

Note from expert roundtable on 'depressive content'

On 15th August 2024, Ofcom held a roundtable with a range of experts, including frontline organisations and academic researchers, as part of our ongoing work looking into kinds of non-designated content.

The discussion focused on 'depressive content', the harm it can cause and how to define it.

External attendees: Molly Rose Foundation; Mental Health Innovations/Shout; Samaritans and Kooth

Key takeaways

- There are certain themes that can help identify mental-health related content as being harmful to children. These including themes of hopelessness, pointlessness and perceptions of being a burden.
- Encountering high volumes of depressive content is linked to severe harm to children, such as worsening mental health, self-harm and suicidal ideation. For example, frontline organisations see children coming to them in a state of crisis having been engaging with depressive content.
- Online communities offering peer support are valuable and important to children and young people, but present risks of harm to children and therefore require moderation by trained professionals to ensure safety.
- Experts feel that certain interventions could help protect children from harm from depressive content. This might include introducing 'friction' into pathways to harm, such as pop-ups if children have been looking at mental health content for a long time. This could also involve measures to promote 'balance' in children's feeds, for example by promoting information verified by experts or hopeful messages of recovery.

Summary of discussion

What is depressive content?

Several attendees discussed examples of kinds of content relating to depression or depressive feelings they would consider to be harmful.

- Samaritans described examples of this content as black and white imagery [showing] feelings of not wanting to go on and hopelessness.
- Kooth described this content as involving "sharing of lived experiences of depressive thinking", that is "intense in large volumes". They felt this content was particularly harmful where it is not "balanced with [...] hopefulness" or content relating to "seeking help" and "alternatives." They generally cautioned against being "too specific" on what this content is, and the need to consider how harm manifests in different contexts.

- Molly Rose Foundation stated that depressive content the Molly Russell had engaged with before her death by suicide can be summarised by words such as “hopelessness and pointlessness”. They also asserted that “intense themes of misery, hopelessness and despair is the right way to try and draw and define this category”, stating that even if suicide is not explicitly mentioned, these emotions seem to be the “significant predictor of suicidal ideation and fuel unhelpful spiral dynamics.”

What content should not be considered harmful content?

Some attendees discussed the potential benefits of content relating to mental health:

- Kooth stated that “the normalisation of experience in relation to struggle, distress, particularly around depressive thoughts, is a mediator to kind of improving or shifting into a space where children want to seek help” or “means to access support”, particularly for under-served groups. However, they asserted the importance of considering “how that lived experience is presented” and identify where ‘normalising’ can be risky.
- Mental Health Innovations/Shout noted that “peer support is what young people are asking for”, but that mental health services should be “helping that community to look after itself,” and that it’s important to bring “an element of hope within that peer-to-peer support”.

What is the impact of encountering this content?

Several attendees expressed concerns about the impact of viewing high volumes of depressive content:

- The Molly Rose Foundation highlighted that “it’s impossible to regulate or makes the Internet safer” without “taking into account the cumulative effect” of this content: “if you see one post, it might not be harmful. Ten might start to change your mood, and a hundred posts a day could be devastating.”
- Mental Health Innovations/Shout described that it is the accumulation of this content can cause significant psychological harm to children and young people: “if children are constantly exposed to the same content with nothing mediating it, that becomes very dangerous.” They described how “at Shout [...] young people are often contacting us in the middle of the night, having had this kind of content in their feed for hours on end [...] they become in crisis, and they will often come to us with suicide ideation”.
- Kooth agreed that “it’s very hard to generalise what the impact would be”, but that “over consumption of material leads people into crisis, which they probably wouldn't have been led into without that material being around - regardless of additional vulnerabilities.” The crisis can involve “suicidal ideation [and] self-harm”.

Some discussed concerns about the impact of encountering depressive content alongside other kinds of harmful content:

- Samaritans commented that there are pathways between depressive content and other kinds of harmful content. The clustering of hashtags of depressive content with eating disorder and suicide content could suggest that it’s “inevitable that you go on to experience those things if [...] your mood is low”.
- The Molly Rose Foundation reiterated that their research shows recommended feeds that “jump from intensive depression and hopelessness” to “suicide or suicidal ideation and back again”.

What steps can be taken to help to address the risks of depressive content?

Attendees discussed the importance of interventions for people looking at this content, particularly that build 'friction' into children's journeys into harmful content:

- Samaritans noted how "there's nothing in place to stop [people] looking at that content after twenty minutes or half an hour, that's incredibly harmful because we know that people aren't very good at self-reflection: thinking about how it's impacting their mood and how it's affecting them." They called for more "bumpers" when people are looking at this content regularly. They gave the example of "pop ups that come up saying 'you've spent this time looking at content, do you want to stop?' or at the stage when people are searching for content".
- The Molly Rose Foundation agreed, hoping for services to "head towards the vulnerable users and find better ways to protect them." They described how it doesn't have to be "black and white" in terms of "preventing stuff", but that services can "be on the lookout for a potential mental health decline that might be worsened and then put more friction into your systems" [...] you're just scaling back, you're adding friction in the hope of adding safety to the process."
- Mental Health Innovations/Shout described how the "majority of young texters" come to Shout through boxes presented at the top of search results with information about helplines. They described how these boxes are "a means of diverting" people actively searching for suicide related content.

Several attendees discussed how to makes children's feeds more balanced, and promote recovery-focused kinds of content such as expert information or hopeful messaging:

- Samaritans discussed the potential benefits of verifying content as "deemed safe by professional" and prioritising that content in recommended feeds.
- Mental Health Innovations/Shout noted that algorithms could be designed to promote different views: "a big cultural change could be brought about just by introducing the reverse [of depressive content], the hope." They described how they hoped for "social media companies to use their resources to introduce a new culture into mental health content for young people [...] which is balanced."
- Samaritans noted, however, that there is a need for balance to prevent toxic positivity too. People "don't just want to see happy stories of everyone recovering and in a good place now."

Some attendees discussed the importance of targeted moderation for any online communities discussing mental health with children and young people:

- The Molly Rose Foundation commented that there are dangers to peer support: "we wouldn't let children into unmoderated spaces offline. We shouldn't do that online, that's obvious."
- Kooth also commented that when carefully managed, some online spaces can be used to "buffer the impact of harmful and dangerous content that might be available online as well." They also asserted that, when discussing mental health, you need "qualified experienced clinicians and safeguarding professionals moderating those spaces", and that knowing there are "safe adults reviewing content is a safety mechanism in itself to help regulate and moderate the kind of content and discussions that will happen organically there".

- Mental Health Innovations/Shout agreed that, while this is costly, moderation by professionals was the “ethical and safest way” to support children online.

The need to understand and reduce posting of this content was also discussed:

- The Molly Rose Foundation asserted the need to “head towards the people who are posting harmful content and find ways of to reduce that posting.” They explained how some of this content can be shared by “high frequency meme accounts which seem to be the single biggest driver of traffic.” They called for greater understanding of the motives behind the existence of this content, and for services to take into account “contextual signals” such as “biographical features” when assessing content.