

Executive summary

- There is a lack of good evidence examining the effects of social media or mobile device screen-time, likely due to the necessary delays in accumulating sufficient studies for systematic review.
- Our response draws comparisons with key evidence messages relating to the impact of screen-use and screen-time on mental health, which is largely based on our own systematic review evidence, and we feel adds a different dimension of evidence to this inquiry.
- The RCPCH find it concerning that so little research has been done into the benefits and harms from social media and mobile phone screen use when it affects almost all young people. We therefore call for more research to be conducted into the influences of social media on young people's lives, such that the benefits and harms can be further explored and addressed.
- Social media has many potential positive aspects for young people. In our systematic review, one review showed a curvilinear relationship between screen-time and depressive symptoms, suggesting that moderate use of digital technology might be important for social integration in adolescents in modern society.
- When considering health and wellbeing impact, it is important to ensure that the needs of vulnerable groups of children are not missed, including children who have experienced abuse, those on child protection plans and in acute or hospital settings.
- Due to the limited evidence for a threshold of screen-time, the RCPCH recommend that further research into screen-use thresholds and dose-response relationships is commissioned as a priority by the UK government before establishing similar guidance in the UK.
- Further evidence to inform screen-time guidance and protect children from the harms of time on screen should also consider potential wellbeing benefits of time on screens, including time using social media, and be used to support parents and carers in agreeing appropriate screen-use and time.

1. Introduction

1.1 The Royal College of Paediatrics and Child Health (RCPCH) welcomes the opportunity to respond to the APPG on Social Media and Young People's Mental Health and Wellbeing inquiry into managing the impact of social media on young people's mental health and wellbeing. Promoting both the physical and mental health and wellbeing of children and young people (CYP) is a continued priority area for RCPCH. In 2017 the RCPCH launched the landmark State of Child Health report which brought together data for the first time on a comprehensive list of 25 measures of the health of UK children. To inform the report we

consulted 326 CYP, with mental health emerging as a major area of concern as many CYP told us of specific anxieties around how to deal with mental health issues in themselves and others. Given this evidence of increasing concern, urgent action is needed to improve young people's mental health and wellbeing, and we are continuing to work with the government to explore how this can be done.

- 1.2** Our CYP are 'digital natives', growing up surrounded by digital information and entertainment on screens. Spending time on screens - from social media, to computers and television - is a major part of modern life, as well as a necessary part of modern education, with 1 in 5 children aged 8-11 years having a social media account, rising to 7 in 10 children aged 11-15 years.¹
- 1.3** We recognise that there is a lack of good evidence around the impact of social media on health, largely due to the relatively recent arrival of this technology. We have not yet done our own comprehensive literature research into this area, and therefore on many aspects of this inquiry we must defer to others who have conducted more research.
- 1.4** Our response draws comparisons with key evidence messages relating to the impact of screen-use and screen-time on mental health, which is largely based on our own systematic review evidence, and we feel adds a different dimension of evidence to this inquiry. As an appendix, we have also included quotes from a young person who recently completed work experience with us, and was happy for us to share her thoughts on some of the questions.
- 1.5** There is inconsistent evidence for the impact of screen-time on health. Led by RCPCH President Professor Russell Viner and the UCL Institute of Child Health, we undertook a systematic review of reviews (RoR) of the effects of any type of screen-time on CYP health and wellbeing outcomes. This research is pending publication and is currently being finalised for submission but is summarised here in brief for this inquiry, where relevant.
- 1.6** The abstracts of 389 articles were reviewed and 13 systematic reviews were identified that met our criteria. The reviews considered the association of screen-time with several domains of physical and mental wellbeing, including body composition (including obesity), diet and energy intake, mental health, cardiovascular risk, fitness and sleep.
- 1.7** We are in the process of writing up our screen-time research for publication. We are intending to follow this with a position statement and stakeholder event during 2018 and will keep the APPG informed of such relevant events.
- 1.8** We would very much welcome the chance to give evidence at any oral evidence sessions for this inquiry, especially around the key evidence messages for screen-time.

¹ Children and Parents: Media Use and Attitudes Report 2017, Ofcom (2017)
https://www.ofcom.org.uk/data/assets/pdf_file/0020/108182/children-parents-media-use-attitudes-2017.pdf p103

2. The Impact of Social Media on Mental Health and Wellbeing

Research gaps and calls

- *Is there any new research and/or new insights that have emerged since the original publication of the #StatusOfMind report in May 2017 that the inquiry panel should consider?*

- 2.1** It is important to note that published systematic reviews do not sufficiently examine the effects of social media or mobile device screen-time, likely due to the necessary delays in accumulating sufficient studies for systematic review. None have examined multiple concurrent screen use, which is something on the rise among CYP, for example using smartphones and social media whilst watching television. The lack of research into the use of mobile screens means it is unclear to what extent findings on screen-time can be generalised to social media and mobile screen use.
- 2.2** The RCPCH find it concerning that so little research has been done into the benefits and harms from social media and mobile phone screen use when it affects almost all young people. Indeed, the OECD has demonstrated that over a third of UK 15-year-olds are ‘extreme internet users’, using the internet for more than six hours outside of school on a typical weekend day. We therefore call for more research to be conducted into the influences of social media on young people’s lives, such that the benefits and harms can be further explored and addressed.
- 2.3** In addition, the lack of data on CYP mental health is a gap that needs urgent action. This is why the RCPCH have called for the government to repeat the Survey of the Mental Health of Children and Young People every three years and extend it to Northern Ireland, to identify the prevalence of mental health problems among CYP in order to aid the planning of healthcare services.

Positive areas of mental health and wellbeing impact

- *Which positive areas of mental health and wellbeing impact show the most promise and opportunity, and should be protected, promoted and enhanced?*
 - *Is a healthy, positive relationship with social media possible, or is it always necessarily a case of mitigating negatives?*
- 2.4** Social media has many potential positive aspects for young people, including connecting and staying in touch with family and friends, community involvement, sharing creative projects, and accessing health information, and there are growing arguments that digital media have significant health, social and cognitive benefits. Our systematic review into screen-time addressed the quantity of time spent on screens and did not investigate the impact of context or content on health outcomes. However, one review² did show a curvilinear relationship between screen-time and depressive symptoms, suggesting that moderate use of digital technology might be important for social integration in adolescents in modern society. It is important that the potential wellbeing benefits of social media use are further and fully understood, and we welcome this opportunity to work with the government on looking at how to explore this further.

² Suchert et al. Sedentary behavior and indicators of mental health in school-aged children and adolescents: A systematic review. *Preventive Medicine* 2015;76:48-57.

Negative areas of mental health and wellbeing impact

- Which negative areas of mental health and wellbeing impact of social media are of most concern and should be prioritised for action?

2.5 In our systematic review, there is very limited evidence (from only one review) for an association of social media screen-time and depressive symptoms.³ However, we recognise that there is an increasing body of policy reporting on social media and children's mental health^{4,5} which has identified a range of risks associated with social media, including sharing too much information, cyber-bullying, influence on body image, and access to harmful content and advice. The Office for National Statistics national wellbeing survey in 2015 identified a "clear association" between longer time spent on social media and mental health issues.⁶ The OECD has reported a statistically significant difference in life satisfaction score between extreme internet users (6.59 out of 10) compared to moderate users (7.4 out of 10)⁷. This is a worrying body of statistics that needs urgent attention and further analysis of causality.

2.6 Looking specifically to online-safety, last year, the NSPCC's Net Aware survey found that four out of five young people thought that social media sites are not doing enough to protect them from harm online⁸. In research by Childnet, 6% of young people said that their intimate images had been used to threaten or blackmail them.⁹

Social inequalities, and areas of health and wellbeing impact not covered by #StatusOfMind

- Are there any areas of health and wellbeing impact that you feel were not adequately covered by the #StatusOfMind report?
- Does the health and wellbeing impact of social media vary across different demographics and socio-economic groups, i.e. is there a health inequalities angle to consider?

2.7 Reducing inequalities must be at the heart of improving mental health and wellbeing. More directly, strengthening the position of children and young people in society is essential to improve children's wellbeing. This includes cultural factors relating to the valuation of children in society and protecting young people's rights to respect and control over their lives, as guaranteed by the UN Convention on the Rights of the Child.

2.8 When considering health and wellbeing impact, it is important to ensure that vulnerable groups of children are not missed. This includes children who are less likely to engage in mainstream services, including care leavers, refugees, those involved in the criminal justice system and those not in schools. In addition, the particular needs of groups of more vulnerable children, including children who have experienced abuse, those on child protection plans and in acute or hospital settings, need to be considered.

³ Hoare et al. The associations between sedentary behaviour and mental health among adolescents: a systematic review. *International Journal of Behavioral Nutrition and Physical Activity* 2016;13(108)

⁴ Emily Frith – Social media and children's mental health: a review of the evidence. https://epi.org.uk/wp-content/uploads/2018/01/Social-Media_Mental-Health_EPI-Report.pdf

⁵ Royal Society for Public Health - #StatusOfMind. <https://www.rsph.org.uk/uploads/assets/uploaded/62be270a-a55f-4719-ad668c2ec7a74c2a.pdf>

⁶ Measuring National Wellbeing: Insights into children's mental health and well-being, ONS, 2015

⁷ PISA 2015 Results Students Wellbeing Volume III, OECD, April 2016

⁸ Freedom to Express Myself Safely: How young people navigate opportunities and risks in their online lives, (NSPCC: London) 2017. <https://www.nspcc.org.uk/globalassets/documents/research-reports/net-aware-freedom-to-express-myself-safely.pdf>

⁹ Young People's Experiences of Online Sexual Harassment: A cross-country report from project deSHAME, December 2017. http://www.childnet.com/ufiles/Project_deSHAME_Dec_2017_Report.pdf

3. Responsibility and Regulation

- *Where does the balance and distribution of responsibility for managing the impact of social media on young people lie?*
- *Does the social media industry need Government regulation to address health and wellbeing impact, or is self-regulation a workable solution?*

3.1 We welcome the NSPCC Wild West Web campaign¹⁰ and agree that the government should be working to implement laws to keep social media companies in check and keep young people safe on their sites. The role of government should also be to work with industry, schools and families to ensure CYP are supported and taught to learn important digital skills to improve online-safety and resilience. Social media and screen-use is a continually growing, fast-moving industry, and good resilience skills will underpin efforts to keep children and young people safe.

- *What is the industry doing and what more it could do to address these issues, e.g. by refining its product both in terms of technological solutions and ethical practice?*

3.2 In August 2018, Facebook and Instagram announced that they will be introducing tools to help users manage their time on these social networks. Whilst we welcome the fact that social media companies are starting to address some of the issues associated with social media use, time limits do not address the fact that there are still no consistent safety standards in place for children. This continued lack of responsibility from social media companies to look into child safety and protection means that government legislation must include a mandatory child safety code with an independent regulator to enforce consequences for those who don't follow those rules.

- *Does the Government's draft code of practice for providers of online social media platforms, included in Annex B of their response to the internet safety strategy green paper, adequately address the health and wellbeing impacts of social media? Why or why not, and what else should or shouldn't be included?*

3.3 We remain committed to the joint NSPCC #WildWestWeb campaign and asks¹¹, and believe that the code should include:

1. An independent regulator for social networks with fining powers.
2. A mandatory code which introduces Safe Accounts for children; grooming alerts using algorithms; and fast-tracking of reports to moderators which relate to child safety.
3. Mandatory transparency reports forcing social networks to disclose how many safety reports they get and how they deal with those reports.

Guidelines and regulation - our thoughts on thresholds for social media use

- *What is the potential role of Government action and legislation?*
- *Is it possible to establish official guidelines for the extent and nature of healthy or low-risk social media usage, in a similar manner to drinking guidelines or the body mass index? How should these be formulated?*
- *What should any potential guidelines or regulation look like? Are there any elements you particularly feel an industry Code of Conduct should or should not include?*

¹⁰ NSPCC – Wild West Web. August 2018 <https://www.nspcc.org.uk/what-we-do/campaigns/wild-west-web/>

¹¹ NSPCC – Wild West Web. August 2018 <https://www.nspcc.org.uk/what-we-do/campaigns/wild-west-web/>

- 3.4** No authoritative body has issued guidance on screen-time and media use for children in the UK. The American Academy of Paediatrics (AAP) updated its screen-time guidelines in 2016 to include recommendations for families around media viewing. This included recommendations to limit screen-time for 2-5-year olds to 1 hour per day of high quality programs, and for parents to limit screen-time in agreement with CYP six years and older.¹²
- 3.5** Our systematic review on screen-time has demonstrated that evidence for a dose-response relationship between screen-time and health outcomes is generally weak. There is moderate evidence for a dose-response relationship between depression and health-related quality of life with the amount of time spent on screens, however there is only weak evidence for a particular threshold or cut-point in terms of a recommended number of hours of screen-time (in this case, for a threshold of ≥ 2 hours daily screen-time).¹³
- 3.6** There is moderate evidence that screen-time (including time using social media) is associated with higher intake of energy-dense foods, and this is one of a number of reasons why we, as a steering group member of the Obesity Health Alliance, believe that the government should introduce a 9pm watershed for adverts for food and drink products high in fat, sugar and salt (HFSS)¹⁴. Loopholes in regulations mean the most popular programmes with children, including those watched online, do not have the same safeguards on HFSS advertising as programmes watched only by children. To protect our children from adverts that we know can influence their food preferences, choices, and consumption, the Government should extend existing regulations to restrict HFSS advertising where children are exposed to the most HFSS advertising, which includes social media.
- 3.7** Due to the limited evidence for a threshold of screen-time, the RCPCH recommend that further research into screen-time thresholds and dose-response relationships is commissioned as a priority by the UK government before establishing similar guidance in the UK. Further evidence to inform screen-time guidance and protect children from the harms of time on screen should also consider potential wellbeing benefits of time on screens, including time using social media, and be used to support parents and carers in agreeing appropriate screen-use and time.

4. Innovation and Solutions

- 4.1** Clear strategies and guidance to raise awareness of the benefits and harms of screen-use are needed. The Children's Commissioners 5 A Day Digital strategy¹⁵ is a step in the right direction in helping parents and young people in establishing common ground for use of the internet. We believe that more work in this area is needed, and clearer guidelines for screen-time and social media use for parents should be issued nationally by the government.

¹² Reid et al. Children and Adolescents and Digital Media. *Pediatrics* 2016;138(5)

¹³ Carson et al. Systematic review of sedentary behaviour and health indicators in school-aged children and youth: an update. *Applied Physiology, Nutrition, and Metabolism* 2016;41(6):S240-65.

¹⁴ OHA – A Watershed Moment, 2017. <http://obesityhealthalliance.org.uk/wp-content/uploads/2017/11/A-Watershed-Moment-report.pdf>

¹⁵ Children's Commissioner Digital 5 A Day <https://www.childrenscommissioner.gov.uk/2017/08/06/digital-5-a-day/>

Education and building resilience

- *Is it possible to address the impact of social media on young people through education, user-end solutions, or are fundamental changes to platforms required?*
- *What is the role of education and awareness in promoting digital skills and healthier social media usage, including among parents, young people, and those who work with them? What does effective social media education look like?*
- *What can be done to empower young people and what can they do themselves to better manage their social media usage for the good of their mental health and wellbeing?*

4.2 We would encourage awareness raising of online safety risks in schools through the PSHE curriculum, and are pleased to see acknowledgement of this in the latest statutory guidance issued for consultation. The RCPCH believes that the teaching of safe online relationships should be in combination with wider online safety issues to ensure that young people are equipped to manage the complexities of the modern digital world. This learning should be embedded within a wider programme which covers related issues such as body image, mental health and wellbeing and self-esteem, and which also addresses the positive aspects of engaging with the online world.

4.3 A recent focus group with 15 young people aged 11-25 years identified cyber security, managing your online presence, awareness, unrealistic behaviours and expectations portrayed in media and social media as areas to be addressed within the PSHE curriculum. This further reinforces the importance of embedding Relationships and Sex Education (RSE) within a wider statutory PSHE programme which would facilitate a curriculum where online safety is addressed across all relevant areas in order to improve emotional wellbeing and resilience.

4.4 We would advocate for online tools such as MindEd¹⁶, a cross-professional e-learning tool, to be used by teachers to support their professional development and give them the knowledge to support CYP's wellbeing. The platform includes eLearning on Children and Young People's Digital Lives, Online Risk and Resilience, and Online Safety and Wellbeing in addition to a wider programme of sessions on mental and physical health and wellbeing, and has been developed by experts in child and adolescent mental health.

Key Resources

- Stiglic N, Viner RM. The effects of screentime on the health and well-being of children and adolescents: a systematic review of reviews. 2018, pre-publication.
- Viner RM. *State of Child Health: Report 2017*. London: Royal College of Paediatrics & Child Health, 2017

¹⁶ MindEd E-learning - <https://www.minded.org.uk/>

About the RCPCH

The College is a UK organisation which comprises over 15,000 members who live in the UK, Ireland and abroad and plays a major role in postgraduate medical education, as well as professional standards.

The College's responsibilities include:

- setting syllabuses for postgraduate training in paediatrics
- overseeing postgraduate training in paediatrics
- running postgraduate examinations in paediatrics
- organising courses and conferences on paediatrics
- issuing guidance on paediatrics
- conducting research on paediatrics
- developing policy messages and recommendations to promote better child health outcomes
- service delivery models to ensure better treatment and care for CYP

We would very much welcome the chance to give evidence at any oral evidence sessions for this inquiry, especially around the key evidence messages for screen-time.

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Appendix

Quotes from our 16-year old work-experience student, who conducted a short piece of work looking at the #StatusofMind report:

The Impact of Social Media on Mental Health and Wellbeing

"The two areas of most concern are the depression caused by social media use which could spiral into risk of suicide, and the eating issues that arise especially in women, that cause physical damage to the individual, as well as mental."

"Social media allows increased self-expression within young people as they can explore who they are as people through social media, at a crucial time in their life. "

"Some groups are more affected than others- eg. in looked after children (those in care or receiving accommodation from a local authority) the rates of mental disorders are between four and five times higher than for young people in the general population. Also LGBT young people are four times more likely to suffer major depression."

A Healthy Relationship with Social Media

"Yes, if it is used sensibly and in a way that doesn't result in the individual becoming addicted, social media can benefit a person greatly."

"Removing certain apps from your phone in periods where you need to focus your attention on other priorities, thinking before posting thoughts, photos and other media as what you post can have serious consequences, stepping away from online arguments and trolls and not entertaining them, and finally, keep social media out of the bedroom for a better quality of sleep."

"Time guidelines could be put in place to limit the usage of social media each day, however they should be calculated taking into account the individual's age and occupation."

Responsibility and Regulation

"It is easy to address this topic through education as schools can implement workshops and talks/discussions to inform young people about safe use of social media"

Innovation and Solutions

"They could issue warnings when a certain app has been in use for too long, or place time limits on applications. "

"Promoting digital skills amongst parents and young people can allow them to stay further informed on what they are using meaning they can have a clearer understanding of risks and impacts of social media."