



JONAH DAVIDS

WIRED for worry

How smartphones and social media
are harming Canadian youth

April 2025





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Contents

Executive Summary	4
Introduction	7
Social media and mental health	8
Government responses so far	14
Policy recommendations	18
About the author	22
References	23

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Executive summary | *sommaire*

There is considerable evidence linking social media use to youth mental health issues. In response, Canada and other countries have developed some policies to deal with social media use among young people, but there are more practical options that Canadian policy-makers could take.

Youth mental health issues have been on the rise since the early 2010s, especially among girls, with significant increases in depression, anxiety, and self-harm. In Canada, rates of depressive and anxiety disorders have climbed notably among those aged 15 to 24. This widespread pattern is not limited to Canada, but is apparent across the Anglosphere, which indicates that there is likely some global factor driving the decline in youth mental health. The leading theory, popularized and developed by psychologist Jonathan Haidt, is that these negative trends are driven by social media use.

Time spent on social media now often replaces in-person interaction, exposes users to damaging content, and leads some to interpret normal distress as mental health symptoms. Studies suggest that one to two hours of daily social media use is associated with good mental health, but mental health worsens as use increases beyond that. Studies also tend to find that there are small, negative, and causal effects on mental health from social media use.

The preponderance of the evidence indicates that social media is a major contributor to, and likely a leading cause of, declining youth mental health.

Governments worldwide have started to regulate children's social media use, often by tackling "online harm" with policies that try to moderate the content posted on these platforms. However, these efforts, such as Canada's proposed *Online Harms Act*, which would impose strict punishments for "hate" offences and empower judges to restrict the movement of anyone who *could* commit an online hate crime in the future, often infringe on privacy and free expression.

Given the risks to free speech and privacy posed by many attempts at social media regulation, Canada should aim for an even-handed policy response that protects the mental health of young people without significantly threatening, privacy, creating new bureaucracies, or demanding complex changes to social media platforms.

Specifically, Canada should:

- Raise the minimum age of social media use to 16.
- Deny government the power to decide what constitutes so-called “harmful” content.
- Fund experimental research on social media and mental health.
- Strengthen school cellphone and social media bans.
- Raise awareness of the downsides of social media.
- Reorient childhood around free play instead of focusing on screen time.

Like any complex social phenomenon, there are likely multiple significant causal factors in play. However, the introduction of smartphones, and with it, ubiquitous social media usage, are clearly key factors in the rise in youth mental health issues seen across the world. To safeguard the mental health of its young, Canada should act now and pursue policies that mitigate social media’s harms as prudently as possible. [MLI](#)

De nombreuses preuves attestent d'un lien entre l'utilisation des médias sociaux et les problèmes de santé mentale chez les jeunes. Le Canada, tout comme d'autres pays, a élaboré certaines politiques pour traiter des questions relatives à cette utilisation. Toutefois, les décideurs canadiens pourraient envisager des solutions plus pragmatiques.

Les problèmes de santé mentale augmentent depuis le début des années 2010 chez les jeunes, les jeunes filles en particulier, tandis que la dépression, l'anxiété et l'automutilation sont en nette hausse. En résumé, les taux de troubles dépressifs et anxieux ont fortement grimpé chez les 15 à 24 ans. Cette tendance s'est généralisée dans toute l'Anglosphère, pas seulement au Canada, ce qui suggère qu'un facteur universel pourrait être en cause. D'après la théorie dominante, élaborée et mise de l'avant par le psychologue Jonathan Haidt, ce sont les médias sociaux qui alimentent ce virage nuisible.

Désormais, le temps consacré aux médias sociaux prend souvent la place des conversations en personne, expose à du contenu nocif et en conduit certains à interpréter une inquiétude tout à fait commune comme un signe de mauvaise santé mentale. Les études indiquent que bien qu'une utilisation d'une à deux heures par jour soit associée à une santé mentale saine, il en est autrement une fois cette limite dépassée. Les études tendent aussi à démontrer que les médias sociaux ont un certain nombre d'impacts négatifs mineurs sur la santé mentale.

La prépondérance de la preuve appuie le rôle majeur et vraisemblablement central des médias sociaux dans la détérioration de la santé mentale des jeunes.

Les gouvernements à travers le monde ont entrepris de réglementer l'utilisation des médias sociaux par les enfants, généralement en adoptant des politiques qui visent à combattre les « préjudices en ligne » par le biais d'un contrôle des contenus diffusés. Cependant, ces initiatives portent fréquemment atteinte à la vie privée et à la liberté

d'expression, comme la loi que le Canada propose (Loi sur les préjudices en ligne). Cette loi sanctionnerait sévèrement les crimes « haineux » et autoriserait les juges à imposer des restrictions à la liberté de mouvement de toute personne susceptible de commettre éventuellement un acte de haine.

Face aux dangers que les multiples tentatives de réglementation font peser sur la liberté d'expression et la protection de la vie privée, le Canada devrait s'engager à concevoir une politique équilibrée qui protégerait le bien-être mental des jeunes sans compromettre la confidentialité, sans créer de nouvelles bureaucraties et sans réclamer des changements complexes de la part des plateformes de médias sociaux.

Plus précisément, le Canada devrait :

- *Élever l'âge minimum requis pour l'utilisation des médias sociaux à 16 ans.*
- *Refuser au gouvernement le pouvoir de définir ce qui est considéré comme un soi-disant contenu « nuisible ».*
- *Financer des recherches expérimentales sur les médias sociaux et la santé mentale.*
- *Renforcer les restrictions sur l'utilisation des cellulaires et des médias sociaux à l'école.*
- *Sensibiliser aux aspects négatifs des médias sociaux.*
- *Réorienter l'enfance autour du jeu libre plutôt que de seulement mettre l'accent sur le temps d'écran.*

Comme pour tout phénomène social complexe, il est fort probable qu'un certain nombre de facteurs importants soient en jeu. Néanmoins, l'émergence des téléphones intelligents, et avec elle, l'utilisation généralisée des médias sociaux, constitue indéniablement un facteur déterminant dans la hausse des problèmes de santé mentale chez les jeunes à l'échelle mondiale. Pour protéger la santé mentale de sa jeunesse, le Canada se doit d'agir sans tarder et de mettre en œuvre des politiques visant à atténuer les méfaits des médias sociaux, et ce, avec la plus grande prudence possible. [MLI](#)

Introduction

In the last decade, the mental health of young people has become a significant concern across the Anglosphere, including in Canada. The number of Canadians aged 15 to 24 who met the criteria for a diagnosis of major depressive disorder doubled from 7 per cent in 2012 to 14 per cent in 2022, and the number meeting the criteria for generalized anxiety disorder quadrupled from 2 to 8 per cent over the same period (Statistics Canada 2024). Similar patterns have been observed in the United States, the United Kingdom, and many other countries, especially among young girls (Haidt 2024).

Experts have offered various explanations for these trends. Some theorize that structural problems like family breakdown, substance abuse, academic pressures, and poverty have worsened youth mental health over the previous decade (Odgers 2024). Others argue that efforts to raise awareness about and reduce stigma around mental health have increased the number of people accurately reporting their symptoms, while also causing a considerable number of young people to view the ordinary challenges of adolescence as mental health issues, leading to diagnoses and treatments that are unnecessary and even harmful (Foulkes and Andrews 2023). Like any complex social phenomenon, there are likely multiple significant causal factors in play, but the one that has garnered the most public attention is that the introduction of smartphones, and with it, ubiquitous social media usage, are responsible for the rise in youth mental health issues seen across the world.

Social media and mental health

How does social media usage cause or exacerbate mental health issues among young people? The leading theory, developed and popularized by psychologist Jonathan Haidt, is that the introduction of smartphones and social media have created a developmental environment where youth spend less time in person with friends and family and more time online. As social media saps time away from building these critical relationships, youth grow more anxious and depressed. Even those who use social media minimally or not at all experience less social contact when it is adopted widely, because those who are users plan or attend fewer in-person engagements, thereby depriving non-users of would-be partners for social interaction (Haidt 2024).

Adding to this is the negative stimuli youth are exposed to on social media. Reading about news and politics on X, for example, can provoke fear, anger, anxiety, and sadness. Comparing one's life to what friends and celebrities post on Facebook or Instagram can spark envy. Indeed, many cite social comparison as one of the reasons that social media is particularly harmful to girls' mental health as they are constantly comparing their own bodies to others, which is driving issues around body image, self-esteem, and self-harm (de Valle et al. 2021). Many young people are cyberbullied on social media, experiencing mockery and harassment through private messages, or public humiliation through hurtful or embarrassing posts shared widely within their social networks (Vaillancourt, Faris, and Mishna 2016). They can also be blackmailed, threatened, and extorted through social media. A prominent Canadian example is the case of Amanda Todd, a British Columbian teen who committed suicide after being blackmailed and bullied online (Dean 2012).

Additionally, some mental health issues are sociogenic, meaning they can be spread through social interaction and the media. In Germany, a mass outbreak of Tourette's Syndrome-like symptoms among young girls was traced back to their viewing a German YouTuber whose videos showed what his life with Tourette's was like. Other physicians have reported outbreaks of "TikTok tics" wherein youth, particularly adolescent girls, have developed Tourette's-like symptoms after consuming hours of TikTok content from influencers with Tourette's Syndrome (Shmerling 2022). Other mental health issues like depression, anxiety, eating disorders, and gender-identity-related conditions likely also spread through social media (Haltigan, Pringsheim, and Rajkumar 2022).

Early 2010s rise in mental health issues

Indicators of declining youth mental health began to appear in the early 2010s, just as smartphone and social media usage became ubiquitous. In 2011, two-thirds of 15- to 17-year-old Americans used social media platforms daily (Haidt and Allen 2020). By 2012, 67 per cent of Canadian internet users used social media sites like Facebook and Twitter (now X), and 84 per cent of those aged 15 to 24 accessed the internet with handheld devices like smartphones and tablets (Statistics Canada 2013). Today, 9 in 10 Canadians aged 15 to 34 use social media regularly, and around half of those aged 24 and younger use three or more social media apps and websites. Many say that social media has adversely affected their mood, with 1 in 5 aged 15 to 24 reporting feelings of anxiety and depression because of social media use (Schimmele, Fonberg, and Schellenberg 2021).

As social media use has become widespread, the number of Canadian youth reporting or being treated for poor mental health has risen. The number of Canadians aged 15 to 30 who said their mental health was “good” or “very good” fell from 76 per cent in 2010 to 60 per cent in 2019, with declines most prominent in young women (Garriguet 2021). Between 2012 and 2022, the number of Canadians ages 15 to 24 who met the symptoms for a diagnosis of depression in the prior 12 months doubled from 7 to 14 per cent (Findlay 2017; Stephenson 2023). Between 2011 and 2018, the proportion of Canadian youth aged 12 to 24 reporting poor or fair mental health more than doubled from 4 to 10 per cent, while professional diagnoses of mood and anxiety disorders doubled over the same period (Wiens et al. 2020). Suicide rates have also increased for Canadians aged 15 to 19 over the same period, although the trend began in 2007 rather than the 2010s (Black 2023).

While COVID-19 school closures had a negative impact on youth mental health (Vaillancourt et al. 2021; MacPherson and Green 2023), the decline in young people’s mental health predates the pandemic. Provincial data shows that visits to the emergency room for mental health issues increased between 2010 and 2018. In Ontario, the number of teens aged 13 to 17 visiting the emergency room for self-harm increased by 138 per cent for girls and 75 per cent for boys between 2010 and 2017 (Chiu et al. 2020). In Quebec, suicide attempt hospitalizations for youth aged 10 to 19 doubled between 2010 and 2017 (Laurin-Desjardins, 2019). In Alberta, the number of adolescents aged 15 to 19 who visited the emergency room for mental health issues increased

138 per cent from 2010 to 2018 (Tran 2023). Saskatchewan, Manitoba, and Newfoundland and Labrador have seen increases in youth hospitalization for mental health issues over this period as well (Federation of Sovereign Indigenous Nations and Saskatchewan Health Quality Council 2022; Foxall 2019; Power 2019).

Canada is not the only country that has seen rising mental health problems among its youth, particularly among girls, starting in the 2010s. Similar patterns have been observed in the United States, the United Kingdom, Australia, New Zealand, and the Nordic nations. The fact that mental health issues are rising at about the same time in different countries points to the need for an explanation beyond national policies or circumstances (Haidt and Pratt 2024). While there has been no overall rise in suicide rates among teens in European Union countries since the 2010s (Gray 2023), breaking the data down by gender reveals that since 2011, suicides among teen girls in the EU have increased by 20 per cent, while suicides among teen boys have decreased by 10 per cent (Rausch, Potrebny, and Haidt 2024). This pattern reinforces the idea that declines in mental health are a global phenomenon but are having a disproportionate impact on girls.

Declines in mental health are a global phenomenon but are having a disproportionate impact on girls.

Complicating the story of the rise in mental health issues is that some of these trends predate social media. Teen suicides in the US began to increase in the 1950s, peaked in the 1990s, and then fell before climbing back again around 2010 (Gray 2023). Canadian adolescent suicide rates follow a similar pattern, peaking in the 1990s, falling, then rising again in the 2010s (Haidt, Rausch, and Twenge ongoing). No smartphones or widespread social media existed in the early 1990s, and yet teen suicide rates were similar to what they are presently. Disaggregating by gender, however, reveals that before the 1990s, teen suicide rates were rising substantially for boys and modestly

for girls, while since the 2010s, rates have risen substantially for girls and only modestly for boys. Thus, it remains likely that the introduction of social media explains why suicide, self-harm, and other mental health issues have been rising more among girls, as the changes in suicide rates are not uniform across genders.

Additionally, the number of youth receiving diagnoses for a mental disorder (correctly or incorrectly) has been growing since at least the 1990s. For instance, within the United States, diagnoses of Attention Deficit Hyperactive Disorder (ADHD) among two- to five-year olds increased by more than 50 per cent between 2007 and 2012 (Layton et al. 2018) and diagnoses of bipolar disorder among youth increased 4,000 per cent between the mid-1990s and mid-2000s (Moreno et al. 2007). While researchers have shown that ADHD is overdiagnosed in children and teens, little research has been conducted on whether mood and anxiety disorders are similarly overdiagnosed among youth (Merten et al. 2017; Kazda et al. 2021; Thombs, Turner, and Shrier 2019). Thus, the post-2010s increase we see in mental health diagnoses and issues could be part of a multi-decade trend of diagnostic inflation, in which the definitions and diagnostic criteria for mental illnesses are expanded to encompass more people with milder symptoms (Pete 2024).

Bridging concerns around diagnostic inflation and social media use is the theory of prevalence inflation proposed by psychologists Lucy Foulkes and Jack Andrews. The theory posits that widespread mental health awareness and destigmatization campaigns have led many young people experiencing mild distress to view themselves as suffering from mental illness and to seek diagnoses and treatments they would not have considered in an earlier era (Foulkes and Andrews 2023). Given that information and ideas about mental health spread through social media, using these platforms could increase one's chances of interpreting normal distress as a mental health issue or diagnosable disorder, which would help to explain the uptick in self-reported mental health symptoms.

Overall, we see rising mental health issues amongst youth, and young girls in particular, coinciding with the advent of smartphones and social media. Mental health declines across provinces, countries, and continents point towards a transnational cause, and social media usage fits the bill as one of the few widely adopted technologies over this period that has fundamentally changed how humans relate to one another. While the aforementioned statistics

paint a troubling picture, academic studies that can establish the strength of the association between social media and mental health and demonstrate a causal relationship between the two are necessary to confirm the true nature and severity of social media's impact.

Studies of social media's impact on mental health

Many studies examining the association between social media use and mental health or well-being find something of a “Goldilocks zone” or “j-curve.” One to two hours of social media use per day is associated with slightly better mental health than no social media use, after which mental well-being drops as social media use increases. We see this pattern with smartphone, TV, computer, and videogame use, as well as screen time generally (Hanania 2023). Several studies showed mixed results, with those who used social media more reporting either above- or below-average mental well-being compared to moderate users (Keum et al. 2022). Correlational evidence, however, cannot by itself prove that social media is responsible for the rise in youth mental health issues given that other negative trends over the same period could be the cause, such as family breakdown, substance abuse, or poverty (Odgers, 2024).

Experimental studies are necessary to establish causation. Randomized control trials (RCTs) show that using or ceasing the use of social media has a demonstrable impact on well-being, with higher-quality studies tending to find adverse effects from social media use rather than null or positive effects (Hanania 2023). One of the largest RCTs examining the impact of social media on mental health contained nearly 3,000 participants, half of whom were assigned to deactivate their Facebook accounts in the run-up to the 2018 US mid-term election. Those who deactivated their accounts reported decreases in anxiety and depression and increases in happiness and life satisfaction, equivalent to a boost in well-being that would come from earning an additional \$30,000 in income (Allcott et al. 2020). A newer meta-analytic review of experimental studies found evidence for a causal effect of social media on mental health to be “statistically no different from zero” (Ferguson 2024), but the paper has been criticized for its “invalid design and erroneous data” (Stein 2024). Stein’s (2024) re-analysis found that experiments that included a measure of genuine mental health outcome, like symptoms of anxiety or depression, found a causal

effect on mental health from social media use, while experiments using more general well-being measures, like feeling satisfied or feeling lonely, yielded minuscule effects.

Quasi-experimental studies that take advantage of real-life situations in which people or groups are assigned to different conditions in a way that isn't completely random tend to find either small negative effects or null effects. One such study paired data from the UK's Understanding Society Survey with data on the rollout of broadband internet over the same period as the survey (2012–2017). The study showed that UK children aged 10 to 15 saw declines in various measures of life satisfaction as the internet became more available in their areas, and that time spent online and using social media helped to explain this relationship (McDool et al. 2020). Another quasi-experimental study examining the relationship between Facebook's staggered introduction across American colleges and student mental health outcomes on the National College Health Assessment found that the mental health impact of introducing Facebook to a college was equivalent to 22 per cent of the impact of losing one's job (Braghieri, Levy, and Makarin 2022).

A major limitation of the existing experimental and quasi-experimental evidence base is that very few studies are of female adolescents, whose mental health is said to be most adversely affected by social media. For instance, just one of the 31 published RCTs on the subject was done on adolescent girls, and it showed a slight reduction in body satisfaction from looking at manipulated Instagram photos, equivalent to a .4 drop on a 9-point scale (Horpedahl 2024). While college and adult samples are more convenient to procure, high-quality experimental studies of youth, along with the production of more rigorous meta-analyses, are needed to provide a solid estimate of the precise size and scope of social media's impact on adolescent mental health.

While currently there is a lack of iron-clad evidence establishing a causal effect from social media use on adolescents – and girls in particular – scientists and policy-makers must often make these determinations in the absence of certain proof. A well-known method for determining causality in the absence of perfect randomized control trials is the “Bradford Hill Criteria.” These criteria were developed by epidemiologists in the 1950s who wanted to establish that smoking caused cancer but were limited by the infeasibility of conducting randomized control trials on the topic. They include nine factors for determining whether an association is casual: strength, consistency,

specificity, temporality, dose-response relationship, plausibility, coherence, experiment, and analogy. The association between social media and mental health issues meets these nine criteria, providing strong evidence of causality (Lembke 2024).

Overall, research indicates that social media use has a small but adverse effect on mental health, with average effects masking larger differences in individual experiences and by gender. The major weakness of the existing evidence is that there are few randomized control trials of adolescents – and girls in particular – and that researchers have yet to seriously study how social media use affects overdiagnosis and prevalence inflation. Nevertheless, it is fair to say that social media use has been a major contributor – and likely a leading causal factor – in the declining mental health of youth since 2010.

Government responses so far

Governments and international bodies have begun raising the alarm about the impact of social media use on the mental health of young people. Their attempts to regulate social media, however, highlight the challenges of protecting children without infringing on freedom of expression and the right to privacy.

Online harm and safety bills

The UK passed the *Online Safety Act* in 2023, requiring social media platforms to prevent inappropriate content like pornography, cyberbullying, and threats of violence from reaching children. The requirements included putting age restrictions on pornography websites and violent content, as well as introducing measures to hold platforms accountable for removing illegal content such as child sexual exploitation material. Problematically, the Act gave the UK's secretary of state the power to direct Ofcom, the UK's media regulator, to identify and mitigate “harmful” content (UK Parliament 2024). The Act also requires social media platforms to scan all public and private messages for child pornography, which representatives from Meta and Apple have said would undermine the privacy of all communications on these platforms (Vallance and Pilbeam 2023; Messenger 2023). Such concerns over online privacy are

relevant given how the UK government has arrested and charged citizens for “hateful” posts on social media in recent years (Spring 2024).

In 2024, Canada’s federal government introduced the *Online Harms Act*, which would require social media companies to take measures to reduce the risk of users encountering harmful content on their platforms. Examples of harmful content as defined by the bill included intimate material shared without consent; content that sexually exploits a child or retraumatizes a survivor; material that encourages a child to self-harm or is used to bully a child; and content that promotes hatred, incites violence, or supports violent extremism or terrorism (Parliament of Canada 2024). Since the bill’s tabling, however, legal and privacy experts have voiced concerns about the far-reaching bill, which imposes stricter Criminal Code punishments for “hate” offences and would empower judges to impose restrictions on the freedom of movement for anyone who *could* commit a hate crime – an obviously vague provision that the government could exploit to silence critics, dissenters, and those who oppose modern-day orthodoxies (Taylor 2024).

In the United States, the *Kids Online Safety Act* (KOSA) was introduced in 2022 and died in the house in early 2025. The bill mandated stricter content moderation to shield children from exposure to harmful material such as content promoting self-harm, eating disorders, and substance abuse. It also included measures requiring platforms to provide tools for parents to monitor and limit their children’s online activity, and to offer greater transparency on the algorithms that target youth (United States Congress 2023). Critics argued that under the guise of protecting children the bill would lead to over-policing of content, including educational or advocacy material related to mental health or LGBTQ+ issues (Kelley and Buckley 2024). More significantly, KOSA required major changes to social media platforms that could give companies incentives to implement broad, automated content filtering systems that could inadvertently suppress legitimate discussions. Additionally, smaller platforms faced disproportionately higher compliance costs, consolidating power among tech giants that could afford the legal and technical infrastructure to meet the law’s demands (Paul 2025).

These three pieces of legislation and the controversy that ensued when they were introduced illustrate how challenging it is for governments to regulate online content in a way that meaningfully protects children without compromising core civil liberties and privacy rights. While there is a clear

need to address the negative consequences of social media use and the most damaging forms of online content, the approaches that lawmakers have taken so far have been inelegant at best.

Parental consent and age verification bills

While bills protecting children from harmful content and interactions online may be merited in theory, they do not prevent children from using these platforms or limit their time on them. Given that the exorbitant amount of time youth spend on social media is a major contributor to its adverse impact on their mental health, bills that restrict young people from using social media until they are a reasonable age are likely to be better at getting to the root of the problem than bills that protect them from specific types of content.

In America, 10 states have passed laws requiring minors who want to sign up for a social media account to obtain parental consent and/or verify their age, and the Senate has introduced KOSA, as discussed above (Age Verification Providers Association 2024; United States Congress 2023). However, many of these bills have been met with lawsuits, arguing they infringe on the free speech rights of minors and violate the privacy of users young and old by mandating age verification (Teale 2024). Australia has passed legislation raising the minimum age for social media use from 13 to 16 and requiring age verification to enforce this, and the UK is now considering a similar bill (Parliament of Australia 2024; Martin 2024).

Requiring parental consent or raising the minimum age for social media use is a promising path for social media policy. The former lets parents decide whether their children are mature enough for social media, and the latter delays the age at which children can first sign up for an account, reducing early exposure to harmful content and providing time for teens to socialize in a way that is unmediated by social media. However, if social media use itself is causing or exacerbating poor mental health among young people, then raising the age limit to delay its use is a more effective policy than letting parents permit young people to use it. In addition, a parental consent policy would mean that some youth have access while others don't, leading to social exclusion. Raising the age limit, by contrast, would affect all youth equally, and ensure none pay a social cost for abstaining from social media.

Legal action against social media companies

Some governments have launched lawsuits against social media companies, hoping to motivate them to change their platforms and seeking compensation for the negative impacts of their platforms on youth mental health. In America, a group of 41 states have sued Meta, the owner of Facebook and Instagram, accusing the company of using powerful technologies to addict teens, misleading the public about the dangers of its platforms, and ignoring how these platforms have damaged the mental and physical health of American youth (United States District Court for the Northern District of California 2024). In Canada, four Ontario school boards initiated a multi-million-dollar lawsuit against Meta, Snapchat, and TikTok owner Bytedance in 2024, accusing the companies of harming the mental health of youth and having an adverse impact on student learning. Five more school boards and two private schools have since joined lawsuits against these companies (CBC News 2024a). While these lawsuits have garnered widespread attention and could lead social media companies to take greater accountability for the effects of their products, it is too early to tell how effective they will be.

Cellphone bans in schools

While forcing social media companies to alter their platforms involves a delicate balance of legal, ethical, and technical considerations, one area where governments have clear jurisdiction to regulate children's social media usage is within K–12 schools. Social media and cellphone use at school has proven to be a massive distraction to students, undermining their attention, behaviour, and learning at school and elsewhere (Bennett 2024). That is why nearly 1 in 4 countries worldwide have banned cell phones in schools, as have numerous subnational governments and school districts (Alphonso 2024).

In Canada, where education is a provincial matter, eight provinces now have restrictions on cellphone use in K-12 classrooms. British Columbia's school districts are required to have a policy restricting cellphone use throughout the school day, though implementation varies by district (CBC News 2024b). Alberta mandates that cell phones be out of sight and silent during class and expects schools to restrict access to social media websites (Alberta 2024). Ontario requires cellphones to be silent and out of sight for grades K–6 while permitting use in higher grades if approved by teachers

(CBC News 2024c). Quebec has banned cell phones in classrooms, leaving enforcement specifics to school boards (Canadian Press 2024). Manitoba, Nova Scotia, PEI, and New Brunswick prohibit cellphone use during class time except for educational purposes, with the former two permitting students in older grades to use their cell phones during breaks and lunchtime (Manitoba 2024; Nova Scotia 2024; Prince Edward Island 2024; New Brunswick 2024). Every province has allowed for exemptions to cellphone restrictions in classrooms for medical and exceptional learning needs, and schools in provinces and territories without cellphone policies can set their own policies at the district level. Private schools remain free to set their own policies.

Given that young people spend a significant portion of their day engaged with social media, getting cell phones out of the classroom is unlikely to improve mental health by much. There are no randomized control trials establishing the causal effects of school cellphone bans on mental well-being, while quasi-experimental studies have found there to be no effect, although research on the impact of cell phone bans overall is quite limited (Campbell et al., 2024). Still, such policies may be worth pursuing for their potential to improve student focus, learning, and behaviour.

Policy recommendations

Below are six policy recommendations that would mitigate against the worst effects of social media without significantly threatening online privacy, creating new internet and health bureaucracies, or demanding complex changes to social media platforms and designs. Those seeking more targeted and clinical solutions for Canada should review Paul W. Bennett's *Weapons of Mass Distraction* (2024), which gives overall strategic recommendations as well as specific initiatives for each stage of youth development.

1. Raise the minimum age of social media use to 16

Although negative and harmful social media content contributes to adolescent mental health challenges, a more significant factor appears to be the

replacement of in-person activities and interactions with time spent on social media. Thus, regulating the content teens encounter is likely to have less of an impact than outright prohibiting them from using social media. Raising the age limit for social media use from 13 to 16, as Australia has done and as the UK is considering, seems both a practical and effective way to improve youth mental health. While there are legitimate concerns around how these companies can verify the age of users while protecting privacy, and an even greater worry is that certain methods, like digital IDs, could place Canada on a path toward a social credit system. Private companies are working to address these challenges. Solutions include AI software that estimates the age of account creators from uploaded videos and automatically deletes the videos after verification, third-party age-verification services that confirm someone's age to social media companies after reviewing identifying documents, and age inference technologies that cross-check email addresses or phone numbers with other accounts to ensure consistency in age-related data (Kaye and Pal 2024). While imperfect, these age-verification solutions would significantly reduce the number of teens under age 16 using social media without significantly compromising their privacy.

2. Deny government the power to decide so-called “harmful” content

As has become apparent in Canada and the UK, national efforts to regulate “harmful” online content in the name of child protection often lead to violations of free expression and privacy rights. Beyond clearly depraved content like child pornography and snuff films, or material explicitly promoting self-harm or suicide, there is little consensus about what constitutes “harmful” content. Liberals might view an Instagram video cautioning adolescents against gender transitioning as harmful, while conservatives might see a video encouraging gender transitioning as harmful. Because the concept of harm is highly subjective and context-dependent, it is deeply problematic for governments to define and enforce content restrictions in a way that is neutral, consistent, and fair. Thus, while it might be justifiable for governments to narrowly tailor regulations against universally recognized harms, any broader efforts to legislate “harmful” content or establish government agencies to police it should be rejected.

3. Fund experimental research on social media and mental health

While correlational, experimental, and quasi-experimental evidence indicate a negative effect on youth mental health from social media use, more research is needed to clarify the magnitude, mechanisms, and variation of social media's effects. Experimental research examining social media's impact on girls should be prioritized, as little of it exists and they are the demographic most vulnerable to social media's negative effects. To this end, the federal government should fund the development of experimental and quasi-experimental research programs through agencies such as the Canadian Institutes of Health Research (CIHR) and the Social Sciences and Humanities Research Council (SSHRC). Such research should also track the effects of any social media regulation policies Canada adopts, ensuring that those policies are effective at improving youth mental health. Other theories brought up in this paper, such as prevalence inflation, overdiagnosis, and social contagion warrant social-scientific investigation as well.

4. Strengthen school cellphone and social media bans

Provincial governments should continue to adopt and refine policies restricting cellphone and digital device use in school as they distract not just the student using the device, but those around them. Different provinces and school districts will come to different conclusions about the best way to structure and implement these restrictions, but policies are best set at the local level where district members can provide input. Though these policies provide minimal mental health benefits, they are worth pursuing for academic and behavioural reasons. That said, there may be cases where a district is better off not adopting a strict cell phone use policy, such as in districts where parents have lost faith in schools to protect their students from violence or radically ideological teachers, and want students to be able to contact home at all times. Ultimately, individual districts should debate these concerns and settle on a school cell phone policy that works for them.

5. Raise awareness of the downsides of social media

The Mental Health Commission of Canada should partner with a medical association such as the Canadian Pediatric Society to create and promote guidelines for healthy social media use by adolescents; the partnership could

also identify signs of problematic social media use so that parents are aware of them. Such campaigns should emphasize the opportunity costs of social media and screen time, highlighting that time children spend on screens is time spent not playing, socializing, developing skills, or engaging in physical activity. Helping parents understand what their children are missing out on could compel them to be more diligent about monitoring social media use (Cowen 2024). Such information should also be integrated into K-12 curriculum and taught to students the year before they can legally create social media accounts, promoting online safety and awareness around causes and consequences of problematic use. However, such a program must avoid treading into debates over online content, as programs to educate students on “digital literacy” frequently cross the line into political activism aimed at discrediting non-mainstream (conservative) media sources.

6. Re-orient childhood around free play instead of screens

To address the growing impact of digital devices and social media on children’s development, communities must establish new cultural norms that prioritize free play and meaningful in-person interactions. Parents should take the lead by setting clear limits on screen time, ensuring their children have ample opportunities for independent outdoor play and face-to-face socialization, and modeling healthy screen use themselves. However, this effort cannot fall solely on individual families. A child who unilaterally avoids social media risks feeling excluded from their peers who are active online. But if entire communities adopt screen-limiting practices together, the social cost of opting out diminishes significantly. Organizations like ScreenStrong (<https://screenstrong.org>) and Wait Until 8th (<https://www.waituntil8th.org>) have tools and strategies for parents to delay and reduce children’s exposure to smartphones and social media. Schools and local governments also have a pivotal role to play by expanding recess and outdoor time, reducing reliance on screens in education, and providing access to safe and engaging community spaces and outdoor environments for youth to play and socialize. Ultimately, the goal is to restore the kind of childhood most adults remember, where social connections were built in-person and social media played a minor role. This collective effort can help reclaim a healthier, more balanced childhood experience for the next generation. **MLI**

About the author



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