

Written evidence submitted by the Digital Mental Health Group (SMR0005)

The Digital Mental Health Group is a research group at the MRC Cognition and Brain Sciences Unit, University of Cambridge. Professor Amy Orben, Principal Investigator of the group, is an internationally recognised leader in research on the relationship between digital technologies and adolescent mental health and wellbeing. Professor Orben directed a *Feasibility Study of Methods and Data to Understand the Impact of Smartphones and Social Media on Children and Young People* for the Department for Science, Innovation and Technology in 2025 (DSIT; Orben et al., 2025). She also sits on the Department for Education's Science Advisory Council. The Digital Mental Health Group's work broadly focuses on how the digital environment influences young people's mental health and wellbeing outcomes, with close attention to the mechanisms that underpin such effects.

***Note:** Social media restrictions in certain adolescent age groups (referred to as a 'social media ban' throughout below) have been proposed as a policy intervention to improve the health – especially mental health and well-being – of adolescents under 18 years of age. Our evidence submission focuses specifically on such mental health and well-being outcomes, as this is our area of expertise. There are also other arguments for a social media ban focused on outcomes such as reductions in violence, radicalisation, bullying and sexual abuse or improvements in educational outcomes or community cohesion. We do not review these here.*

A. Executive Summary

A.1. There is strong evidence of exposure to social media exerting severe harms (e.g. exposure to distressing content) to individual UK children and adolescents, and broad agreement among researchers that this merits policy intervention to safeguard health outcomes.

A.2. To give policymakers the information to gauge which intervention is appropriate, risks and benefits also need to be considered across the general population of UK adolescents. In early 2025, we were commissioned by DSIT to summarise such population-level evidence (i.e., average effects across the populations). Our umbrella review of six systematic reviews and meta-analyses found a small positive cross-sectional relationship between time spent on social media and mental health outcomes in healthy under 19s. Due to the lack of experimental studies in this specific population (see A.3/A.4), we concluded that time spent on social media may have a negative impact on the mental health of adolescents.

A.3. The evidence base for the effectiveness of a complete social media ban in improving mental health or well-being in adolescents is poor. We know of no scientifically published experimental study testing how a complete social media restriction impacts the mental health or well-being of healthy under-18s. Scientific evaluation of current social media bans in other countries (e.g., Australia) is critical to fill this evidence gap.

A.4. The evidence base for the effectiveness of reducing time spent on social media to improve mental health or well-being in adolescents is poor. We know of only one such study of healthy under-18s in Denmark, which found no improvements in wellbeing after reductions in social media use. We know of one other study of under-18s with pre-existing mental health symptoms. It showed that social media reduction decreased depression, anxiety and fear of missing out, and increased sleep.

A.5. To improve this evidence base, we are running the In-Real-Life (IRL) trial in collaboration with the Bradford Institute of Health Research (BIHR). We will test the effects of a curfew and social media time-based ‘budget’ of 1 hour a day in peer groups from 35 secondary school students in Bradford. The students will be in year 8-10. We will explore effects on mental health and wellbeing, sleep quality, school absences, bullying and time spent with friends and family.

A.5. Due to the poor experimental evidence in under-18s, evidence from adults could be considered: evidence of social media abstinence interventions in this population is similarly poor, but evidence regarding social media reduction is slightly better. Two meta-analyses examined social media abstinence in adults, with one finding no significant effects on well-being and mood, and the other finding small positive effects. One meta-analysis of social media reduction or restriction interventions in adults found a small but significant pooled positive benefit for subjective well-being, while another found that short restrictions led to negative outcomes while longer ones led to positive outcomes.

A.6. The question of whether to implement a social media ban is one of weighing up risks between adopting an intervention whose evidence base is still poor, or waiting to gain more evidence while the potential benefits of this intervention are not experienced (and individual-level harms can still accumulate).

A.7. Systematic evaluations from national social media bans (such as Australia) are not yet released, and still ongoing. Anecdotal evidence, often by journalistic coverage, is also still developing. Some young people in Australia report reduced stress and development of healthier habits in response to the ban, while others report experiencing no meaningful differences in their day-to-day life. Some have reported not complying with the ban.

A.8. We believe that the evidence base regarding the effectiveness of social media bans on healthy under-18s will substantially improve over the next 6-12 months, with initial evaluations of such policy changes in other jurisdictions being completed.

A.9. Public support for a ban is high, but there is a lack of evidence on views from adolescents in the UK. The evidence available is mixed: a report published by the Youth Select Committee in 2025 indicated young people would not comply with a ban, but polling of this population by some thinktanks shows support for a ban.

A.10. Concerns around a ban centre on the restriction of children’s digital rights, reduced preparedness for the digital environment among young adults, and enforceability. There is not yet any strong evidence of these concerns, as a ban has not been tested or evaluated.

A.11. If the ban is a means to an end (enhancing social media company awareness of the importance of safety), policymakers should pay close attention to whether there is an alternative method of reaching this result.

A.12. Anecdotal evidence from the Australia ban suggests compliance with the ban is not absolute among young people. Feedback from young people about an intervention trial in Bradford indicated UK adolescents would not engage with a full ban. Systematic evidence about acceptability and compliance, in the UK or otherwise, is lacking.

B. What is the strength of the evidence specifically on the need for a ban [or improved protections] and what would a successful ban [or improved protections] achieve?

When considering the strength of the evidence about a social media ban, it is important to evaluate the evidence on the relationship between *time spent* on social media - as this is the feature of social media use that bans restrict directly – and developmental outcomes in the *general adolescent* population – as this is the population that will be affected by an under-16s ban. Time spent on social media is therefore the primary mechanism of change under a ban, with secondary mechanisms such as differences in content exposure or type of use also impacted. While policies can be designed to safeguard specifically vulnerable adolescents, the currently proposed policy aims to apply blanket restrictions regardless of pre-existing vulnerabilities, such as mental health symptoms or problematic use. A blanket ban may simply be the most feasible option to protect vulnerable adolescents, but it is also important to understand how it will impact all adolescents, including healthy adolescents.

Individual-level harm

There is strong evidence of social media exerting individual-level harm; namely, direct and observable cases of harm on some individual users. These have had severe consequences, such as death by suicide in some young people (Courts and Tribunals Judiciary, 2022). Such individual-level harm has historically been sufficient to force regulatory changes to unsafe products in other industries (childhood toys, vehicles, gambling), to ensure that users are protected appropriately. Individual-level social media harms are diverse, ranging from disrupted sleep, to sexual advances, problematic (‘addictive’) use, or bullying. The drivers of such harms are equally wide-ranging, from content and social media design features to the displacement of other activities which are valuable to mental health and wellbeing.

Population-level harm

The evidence on a population-level relationship between time spent on social media and mental health outcomes - namely, on effects that affect the population systematically in adolescence - is mixed. Our recent umbrella review of this literature (review of reviews), commissioned by DSIT, evaluated the findings from six previous meta-analyses. We found that there is a small correlation between time spent on social media and negative mental health and wellbeing outcomes. However, effect sizes in this population are small, with high heterogeneity and low quality of evidence (Orben et al., 2025). This means that current

evidence shows that time spent on social media may cause negative mental health in adolescents; these results varied substantially between studies, and the overall evidence is not particularly strong, or reliable. Critically, this evidence is correlational (i.e. observing an association); this association could be evidence of a direct impact of social media on mental health. However, it could also be evidence of third variable effects – when a separate, unmeasured third factor systematically affects both social media use and mental health – or reverse correlation – when changes in mental health provoke changes in social media use, rather than the other way around.

Our review found no experimental evidence examining time reduction or complete restriction of social media in healthy under-18s. Experimental evidence is better than observational evidence at helping researchers establish a *causal* relationship between two variables, due to randomisation of participants to exposure levels and high control of confounding factors. There is now one preprint in this area (a paper which has not yet been peer-reviewed, and whose quality is therefore not yet evaluated). The trial, carried out among 269 Danish adolescents (aged 13-17), tested the effects of small social media interventions across four weeks, including (i) a six-second waiting period before social media access, (ii) a request to estimate how long they will engage with social media in each use-session, and (iii) a request to reflect on the reason for opening social media (Hansen et al., 2026). While these interventions decreased social media use by an average of 1 hour a day, they did not improve adolescent wellbeing. They also took place in a non-UK context, meaning results are not generalisable to a UK population.

There is also one study on under-18s with pre-existing mental health symptoms. It showed some benefits of restricting social media use to one hour a day: those in the social media reduction group showed decreases in depression, anxiety and fear of missing out, as well as increases in the amount of night-time sleep during the intervention period (Davis & Goldfield, 2025). However, such evidence is not generalisable to the general adolescent population, who mostly do not suffer from pre-existing clinical mental health symptoms and might therefore see different outcomes from social media reduction.

Finally, it may be useful to evaluate the evidence from adults, although it should be noted that they systematically differ from adolescents, both in neurobiology and psychology, due to their different position along the developmental trajectory. Regarding evidence for social media abstinence in adults, two meta-analyses have been published, with one finding no significant effects on wellbeing and mood (Lemahieu et al., 2025), and the other finding small positive effects, meaning an increase in wellbeing following the intervention (Liu et al., 2025). There is stronger evidence from social media reduction or restriction interventions in adults: one meta-analysis found a small but significant pooled positive effect for subjective wellbeing (Burnell et al., 2025). Another found that short restrictions led to negative outcomes, while longer ones led to more positive outcomes (Thrul et al., 2025); this could reflect the effects of a potential adjustment period to interventions, after which benefits are seen.

Current evidence

We can therefore conclude that time spent on social media may impact under-18s' mental health, and that the outcome of an intervention to completely remove time spent on social media is not yet clear. However, as noted above, clear and significant harms to individuals continue to take place, and absence of evidence should not be misconstrued as evidence of absence.

The question of a ban therefore becomes a question of weighing up risk. What is the risk of adopting an intervention whose consequences we are not yet clear about? And, critically, how does this compare to the risks of waiting to gain more evidence about the utility of such an intervention while individual harms accumulate?

It is important to note that the current science eco-system is ill-equipped to deal with rapidly evolving digital environments, where technological developments outstrip the pace of evidence generation. Additionally, researchers from academic institutions and civil organisations grapple with a lack of social media data access with which to carry out their work. While there theoretically exist methods for researchers to access social media data (e.g. through platform Application Programming Interfaces (APIs)), these are, in practice, very difficult to access, with researchers facing month or year-long delays. The only viable current solution is for social media researchers to 'scrape' (automatically import) data from platforms. However, this practice currently lies in a legal grey area, leaving researchers and their institutions vulnerable to litigation by companies. In 2025, Ofcom published a report calling for improved data access for public-interest research (Ofcom, 2025), however the research community is still awaiting DSIT's response to these recommendations.

Proposed additional approaches to addressing the mismatch between the current science eco-system and rapidly evolving digital environments include accelerating research through faster grant structures and improved incident-reporting systems, parallelising evidence generation to allow interventions to be explored before definitive causal proof is established, and adopting a *minimum viable evidence* approach, whereby evidence thresholds should use flexible thresholds of harm that are 'good enough' to justify precautionary investigation and regulation (Orben & Matias, 2025). Potential solutions for the lack of research data access could approximate the European Union's approach, which allows vetted researchers controlled data access under the Digital Services Act.

Future evidence on bans

With regards to timeframes for improved evidence, we should know the preliminary results of the first Australian ban evaluations by Summer 2026, which will generate evidence of population-level effects of social media bans (Lawrence et al., 2026; McLean et al., n.d.; Modecki, 2025; Osman et al., 2025; Stevic et al., 2026).

Future evidence on improved protections

Given that the evidence on other types of interventions is also not clear, we have launched the In-Real-Life (IRL) trial in collaboration with the Bradford Institute of Health Research. This

will test the effects of a curfew and social media time-based ‘budget’ of 1 hour a day in a sample of students from years 8 – 10 from 35 secondary schools in Bradford. The trial will also explore the specific effects of the intervention on participants with symptoms of anxiety at baseline (around 20% of participants). The design will be a parallel-arm cluster randomised trial, in which school year groups are randomised at a 1:1 ratio to either an intervention or a treatment-as-usual control condition. This will ensure whole year groups are affected by any intervention, thereby preventing any confounding effects of fear of missing out (FoMo) caused by individual children not having access to social media while their peers continue to.

The primary outcome being measured in the IRL trial is self-reported anxiety, whilst secondary outcomes are wide-ranging and include self-reported sleep quality, time spent with friends and family, wellbeing, body image, social comparison, school absences and bullying. We hope to complement self-report measures with objective app-log data from participants’ primary devices. This design allows us to explore individual-level outcomes (i.e. sleep, anxiety) as well as the potential population-level effects that may arise when patterns of social media use change across entire peer groups within schools. We intend for initial results to be available in early Summer 2027.

C. How strong is the public support for a ban and the measures needed to implement it?

In principle, public support for a ban is high, as indicated by informal public polling (YouGov, 2025). However, systematic exploration of the perspectives of children and young people in the UK is lacking (see Point G). It is also not known how support for a hypothetical ban would translate into support or disavowal after concrete action.

D. Are the technological and regulatory tools required to enforce a ban available or likely to be adequate?

This is not our area of expertise, but anecdotal (journalistic) coverage of the Australia ban indicates some early positive outcomes of the social media ban among some young people, such as alleviation of stress. Others report that banned apps (such as Snapchat) have simply been substituted for currently available ones (such as WhatsApp) (Lam, 2026). Some anecdotal evidence suggests the ban has not been fully enforceable, due to the availability of technologies such as VPNs, and the possibility of falsifying identification-check methods (Morris, 2026). Naturally, a lack of complete enforceability applies for other types of bans (e.g. alcohol in under 18s). If a ban is put in place, parental/caregiver support and oversight will be needed to keep young people off social media.

E. What are the potential downsides of a ban?

There are a range of concerns around a ban, chiefly focusing on the restriction of children’s digital rights (Livingstone, 2026), a cliff edge to exposure at age 16 (van der Linden, 2026) and the prevention of the benefits of social media (McAlister et al., 2024). There is no strong evidence on these concerns, as a ban has not yet been tested or evaluated.

F. Would a ban be the solution on its own, or a lever to force social media companies to improve safety?

This is a question for policymakers and, as stated, not something current evidence can speak to. However, if a ban is enforced as a lever with which to force companies to improve safety measures, policymakers should consider whether there could not be other ways to achieve that end, and weigh up the relative costs and benefits when compared to a social media ban. That most safety testing is the responsibility of companies, and can therefore remain unpublished, is a huge challenge to evidence provision and regulation. It is therefore difficult to evaluate the extent to which internal safety testing is occurring.

G. Is there evidence that any of the alternatives to a ban would be more, or as likely, to achieve the intended outcomes?

To our knowledge, there is currently no experimental evidence for alternatives to bans (i.e. social media design interventions) in a general population of UK adolescents (Orben et al., 2025). A trial carried out in Danish adolescents showed no benefits of social media interventions on mental health and wellbeing, despite these interventions significantly reducing time spent online (Danish Competition and Consumer Authority, 2025; Hansen et al., 2026).

H. How have children responded to the ban in Australia so far, and how might they respond to a ban in the UK?

As previously stated, (point B), systematic evaluation of responses from children and young people to a social media ban in Australia is lacking. Follow-up data collection for the government's evaluation will begin in March 2026 (Stevic et al., 2026). There is currently anecdotal evidence available from this context (Morris, 2026); but this does not provide us with concrete evidence of responses and effectiveness.

As part of the Bradford IRL trial described above, researchers engaged with young people to discuss potential interventions for the study design. Young people noted they would not engage with a full ban, leading to researchers deciding to study the effects of a curfew and time-limit in its place. This might give us an indication of responses to compliance in the UK. This also supports the position of a report written by the Youth Select Committee, a group supported by the House of Commons (National Youth Agency, 2025).

Recent polling from thinktanks, however, suggests that teenagers are in favour of a ban (Hinsliff, 2026), indicating that public opinion may be mixed or changing.

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