



University of  
New Hampshire

# Medical Versus Social AI Based Suicide Prediction

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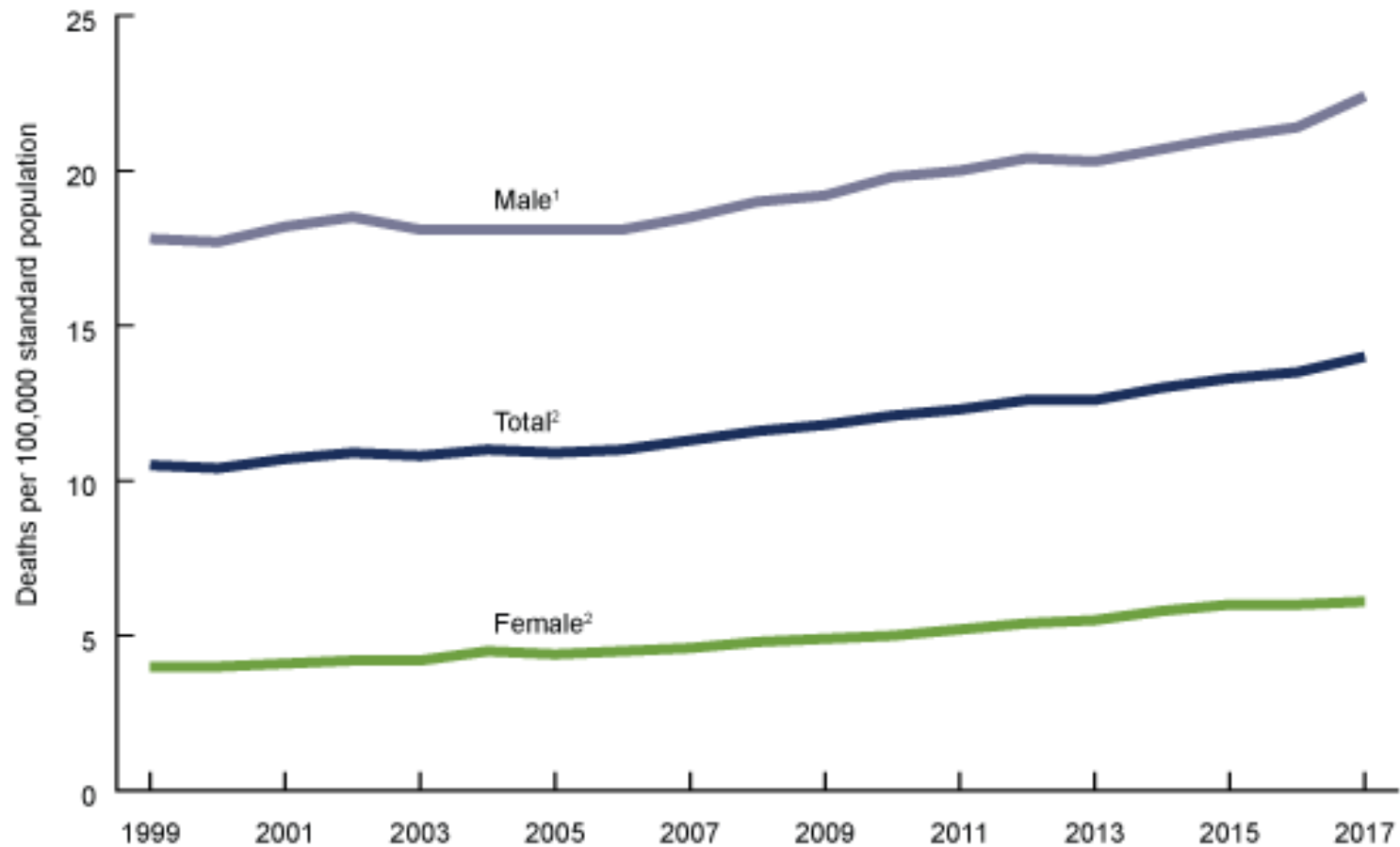
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# U.S. Suicide Rates



# Medical v. Social AI Suicide Prediction

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## Medical

- Performed by hospitals/physicians.
- Algorithms trained on medical records.
- Subject to HIPAA privacy rule.
- Primarily used for research.
- Research approved by IRB.
- Methods published in peer reviewed journals.

## Social

- Performed by corporations.
- Algorithms trained on social media and other online data.
- Not subject to HIPAA.
- Used to trigger interventions.
- Research not approved by IRB.
- Methods and software are proprietary.



# Social Suicide Prediction



# Wellness Checks

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- ❑ Thousands performed by Facebook and Crisis Text Line.
- ❑ Initiated when internet platforms call police.
- ❑ Police can enter homes without warrants.
- ❑ Detention, involuntary hospitalization, and forced medication.
- ❑ Can paradoxically increase suicide risk.
- ❑ Traumatization, stigmatization, and discrimination.
- ❑ Lack of data on safety & outcomes.



# Risks to Patients and Consumers

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## ▣ Safety

- False negatives leave people without support.
- False positives can cause increase suicide risk and risk of violent confrontations with police.

## ▣ Privacy

- Leaks of sensitive mental health information.
- Transfer or sale of personal data to third parties.
- Traumatization, stigmatization, and discrimination.

## ▣ Autonomy

- Online censorship.
- Involuntary confinement and treatment.



# Recommendations

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- ❑ View AI based suicide prediction as part of a larger system.
- ❑ Allow consumers to opt in or out.
- ❑ Link predictions only to “soft touch” interventions.
- ❑ Avoid “firm hand” Interventions.
- ❑ Limit to research setting until there is greater transparency.
- ❑ Train first responders to respond safely to mental health emergencies.





# Thanks!

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