

National Confidential Inquiry into Suicide and Safety in Mental Health



Consultation Title	Consultation: New priority offences - serious self-harm and cyberflashing
Organisation	National Confidential Inquiry into Suicide and Safety in Mental Health



Responder Type

organisation

Do you agree with the proposal to categorise suicide and self-harm as a single kind of illegal harm? Please provide the underlying arguments and evidence that supports your views.

We agree to this categorisation due to the following evidence. There is a well-established association between self-harm and suicide, as consistently noted by National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH), with a significant proportion (62%) of mental health patients who have died by suicide also having an established history of self-harm¹. Other work we have carried out as part of the Multi-centre study of self-harm in England suggests that people who have harmed themselves are at greatly increased risk of suicide². Additionally, establishing intent (i.e. wish to die) is complex. In an editorial evaluating proposed diagnostic changes, Kapur et al.³ argue against enforcing a strict dichotomy between non-suicidal self-injury (NSSI) and attempted suicide. They highlight that suicidal intent is frequently unclear even to the individuals harming themselves, and significant discrepancies often exist between a patient's and a clinician's perception of intent during the same episode. Finally, data from the Multicentre Study of Self-harm in England showed that a patient's stated intent is often an unreliable indicator of future suicide risk⁴.

¹National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). (2025). Annual report 2025: England, Northern Ireland, Scotland and Wales. University of Manchester.

²Geulayov, G., Casey, D., Bale, L., Brand, F., Clements, C., Farooq, B., ... & Hawton, K. (2019). Suicide following presentation to hospital for non-fatal self-harm in the Multicentre Study of Self-harm: a long-term follow-up study. *The Lancet Psychiatry*, 6(12), 1021-1030.

³Kapur, N., Cooper, J., O'Connor, R. C., & Hawton, K. (2013). Non-suicidal self-injury v. attempted suicide: new diagnosis or false dichotomy?. *The British Journal of Psychiatry*, 202(5), 326-328.

⁴Kapur, N., Steeg, S., Webb, R., Haigh, M., Bergen, H., Hawton, K., ... & Cooper, J. (2013). Does clinical management improve outcomes following self-harm? Results from the multicentre study of self-harm in England. *PLoS one*, 8(8), e70434.

Do you agree with the risk factors proposed for the risk profiles for suicide and self-harm? Please provide the underlying arguments and evidence that supports your views.

We have not carried out any research directly relevant to this question which is focussed on the Risk Profiles of services. However, providers should be aware that identifying people most at risk of suicide and self-harm can be problematic and a better approach is providing services that are safer for everyone⁵.

⁵Large, M. M., Ryan, C. J., Carter, G., & Kapur, N. (2017). Can we usefully stratify patients according to suicide risk?. *Bmj*, 359.

Do you agree with the risk factors proposed for the Risk Profiles for cyberflashing? Please provide the underlying arguments and evidence that supports your views.

We have not carried out any research directly relevant to this question.

Do you have any views on our proposed changes to the suicide and self-harm section of the Register of Risks? Please provide the underlying arguments and evidence that supports your views.

We have not published specifically on AI. We agree that changes to the Register of Risks should reflect the most up-to-date evidence, including research on AI chatbots. We again support this categorisation due to a) difficulties and complexities when determining intent², b) common history of self-harm in people who died by suicide¹, and c) stated intent being an unreliable indicator of future suicide risk³

¹National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). (2025). Annual report 2025: England, Northern Ireland, Scotland and Wales. University of Manchester.

³Kapur, N., Cooper, J., O'Connor, R. C., & Hawton, K. (2013). Non-suicidal self-injury v. attempted suicide: new diagnosis or false dichotomy?. *The British Journal of Psychiatry*, 202(5), 326-328.

⁴Kapur, N., Steeg, S., Webb, R., Haigh, M., Bergen, H., Hawton, K., ... & Cooper, J. (2013). Does clinical management improve outcomes following self-harm? Results from the multicentre study of self-harm in England. *PLoS one*, 8(8), e70434.

We agree to the proposal to remove paragraphs referring to suicide or self-harm related terms or phrases, supported by evidence from Fraser et al editorial⁶. The paper focuses on the tension between open-access publication and public safety, arguing that detailing suicide methods or related information in publicly available documents poses significant risks. Public dissemination of suicide-related specifics carries a tangible risk of harm that outweighs the illustrative benefits.

⁶Fraser, L., Morrissey, J., & Appleby, L. (2025). Reducing risk when publishing academic articles about suicide. *The Lancet Psychiatry*, 12(4), 246-247.

Do you have any views on our proposed changes to the cyberflashing section of the Register of Risks? Please provide the underlying arguments and evidence that supports your views.

We have not carried out any research directly relevant to this question.

Do you have any views on our proposed updates to the self-harm section of the ICJG? Please provide the underlying arguments and evidence that support your views.

We agree to this proposal, as stated in Fraser et al editorial⁶. Public dissemination of specific suicide-related details carries a tangible risk of harm that outweighs the benefits in our view. However, given that the guidance requires companies/services to independently risk-assess their platforms concerning self-harm and suicide search terms, establishing a mechanism for them to access examples of known dangerous queries safely would enable more comprehensive safety evaluations.

⁶Fraser, L., Morrissey, J., & Appleby, L. (2025). Reducing risk when publishing academic articles about suicide. *The Lancet Psychiatry*, 12(4), 246-247.

Do you have any views on our proposed updates to the cyberflashing section of the ICJG? Please provide the underlying arguments and evidence that support your views.

We have not carried out any research directly relevant to this question.

Do you have any views on our proposed updates to the Record Keeping and Review Guidance? Please provide the underlying arguments and evidence that support your views.

We have not carried out any research directly relevant to this question.

Do you have any comments on our proposed approach to updating the Codes, in light of the creation of the two new priority offences? Please provide the underlying arguments and evidence that supports your views.

We have not carried out any research directly relevant to this question.

Do you have any views on the proposed changes to the application of the Governance and Accountability measures or the impacts we have identified? Please provide the underlying arguments and evidence that supports your views.

We have not carried out any research directly relevant to this question.

Do you have any views on the proposed changes to the application of the Content and Search Moderation measures or the impacts we have identified? Please provide the underlying arguments and evidence that supports your views.

We have not carried out any research directly relevant to this question.

Do you have any views on the proposed changes to the application of the Reporting and Complaints measures or the impacts we have identified? Please provide the underlying arguments and evidence that supports your views.

We have not carried out any research directly relevant to this question.

Do you have any views on the proposed changes to the application of the Recommender Systems measures or the impacts we have identified? Please provide the underlying arguments and evidence that supports your views.

We have not carried out any research directly relevant to this question.

Do you have any views on the proposed changes to the application of the Search Design, Functionalities and User Controls measures or the impacts we have identified? Please provide the underlying arguments and evidence that supports your views.

We agree that large search engines should provide crisis prevention information when users search for content relating to suicide and/or self-harm content. Research examining suicidal patient-provided suicide-related search terms found no significant associations between pro-suicide queries and actual suicide deaths. This was likely due to the high visibility of suicide prevention messages, which 87.2% of users encountered and 48.5% engaged with, indicating that large search engines should consistently provide crisis prevention information when users search for content related to suicide or self-harm⁷.

7Bojani■, L., Hunt, I. M., Flynn, S., Turnbull, P., & Ibrahim, S. (2026). Modest google trends associations with mental health patient and general population deaths by suicide: A time-series analysis using patient-provided search terms. PLOS ONE, 21(4), e0344926.

Do you have any views on the proposed changes to the application of the User Controls measures or the impacts we have identified? Please provide the underlying arguments and evidence that supports your views.

We have not carried out any research directly relevant to this question.

Do you agree with our assessment of the additional impacts of our proposals in respect of the measures in the June 2025 Additional Safety? Please provide the underlying arguments and evidence that supports your views.

We have not carried out any research directly relevant to this question.

Do you agree with our assessment of the combined impacts of our proposals set out in the Combined Impact Assessment? Please provide the underlying arguments and evidence that supports your views.

We have not carried out any research directly relevant to this question.

Do you have any other feedback on our proposals? Please provide the underlying arguments and evidence that supports your views

No response provided.