings as appropriate. • Ensure that suitable support is provided to any staff member affected by an incident of harmful behaviour, including paid discretionary leave, peer support, using EAP or culturally specific services as appropriate and as supported by the affected person(s). • Wherever practicable, contact and extend support to clients affected by incidents of harmful behaviour.
Staff	• Uphold MSD values and respect the dignity and mana of others. • Show care for the safety and wellbeing of their colleagues. • Complete and remain current with safety-related training, including role- and site-specific training. • When working offsite, follow approved processes and protocols. • Ensure incidents of harmful behaviour are properly recorded in STAR.
Health Safety and Security	• Monitor and report to MSD leadership on the implementation of this policy. • Monitor, analyse and report to MSD leadership regarding incidents recorded in STAR, including trends in incident numbers, types, and locations, and whether remedial actions identified in investigations have been implemented.

	• With Learning and Capability, design safety-related training for staff and managers.
Learning and Capability	With HSSW, design safety-related training for staff and managers.

Definitions

Word/phrase	Definition
Harmful behaviour	Any behaviour that is intended or could reasonably be expected to cause pain, fear, distress or suffering, including threats or the implication of intention to cause harm, and including: • physical harm to a person or someone associated with them • emotional or psychological harm, such as feelings of fear or anxiety • behaviours that are abusive of or offensive to a person based on their identity.
Tolerance	The MSD Health and Safety Policy states that "the Ministry will … show zero tolerance for harmful behaviours that put our people and others we work with at risk". A key part of this statement is "behaviours that put our people at risk". Many clients are experiencing considerable stress and dealing with complex issues, and may express this inappropriately, but without intent to cause harm. "Zero tolerance to harmful behaviour" does not mean that events will never happen, but if there is a risk of harm then we will always respond. For even the most minor events, that includes reporting the event in STAR, including who was affected and what follow-up actions have been taken.
Security ecosystem	The range of security features (including physical features and 'soft' controls such as training) that form layers of protection that work together to help keep people safe.
STAR	The MSD Health Safety and Security notification system STAR stands for Safety, Threats, Accidents and Risks.
Psychosocial risks	Factors associated with a person's work, work environment, or workplace relationships that have the potential to cause psychological harm.
Psychological harm	The adverse effects on an individual's mental health resulting from exposure to psychosocial risks.

Related policies and procedures

Policy/procedure	Description
Health and Safety Policy	MSD's overarching policy for health and safety
Offsite Safety and Security Policy	Processes and protocols for staff working offsite
Positive Workplaces Policy	Outlines the workplace behaviours, expectations and responsibilities for our people, as well as the support and options available for dealing with inappropriate behaviour