

Consultation response for

Your response

Question	Your response
The incidence of content that is harmful to children on regulated services We invite stakeholders to provide evidence relating to the incidence of PPC, PC or NDC on regulated user-to-user, search or combined services. Please provide as much detail as you can. This could include but is not limited to evidence about:	NCISH holds no evidence regarding the incidence of content harmful to children.
The quantity, prevalence or presence of specific kind(s) of PPC, PC or NDC on regulated services and the frequency with which children are encountering this content.	Confidential? – Y / N
How demographic characteristics such as age, gender, race, sexual orientation and disability influence the likelihood that children will encounter specific kind(s) of PPC, PC or NDC.	Confidential? – Y / N
The services or types of service where children are most likely to encounter specific kind(s) of PPC, PC or NDC.	Confidential? – Y / N

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The severity of harm that UK children suffer, or may suffer, as a result of content that is harmful to children We invite stakeholders to provide any evidence regarding the severity of harm that UK children suffer, or may suffer, as a result of encountering PPC, PC or NDC. Please provide as much detail as you can. This could include but is not limited to evidence about:	Introduction 1. The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) is an internationally unique project based at the University of Manchester that has collected in-depth information on all suicides in the UK since 1996. In England, this currently consists of around 180,000 general population suicides and around 46,000 patient suicides. We provide definitive figures on suicide to clinical services and governments, produce data-driven safety recommendations, and demonstrate that these recommendations reduce suicide. The work is commissioned by the Healthcare Quality Improvement Partnership (HQIP), in England this is on behalf of NHS England. The senior clinical academics overseeing NCISH are Professor Sir Louis Appleby, who also chairs the National Suicide Prevention Strategy Advisory Group, and Professor Nav Kapur, a member of the National Suicide Prevention Strategy Advisory Group, and chair of the NICE clinical guideline development groups on self-harm and depression. 2. Our core work is on suicide by people under mental health services - we publish annual reports highlighting current and ongoing concerns. Our recommendations are cited in guidance and policy and have been shown to reduce suicide rates in services. We have also conducted studies in other settings, specifically primary care and A&E departments and on those in contact with drug and alcohol services. We have also conducted studies into suicide prevention in the general population by certain groups, including children and young people. Here we present evidence from NCISH findings focussing on

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	patterns of suicide-related internet use, and the characteristics of children and young people who engage in this behaviour. Numbers and rates of suicide and self-harm in children and young people 3. Over the last 20 years, suicide rates in children and young people have remained low in comparison to older age groups. Suicide rates are higher in older children and young people; in 2023, the age-specific suicide rate in children between 10 and 14 years of age as reported in national statistics was 0.7, in those aged between 15 to 19 it was 5.4, and in young people aged 20 to 24 it was 9.9 per 100,000 persons.¹ NCISH conducted a national study investigating suicide in children and young people under 25 years of age in England and Wales. This study examined all deaths of people aged 10-19 and a random sample of 20% of deaths of people aged 20-24 that occurred between January 2014 and December 2015.² Suicide increased sharply with age across adolescence, more boys and young men than girls and young women died by suicide, and self-harm was a common factor, documented in 52% of under 20s and 41% of 20-24 year olds.² In the Adult Psychiatric Morbidity Survey (APMS) 2023/24, the proportion of young people aged 16-24 meeting the criteria for a common mental health condition rose from less than one in five (18%) in 2007 to about one in four (26%) in 2023/24. Younger people (under 25 years of age) were more likely than the older age groups to report lifetime non suicidal self-harm and/or suicidal thoughts.³ This increase in reporting of self-harm in young people may partly reflect normalisation of self-harm as a coping strategy, potentially

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	driven by social media disseminated self-harm stories and imagery, alongside any true increase in distress.⁴ Suicide-related internet use of children and young people 4. The NCISH in-depth investigation into suicide in children and young people examined suicide-related internet use (SRIU), defined as engaging in any of the following: searching the internet for information on suicide method, visiting websites or chat rooms that may have encouraged suicidal behaviours, and communicating suicidal ideation or intent online as well as being a victim of cyberbullying. SRIU was found to be present in 26% of young people aged under 20 who died by suicide, and 13% of those aged 20-24 years old; overall, SRIU in this group is common but likely underestimated.² SRIU in children and young people aged between 10 and 19 was more common in girls and young women than boys and young men, and among those identifying as LGBT, socially isolated, bereaved, and those having a physical or mental health condition.⁵ Searching for information on suicide methods was the most common type of SRIU (55%), followed by communicating suicidality online (45%). Visiting webpages that may have encouraged suicide was comparatively rare in this group (13%), as was cyberbullying (23%),⁵ showing that SRIU in children and young people was not limited to social media. Girls and young women were more likely to have experienced cyberbullying compared to boys and young men. Cyberbullying was accompanied by face-to face bullying in 67% of cases, suggesting an interaction between the online world and offline factors.

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	Suicide-related internet use of children and young people in contact with mental health services 5. Children and young people between 10 and 19 years of age who died by suicide and had engaged in SRIU were more likely to have been in contact with mental health services (58% v. 40%) than those who had not used the internet in this way.⁵ An examination into SRIU in all mental health patients who died by suicide found that, though SRIU was present across all age groups (8% overall), those under 25 years of age were more likely than older patients to have engaged in this behaviour (19% v. 8%).⁶ Looking specifically at children and young people, suicide-related internet use was more common in patients aged under 18 years compared to those 20 to 24 years of age, including searching for information on suicide methods (18% v. 10%) and visiting pro-suicide websites (14% v. 6%).⁷ Patients under 18 years of age who died by suicide more commonly experienced cyberbullying compared to patients aged 20 to 24 (13% v. 4%).⁷ In summary, vulnerability associated with SRIU can be defined in different ways; being young (not only a child) and having poor mental health may both play a part. Summary 6. In conclusion, NCISH evidence examines online harms in relation to suicide; these include online searching for suicide-related content and information on suicide methods, including specifics about individual methods of death, as well as posting about suicidal thoughts, communicating with others about suicide, and engaging with pro-suicide

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	websites. We highlight evidence in relation to young people who are at risk due to their vulnerability, and in relation to mental illness, which can further increase this vulnerability. References 1. Office for National Statistics (ONS). Suicides in England and Wales: 1981 to 2024. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2024registrations (accessed on the 3rd of March 2026). 2. Suicide by children and young people. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). Manchester: University of Manchester, 2017. https://www.hqip.org.uk/wp-content/uploads/2018/02/8iQSVI.pdf 3. Morris, S., Hill, S., Traolach, B., Tromans, S., Morgan, Z., Appleby, L., Ayton, A., Barnicot, K., Bennett, M., Bhavsar, V., et al (2025). Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4(10.13140/RG.2.2.24367.39840). NHS England. https://openaccess.city.ac.uk/id/eprint/36619/ 4. McManus S, Gunnell D, Cooper C, Bebbington PE, Howard LM, Brugha T, Jenkins R, Hassiotis A, Weich S, Appleby L. Prevalence of non-suicidal self-harm and service contact in England, 2000-14: repeated cross-sectional surveys of the general population. <i>Lancet Psychiatry</i>. 2019 Jul;6(7):573-581. doi: 10.1016/S2215-0366(19)30188-9. 5. Rodway C, Tham SG, Richards N, et al. Online harms? Suicide-related online experience: a UK-wide case series study of young people who die by suicide. <i>Psychological Medicine</i>. 2023;53(10):4434-4445. doi:10.1017/S0033291722001258 6. Bojanić L, Turnbull P, Ibrahim S, Flynn S, Kapur N, Appleby L, Hunt IM. Suicide-related internet use among mental health patients who died by suicide in the UK: a national clinical survey with case-control analysis. <i>Lancet Reg Health Eur</i>. 2024 Jun 28;44:100991. doi: 10.1016/j.lanepe.2024.100991.

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	7. The National Confidential Inquiry into Suicide and Safety in Mental Health. Annual Report: UK patient and general population data, 2010-2020. 2023. University of Manchester. https://documents.manchester.ac.uk/display.aspx?DocID=66829
The impact that specific kind(s) of PPC, PC or NDC can have on a child's wellbeing, behaviours, or other physical or psychological outcomes. This might include evidence concerning cumulative exposure to specific kind(s) or combinations of PPC, PC or NDC.	Confidential? – N
Any causal links between a child encountering specific kind(s) of PPC, PC or NDC and subsequently suffering physical or psychological harm.	Confidential? – N
How demographic characteristics such as age, gender, race, sexual orientation and disability can influence the severity of harm that UK children suffer, or may suffer, as a result of encountering specific kind(s) of PPC, PC or NDC.	Confidential? – N
Whether it is appropriate to make changes to the kinds of PPC and PC in the Act We invite stakeholders to provide evidence that suggests any kind(s) of PPC and/or PC in the Act are inappropriate or incor-	NCISH holds no evidence regarding changes to the kinds of PPC and PC in the Act.

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rectly categorised. This could include but is not limited to evidence indicating that:	
Any kind of PPC or PC in the Act should cease to be categorised as content harmful to children.	Confidential? – Y / N
Any kind of PPC would be more appropriately categorised as PC.	Confidential? – Y / N
Any kind of PC would be more appropriately categorised as PPC.	Confidential? – Y / N
We invite stakeholders to provide evidence in support of additional kind(s) of content being added to the PPC or PC categories in the Act. This should include, but is not limited to:	NCISH holds no evidence regarding additional kind(s) of content being added to the PPC or PC categories.
Evidence that the kind(s) of content pose a material risk to an appreciable number of children.	Confidential? – Y / N
Evidence that the kind(s) of content pose a risk of significant harm to children.	Confidential? – Y / N
Evidence to support each kind of content being categorised as either PPC or PC.	Confidential? – Y / N

Please tell us how you came across about this call for evidence.

- ☒ Email from Ofcom
- ☐ Saw it on social media
- ☐ Found it on Ofcom's website
- ☐ Found it on another website
- ☐ Heard about it on TV or radio
- ☐ Read about it in a newspaper or magazine

- ☐ Heard about it at an event
- ☐ Somebody told me or shared it with me
- ☐ Other (please specify)

Please complete this form in full and return to ContentHarmfultoChildren@ofcom.org.uk.