

## Your response

**Question 1: To assist us in categorising responses, please provide a description of your organisation, service or interest in protection of children online.**

*Is this a confidential response? (select as appropriate)*

No

The Mental Health Foundation is the UK's leading charity for everyone's mental health. With prevention at the heart of what it does, the Mental Health Foundation aims to find and address the sources of mental health problems so that people and communities can thrive.

We now spend much of our lives online, and the impact of the online environment on our mental health cannot be overstated. This is particularly true for children and young people.

This response is also informed by a workshop that the Mental Health Foundation conducted with its [Young Leaders network](#). This network is a diverse group of people from the UK with a wealth of personal and lived experiences. This will be referenced throughout the consultation response as the Young Leaders workshop.

**Question 2: Can you identify factors which might indicate that a service is likely to attract child users?**

*Is this a confidential response? (select as appropriate)*

No

As of 2021, 89 percent of children in the United Kingdom aged between 12 and 15 years had their own social media profile. Overall, a quarter children in the UK aged three to four years had a social media profile, as did a third of those aged five to seven years.<sup>1</sup> While YouTube was the most popular network likely to be used by children aged 8 to 17 years during 2021 in the UK; a significant proportion of young people also used other sites such as WhatsApp and TikTok.<sup>2</sup> We know, therefore, that children are active across the social platforms that adults use, and regulation should not focus just on those that specifically seek to attract children.

Whilst much of the debate on online safety focuses on the very dangerous content that can be found on social media, there are additional risks in exposing a child to an industry

<sup>1</sup> [Children active on social media in the UK by age 2021 | Statista](#)

<sup>2</sup> [Children active on social media in the UK by age 2021 | Statista](#)

**Question 2: Can you identify factors which might indicate that a service is likely to attract child users?**

which profits from users' continued engagement, in isolation from the types of content that child could encounter.

Social media platforms are specifically designed to promote continued engagement, with algorithmic serving of content a defining feature of social media. This means that they can encourage overuse or even addiction-like behaviour among child users. 40% of the respondents to a survey by YoungMinds reported displaying signs of addiction-like behaviour when questioned about their social media habits and a further 80% had wanted to leave social media sites for wellbeing reasons but had felt unable to.<sup>3</sup> Research evidence suggests that social media use can become habitual or, at the extreme end, highly problematic: affecting health functioning in everyday life.<sup>4</sup>

All social media platforms should be required to take steps to address the addictive-like elements of how they work, knowing the breadth of children they reach and the possible impact of their business models on children.

**Question 3: What information do services have about the age of users on different platforms (including children)?**

*Is this a confidential response? (select as appropriate)*

No

N/A.

**Question 4: How can services ensure that children cannot access a service, or a part of it?**

*Is this a confidential response? (select as appropriate)*

No

<sup>3</sup> Young Minds: [Putting A Stop to the Endless Scroll](#)

<sup>4</sup> M. Boer, R.J.J.M. Van den Eijnden, M. Boniel-Nissim, S.-L. Wong, J.C. Inchley, P. Badura, et al. Adolescents' intense and problematic social media use and their wellbeing in 29 countries Journal of Adolescent Health, 66 (6) (2020), pp. S89-S99, 10.1016/j.jadohealth.2020.02.014

**Question 4: How can services ensure that children cannot access a service, or a part of it?**

N/A.

**Question 5: What age assurance and age verification or related technologies are currently available to platforms to protect children from harmful content, and what is the impact and cost of using them?**

*Is this a confidential response? (select as appropriate)*

No

N/A.

**Question 6: Can you provide any evidence relating to the presence of content that is harmful to children on user-to-user and search services?**

*Is this a confidential response? (select as appropriate)*

No

There has been a large-scale adoption of digital image editing for social media. A study from the Mental Health Foundation in 2019 found that one-in-four girls and one-in-ten boys have edited photos of themselves in order to change their face or body shape because of concerns about their body image.<sup>5</sup> This is a harm which functions by accretion; a single image of a teenager's peer which has been edited is unlikely to do major image, but a feed full of such images can create real problems.

Young people, in particular, can face a torrent of images of their friends, acquaintances, and strangers which are edited digitally, overwhelmingly representing a beauty standard that is not attainable. Previous research that we have conducted has demonstrated how

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<sup>5</sup> See our briefing [Image-editing apps and mental health](#)

**Question 6: Can you provide any evidence relating to the presence of content that is harmful to children on user-to-user and search services?**

harmful poor body image can be to young people's mental health, causing them to feel shame, anxiety, and even experience suicidal thoughts.<sup>6</sup>

A large longitudinal study of secondary school pupils (the Our Future study<sup>7</sup>) identified that persistent, very frequent, social media use predicted lower well-being in girls in particular, and most of this impact was due to inadequate sleep, as well as cyberbullying and lack of physical activity. The Royal College of Psychiatrists argues that psychiatrists should be considering the impact of social media on all children they assess, including *"how problematic technology-use could be related to problems such as lack of/disrupted sleep, poor academic performance, low mood, and behavioural or eating difficulties."*<sup>8</sup>

A YoungMinds survey revealed that 68% of young people said that public posts from strangers – most commonly found in the area of a platform that uses an algorithm to recommend content – was the main factor that led them to see content they would rather have avoided.<sup>9</sup>

The Young Leaders workshop identified the regularity of rude and hostile comments on social platforms and that social media networks often host disturbing images which are damaging for an individual's mental health. Our Young Leaders network also specified that there are specific websites that are deliberately produced to promote extremism and violence and it can often be unclear the information that is being shared between users.

**Question 7: Can you provide any evidence relating to the impact on children from accessing content that is harmful to them?**

*Is this a confidential response? (select as appropriate)*

No

The relationship between social media and body image is complex, but a recent literature review identified some key areas of social media usage that appear to have a particularly negative effect on users' body image. Specific risk factors include time spent on social media, and time spent engaging in photo-based activities.<sup>10</sup>

<sup>6</sup> Mental Health Foundation [Body Image Research Report](#)

<sup>7</sup> <https://www.ourfuturestudy.co.uk>

<sup>8</sup> <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2019/03/30/psychiatrists-should-consider-impact-of-social-media-on-all-children-they-assess-leading-medical-body-says-for-first-time>

<sup>9</sup> YoungMinds (2023) *Putting a Stop to the Endless Scroll: how the Online Safety Bill can protect young people's mental health* <https://www.youngminds.org.uk/media/gsppe0f3/youngminds-putting-a-stop-to-the-endless-scroll-january-2023.pdf> (accessed 15th February 2023)

<sup>10</sup> Holland, G. Tiggemann, M. (2016). A systematic review of the impact of the use of social networking sites on body image and disordered eating outcomes.

**Question 7: Can you provide any evidence relating to the impact on children from accessing content that is harmful to them?**

The Mental Health Foundation has conducted research showing how harmful material that damages people's body image can be to a young person's mental health, causing them to feel shame, anxiety, and even suicidal thoughts due to their inability to 'measure up' to the edited bodies and faces they are constantly confronted with on social media.<sup>11</sup>

Research has found that higher body dissatisfaction is associated with a poorer quality of life and psychological distress,<sup>12</sup> a higher likelihood of depression symptoms<sup>13,14</sup> and the risk of unhealthy eating behaviours and eating disorders.<sup>15,16</sup> The association with eating disorders is particularly worrying: anorexia has the highest mortality rate of any mental health problem. Moreover, PwC research estimates that they cost the state around £15 billion per annum.<sup>17,18</sup>

A proportion of this content is also generated through paid partnerships with fashion and beauty companies. Girlguiding UK has found that adverts on social media are more exploitative as they are targeted based on previous search history and on stereotypical ideas of what young women might be interested in – such as beauty or weight loss products, as well as being more intrusive as they appear in places where young people go for social interaction.<sup>19</sup>

Participants in our Young Leaders workshop outlined how they often found social media content draining and that the pressure was placed on the user as opposed to the platform to remove themselves from dangerous situations and avoid harmful content.

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<sup>11</sup> See our 2019 [Body Image Research Report](#)

<sup>12</sup> Griffiths S, Hay P, Mitchinson D, Mond J, McLean S, Rodgers B, et al. Sex differences in the relationships between body dissatisfaction, quality of life and psychological distress. *Aust N Z J Public Health*. 2016 Dec;40(6):518–22.

<sup>13</sup> Jackson KL, Janssen I, Appelhans BM, Kazlauskaitė R, Karavolos K, Dugan SA, et al. Body image satisfaction and depression in midlife women: The Study of Women's Health Across the Nation (SWAN). *Arch Womens Ment Health*. 2014 Jun 13;17(3):177–87.

<sup>14</sup> Goldschmidt AB, Wall M, Choo THJ, Becker C, Neumark-Sztainer D. Shared risk factors for mood-, eating-, and weight-related health outcomes. *Heal Psychol*. 2016 Mar;35(3):245–5

<sup>15</sup> Ibid.

<sup>16</sup> Smolak L, Levine MP. Body Image, Disordered Eating and Eating Disorders: Connections and Disconnects. In: Smolak L, Levine MP, editors. *The Wiley Handbook of Eating Disorders, Assessment, Prevention, Treatment, Policy and Future Directions*. Chichester, UK: John Wiley & Sons, Ltd; 2015. p. 1–5.

<sup>17</sup> The costs of eating disorders: [Social, health and economic impacts](#), published February 2015

<sup>18</sup> BEAT [reported](#) a 173% increase in demand for support between February 2020 and January 2021

<sup>19</sup> Girlguiding UK [letter](#) to the Women and Equalities Select Committee

**Question 8: How do services currently assess the risk of harm to children in the UK from content that is harmful to them?**

*Is this a confidential response? (select as appropriate)*

No

N/A.

**Question 9: What are the exacerbating risk factors services do or should consider which may have an impact on the risk of harm to children in the UK?**

*Is this a confidential response? (select as appropriate)*

No

Services should consider the vulnerability of all users. Adolescence is a critical period, when peer relationships are of increasing significance and importance. Concerns with body image often develop during this time, and can then last a lifetime.<sup>20</sup> Services should also consider how content can impact young people differently and ensure that the necessary protections are in place.

**Question 10: What are the governance, accountability and decision-making structures for child user and platform safety?**

*Is this a confidential response? (select as appropriate)*

No

N/A.

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<sup>20</sup> See written evidence submitted by the Centre for Appearance Research, University of the West of England, to the Women & Equalities Select Committee. <https://committees.parliament.uk/writtenevidence/7943/pdf/>

**Question 11: What can providers of online services do to enhance the clarity and accessibility of terms of service and public policy statements for children (including children of different ages)?**

*Is this a confidential response? (select as appropriate)*

No

Ofcom should work with children themselves to develop a clear standard on this area. Providers need to develop plans to genuinely communicate their terms of service and policy statements to children, so that every child knows what they are signing up to and how to control what they see. This is likely to look quite different to paragraphs of text which are rarely read. In the workshop that we held with the Young Leaders group, participants told us that much improvement was required here.

Relatedly, online services also need to be pushed to promoting the public's media literacy. There should be a minimum standard for media-literacy education, designed in consultation and coordination with young people. It should be age-appropriate and designed to help children and young people both to feel more empowered to make decisions regarding their online behaviour.

**Question 12: How do terms of service or public policy statements treat 'primary priority' and 'priority' harmful content?<sup>21</sup>**

*Is this a confidential response? (select as appropriate)*

No

N/A.

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<sup>21</sup> See A1.2 to A1.3 of the call for evidence for more information on the indicative list of harms to children.

**Question 13: What can providers of online services do to enhance children's accessibility and awareness of reporting and complaints mechanisms?**

*Is this a confidential response? (select as appropriate)*

No

Participants from the Young Leaders workshop reported concerns about how social media platforms would deal with complaints. Namely, they identified the messages that they would receive following a complaint. These messages would suggest the complaint had been rectified, but there was often a lack of transparency and a lack of detail about what had been achieved.

Workshop participants also told us that the creation of specific mental health teams on social media networks would be highly beneficial. This would allow users to reach out to a trained individual after seeing content that was distressing and flag that this content had been reported. The details of this support team should be easily accessible and available on the platform. This team should also be given the resources and training to deal with the questions and comments that they might receive.

**Question 14: Can you provide any evidence or information about the best practices for accurate reporting and/or complaints mechanisms in place for legal content that is harmful to children, or users who post this content, and how these processes are designed and maintained?**

*Is this a confidential response? (select as appropriate)*

No

N/A.

**Question 15: What actions do or should services take in response to reports or complaints about online content harmful to children (including complaints from children)?**

*Is this a confidential response? (select as appropriate)*

No



**Question 15: What actions do or should services take in response to reports or complaints about online content harmful to children (including complaints from children)?**

The Young Leaders workshop told us that there needed to be clearer transparency from social media organisations about how they deal with complaints and the steps that they are taking to mitigate any ongoing issues. This could include regular communication on improvements that are being made to the platforms. Our Young Leaders indicated there is often a lack of clarity from organisations about how they are dealing with any complaints that are raised.

**Question 16: What functionalities or features currently exist that are designed to prevent or mitigate the risk or impact of content that is harmful to children? A1.21 in the call for evidence provides some examples of functionalities.**

*Is this a confidential response? (select as appropriate)*

No

N/A.

**Question 17: To what extent does or can a service adopt functionalities or features, designed to mitigate the risk or impact of content that is harmful to children on that service?**

*Is this a confidential response? (select as appropriate)*

No

Whilst children should be protected from seeing the most egregious content once the Online Safety Bill is in force, the current drafting of the legislation does not allow children to control their feed to avoid material that could trigger particular vulnerabilities that they have. For example, beauty or fitness-related content which might be safe for one child could be psychologically dangerous to a child who is recovering from an eating disorder. Services should, therefore, provide children and young people with greater control over the material that they see through providing them with control over their algorithms.

**Question 17: To what extent does or can a service adopt functionalities or features, designed to mitigate the risk or impact of content that is harmful to children on that service?**

Participants in our Young Leaders workshop called for the creation of specific mental health teams on social media platforms. Details of how this team could be accessed and would operate can be found in the response to Question 13.

**Question 18: How can services support the safety and wellbeing of UK child users as regards to content that is harmful to them?**

*Is this a confidential response? (select as appropriate)*

No

A number of major providers have made welcome efforts to reduce the prevalence of self-harm related content through the banning of hashtags. This should become commonplace on all platforms, in order to comply with their duties to protect children under the Online Safety Bill.

Many platforms need to get better at addressing such hashtags. Whilst the most obvious ones, such as '#selfharm' might be blocked, users commonly get around this by modifying the spelling of the words involved or using less obvious terms. Ongoing research is required – either from the regulator or platforms themselves – that is shared between providers in order to address new hashtags or other ways of describing content as soon as they emerge.

As detailed in response to question 17, platforms should also be required to provide a comprehensive toolkit of settings which are easy to find and allow child users to control the materials that they can receive.

As mentioned in response to other questions our Young Leaders workshop supported the creation of specific mental health support teams on social media platforms.

**Question 19: With reference to content that is harmful to children, how can a service mitigate any risks to children posed by the design of algorithms that support the function of the service (e.g. search engines, or social and content recommender systems)?**

*Is this a confidential response? (select as appropriate)*

No

**Question 19: With reference to content that is harmful to children, how can a service mitigate any risks to children posed by the design of algorithms that support the function of the service (e.g. search engines, or social and content recommender systems)?**

Young people themselves have said, in a survey run by the charity YoungMinds, that one of the main provisions they would like included in the Online Safety Bill legislation is a requirement for initiatives to improve users' media literacy.<sup>22</sup> Providers should give children the ability to control the content they see through easily available settings which allows them the algorithmic content they receive.

Participants from the Young Leaders workshop argued this process should not solely be controlled by algorithms and that there needs to be a role for human moderation as many users were able to navigate the algorithms to their advantage.

**Question 20: Could improvements be made to content moderation to deliver greater protection for children, without unduly restricting user activity? If so, what?**

*Is this a confidential response? (select as appropriate)*

No

Companies should set the user-empowerment duties as the safest option by default. This would help to ensure that users who do not explicitly opt in are protected from dangerous material that glorifies or promotes suicide and self-harm. This adopts the existing approach of giving users choice over what they see, but ensures that the default is that they will not be served dangerous material.

While children should be protected from receiving from some of this most egregious content on any of their devices as the Bill is currently drafted, we are aware that children will also often use adults' devices. This can include their parents' devices where some of the most dangerous content would still be readily available under the Bill as it stands. By protecting adults through setting the wider-empowerment duties as the safest option by default, we would also be protecting children who are likely to use these devices and who could stumble across the content. If amendments that aim to do this are not incorporated into the Bill, services should be encouraged to do this voluntarily.

Platforms could also provide clearer information on what is acceptable and what is unacceptable. Participants from the Young Leaders workshop said companies need to communicate in an accessible form that clearly sets out what they are doing to help keep young people safe and what is appropriate user behaviour.

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<sup>22</sup> YoungMinds (2023) *Putting a Stop to the Endless Scroll: how the Online Safety Bill can protect young people's mental health* <https://www.youngminds.org.uk/media/gsppe0f3/youngminds-putting-a-stop-to-the-endless-scroll-january-2023.pdf> (accessed 15th February 2023)

**Question 21: What automated, or partially automated, moderation systems are currently available (or in development) for content that is harmful to children?**

*Is this a confidential response? (select as appropriate)*

No

N/A.

**Question 22: How are human moderators used to identify and assess content that is harmful to children?**

*Is this a confidential response? (select as appropriate)*

No

N/A.

**Question 23: What training and support is or should be provided to moderators?**

*Is this a confidential response? (select as appropriate)*

No

N/A.

**Question 24: How do human moderators and automated systems work together, and what is their relative scale? How should services guard against automation bias?**

*Is this a confidential response? (select as appropriate)*

No

N/A.

**Question 25: In what instances is content that is harmful to children, that is in contravention of terms and conditions, removed from a service or the part of a service that children can access?**

*Is this a confidential response? (select as appropriate)*

No

N/A.

**Question 26: What other mitigations do services currently have to protect children from harmful content?**

*Is this a confidential response? (select as appropriate)*

No

N/A.

**Question 27: Where children attempt to circumvent mitigations in place on a service, what further systems and processes can a service put in place to protect children?**

*Is this a confidential response? (select as appropriate)*

No

The online world will only be truly safe for children if the adults' experiences are also safe. We know that children will sometimes use adults' devices. This is not always an attempt to circumnavigate existing protections; it is normal for a child to borrow an adult relative's phone or to use their computer. Services should set their user-empowerment settings to the safest option by default, thereby minimising the risks to children using adults' devices.

**Question 28: Other than those covered above in this document (the call for evidence), are you aware of other measures available for mitigating the risk, and impact of, harm from content that is harmful to children?**

*Is this a confidential response? (select as appropriate)*

No

In summary, we are of the view that the following areas need to be addressed:

- Social media platforms need to address the addictive-like behaviours of their platforms. This means that they can encourage overuse or even addiction-like behaviour among child users. This can have a damaging impact on a child's mental health.
- Children should be given control of the content that they see. The current drafting of the Online Safety Bill does not contain thorough safeguards for content that will be harmful to users who have specific individual mental health vulnerabilities. For example, beauty or fitness-related content could be psychologically dangerous to a child who is recovering from an eating disorder. The same user-empowerment duties that are to be given to adults should also be given control to children so they can restrict any content that could be damaging to their mental health.
- Services should make the safest option the default for users under the user-empowerment duty. As children often use adults' devices, we know that they could continue to see dangerous content under the Bill as it is currently drafted.
- Platforms which currently fall outside of the legislation also need regulation. There is specific information about suicide methods on both Wikipedia and static websites. Further work, which is likely to need to include legislation, is needed to address these other sources of harmful material.