

**A Study on the Mental Health Crisis Amongst Adolescents: global trends, causes and interventions**

A Library Research Project

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Photo credit: <https://health.clevelandclinic.org/teen-mental-health-crisis>

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## **Abstract**

This research project focuses on the growing and urgent problem of adolescent mental health around the world. A review of reports by the World Health Organisation (WHO), UNICEF, and studies from journals, show that anxiety and depression have been rising sharply, especially since the 2010s and during COVID-19.

The study reviews the main causes of the teen mental health crisis, such as bullying, social media use, and lack of sleep, but also looks at protective factors like family support and strong school communities. This study also draws from Jonathan Haidt's recent book "The Anxious Generation", which argues that smartphones and the loss of free play are making things worse. By comparing these findings, this project suggests ways in which schools, families, and governments may help improve adolescent wellbeing.

## **A. Introduction**

Adolescence (defined by the World Health Organization (WHO) as the age between 10 and 19 years old) is an important period where young people develop physically, emotionally and socially. It is a crucial stage for developing the social and emotional skills, habits and coping strategies that enable mental health, including healthy sleeping patterns, regular exercise, problem-solving and interpersonal skills.

Adolescence is also a stage when many mental health problems first appear. Risky behaviors such as substance use, violence, and unsafe sexual activity often begin during this period, leading to serious health issues. Suicide is one of the main causes of death in this age group, making adolescent mental health critical both for the present well-being and future lives of teens.

The purpose of this study is threefold:

1. Look at global trends in adolescent mental health;
2. Identify common causes and risk factors;
3. Explore possible interventions and solutions.





## **B. Methodology**

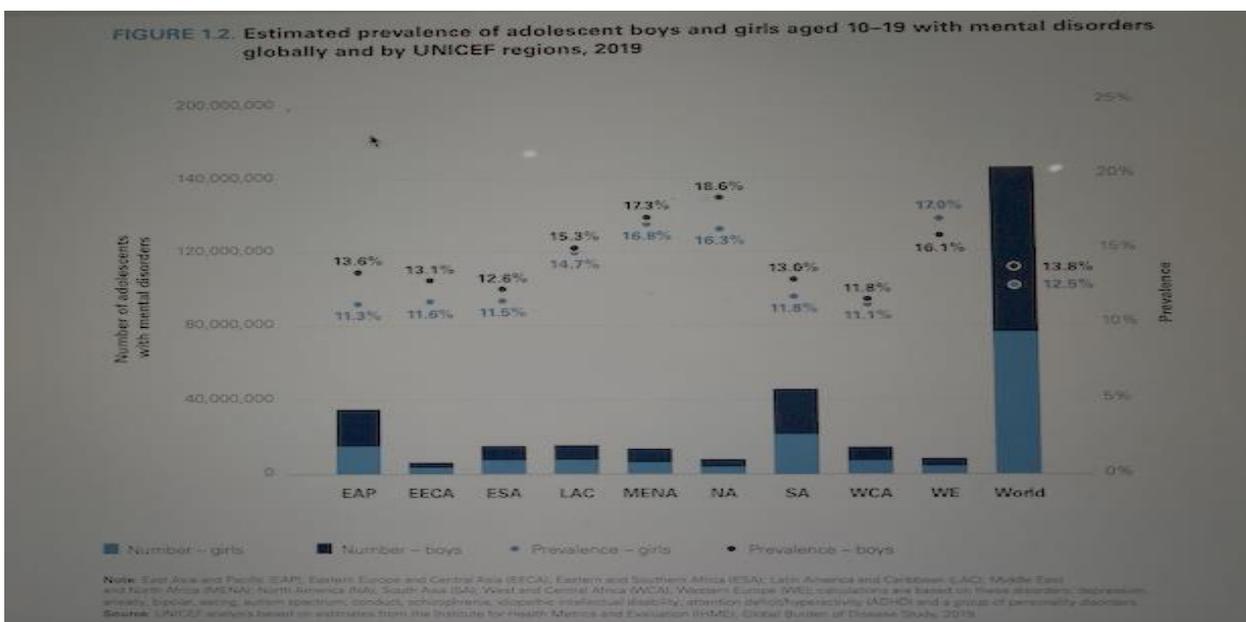
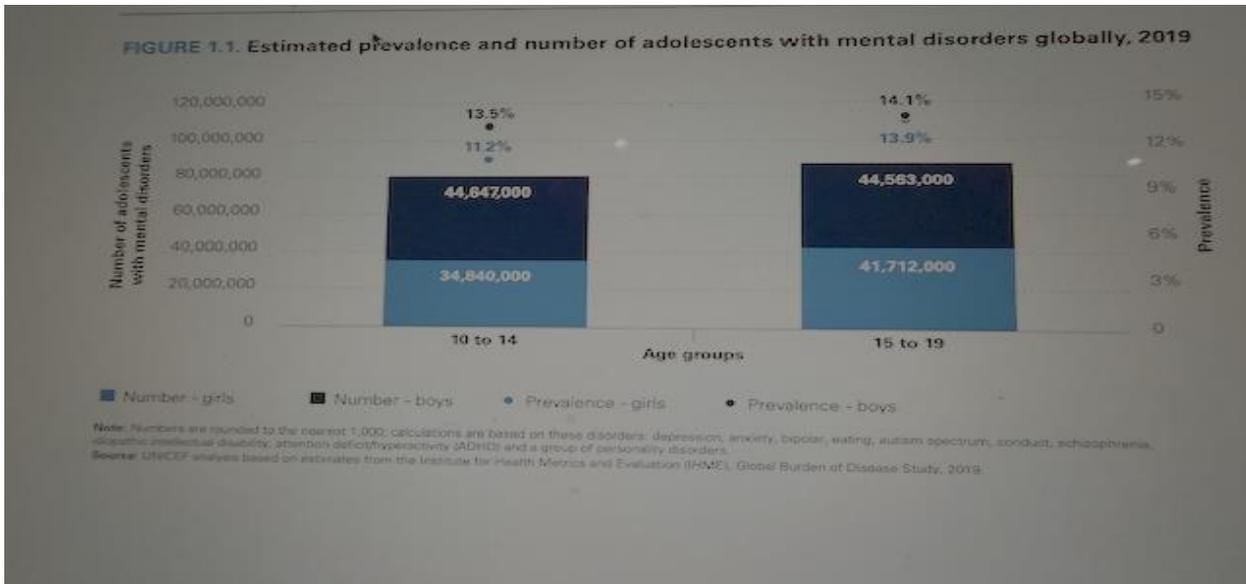
This is a library research project, meaning secondary sources such as books, reports, and online journals were used rather than collecting primary data. For other aspects, the study mainly relied on WHO and UNICEF publications, peer-reviewed studies (2015 - 2025), and government surveys such as the CDC Youth Risk Behaviour Survey. This paper also included ideas from Jonathan Haidt's 2024 book "The Anxious Generation".

### C. Global Trends in Adolescent Mental Health

Around 1 in 7 adolescents worldwide suffers from a mental health disorder (WHO Report, 2025), yet most go unrecognized and untreated.

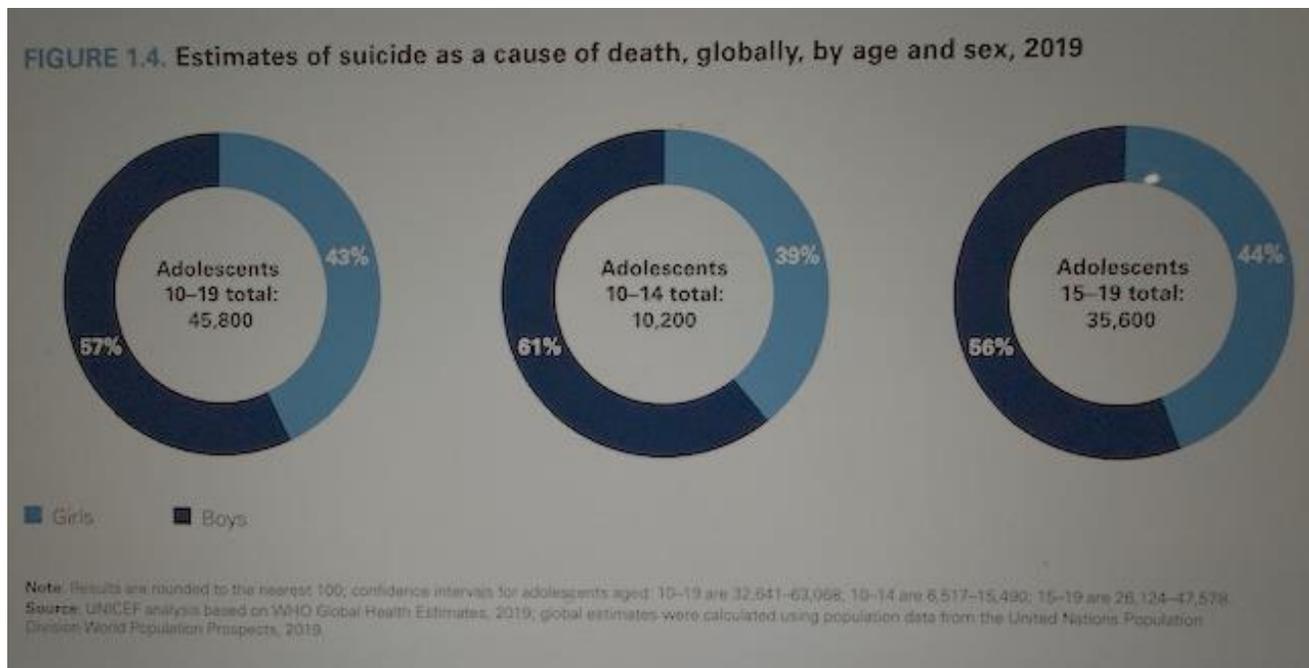
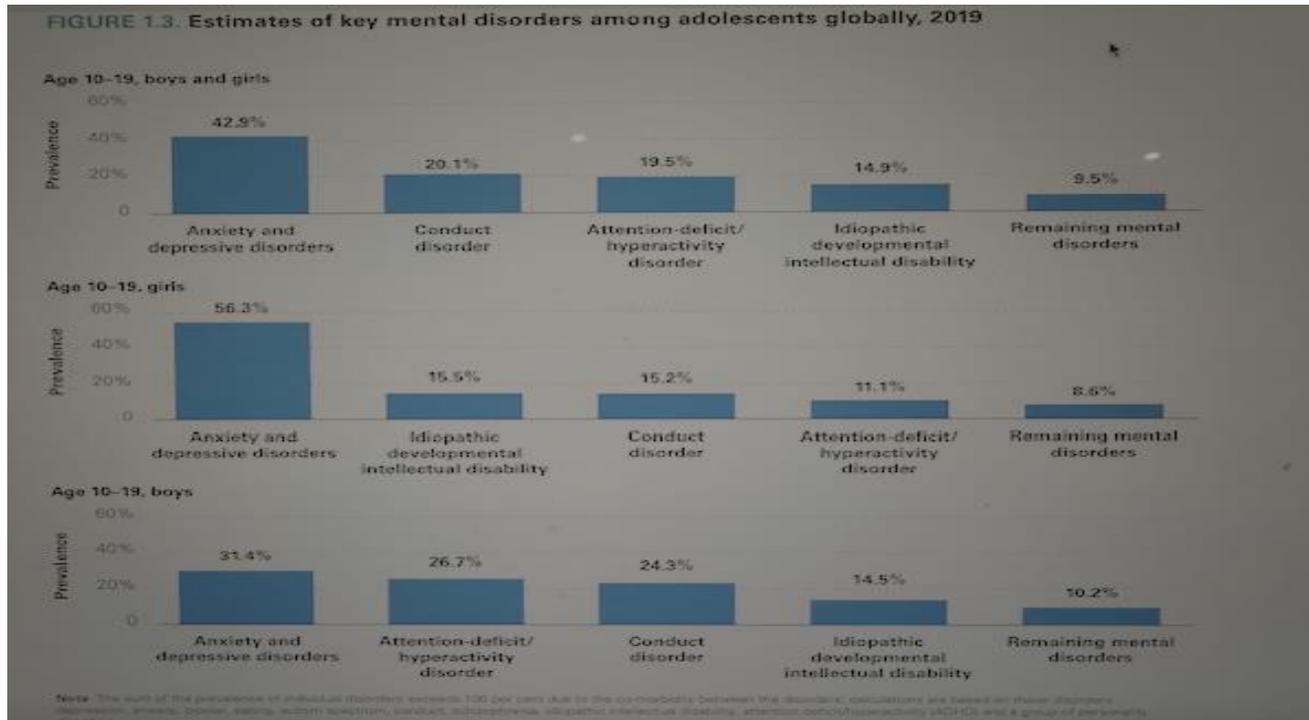
A UNICEF study found that out of 1.2 billion adolescents (10 -19 years) in 2020, more than 13% of them had a mental disorder.

See Figure 1.1 and 1.2

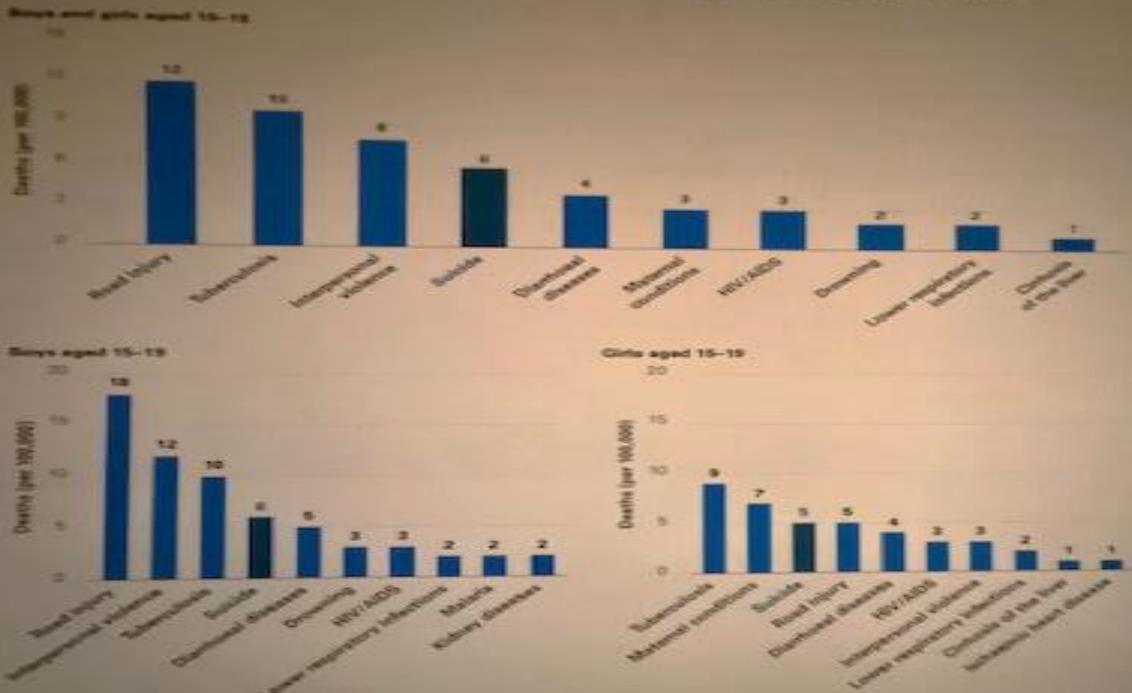


Depression, anxiety, and behavioral disorders are the main causes of illness and disability among adolescents, while suicide is the fourth leading cause of death among young people.

See Figure 1.3 – 1.5

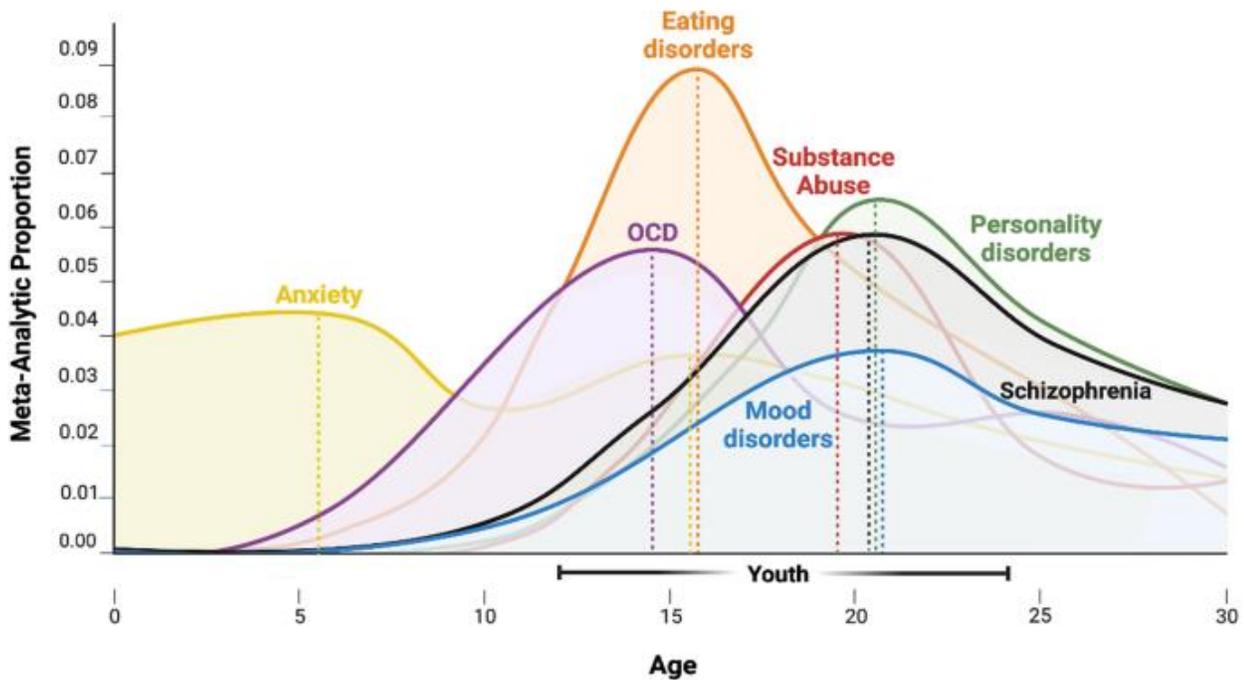


**FIGURE 1.6. Top 10 causes of death for adolescent boys and girls aged 15–19 globally, 2019**



Source: UNICEF estimates based on WHO Global Health Estimates, 2019 global and regional estimates were calculated using probabilistic data from the Global Burden of Disease Collaborative Group, 2019.

Many adult mental health conditions begin by age 14. ADHD and conduct disorders are prevalent in adolescent but more common in younger boys, while anxiety, depression and eating disorders are more common in older adolescents, particularly among girls (this may be associated with bullying victimization).



Source: <https://www.nature.com/articles/s41380-023-02202-z>

WHO Fact sheet on mental health summarizes the type of mental disorders which are more prevalent amongst adolescents.

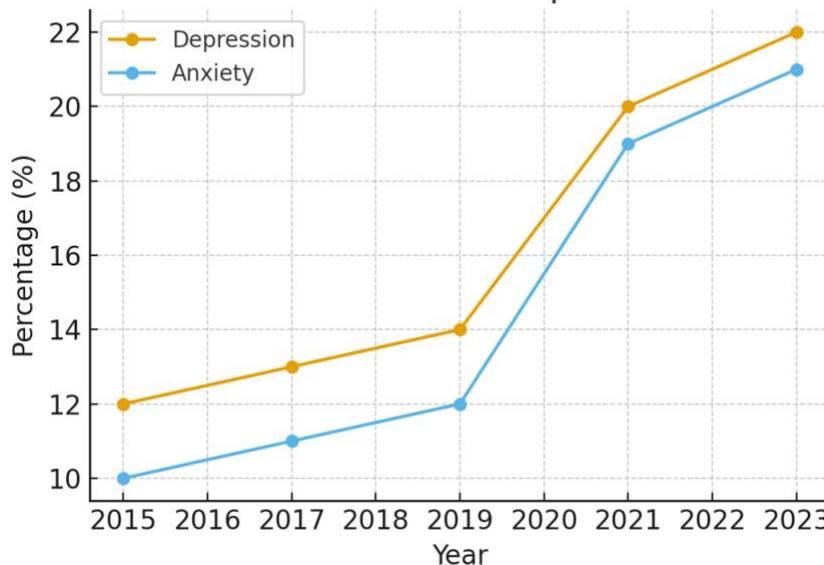
[Please refer to Annexure 1]

COVID-19 pandemic worsened the mental health crisis, nearly doubling rates of depression and anxiety, particularly among older teens and girls. A JAMA Pediatrics study (*Racine et al., 2021*) which studied the global prevalence of clinically elevated child and adolescent anxiety and depression symptoms during Covid 19, found that depression and anxiety symptoms almost doubled compared with pre-pandemic estimates, and moderator analyses revealed that prevalence rates were higher when collected later in the pandemic, in older adolescents, and in girls.

In the US, 40% of high schoolers report persistent feelings of sadness and hopelessness, with high rates of suicidal thoughts and attempts. especially among girls and LGBTQ+ students and students across racial and ethnic groups. 2 in 10 (20%) of students seriously considered attempting suicide and nearly 1 in 10 (9%) attempted suicide.

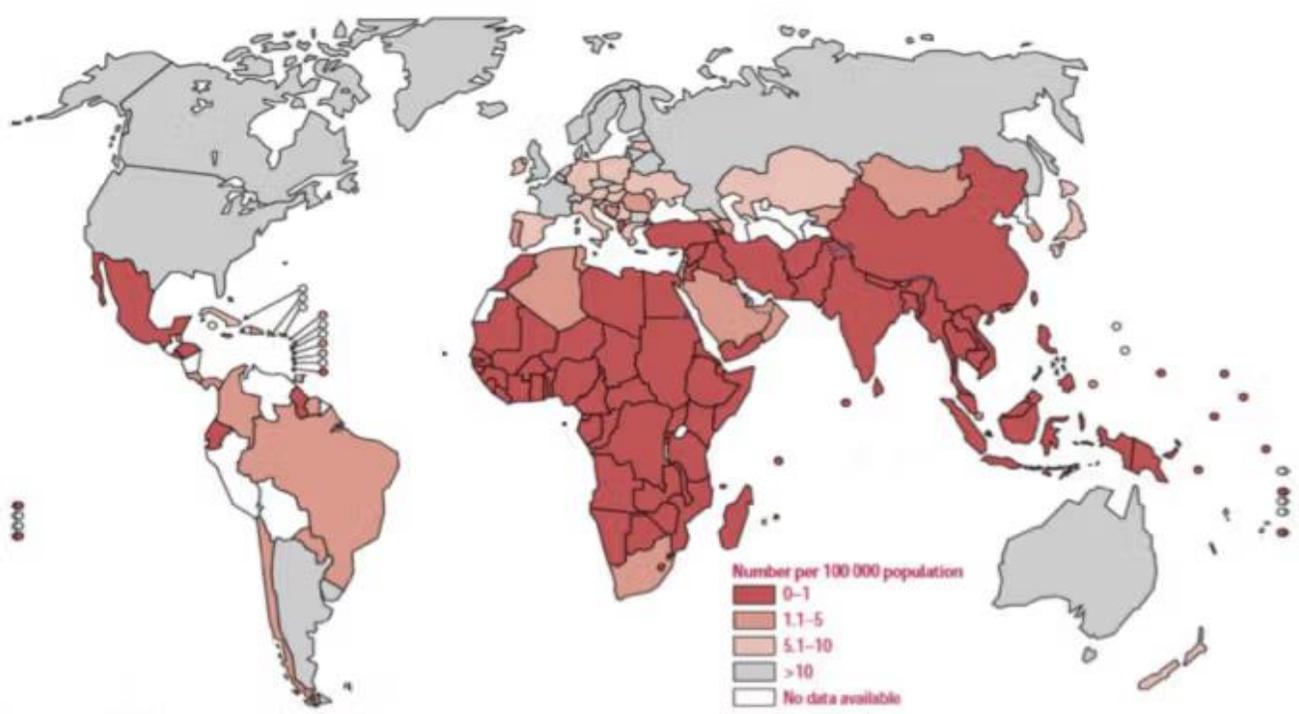
**Overall, adolescent mental health is a growing global crisis, not just a local problem, requiring urgent action.**

Global Trends in Adolescent Depression and Anxiety



[Rising prevalence of depression and anxiety among adolescents, 2015 - 2023]

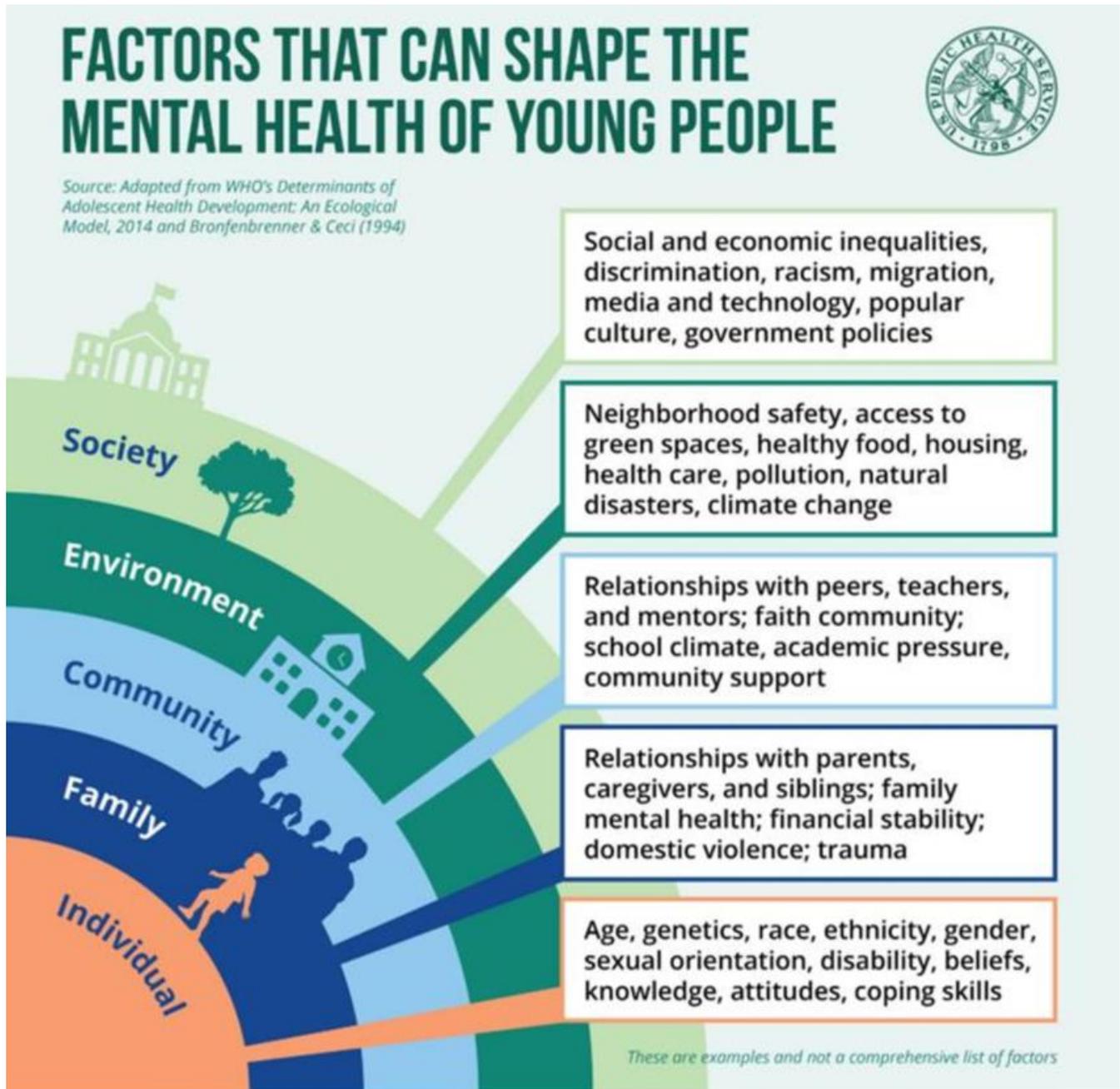
This figure illustrates the rising prevalence of depression and anxiety among adolescents globally between 2015 and 2023. The steep increase during 2021 reflects the mental health impacts of the COVID-19 pandemic.



<sup>a</sup> Based on information from 177 Member States.  
 Source: *Mental health resources in the world. Initial results of Project Atlas (2001)*. Geneva, World Health Organization.

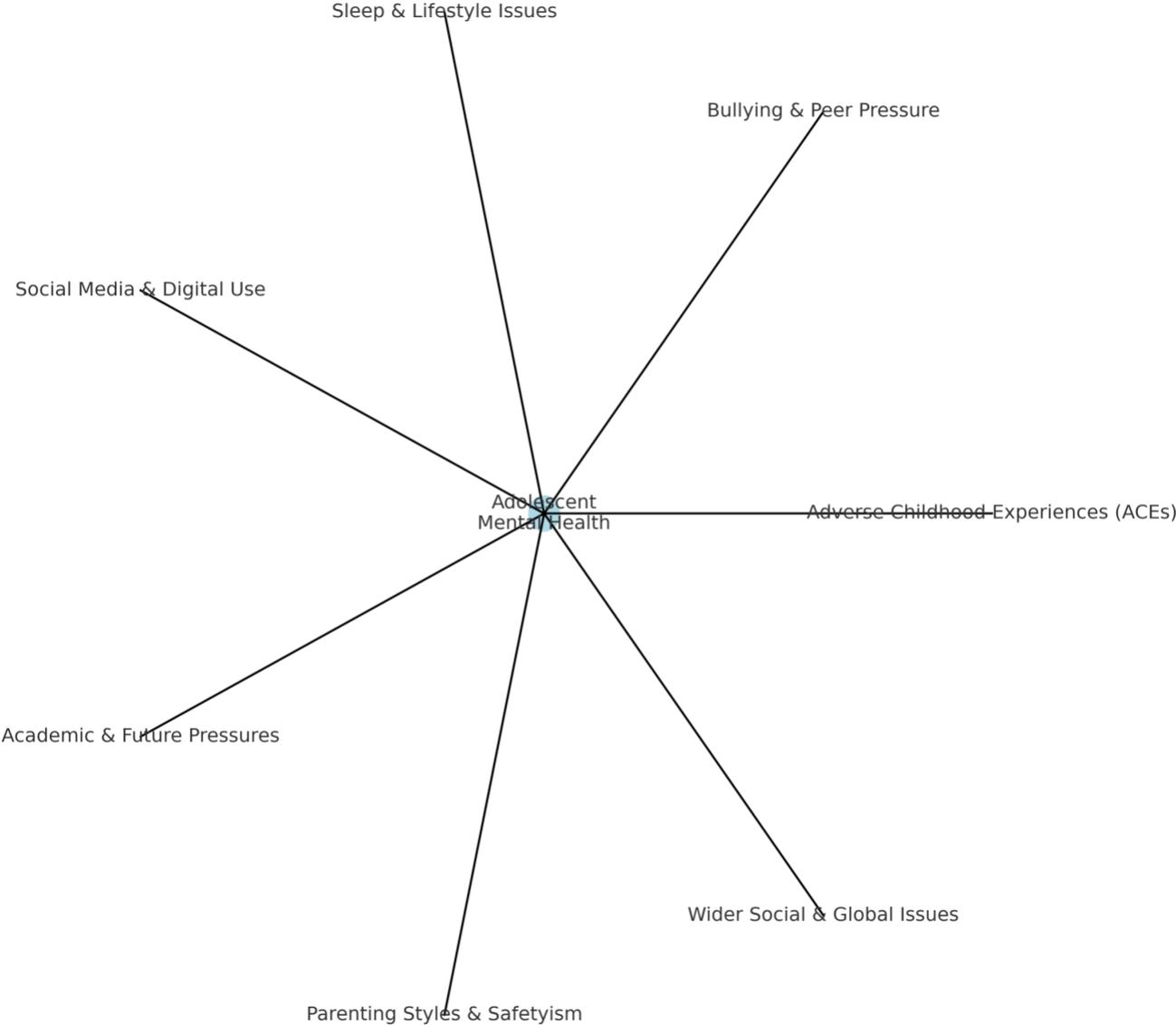
## D. Causes and Risk Factors

Adolescent mental health is shaped by many different influences. The more risk factors a young person is exposed to, the greater the likelihood that their mental health will be affected.



Below are the main factors researchers have identified as contributing to the rise in adolescent mental health problems.

### Factors Behind the Rise in Adolescent Mental Health Problems



## 1. Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) include things like abuse, neglect, family conflict / instability, or growing up in a home affected by violence or addiction. Studies show that young people who go through multiple ACEs are much more likely to struggle later with depression, anxiety, or substance use (*Hughes et al., 2017*). These experiences can leave long term marks on both emotional and physical health.

### The impact of ACEs

**2x**  
more likely to binge drink and have a poor diet



**3x**  
more likely to be a current smoker



**4x**  
more likely to have low levels of mental wellbeing & life satisfaction



**5x**  
more likely to have had underage sex



**6x**  
more likely to have an unplanned teenage pregnancy



**7x**  
more likely to have been involved in violence



**11x**  
more likely to have used illicit drugs



**11x**  
more likely to have been incarcerated



Source: youngminds.org.uk

### Some Groups Are More Likely to Have Experienced ACEs

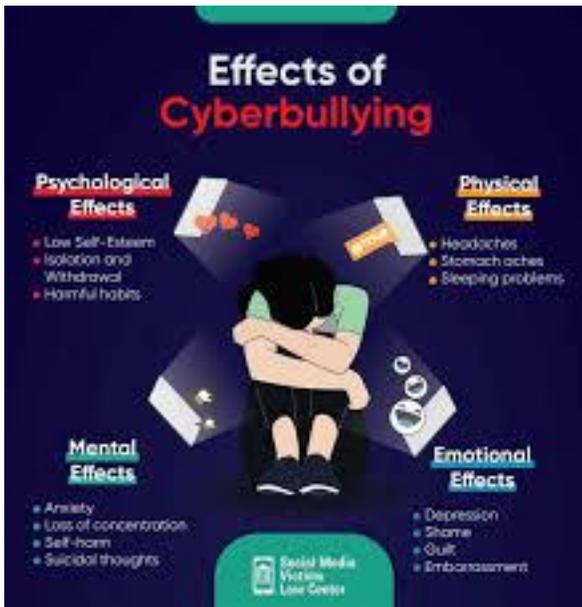
Multiple studies show that people who identified as members of these groups as adults reported experiencing **significantly more ACEs**:



Source: Centers for Disease Control and Prevention (CDC)

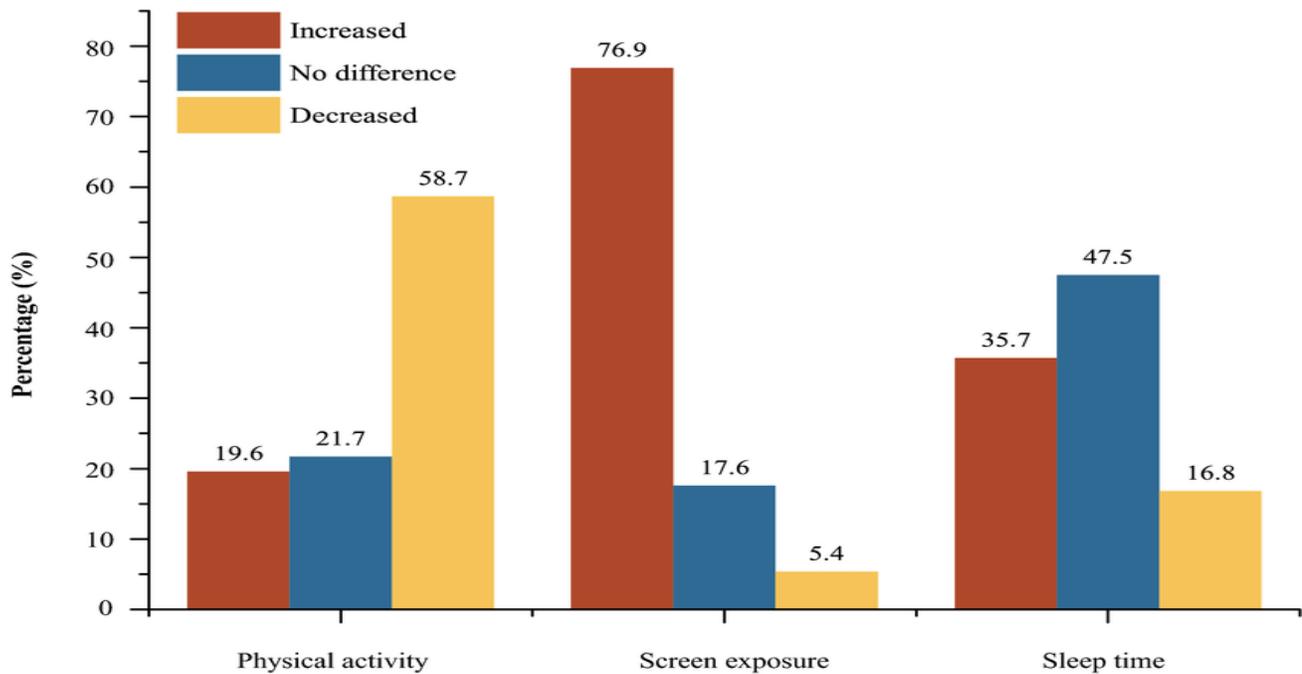
## 2. Bullying and Peer Pressure

Bullying is one of the strongest predictors of poor mental health in adolescents. Whether it happens face-to-face or online (cyberbullying), it can lead to depression, low self-esteem, and even thoughts of self-harm. A major study (Moore *et al.*, 2017) found clear evidence linking bullying with anxiety, depression, suicidal ideation, and even suicide attempts. Bullying was also found to increase the likelihood of risky behaviors like smoking or drug use. On top of this, peer pressure about grades, appearance, and popularity adds more stress to the daily lives of teenagers.



### 3. Lifestyle Issues: Sleep and Physical Activity

Whilst a healthy lifestyle is a protective factor, many adolescents do not get enough rest or activity. Most teenagers fail to achieve the recommended 8 to 10 hours of sleep. Poor sleep harms concentration, lowers mood, and increases risks of anxiety and depression. Moreover, the lack of exercise and an unhealthy diet make young people more vulnerable to mental health struggles.



Changes in durations of physical activity, screen exposure and sleep time in students after the outbreak of COVID-19.

Source: Nature.com

## 4. Social Media and Digital Use

Social media also plays a complicated role. On the negative side, it can put pressure on body image and popularity, increase comparisons with others, and expose teens to cyberbullying or harmful content. Excessive screen time disrupts sleep, shortens attention spans (i.e., hinders brain development), and can lead to compulsive use/ tech addiction or even “gaming disorder,” which is now recognized by the WHO (ICD -11). Gaming disorder is more common among boys and can cause significant problems in personal, social, and academic life.

At the same time, social media can sometimes provide connection and support, especially for young people who might feel isolated.

**THE IMPACT OF SOCIAL MEDIA ON TEENS' MENTAL HEALTH**

**NEGATIVE EFFECTS OF SOCIAL MEDIA**

- INCREASED ANXIETY**  
Using social media over 3 hrs daily raises teens' anxiety risk.
- CYBERBULLYING EXPOSURE**  
59% of U.S. teens report being bullied or harassed online.
- DISTORTED BODY IMAGE**  
Constant exposure to edited images fuels insecurities.
- SLEEP DISRUPTION**  
Late-night scrolling disrupts natural sleep cycles.

**POSITIVE EFFECTS OF SOCIAL MEDIA**

- SOCIAL CONNECTION**  
Helps isolated teens find supportive communities.
- SELF-EXPRESSION**  
Creative platforms like TikTok encourage sharing talents.
- ACCESS TO RESOURCES**  
Teens can learn about mental health support and coping tools.
- AWARENESS OF GLOBAL ISSUES**  
Learning about social movements online inspires empathy and action.

blume BEHAVIORAL HEALTH

Source: Blume Behavioral Health

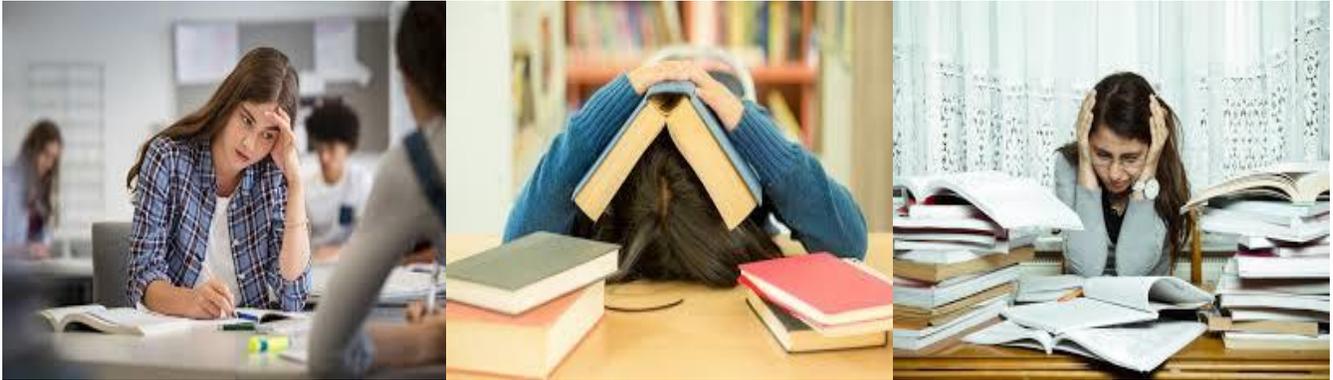
A recent study (*Orben et al., 2022*) found mixed results; that is, while it can cause harm, overall social media use is not always a strong predictor of life satisfaction. This shows that its effects are nuanced, small, and reciprocal.

[Please refer to Annexure 2 for Social Media and Youth Mental Health: The U.S. Surgeon General's Advisory (Internet)]



## 5. Academic and Future Pressures

Pressure around schoolwork, exams, and future career plans can create intense stress among teens. Many adolescents feel they must succeed to meet expectations from teachers, parents, and even themselves. Moreover, fear of failure or disappointment can make anxiety worse.

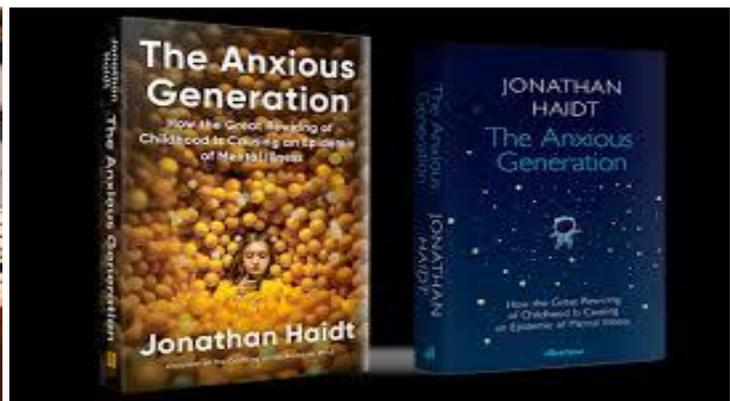
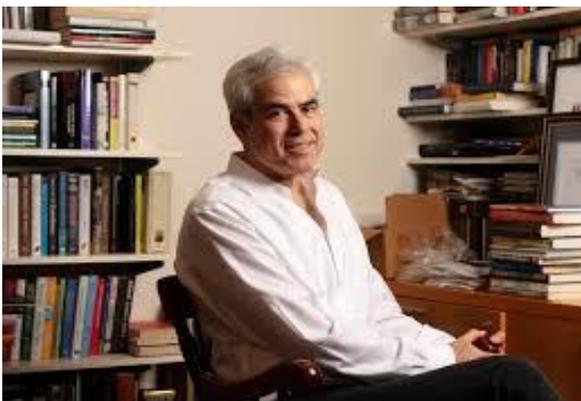


## 6. Parenting Styles and Safetyism

Psychologist Jonathan Haidt (2024) argues that young people are experiencing a “rewiring of childhood.” Instead of growing up with independence and free play, they are increasingly raised in a phone-based world. He highlights four main harms of smartphone childhood which are as follows:

1. **Social Deprivation** – less face-to-face interaction.
2. **Sleep Deprivation** – disrupted sleep due to late-night phone use.
3. **Attention Fragmentation** – constant notifications harm focus.
4. **Addiction** – apps are designed to keep users hooked.

He links this to the rise in anxiety and depression since 2010 and argues that overprotective parenting (sometimes called “safetyism”) limits independence and risk taking. This can reduce resilience, leaving teenagers less able to cope with challenges.



## 7. Wider Social and Global Issues

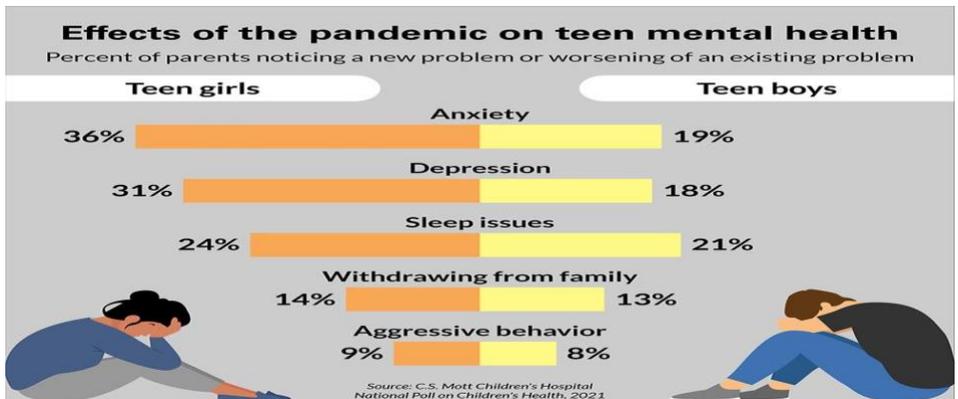
Beyond family and school, larger social and global problems also play a role. Factors such as poverty, inequality, violence, climate anxiety, and political instability all add stress. Adolescents from vulnerable groups, such as those living in conflict zones, orphans, LGBTQ+ youth, or teens with disabilities, face greater risks. In low income countries, limited access to mental health services makes these problems worse. Stigma and discrimination further isolate at-risk groups.



## 8. COVID-19 Pandemic

COVID -19 was a turning point for adolescent mental health. Studies (*Racine et al., 2021*) show that depression and anxiety symptoms almost doubled during the pandemic compared to pre-pandemic years and prevalence rates were higher when collected later in the pandemic, particularly in older adolescents, and in girls. School and university closures disrupted learning, social connections, and routines. Isolation created loneliness, uncertainty, and family stress, which fueled mental health struggles.

Older adolescents, particularly girls, reported higher rates of depression during the pandemic. Biological and hormonal changes in puberty may have added to this vulnerability. However, while older teens were more aware of family and global stress, younger children also experienced anxiety because of changes in their routines. This shows that age shaped the experience differently, even if anxiety levels were similar.



#### New Levels of Uncertainty

"When COVID happened, things medically and economically worsened, people were and still are anxious about paying bills and planning for the future"  
- Patient

#### Heightened Fear of Illness

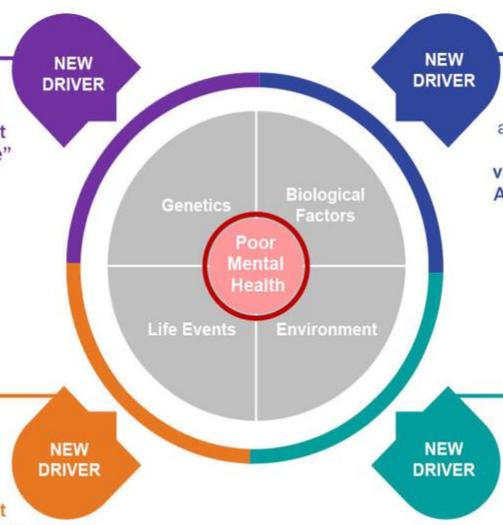
"I think underlying to a lot of people's anxiety and stress is also this stress, fear and anxiety about COVID and other people. You are constantly wondering, are you vaccinated? Are you safe [to be around]? Are you being careful? So, I think that also has been a driving factor."  
- Psychologist

#### Increased Reliance on Technology

"One patient found that she was spending more time either watching TV in the evening or looking at social media. She had never talked about really engaging in the social media before, but talked about more posting, more facetimeing [during the pandemic]"  
- Psychiatrist

#### Social Isolation

"Obviously more time at home means more time around who you live with. And for some people that can be great and for some people that can be not so great. So, I think that also contributes to anxiety and depression"  
- Psychiatrist



### The 4 key detrimental impacts of COVID-19 on the mental health of youth:

Plus 1 noteworthy positive impact for some:

1	2	3	4	5
Lack of endurance and energy	Coping with an increasingly uncertain future	Intensification of mental health challenges	Damaged (and damaging) socialization	Reduced barriers when interacting remotely

source: <https://www.ipsos.com/>

Protective Factors: Family support, school connectedness, and community belonging help protect against poor mental health.

**Table 1 : Risk vs Protective Factors**

**Risk Factors**

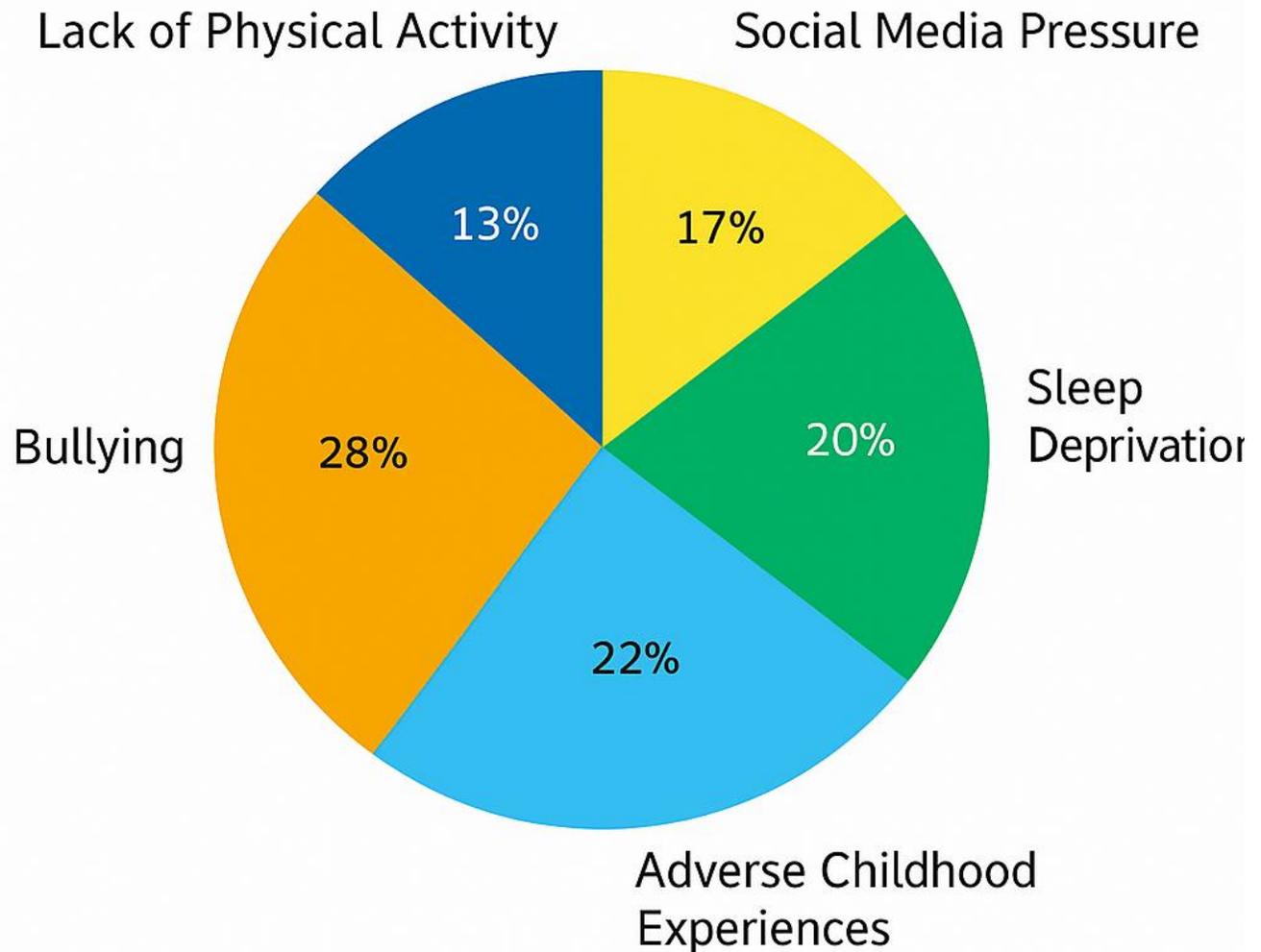
- Bullying
- Adverse Childhood Experiences (ACEs)
- Sleep deprivation
- Social media pressure
- Lack of access to care

**Protective Factors**

- Supportive schools
- Family support
- Healthy lifestyle
- Positive peer networks
- Community programmed



# Major Risk Factors for Adolescent Mental Health Issues



This pie chart highlights the relative contribution of different risk factors, **with bullying and adverse childhood experiences (ACEs) being the most significant contributors.**

**In summary:** Adolescents today face a mix of personal, family, social, and global pressures. From bullying and sleep loss to social media, academic stress, and global crises like COVID -

19, these risk factors combine to create significant challenges for mental health. The more risk factors which are present, the higher the risk is of serious mental health problems developing.

## **E. Interventions and Solutions for Adolescent Mental Health**

Countries are responding in various different ways to the adolescent mental health crisis, This study found that there are many approaches adopted to help adolescents. Some focus on schools, others on families and communities, and some on national services. Below is a summary of the main approaches, together with an assessment of their effectiveness according to the research undertaken.

### **1. School-based programmed and mental health teams**

One of the most common ways to support young people is to bring mental health support directly into schools.

- In **England, Mental Health Support Teams (MHSTs)** have been set up in schools and colleges to provide early advice and support. Reports suggest that access has improved, though waiting times and outcomes are still mixed.
- The **Youth Aware of Mental Health (YAM)** programmed focusing on suicide preventative intervention in schools was tested with over 11,000 students across **Europe**. It showed strong results, including fewer suicide attempts and reduced suicidal thinking after a year (*Wasserman et al., 2015*).
- **The My Resilience in Adolescence (MYRIAD) trial** in the **UK** tested school-based mindfulness training. While earlier reviews suggested small benefits, the trial itself found limited impact when compared with standard social - emotional education / teaching as usual (TAU). There was some evidence of cost-effectiveness, but not of major improvements in wellbeing.
- Since bullying is a proven cause of mental illness, schools are also encouraged to introduce strong anti-bullying interventions.

**Effectiveness:** School-based approaches are promising because they reach many young people. The YAM programmed has clear evidence of success, while system-level teams like MHSTs show improvements in access but these models need more time and funding to prove long-term effects.



## 2. Phone-free school policies

Some countries are limiting or banning phones in schools to reduce distraction, bullying, and stress.

- **France** banned mobile phones in primary and middle schools in 2018.
- **England** introduced national guidelines in 2024 encouraging schools to go phone-free.

**Effectiveness:** Reviews suggest that phone bans can improve focus and reduce distractions, but the evidence for mental health benefits is still unclear. The results depend on how strictly rules are applied and whether schools give students other chances to socialize and play.



### 3. Integrated youth hubs

Youth hubs are “one-stop” centers where young people can get help with mental health, physical health, and other problems.

- **Australia’s headspace** network has been running since 2006. Data shows about 70% of young people improve in at least one area (such as distress or quality of life).
- **New Zealand** has Youth One - Stop Shops (YOSS), which are popular with young people and report short-term improvements in wellbeing.

**Effectiveness:** Youth hubs make services more accessible and friendly, especially for those who avoid traditional clinics. However, results vary depending on resources and location.



The Youth Hub, Christchurch, New Zealand

#### 4. Community prevention models

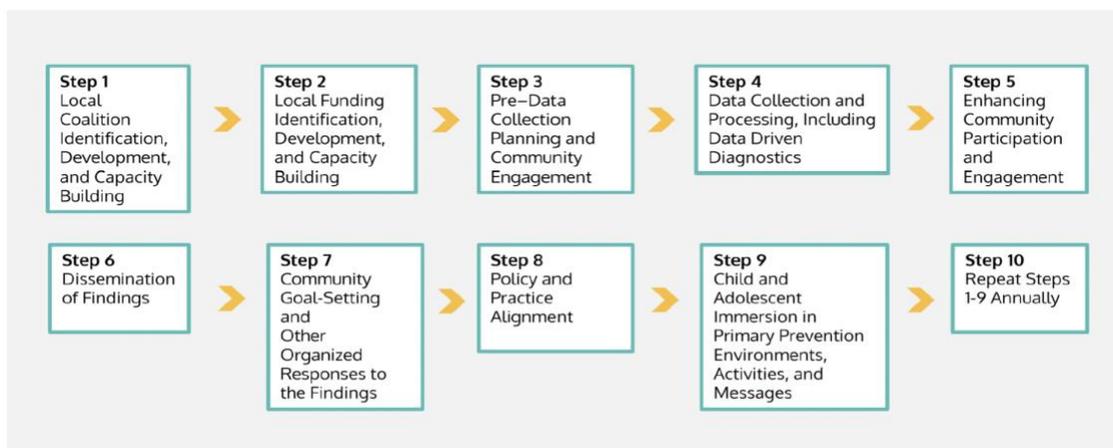
Instead of focusing only on treatment, some countries try to prevent problems before they start.

- **Iceland** created the **Planet Youth programmed**, also called the **Icelandic Prevention Model**. It focuses on improving family time, curfews, after school activities, and reducing risky behavior. This approach has been linked to big drops in youth substance use and better wellbeing. Other countries are now trying to copy the model.

**Effectiveness:** In Iceland, the results have been very strong. In other countries, the model is newer, so it appears that more time is needed in order to assess if it works as well as in Iceland.



#### The Planet Youth Guidance Model: The 10 core steps of the Icelandic Prevention Model



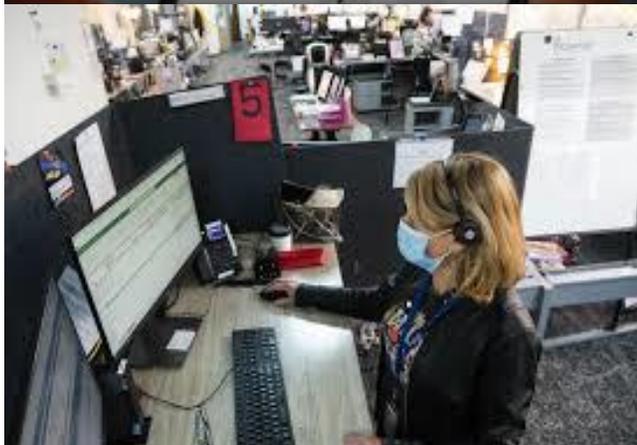
Source: Planet Youth

## 5. Crisis-response services

Some countries provide crisis hotlines where young people can call, text, or chat online if they need urgent help.

- **United States** launched the **988 Suicide & Crisis Lifeline**. It had around 5 million contacts in its first year, and now gets about half a million per month. Many teenagers prefer to text rather than call.

**Effectiveness:** Crisis lines have proven to be very good for reaching large numbers of young people quickly. They help with de-escalation, but studies still need to measure their long-term impact on mental health.



## 6. Task-sharing and primary care integration

In many low and middle - income countries, there are not enough specialists to meet demand.

- The **WHO's mhGAP programmed** trains teachers, nurses, and community workers to deliver basic mental health care. This Guide provides evidence based clinical protocols for the assessment and management of a range of mental health conditions in non-specialized care settings.
- WHO is also developing simple, scalable psychological interventions for adolescents.

**Effectiveness:** Task sharing has been shown to improve access and early treatment in poorer areas. However, the quality of the service depends on how well people are trained and supervised.

The image is a composite graphic. On the left, a diagram shows a cycle of task-sharing: a person at a desk, a group of people in a circle, and a person at a whiteboard, connected by double arrows. The WHO logo is at the top left. Below the diagram is the text: **mhGAP training manuals** for the mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings – version 2.0 (for field testing). The WHO logo is at the bottom left. On the right is the cover of the 'Implementing the mental health Gap Action Programme intervention guide', a job aid for non-specialist health professionals, featuring a large white arrow on a red background. The WHO logo and mhGAP logo are on the cover.

## 7. Family and skills-based programmed

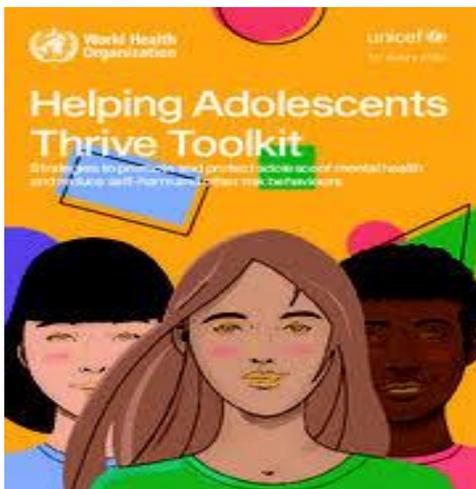
Strengthening families and teaching life skills can build resilience.

- The **WHO–UNICEF Helping Adolescents Thrive (HAT) toolkit** trains parents, schools, and communities. It promotes life skills, anti-bullying programmed, mental health literacy for parents, teacher training, and support for high-risk youth.

[Please refer to Annexure 3]

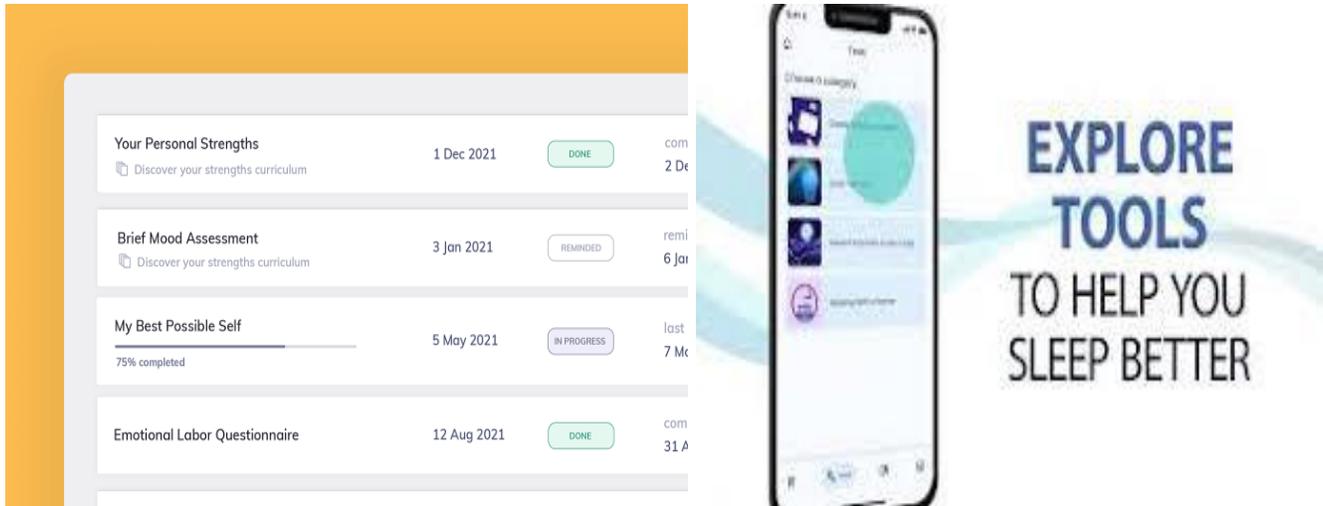
- **Social and emotional learning (SEL) programmed** in schools have been shown to improve resilience and reduce risks of depression and anxiety.

**Effectiveness:** These approaches look promising, especially when schools and families work together. However, more research is needed to confirm long term results.



## 8. Digital tools

Cognitive Behavioral Therapy (CBT) apps and online tools can be useful for managing stress and anxiety. However, they are not replacements for trained therapists.



## 9. National policies, plans and laws

For change to last, governments need proper national strategies. In 2020, fewer than half of WHO member states had a plan for adolescent mental health. Stronger policies are needed to build systems of care for young people.

## 10. Insights from Jonathan Haidt's *The Anxious Generation*

Haidt recommends major cultural shifts to protect young people, including:

- Delaying smartphones until secondary school;
- Restricting social media until at least age 16;
- Banning phones in schools;
- Reintroducing unsupervised outdoor play.



## 11. Improve data, research, and evidence

Finally, many experts stress that we need more reliable data and long term research. Without better evidence, it is hard to know which interventions really work across different countries and contexts.

## **F. Conclusion and Recommendations**

This study shows that adolescent mental health is one of the most urgent global challenges. The causes are complex, but bullying, social media, and lifestyle habits are major risks to teen mental health, while supportive families and schools are powerful protectors.

It is very apparent from this study that no single solution works on its own. The strongest evidence appears to be for:

- **School-based programmed like YAM** (good trial results).
- **Community models like Planet Youth** (significant prevention effects in Iceland).
- **Youth hubs** (accessible, engaging, but mixed outcomes).
- **Crisis lines** (extensive reach, but need more outcome data).

The best approach appears to be combining prevention (like phone-free schools and youth activities) with access to real support (school teams, hubs, family programmed, and trained community workers).

The research suggests that schools and families are the most important environments for improving mental health. Mindfulness and apps can help, but they only work if combined with real world support. Big challenges to improving teen mental health include stigma, unequal access to services, and lack of funding. A balanced approach is required: prevention, early action, and treatment.

Recommendations from this study is as follows:

1. Introduce evidence-based school programs.
2. Strengthen family and community support.
3. Improve access to professional care.
4. Apply Haidt's ideas: phone-free schools, later access to smartphones/social media, and more unsupervised play.

By working together, schools, families, governments, and young people themselves can create healthier environments for the next generation.



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## ANNEXURES

### Annexure 1

WHO Fact sheet on mental health summarizes the type of mental disorders which are more prevalent amongst adolescents:

#### Types of mental disorders

##### (a) Emotional disorders

Emotional disorders are common among adolescents. Anxiety disorders (which may involve panic or excessive worry) are the most prevalent in this age group and are more common among older than among younger adolescents. It is estimated that 4.1% of 10–14-year-olds and 5.3% of 15–19-year-olds experience an anxiety disorder. Depression is estimated to occur among 1.3% of adolescents aged 10–14 years, and 3.4% of 15–19-year-olds (1). Depression and anxiety share some of the same symptoms, including rapid and unexpected changes in mood.

Anxiety and depressive disorders can profoundly affect school attendance and schoolwork. Social withdrawal can exacerbate isolation and loneliness. Depression can lead to suicide.

##### (b) Behavioral disorders

Behavioral disorders are more common among younger adolescents than older adolescents. Attention deficit hyperactivity disorder (ADHD), characterized by difficulty paying attention and/or excessive activity and acting without regard to consequences, occurs among 2.7% of 10–14-year-olds and 2.2% of 15–19-year-olds. Conduct disorder (involving symptoms of destructive or challenging behavior) occurs among 3.3% of 10–14-year-olds and 1.8% of 15–19-year-olds.

Behavioral disorders can affect adolescents' education and increases the risk of criminal behavior.

##### (c) Eating disorders

Eating disorders, such as anorexia nervosa and bulimia nervosa, commonly emerge during adolescence and young adulthood.

Eating disorders involve abnormal eating behavior and preoccupation with food, accompanied in most instances by concerns about body weight and shape. Girls are more commonly affected than boys. Eating disorders can affect physical health and often co-exist with depression, anxiety and substance use disorders. They occur in an estimated 0.1% of 10–14-

year-olds and 0.4% of 15–19-year-olds. They are associated with suicide. Anorexia nervosa can lead to premature death, often due to medical complications or suicide, and has higher mortality than any other mental disorder.

#### **(d) Psychosis**

Conditions that include symptoms of psychosis most commonly emerge in late adolescence or early adulthood. Symptoms can include hallucinations or delusions. These experiences can impair an adolescent's ability to participate in daily life and education and often lead to stigma or human rights violations. Schizophrenia occurs in 0.1% of 15–19-year-olds.

#### **(e) Suicide and self-harm**

Suicide is the third leading cause of death in older adolescents and young adults (15–29 years) (2). Risk factors for suicide are multifaceted, and include harmful use of alcohol, abuse in childhood, stigma against help-seeking, barriers to accessing care and access to means of suicide. Digital media, like any other media, can play a significant role in either enhancing or weakening suicide prevention efforts.

#### **(f) Risk-taking behaviors**

Many risk-taking behaviors for health, such as substance use or sexual risk-taking, start during adolescence. Risk-taking behaviors can be an unhelpful strategy to cope with emotional difficulties and can severely impact an adolescent's mental and physical well-being.

Young people are especially vulnerable to developing harmful substance use patterns that can persist across the lifespan. In 2019, the prevalence of alcohol use among 15–19-year-olds was high worldwide (22%) with very few gender differences, and showing an increase in consumption in some regions.

The use of tobacco and cannabis are additional concerns. Many adult smokers had their first cigarette prior to the age of 18 years. In 2022, the prevalence of cannabis use among adolescents was higher than that of adults globally (5.5 per cent compared with 4.4 per cent, respectively).

Perpetration of violence is a risk-taking behavior that can increase the likelihood of low educational attainment, injury, involvement with crime or death. Interpersonal violence was ranked among the leading causes of death of older adolescents in 2021.

*From: World Health Organization. (2025). Adolescent mental health (Fact sheet).*

## **Annexure 2**

### **Social Media and Youth Mental Health: The U.S. Surgeon General’s Advisory [Internet].**

#### **Social Media: As a risk factor**

Social media use by youth is nearly universal. Up to 95% of youth ages 13–17 report using a social media platform, with more than a third saying they use social media “almost constantly.” Although age 13 is commonly the required minimum age used by social media platforms in the U.S., nearly 40% of children ages 8–12 use social media.<sup>4</sup> Despite this widespread use among children and adolescents, robust independent safety analyses on the impact of social media on youth have not yet been conducted. There are increasing concerns among researchers, parents and caregivers, young people, healthcare experts, and others about the impact of social media on youth mental health.

More research is needed to fully understand the impact of social media; however, the current body of evidence indicates that while social media may have benefits for some children and adolescents, there are ample indicators that social media can also have a profound risk of harm to the mental health and well-being of children and adolescents. At this time, we do not yet have enough evidence to determine if social media is sufficiently safe for children and adolescents.

#### **Social Media Has Both Positive and Negative Impacts on Children and Adolescents**

The influence of social media on youth mental health is shaped by many complex factors, including, but not limited to, the amount of time children and adolescents spend on platforms, the type of content they consume or are otherwise exposed to, the activities and interactions social media affords, and the degree to which it disrupts activities that are essential for health like sleep and physical activity.<sup>6</sup> Importantly, different children and adolescents are affected by social media in different ways, based on their individual strengths and vulnerabilities, and based on cultural, historical, and socio-economic factors. There is broad agreement among the scientific community that social media has the potential to both benefit and harm children and adolescents.

Brain development is a critical factor to consider when assessing the risk for harm. Adolescents, ages 10 to 19, are undergoing a highly sensitive period of brain development. This is a period when risk-taking behaviors reach their peak, when well-being experiences the greatest fluctuations, and when mental health challenges such as depression typically emerge. Furthermore, in early adolescence, when identities and sense of self-worth are forming, brain development is especially susceptible to social pressures, peer opinions, and peer comparison. Frequent social media use may be associated with distinct changes in the developing brain in the amygdala (important for emotional learning and behavior) and the prefrontal cortex (important for impulse control, emotional regulation, and moderating social

behavior), and could increase sensitivity to social rewards and punishments. As such, adolescents may experience heightened emotional sensitivity to the communicative and interactive nature of social media. Adolescent social media use is predictive of a subsequent decrease in life satisfaction for certain developmental stages including for girls 11–13 years old and boys 14–15 years old. Because adolescence is a vulnerable period of brain development, social media exposure during this period warrants additional scrutiny.

### **The Potential Benefits of Social Media Use Among Children and Adolescents**

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Social media can provide benefits for some youth by providing positive community and connection with others who share identities, abilities, and interests. It can provide access to important information and create a space for self-expression. The ability to form and maintain friendships online and develop social connections are among the positive effects of social media use for youth. These relationships can afford opportunities to have positive interactions with more diverse peer groups than are available to them offline and can provide important social support to youth. The buffering effects against stress that online social support from peers may provide can be especially important for youth who are often marginalized, including racial, ethnic, and sexual and gender minorities. For example, studies have shown that social media may support the mental health and well-being of lesbian, gay, bisexual, asexual, transgender, queer, intersex and other youths by enabling peer connection, identity development and management, and social support. Seven out of ten adolescent girls of color report encountering positive or identity-affirming content related to race across social media platforms. A majority of adolescents report that social media helps them feel more accepted (58%), like they have people who can support them through tough times (67%), like they have a place to show their creative side (71%), and more connected to what's going on in their friends' lives (80%). In addition, research suggests that social media-based and other digitally-based mental health interventions may also be helpful for some children and adolescents by promoting help-seeking behaviors and serving as a gateway to initiating mental health care.

### **The Potential Harms of Social Media Use Among Children and Adolescents**

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Over the last decade, evidence has emerged identifying reasons for concern about the potential negative impact of social media on children and adolescents.

A longitudinal cohort study of U.S. adolescents aged 12–15 (n=6,595) that adjusted for baseline mental health status found that adolescents who spent more than 3 hours per day on social media faced double the risk of experiencing poor mental health outcomes including symptoms of depression and anxiety.

As of 2021, 8th and 10th graders now spend an average of 3.5 hours per day on social media. In a unique natural experiment that leveraged the staggered introduction of a social media platform across U.S. colleges, the roll-out of the platform was associated with an increase in depression (9% over baseline) and anxiety (12% over baseline) among college-aged youth (n = 359,827 observations). The study's co-author also noted that when applied across the entirety of the U.S. college population, the introduction of the social media platform may have contributed to more than 300,000 new cases of depression. If such sizable effects occurred in college-aged youth, these findings raise serious concerns about the risk of harm

from social media exposure for children and adolescents who are at a more vulnerable stage of brain development.

Limits on the use of social media have resulted in mental health benefits for young adults and adults. A small, randomized controlled trial in college-aged youth found that limiting social media use to 30 minutes daily over three weeks led to significant improvements in depression severity. This effect was particularly large for those with high baseline levels of depression who saw an improvement in depression scores by more than 35%. Another randomized controlled trial among young adults and adults found that deactivation of a social media platform for four weeks improved subjective well-being (i.e., self-reported happiness, life satisfaction, depression, and anxiety) by about 25–40% of the effect of psychological interventions like self-help therapy, group training, and individual therapy.

In addition to these recent studies, correlational research on associations between social media use and mental health has indicated reason for concern and further investigation. These studies point to a higher relative concern of harm in adolescent girls and those already experiencing poor mental health, as well as for particular health outcomes like cyberbullying-related depression, body image and disordered eating behaviors, and poor sleep quality linked to social media use. For example, a study conducted among 14-year-olds ( $n = 10,904$ ) found that greater social media use predicted poor sleep, online harassment, poor body image, low self-esteem, and higher depressive symptom scores with a larger association for girls than boys. A majority of parents of adolescents say they are somewhat, very, or extremely worried that their child's use of social media could lead to problems with anxiety or depression (53%), lower self-esteem (54%), being harassed or bullied by others (54%), feeling pressured to act a certain way (59%), and exposure to explicit content (71%).

## Summary

### What Policymakers Can Do

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Policymakers play an important role in addressing the complex and multifaceted issues related to social media use and in protecting youth from harm.

- **Strengthen protections to ensure greater safety for children interacting with all social media platforms,**
- **Develop age-appropriate health and safety standards for technology platforms.**
- **Require a higher standard of data privacy for children to protect them from potential harms like exploitation and abuse.**
- **Pursue policies that further limit access—in ways that minimize the risk of harm—to social media for all children**
- **Ensure technology companies share data relevant to the health impact of their platforms** with independent researchers and the public in a manner that is timely, sufficiently detailed, and protects privacy.

- **Support the development, implementation, and evaluation of digital and media literacy curricula in schools and within academic standards.** Digital and media literacy provides children and educators with digital skills to strengthen digital resilience, or the ability to recognize, manage, and recover from online risks (e.g., cyberbullying and other forms of online harassment and abuse, as well as excessive social media use).
- **Support increased funding for future research** on both the benefits and harms of social media use and other technology and digital media use for children, adolescents, and families.
- **Engage with international partners** working to protect children and adolescents against online harm to their health and safety.

## What Technology Companies Can Do

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Technology companies play a central role and have a fundamental responsibility in designing safe online environments and in preventing, minimizing, and addressing the risks associated with social media.

- **Conduct and facilitate transparent and independent assessments of the impact of social media products and services on children and adolescents.** Assume responsibility for the impact of products on different subgroups and ages of children and adolescents, regardless of the intent behind them.

**Be transparent and share assessment findings and underlying data** with independent researchers and the public in a privacy protecting manner.

**Assess the potential risks of online interactions and take active steps to prevent potential misuse,** reducing exposure to harms. When proactive responses fail, take immediate action to mitigate unintended negative effects.

**Establish scientific advisory committees to inform approaches and policies** aimed at creating safe online environments for children. Scientific advisory committees should be comprised of independent experts and members of user subgroups, including youth.

- **Prioritize user health and safety in the design and development of social media products and services.** Prioritize and leverage expertise in developmental psychology and user mental health and well-being in product teams to minimize risks of harm to children and adolescents.

**Ensure default settings for children are set to highest safety and privacy standards.** Provide easy-to-read and highly visible information about policies regarding use by children.

**Adhere to and enforce age minimums** in ways that respect the privacy of youth users.

- **Design, develop, and evaluate platforms, products, and tools that foster safe and healthy online environments for youth**, keeping in mind the needs of girls, racial, ethnic, and sexual and gender minorities. The platform design and algorithms should prioritize health and safety as the first principle, seek to maximize the potential benefits, and avoid design features that attempt to maximize time, attention, and engagement.
- **Share data relevant to the health impact of platforms and strategies employed to ensure safety and well-being** with independent researchers and the public in a manner that is timely and protects privacy.
- **Create effective and timely systems and processes to adjudicate requests and complaints from young people, families, educators, and others** to address online abuse, harmful content and interactions, and other threats to children’s health and safety. Social media platforms should take these complaints seriously, thoroughly investigate and consider them, and respond in a timely and transparent manner.

### What Parents and Caregivers Can Do

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The onus of mitigating the potential harms of social media should not be placed solely on the shoulders of parents and caregivers, but there are steps they can take to help protect and support children and adolescents against the risk of harm.

- **Create a family media plan.** Agreed-upon expectations can help establish healthy technology boundaries at home – including social media use. A family media plan can promote open family discussion and rules about media use and include topics such as balancing screen/online time, content boundaries, and not disclosing personal information. For information on creating a family media plan, visit [www.healthychildren.org/MediaUsePlan](http://www.healthychildren.org/MediaUsePlan).
- **Create tech-free zones and encourage children to foster in-person friendships.** Since electronics can be a potential distraction after bedtime and can interfere with sleep, consider restricting the use of phones, tablets, and computers for at least 1 hour before bedtime and through the night. Consider keeping family mealtimes and in-person gatherings device-free to build social bonds and engage in a two-way conversation. Help your child develop social skills and nurture his or her in-person relationships by encouraging unstructured and offline connections with others and making unplugged interactions a daily priority. See the American Academy of Pediatrics (AAP) [guidelines for media use](#).
- **Model responsible social media behavior.** As children often learn behaviors and habits from what they see around them, try to model the behavior you want to see. Parents can set a good example of what responsible and healthy social media use looks like by limiting their own use, being mindful of social media habits (including when and how parents share information or content about their child), and modeling positive behavior on your social media accounts.

- **Teach kids about technology and empower them to be responsible online participants at the appropriate age.** Discuss with children the benefits and risks of social media as well as the importance of respecting privacy and protecting personal information in age-appropriate ways. Have conversations with children about who they are connecting with, their privacy settings, their online experiences, and how they are spending their time online. Empower and encourage them to seek help should they need it. Learn more about the benefits and risks of social media use and get guidance from experts at AAP's [Center of Excellence on Social Media and Youth Mental Health](#) and from the American Psychological Association's [Health Advisory on Social Media Use in Adolescence](#).
- **Report cyberbullying and online abuse and exploitation.** Talk to your child about their reporting options, and provide support, without judgment, if he or she tells or shows you that they (a) are being harassed through email, text message, online games, or social media or (b) have been contacted by an adult seeking private images or asking them to perform intimate or sexual acts. You or your child can report cyberbullying to the school and/or the online platform, or your local law enforcement. Visit [CyberTipline](#), [Take it Down](#), or contact your local law enforcement to report any instances of online exploitation.
- **Work with other parents to help establish shared norms and practices and to support programs and policies around healthy social media use.** Such norms and practices among parents facilitate collective action and can make it easier to set and implement boundaries on social media use for children.

## What Children and Adolescents Can Do

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The burden of mitigating the potential harms of social media does not rest solely on the shoulders of children and adolescents, but there are measures they can take to navigate social media in a safe and healthy way.

- **Reach out for help.** If you or someone you know is being negatively affected by social media, reach out to a trusted friend or adult for help. For information from experts, visit AAP's [Center of Excellence on Social Media and Youth Mental Health](#). If you or someone you know is experiencing a mental health crisis, contact the 988 Suicide and Crisis Lifeline by calling or texting 988 for immediate help.
- **Create boundaries to help balance online and offline activities.** Limit the use of phones, tablets, and computers for at least 1 hour before bedtime and through the night to enable sufficient and quality sleep. Keep mealtimes and in-person gatherings device-free to help build social bonds and engage in two-way conversations with others. Nurture your in-person relationships by connecting with others and making unplugged interactions a daily priority.
- **Develop protective strategies and healthy practices** such as tracking the amount of time you spend online, blocking unwanted contacts and content, learning about and using available privacy and safety settings, learning and utilizing digital media literacy

skills to help tell the difference between fact and opinion, and ensuring you are connecting with peers in-person. See this [Tip Sheet on Social Media Use and Mental Health](#) for healthy social media use created for and by young people.

- **Be cautious about what you share.** Personal information about you has value. Be selective with what you post and share online and with whom, as it is often public and can be stored permanently. If you aren't sure if you should post something, it's usually best if you don't. Talk to a family member or trusted adult to see if you should.
- **Protect yourself and others.** Harassment that happens in email, text messaging, direct messaging, online games, or on social media is harmful and can be cyberbullying. It might involve trolling, rumors, or photos passed around for others to see – and it can leave people feeling angry, sad, ashamed, or hurt. If you or someone you know is the victim of cyberbullying or other forms of online harassment and abuse:

**Don't keep online harassment or abuse a secret.** Reach out to at least one person you trust, such as a close friend, family member, counselor, or teacher, who can give you the help and support you deserve. Visit [stopbullying.gov](http://stopbullying.gov) for helpful tips on how to report cyberbullying. If you have experienced online harassment and abuse by a dating partner, contact an expert at [Love is Respect](#) for support or if your private images have been taken and shared online without your permission, visit [Take it Down](#) to help get them removed.

**Don't take part in online harassment or abuse.** Avoid forwarding or sharing messages or images and tell others to stop. Another way is to report offensive content to the site or network where you saw it.

## What Researchers Can Do

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Researchers play a critical role in helping to gain a better understanding of the full impact of social media on mental health and well-being and informing policy, best practices, and effective interventions.

- **Establish the impact of social media on youth mental health as a research priority and develop a shared research agenda.**<sup>102</sup> Research should include but not be limited to:

**Rigorous evaluation of social media's impact** on youth mental health and well-being, including longitudinal and experimental studies. This could also include research on specific outcomes and clinical diagnoses (e.g., sleep duration and quality, attention, depression, anxiety, and body image), among specific populations (e.g., racial, ethnic, and sexual and gender minorities), and based on specific aspects of social media (e.g., designs, features, and algorithms).

**Role of age, developmental stage, cohort processes, and the in-person environment** in influencing the onset and progression of poor mental health outcomes among social media users.

**Benefits and risks associated** with specific social media designs, features, and content.

**Long-term effects on adults** of social media use during childhood and adolescence.

- **Develop and establish standardized definitions and measures** for social media and mental health outcomes that are regularly evaluated and can be applied across basic research, population surveillance, intervention evaluation, and other contexts.
- **Evaluate best practices for healthy social media use** in collaboration with experts including healthcare providers, parents, and youth.
- **Enhance research coordination and collaboration.** Example opportunities include developing an accessible evidence database and forming a consortium of researchers focused on examining the positive and negative effects of social media on mental health and well-being. Researchers should work with community partners to make research findings publicly accessible and digestible.

### **Annexure 3 – HAT Toolkit**

<https://www.unicef.org/maldives/documents/helping-adolescents-thrive-toolkit>