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? No

Mental Health Innovations is the charity powering the Shout text messaging support service. Shout is a free, confidential 24/7 mental health service taking up to 2,000 conversations per day with a young audience who are struggling to cope. We've taken 1.8 million conversations since our soft launch in May 2018 with 630k people. 43% of our texters are aged under 18, with 13% of all texters aged 13 or under.

As our service is text-based we have the unique ability to interrogate the anonymised data behind our conversations and provide insight into mental health trends in real-time and at scale.

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)

[Please select]

N/A

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)

[Please select]

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

Shout has a texter feedback survey that is completed post-conversation in around 15-20% conversations. We ask where the texter heard about us from.

Where do under 18 texters hear about Shout?

All texters aged under 18

Heard Where	% of Texters
Google search	27
Media or social media	24
From a family member or friend	19
At school, college, or university	13
From a medical or mental health professional	10
NHS website	9
Social media	8
Other - Write In	7
Samaritans	3
Another organisation	2

When we look at texters aged 13 and under, 26% say they heard about us from Media or social media. Of that 26%, the overwhelming majority, 79% say they heard about us from TikTok. There is a significant difference to our 14-17 year old texters here: 23% of whom say they heard about us from Media or social media and only 57% of those say they heard about us from TikTok.

The presence of TikTok in the lives of children aged 13 and under is therefore significant, particularly the role the platform plays in children seeking support with their mental health through Shout - the inference being that they might have been exposed to harmful content and having encountered that and signposting, require and seek support.

When we look at the ages of Shout texters that are aged 13 or under, we estimate that 55% of them are aged 13, 30% are aged 12, and 15% are aged 11 or under.

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)

[Please select]

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)

[Please select]

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?
No

40% all texters - around 700 people every day - hear about us from Google search. A subset of reported search terms include:
- ○ "I want to kill myself"
- ○ "I want to die"
- ○ "How to kill myself"
- ○ "How to end my life"

Of the texters who hear about us from Google search, 31% are aged under 18:

Age	% of Texters

13 or younger	8
14-17	23
18-24	27
25-34	22
35-44	13
45-54	6
55-64	2
65+	0

In Shout's texter feedback survey, when we ask those who heard about us from Media or social media where exactly this was, TikTok is by far the largest percentage of answers:

Where they heard about us from in the media

All texters aged under 18

Heard Where (Media)	% of Texters who chose Media
TikTok	57
Instagram	24
Other	10
Facebook	7
Snapchat	5
Twitter	2
YouTube	2
News article	1
Celebrity	1

Younger texters seeking mental health support from Shout are even more likely to have come from TikTok. There's a notable difference between the number of texters under 13 who say they came to us from Media or social media saying they've come to Shout from TikTok (79%) than texters aged 14-17 (57%)

TikTok
Shout has seen an 86% growth in our youngest texters aged 13 or under since 2020 (from 7% to 13%). The growth was driven following a surge of TikTok posts featuring Shout. On

January 26th 2021 a series of posts on TikTok encouraging people to use Shout started spreading widely. This led to a dramatic 300% increase in the number of texters contacting us. In the following days, similar copycat posts appeared, continuing to encourage people to use Shout. Some of these posts also contained potentially harmful content.

Almost all of these new texters appear to be under the age of 18, which has shifted the age distribution of the service substantially. At that time the percentage of texters that are 13 or under reached 23%, nearly double the 12% seen in early January, and a trebling from earlier days.

Is this a confidential response? No

Social media is always there and available and children are accessing potentially harmful content around the clock from their mobile phones.

Parents need education about the dangers of their children taking phones into bedrooms at night. If doom scrolling happens at night it is much more triggering than during the day: https://giveusashout.org/latest/support-for-parents-childrens-use-of-social-media-at-night/

We can see from Shout data that children are engaging with this content late at night and reaching out to us for mental health support: **37% under 18s contact the Shout service between 10pm and 6am.**

Adverse physiological and psychological effects of screen time on children and adolescents: Literature review and case study - ScienceDirect

#Sleepyteens: Social media use in adolescence is associated with poor sleep quality, anxiety, depression and low self-esteem Heather Cleland Woods, Holly Scott 2016

Association of Habitual Checking Behaviors on Social Media With Longitudinal Functional Brain Development Maza, et al, JAMA Pediatrics, 2023

Associations Between Infant Screen Use, Electroencephalography Markers, and Cognitive Outcomes - PMC Law et al, JAMA Pediatrics, March 2023

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)

[Please select]

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)

[Please select]

N/A

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)

[Please select]

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)

[Please select]

Question 12: How do terms of service or public policy statements treat 'primary priority' and 'priority' harmful content?[1]

Is this a confidential response? (select as appropriate)

[Please select]

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)

[Please select]

---

[1]   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?

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)

[Please select]

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)

[Please select]

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? No

Shout started being signposted to from the **Google OneBox** for search terms relating to suicide in June 2021. We know that interventions such as this work to divert internet users from their course of action as we receive a large amount of referrals from this.

Around 2% of all conversations daily (30-40) are with texters who found us after potentially harmful searches on Google (e.g., 'how to kill myself').

We are in discussion with Google about signposting to Shout from search content around eating disorders and self-harm.

Amazon
Amazon signposts to Shout from searches for a self-harm kit.

We are generally analysing trends around emerging means of suicide on other platforms.

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)

[Please select]

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)

[Please select]

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

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? No
[Please select]

Deadly by Design report: https://counterhate.com/wp-content/uploads/2022/12/CCDH-Deadly-by-Design_120922.pdf

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)

[Please select]

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)

[Please select]

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)

[Please select]

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

Is this a confidential response? (select as appropriate)

[Please select]

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)

[Please select]

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)

[Please select]

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

Is this a confidential response? (select as appropriate)

[Please select]

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)

[Please select]

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)

[Please select]