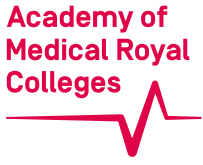
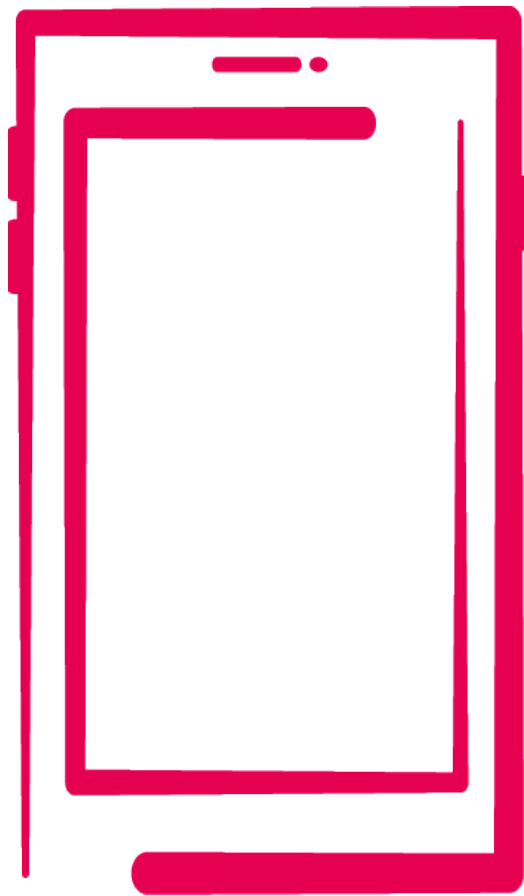


May 2026



Growing up in the online world: a national consultation

Academy submission
to DSIT



'We are seeing a wave of radicalised children, presenting after years of social isolation and online influence, who pose a real, and potentially catastrophic, risk to society.

There is no diagnosis, intervention pathway or prescribed medication to mitigate this. Instead, they are left broken, passed panic-stricken between services, at monumental cost to young lives, families, public services and the future work force.'

Dr. Emily Sehmer
Consultant Child Psychiatrist

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Foreword

There can be few issues which have united clinicians so resoundingly in recent years as the impact that unfettered exposure to tech and devices is currently having on children and young people's health. It ranks alongside smoking and wearing seatbelts in cars as a unifying force for the medical profession.

And while there are those that may argue about a correlation rather than direct evidence of causation as some did in the sixties and seventies with smoking and seatbelts, there is, I think, an overwhelming consensus that excessive screen time can harm children and young people and we need to call this out unflinchingly rather than passively wait for someone else to prove causation.

It was for this reason, on the 2nd October, 2025, the Academy of Medical Royal Colleges, which I have been pleased to chair for the last three years, held a round table to assess the scale of the issue — which back then, was just beginning to be talked about, but had no refined plan for action in the UK.

By any measure, it was an extraordinary meeting not just because of the moving personal testimony of the many clinicians attending, but because it gave participants a glimpse of the cross-specialty reach and sheer scale of the problem. Then, as now, it seemed not a single branch of medicine was immune from the issue. From the GP dealing with a dramatic rise in adolescents seeking help for their anxiety or body image issues, to Emergency Department doctors dealing with teenagers being rushed in with loss of vision or hearing — symptoms of non-fatal strangulation. Paediatricians, Psychiatrists, Optometrists, Obstetricians and Gynaecologists, as this submission shows, all reported seeing some form of health harm to a child or young person daily.

But, while there are alarm bells ringing across the frontline of care, technology, when used well can also deliver benefit. We do not therefore think the medical profession should be telling children, young people, parents and society what must be done — that is a job for elected politicians and the wider population — the Government is to be congratulated on asking the Department of Science, Innovation and Technology (DSIT) to consult on this matter. A sign, at least, that policy makers are beginning to catch up with clinical concerns as well as public opinion.

It is our job though, to gather evidence about the issue from a medical perspective and make recommendations which will support and enable all colleagues and the wider healthcare system to keep children and young people safe as they navigate the online world. Our proposed next steps, which could support clinicians to identify and address harms, are aimed at the medical profession and could be implemented rapidly at low or no cost.

We know too, that other professional groups such as teachers, social workers and the police will have equally valid points to make, or solutions to propose, and we look forward to working with those groups to end what many clinicians are beginning to identify as a public health emergency.

This submission is in four parts:

- The scale of the problem in the UK
- The impact that the problem is having on frontline healthcare
- How other countries are tackling the problem
- What international research suggests.

I am grateful to colleagues in the Academy and in our 22 member colleges for their contribution to this work. In the interests of patient safety and confidentiality some details and potentially identifying information have been withheld or altered to protect victims.

And finally, this is not a comfortable read. It is not our intention to shock — but it is important for us to share a true picture of the real-life harms medical professionals are seeing in healthcare today. This is not something any one specialty should lead on — we all need to face the challenge head on with honesty and compassion.

Jeanette Dickson

Chair, Academy Medical Royal Colleges

About this submission

This is being submitted to the Department for Science, Innovation and Technology (DSIT) as part of its UK-wide consultation [Growing up in the online world](#).

The consultation did not lend itself to a submission by a professional body. Therefore, the Academy is pleased that the Secretary of State for DSIT [confirmed to the House of Commons](#) on the 20th of January that she welcomes this contribution. It is on this basis that this short submission has been compiled.

The Academy's work on this subject began on the 2nd of October 2025, with a roundtable co-chaired by the Baroness Cass and the Baroness Kidron. There were more than 30 attendees including medical experts, politicians and special interest groups. [Appendix 3]

While there is some debate about what constitutes harm to a child or young person from technology or devices, the Academy has deliberately chosen to use as broad or inclusive a definition as possible. Harm, in this context can mean physical harm, such as injuries caused by replicating acts of extreme pornography, or harms to a child's mental health such as trauma caused by watching acts of violence online. Often physical and psychological harm are present at the same time. One contributor, a GP, reported treating a child with bed sores because her addiction to social media meant she was so addicted to online content she felt unable to leave her bed.

A Home Office psychiatrist who attended the October meeting revealed that UK studies show half of all 13-14-year-olds will have watched a beheading video.



While indirect harms to physical health can occur, there can equally be a direct impact on normal physical functioning. A senior optometrist told the roundtable event that the World Health Organization (WHO) says 3.4 billion people will be short-sighted by 2030, which is up from 2.6 billion in 2020. In the UK today one in six children aged 12-13 are short-sighted, that figure rises to more than one in four in 15-16-year-olds. In South Korea 96.5% of 19-year-old males are reportedly short-sighted.

This report also takes a pragmatic view about what constitutes a device. In short, it's anything that has a screen and can be held by hand. Laptop computers and gaming devices are not in scope. As consultant psychiatrist, Dr Matthew Sadler, President of the Irish Medical Organisation, told the round table,

'It's a device you use in private — you don't share the viewing experience with others as we used to do growing up watching the telly with mum and dad in the front room.'

One in five children aged 3-5 in the UK have their own phone.

More than a third of 3-5-year-olds use social media.¹

Finally, there are many who say, 'this is merely the world in which we live — we cannot unplug the internet or pretend social media doesn't exist.' This is, of course, true. But that does not mean we cannot and should not make it safer if we can.

'What we have now is a situation where we are allowing children, and in some cases very young children, uncontrolled access to content via a small hand-held super-computer at anytime, anywhere. Worse still a lot of the content they are viewing is designed to be addictive, because it's part of the attention economy² — the more shocking, the more controversial, the more provocative it is, the more likes, clicks and shares the content gets. So, in the end it's about money. But what do we do? Nothing. We normalise it — we ignore it and sometimes it's us, the parents that are just as addicted too.'

Roundtable participant

1. OFCOM (2025) *UK's media lives*

2. Attention economy refers to the incentives of advertising-driven companies, in particular, to maximise the time and attention their users give to their product.

The scale of the problem

Even though there have been more than 200 systematic reviews and hundreds more in-depth academic studies globally in the last decade, all specifically focusing on the impact of excessive use of tech and devices on children and young people, there is remarkably little concrete data about the scale of the problem in the UK today. For example, doctors do not routinely enquire about access to tech and devices, or access to online content when taking a patient's history. This means we have no understanding of the true impact to their health in the way we might understand their relationship with alcohol, smoking or exercise.

For this reason, the Academy commissioned two 'snap-shot studies' of clinicians' experiences when treating children and young people. Respondents were asked how often they had seen a child/young person where they suspected the presentation could be linked to exposure to screens and devices.

The first study was carried out by the Royal College of General Practitioners and was designed to get a sense of the scale of the problem in primary care and confirm or refute what many GPs have been reporting informally in recent years.

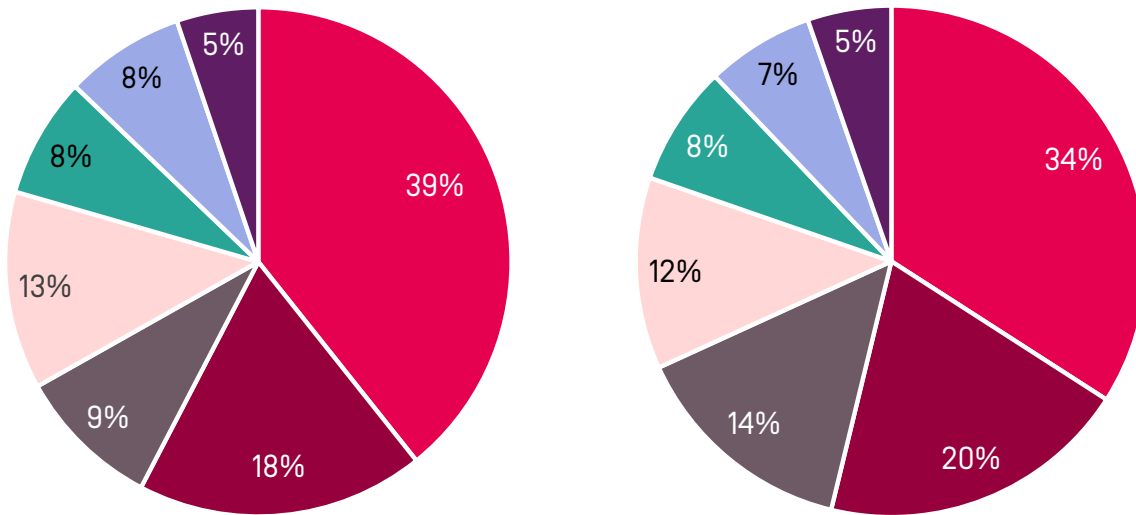
It found that in the last three months, more than half of 132 respondents saw at least one case of health harm that could be related to tech and devices every week. Over a third said they had seen evidence of harm multiple times per week.

A second, parallel study was conducted among a broader group of 327 clinicians, which included Child and Adolescent Mental Health Services (CAMHS) professionals, clinical psychologists and psychiatrists. The findings were broadly similar.

Figure 1. On average in the last 3 months, how often have you seen a child/young person where you suspected the presentation could be linked to exposure to screens and devices

Royal College of General Practitioners
n=132

Academy of Medical Royal Colleges
n=327



In addition, the second study asked for brief anecdotal evidence of what staff are seeing on the frontline. The results were wide-ranging and disturbing.

A ten-year-old boy who was addicted to social media had become so obsessed with gore and murder he had killed a pigeon, the family pet and had even cut open his own arm to look at blood vessels. [GP]

Numerous young female patients self-harming for the validation of men who fetishise it online. [GP]

A 14-year-old boy amputated his own finger and according to the clinician treating him, 'intends to go further'. [Consultant Psychiatrist]

Multiple children with Category A, B, and C indecent images of children on their devices. The child sexual abuse material [CSAM]³ of children depicted has been between the ages of 4 and 10 and the offending children tend to be between 14-17. [CAMHS Consultant]

3. CSAM refers to any visual content — photos, videos, livestreams, or AI-generated images — that shows a child being sexually abused or exploited. It is not 'child pornography'. It's evidence of child sexual abuse — and it's a crime to create, distribute or possess. [RAINN](#).

In the last six months one CAMHS crisis clinician had dealt with:

- A child taking their own life after viewing online content.
- A child attending the Emergency Department distressed after joining a virtual suicide pact with children from several other schools.
- A child threatening to kill family members with a weapon having watched torture videos on readily accessible social media sites — not the dark web.
- A child attending the Emergency Department having taken an overdose, after watching TikTok videos that set out the type and amount of drug to take based on body weight and what effects to expect.
- A young person unable to attend school after being filmed in the school toilets. The video was then shared and seen by thousands of people on social media.
- A young person being groomed online to make sexually explicit content for money.

This is just a small representative sample from more than a hundred that were submitted to the study.

Many of the snap-shot study's respondents noted that often, but not always, the victims of online harm come from deprived backgrounds or are living in difficult family environments.

Clinicians also reported children with signs of neurodiversity are more likely to face harm from uncontrolled access to tech and devices.

In 2024 the Education Select Committee⁴ reported,

'Children in care, care leavers, young carers, children experiencing poverty and children with additional needs are more susceptible to online harms. This group are more susceptible either because of their increased use of screens in comparison to other children, or because of their decreased ability to approach and interact with social media in a self-protective manner.'



4. House of Commons Education Committee. (2024) *Screen time: impacts on education and wellbeing*.

The problem is the addictive nature of much of the content online. The algorithms which drive it are designed to keep people hooked — often creating a compulsive usage loop, like a slot machine. They use AI to analyse your preferences creating a personalised feedback loop that triggers dopamine releases.

'If you go into a shop and you realise it's not for you, you can leave. With social media it's like there are these arms dragging you back to the content because you happened to look at something for a few seconds too long.'

*Dr Matthew Sadler,
President of the Irish Medical Organisation*

Children, in most cases, do not actively search for harmful content [at least initially]. It incrementally builds up in their feeds, diminishing 'normal' content while normalising extreme content. With no life experience to draw on, they begin to view the online world as normal. The content children see on social media is very different to that of their parents. This isn't just about the harms of passive screen watching and an increase in sedentary lifestyle. Pornography, for example, is easily accessible to children on social media sites, rather than having to search for specific pornography sites. Similarly social media platforms have increasingly become one of the most popular types of platforms used by convicted extremists.⁵

13 is the average age that children first see pornography

59% of children first saw pornography by accident

27% of children had seen pornography by age 11⁶

5. Kenyon et al. (2022) *The Internet and radicalisation pathways: technological advances, relevance of mental health and role of attackers*. Ministry of Justice Analytical Series.

6. OFCOM. (2023) *Implementing the Online Safety Act: Protecting children from online pornography*.

The impact on the frontline of healthcare

Late-night scrolling is common. A significant amount of the time online spent by children is at night: across four of the main services used by children – YouTube, Snapchat, TikTok and WhatsApp – 15-24% of the time spent for the whole 8-14 age range happens between 9pm and 5am and 4-10% of usage happens after 11pm, depending on the platform.⁷

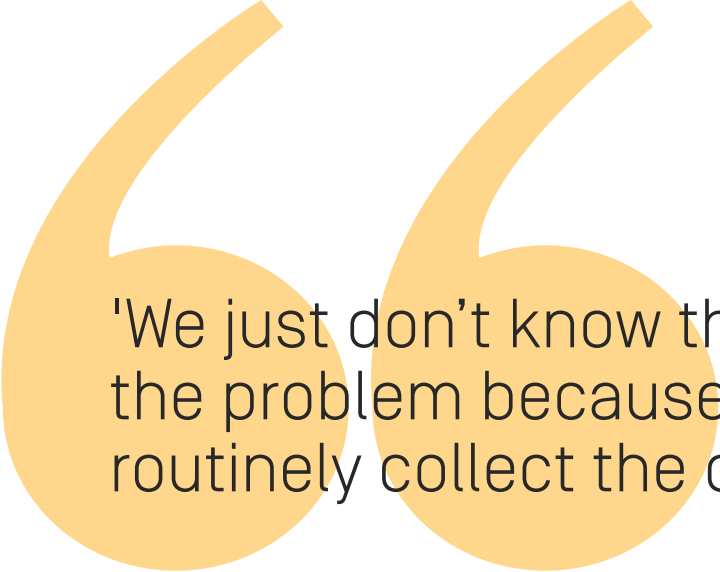
'Mental Health services are inundated with referrals for children with anxiety, low mood, inattention, sleep disorders, challenging behaviours, violence, and toxic ideology as a direct result of time spent online.

We are being asked to pathologise a normal childhood response to being continuously exposed to hateful, manipulative, addictive, and grossly distressing content. Children should never have been expected, or allowed, to navigate this world alone.'

*Dr Emily Sehmer,
Consultant Child Psychiatrist*

The Academy also sought comments from member organisations about concerns reported by their own members working clinically on the front line. What follows is a representational selection of those submitted to us.

⁷. OFCOM. (2025) [Online Nation Report](#).



'We just don't know the scale of the problem because we don't routinely collect the data'

Royal College of Psychiatrists

Dr Lade Smith, President

Current digital environments present a growing range of risks to children and young people who are unfairly expected to navigate complex, rapidly evolving, and in some cases inherently risky digital systems without appropriate safeguards. This extends beyond harmful content itself to the ways in which digital environments are intentionally engineered to maximise engagement and user attention. Features such as autoplay, infinite scroll and algorithmic recommendation systems may contribute to compulsive use, sleep disruption, emotional distress and increased exposure to harmful material.

In addition to the traditional questions asked during a comprehensive biopsychosocial formulation, psychiatrists must now include discussion of the online world. This means psychiatrists must become digitally literate, alert to novel methods of harm that occur across platforms (messaging apps, social media, video games) and devices (mobile phones, laptops, games consoles) at a global level. They also need to engage young people in disclosing such harms, when young people fear the result is digital exclusion.

The Royal College of Psychiatrists also provided these frontline examples.

A 15-year-old attends an Emergency Department, having self-harmed by scoring the name of another young man onto his arm. This second man had threatened him with a mass shooting and scoring the 15-year-old's name on a dead body if he didn't do it.

A 16-year-old young girl in residential care, with a severely low mood, receives a package from a food store, after being encouraged to end her life with it via online content.

A highly intelligent A level student at a boarding school is found to have the TOR⁸ browser on his laptop, and other students notice extreme images on it.

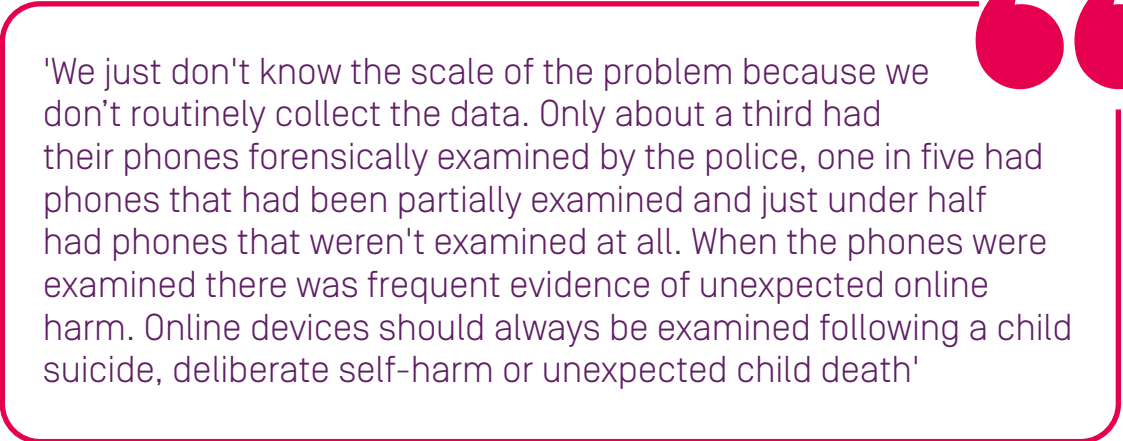
A 14-year-old girl becomes acutely distressed, and her parents call the crisis team. She is overwhelmed by intrusive thoughts that she might be a sexual offender, having been diverted to extreme adult pornography during the pandemic lockdowns.

A young woman with disordered eating terrified that an intimate image that she shared with her boyfriend is all over the Internet. Her boyfriend's coercive, controlling behaviour causes her to self-harm, especially when he calls her a 'gold-digger'.

The parents of an 8-year-old boy are in a panic; he has run up a debt of £800 on one of their credit cards, opening 'loot boxes' in his favourite video game.

8. TOR: The Onion Router [network] is a free overlay network for enabling anonymous communication. It is difficult to trace a user's internet activity by concealing a user's location and usage.

In a recent study of national deaths by suicide in young people (England) between 2019 and 2023 by **Dr Emma Blake** (et al),⁹ a Child Mental Health Paediatric Consultant and Designated Doctor for Safeguarding found that 29% of Child Death Overview Panel information (accessed at the NCMD) mentioned the child's online activity.



'We just don't know the scale of the problem because we don't routinely collect the data. Only about a third had their phones forensically examined by the police, one in five had phones that had been partially examined and just under half had phones that weren't examined at all. When the phones were examined there was frequent evidence of unexpected online harm. Online devices should always be examined following a child suicide, deliberate self-harm or unexpected child death'

9. Blake E. (2026) *The role of the paediatrician in assessing internet use in young people and its effect on mental health and suicide: Red flags and risk factors*. RCPCH National Conference Abstract

College of Sexual and Reproductive Healthcare


Dr Zara Haider, President

Unrestricted access to online content is without doubt affecting and influencing attitudes to sex and contraceptive decision-making, particularly around hormonal contraception, through the widespread amplification of persuasive but often inaccurate narratives on social media.

Misinformation thrives where trust in, or access to, healthcare professionals is limited. Many young people, especially young women, tell me they feel unheard when raising concerns about side effects, the burden of contraception, or limited choice. Social media fills that gap, but algorithms tend to amplify extreme or emotive stories rather than share balanced, typical experiences. While side effects of hormonal contraception are real, online content frequently exaggerates rare risks and strips information of its clinical context.

Often this includes framing hormones as inherently 'unnatural' or dangerous. The benefits of hormonal contraception, both for pregnancy prevention and for managing conditions such as heavy or painful periods, endometriosis, premenstrual dysphoric disorder (PMDD) and adenomyosis, are rarely represented.


These narratives have real world consequences. We are seeing persistently high rates of unintended pregnancy in the UK [45%], rising abortion rates, and increasing teenage pregnancy following years of progress in this area. Hesitancy around hormonal methods has also been linked to greater reliance on less reliable methods such as fertility tracking apps, many of which are not designed or regulated as contraceptives and have much higher typical use failure rates.



'Misinformation thrives where trust in, or access to, healthcare professionals is limited'


As a result, young people often arrive at my clinic anxious or misinformed — and far too many do not attend at all. Rising rates of abortion among young people may indicate greater accessibility, but more likely it is a failure earlier in the pathway. Clinicians are committed to supporting informed choice, but engaging young people is becoming harder as online narratives fuel distrust in services.

From a clinical perspective, this is not about restricting access to online information. It is about ensuring children and young people are not left to navigate complex sexual health decisions alone in an unregulated digital environment that prioritises engagement over wellbeing.



In 2025 The Institute for Addressing Strangulation (IFAS) published a rigorous study of strangulation during sex, which is sometimes referred to as 'breath play'. among teenagers and young adults. It found that 43% of 16–17-year-olds who had prior sexual experience reported having been strangled during sex. 32% of 16-17-year-olds who had prior sexual experiences (12% of all 16-17-year-olds surveyed) reported having strangled others during sex.¹⁰

10. Smailes H, Munro VE, Tonkin M. (2025) *Strangulation During Sex in the UK The Institute for Addressing Strangulation*. The Institute for Addressing Strangulation.



'Children represent a high-value market, creating a structural conflict between profitability and child wellbeing, a pattern public health has confronted before'

Faculty of Public Health

Professor Tracy Daszkiewicz, President

Children are being exposed to harmful content by design, with algorithm-driven systems built to maximise engagement, often amplifying exposure to cyberbullying, self-harm content, misinformation, harmful body ideals, and other damaging content. These technologies are often driven by commercial incentives, and it is important to understand these powerful drivers. They represent a high-value market, creating a structural conflict between profitability and child wellbeing, a pattern public health has confronted before in industries such as tobacco, alcohol and gambling.

Royal College of General Practitioners

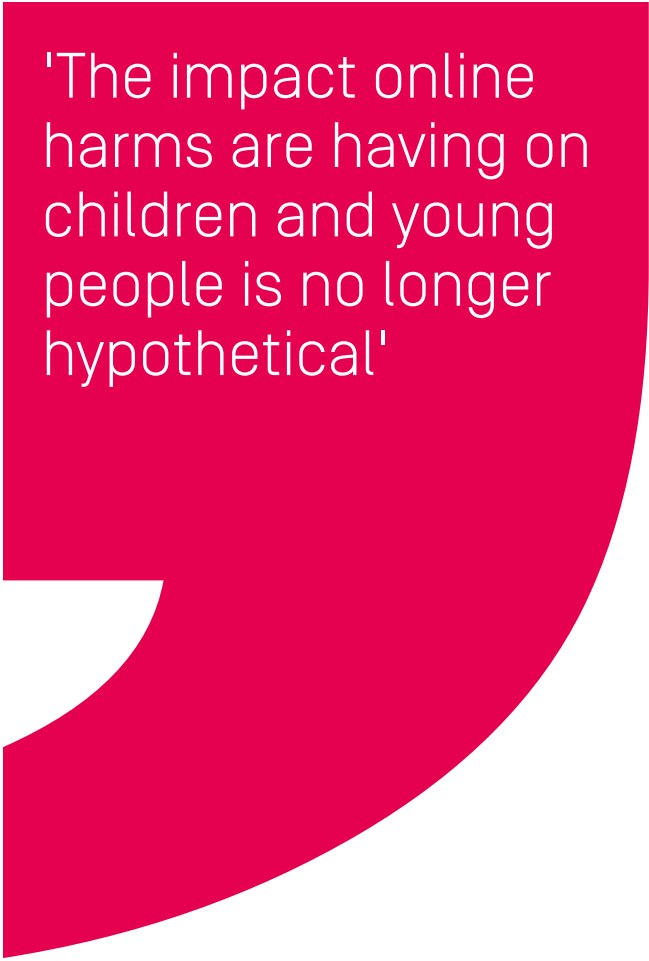
Professor Victoria Tzortziou-Brown

From a GP perspective, the impact online harms are having on children and young people is no longer hypothetical — we are increasingly seeing associated consequences in everyday clinical practice. Even with parental safeguards, smartphone access exposes children to a digital environment where harmful content can still be difficult to control or avoid.


At the severe end, exposure to harmful content — such as material promoting self-harm, suicide, extreme sexual behaviour, or unhealthy relationships — can have devastating and sometimes fatal outcomes. GPs are increasingly concerned about the association between exposure to such content and worsening mental health in young people, including anxiety, depression and risk-taking behaviours.

As recognised by the RCGP, the impact digital harms are having on children and young people should be viewed as a public health issue.

A GP described a case where a 13-year-old girl, who was jealous because her best friend started hanging out with another girl, mocked up an AI image of the friend masturbating and shared it at school. The matter was referred to the police.



'The impact online harms are having on children and young people is no longer hypothetical'



'As paediatricians, we are increasingly concerned that the digital environment many children are growing up in is not designed with their safety, development and wellbeing in mind'

Royal College of Paediatrics and Child Health

Professor Steve Turner, President

Children and young people deserve to enjoy the benefits of the online world without being exposed to risks that are entirely avoidable. As paediatricians, we are increasingly concerned that the digital environment many children are growing up in is not designed with their safety, development and wellbeing in mind.

We recognise that being online can be positive: it can connect children who feel isolated, help them access trusted information and, in some cases, provide routes to support. But these benefits do not cancel out the very real harms we are seeing, particularly on social media. Too many children are encountering harmful and age-inappropriate content, experiencing relentless bullying that does not end at the school gates, and being drawn into exploitation and safeguarding risks such as grooming, gangs and financial exploitation. We are also concerned about the wider developmental impacts when online activity displaces sleep, learning, play and the face-to-face experiences where children develop, practise and build social skills.

Below are examples from frontline paediatricians of children and young people they have seen with apparent links to social media trends and online platforms.

An 8-year-old who had followed online encouragement via a social media trend to warm their gel-filled stress ball in a microwave to make it softer. The gel inside heats up much more than the silicone case, meaning the silicone outer layer is prone to breaking. In this case, the silicone split, and they had severe facial burns from the red-hot gel on their face.

A 10-year-old with circular burn to back of their hand. This was due to peer groups challenging each other via social media to hold aerosol spray to their skin for as long as possible 'one upmanship', resulted in nasty burns. They required burns and plastics specialists.

15-year-old female disclosed strangulation during intercourse by her 15-year-old male partner. Intercourse was consensual, strangulation wasn't. The young male thought it was what he was supposed to do, the young female thought she was expected to comply as that was 'her role' from what they'd seen online. Safeguarding/social care/police involvement was needed.

A patient, age 15, had been admitted to hospital with an eating disorder. They spent time on social media with other children and young people with eating disorders discussing how to avoid increasing the oral intake of liquid feed put down their nasogastric tube. They were encouraged to acquire a syringe from a ward trolley, keep the syringe hidden in their clothing and then it to pull back liquid feed and discard it down the sink. This required the removal of their phone under the appropriate legal framework to keep them safe.

A teenage girl was admitted to the Emergency Department, bleeding heavily, after allowing her boyfriend to use knives during foreplay. They were replicating something they had seen online. She died.

Royal College of Physicians

Professor Hillary Williams, Clinical Vice President

Our members know every day they are treating people whose hearts, livers and kidneys are damaged by their lifestyle and driven by commercial determinants of health. While factors are multiple, we know that as a population, healthy active children, be it mental or physical health, become healthy active adults. Healthy lifestyles start at birth.

We know 4-6 hours a day, or more, of screen time reduces step count. You can't be on your phone and be running round the park. It's just obvious. We know advertising works and children are continually exposed to junk food and influencers are gaining massive financial reward while children are gaining weight or have eating disorders.

I treat more and more younger patients with bowel cancer, we see more endometrial, more liver cancer and all linked in some way to obesity and diet.

It's so obvious, we all know the statistics — our population is obese and sick, our hospital services can't cope, multiple long-term conditions are challenging and costly to treat. Social media is an incredibly powerful and uncontrolled commercial determinant of health.



'Social media is an incredibly powerful and uncontrolled commercial determinant of health'

The UK is not alone in having to deal with health harms to young people from tech and devices. Australia has introduced a ban on social media for under 16s, and Sweden is reversing its heavily digitalised schooling system.

Much of the evidence we saw from our reviews (Appendix 1 and 2) focused on social media. Illustrating how online platforms and content effects mood and behaviour, which is particularly pronounced among girls, as well as other mental health harms such as depression, body image and deliberate self-harm.

Evidence shows that associations between access to online content and tech and devices and attention deficit, emotional regulation and academic attainment also exist. There is a positive association between screen use and physical health harms such as obesity, poor sleep and poor bone health. Increased screen use and access to online content has also been associated with poorer quality relationships, loneliness and risky sexual behaviour in children and young people.

'As clinicians and healthcare professionals grapple with mounting evidence of harm to children and young people from screens and digital devices, pharmaceutical medicine is a source of expertise that could help. While our field focuses on medicines and health technologies designed to improve health, the regulatory frameworks and expertise we've developed over decades can offer valuable lessons for managing the unintended consequences of consumer technology on young people's wellbeing.'

*Dr Sheuli Porkess, President,
Faculty of Pharmaceutical Medicine*

Next steps

For medical professionals and healthcare providers there are three recommendations which could be implemented in the coming months.

1. Provide generic guidance to clinicians on how to spot the signs of an inappropriate or unhealthy relationship with social media and other online content on tech and devices.
2. Provide generic guidance to clinicians on how to offer support to children and young people, their parents and carers on ways to develop a healthy relationship with social media and other online content on tech and devices.
3. Routinely screen for harms when taking a patient's history and record the data, so that children and young people who are having an inappropriate or unhealthy relationship with social media and other online content on tech and devices can be profiled. This will allow healthcare provision to be directed to where it is most needed.

The Academy also believes solutions can and should be found by social media companies and online platforms too. In May 2023 we published a report [Assuring the credibility of health information sources on social media platforms](#). We convened expert advisory panel from a range of medical and regulatory bodies and advised Google, the parent of YouTube how to promote credible healthcare information and how to suppress negative or false information.

4. Work with social media companies and online platforms to explore ways to suppress inappropriate or misleading online content for children and young people and protect them in the digital world.

'YouTube is proud of its history of putting independent experts like the Academy of Medical Royal Colleges at the centre of our products and services. This is how we developed our teen principles — guidelines for content creators and industry-leading tools such as our shorts feed timer. This collaboration ensures a safer, high-quality YouTube that enriches the lives of young people and families across the UK. We're keen to continue our relationship with the Academy and medical royal colleges to further that shared endeavour.'

*Dr Garth Graham
Director and Global Head of Healthcare
YouTube and Google Health*

Conclusion

The American author PJ O'Rourke wrote 'every generation finds the drug it needs'. It seems our children's drug of choice these days is to be found not just in illicit pills and liquids, but in the content being delivered to them 24/7 on smartphones and tablets.

From the family of four sat in a pizza restaurant not speaking to each other because they are 'on their phones' to the toddler screaming in the GP's surgery as its worried parent tries to prise it away from its iPad in readiness for a physical examination, to an anxious teenager simply too scared to go to school — the signs of an entire generation's inability to cope without being permanently hooked up to a digital world are part of our everyday experience.

Yet successive Governments have so far chosen to do nothing, the UK is behind other countries in tackling the issue, but not excessively so (Appendix 1). This is unusual against the backdrop of increasing 'retail policies' — legislative measures designed to please the public — favoured by all stripes of political party.

In the last five years alone, around ten so-called nominative laws have been enacted mostly to protect children. Natasha's Law, rightly, forced all retailers to display full ingredients and allergen information on food packaging. Charlie's Law made important provisions for parents to pursue alternative healthcare treatments under specific circumstances and Martyn's Law was enacted after the Manchester Arena Bombing in 2017 to help keep people safe in the event of a terror attack. All measures that were arguably long overdue.

On this issue though, successive Governments have made an art form of inaction, carefully filing 'meaningful' reform in the 'too difficult' box.

And as the medical profession, we have been here before. We said the same things about seatbelts. We said the same things about smoking. In both cases, the causal mechanism was hiding in plain sight — and the population paid the price while we didn't pursue the argument robustly.

The difference now is that the harm being done to children online is not hypothetical, not statistical, and not waiting for proof offered by peer-reviewed studies of certain causation. It is immediate, it is documented, and it is happening at scale.

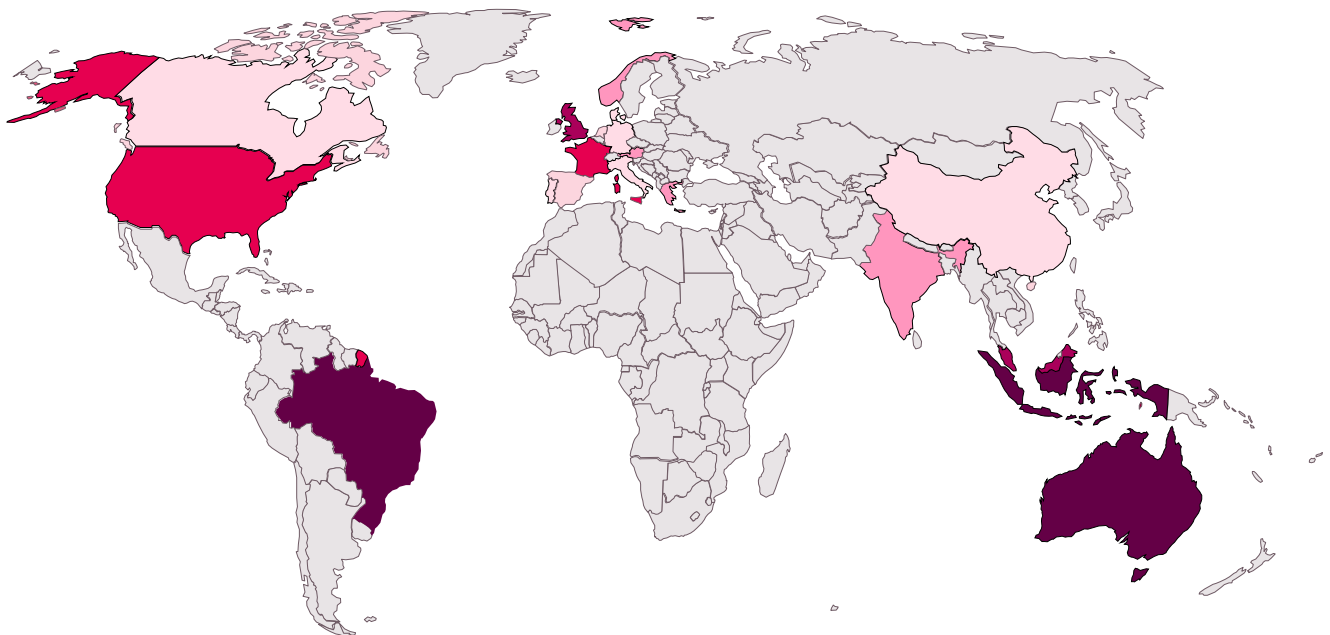
The medical profession stands ready to play its part alongside, teachers, care workers and other professional groups. None of us can tackle this alone.

Appendix 1

Global studies of legislative changes to protect children and young people from harm from tech and devices

Following increasing international interest in the potential harms to children and young people (CYP) from unregulated access to screens and online content, including social media, legislation to regulate it is being considered, developed or implemented across the world. The location, extent of the legislation and current progress are summarised below.

Figure A1. World map comparing approaches taken by governments regarding concerns about the harms and risks to children and young people through tech and device use.



Key findings

- 4 countries actively enforcing
- 10+ countries with law in force
- 9+ countries in legislative process

Classification based on whether law has been enforced, in process, or a public consultation or reviews are in place.

Level of regulatory action

- Tier 1** Law enforced and actively enforced
Legislation enacted, enforcement operational, documented action taken
- Tier 2** Law enacted and in force
Legislation passed with named regulator and compliance framework
- Tier 3** Legislation passed — awaiting full enactment
Bill passed at least one legislative chamber, not yet fully in force
- Tier 4** Formal proposal or subnational legislation
Draft Bill tabled, formal proposal, or state-level legislation only
- Tier 5** Policy statement or limited action
Announcement, consultation, partial measures or gaming only restriction
- No legislation or policy identified

The table below ranks jurisdictions by strength of regulatory action as of April 2026, from fully enacted and enforcing legislation through to announced intentions with no formal legislation tabled.

Table A1: Comparative Table: Jurisdictions Ranked by Level of Action

Status	Country / Region	Key Law(s) / Measure(s)	Scope & Age Threshold	Enforcement & Status (April 2026)	Key Sources
Enacted and enforcing	Australia	Online Safety Amendment (Social Media Minimum Age) Act 2024 . Requires platforms to take reasonable steps to prevent under-16s from holding accounts. Parental consent does not override the ban. Fines up to A\$49.5 million.	Under 16. National scope. Applies to Facebook, Instagram, TikTok, Snapchat, X, YouTube, Reddit, Threads, Twitch, Kick.	Enforced 10 December 2025 by the eSafety Commissioner. ~4.7 million social media accounts removed or age-verified since enforcement began.	eSafety Commissioner Dept of Infrastructure; JURIST (Apr 2026)
Enacted and enforcing	Brazil	Child and Adolescent Online Protection Law 2025. All under-16s social media accounts to be linked to a verified legal guardian. Bans targeted advertising to minors and loot-box mechanics. Fines up to R\$50 million.	Under 16. National scope.	Law passed December 2025. Enforcement phased in from March 2026.	Official Gazette
Enacted and enforcing	Indonesia	Social Media Minimum Age Regulation 2026 . Bans social media for under 16s, platforms required to implement age verification. Announced March 2026.	Under 16. National scope.	Active enforcement from April 2026. Summons already issued to Google and Meta.	Regulation of the Minister of Communication [2026]
Enacted in force	Malaysia	Social Media Age Restriction, Nov 2025. Ban on social media for users under 16s.	Under 16. National scope.	Enforced January 2026.	Malaysian Communications and Multimedia Commission

Status	Country / Region	Key Law(s) / Measure(s)	Scope & Age Threshold	Enforcement & Status [April 2026]	Key Sources
Enacted in force	United Kingdom	Online Safety Act 2023 . Platforms have a statutory duty to prevent children's access to harmful content, age-gate adult material, and offer parental controls. No explicit minimum age set.	Under 18. National scope. Phase 1 enforcement milestone: July 2025.	Phased enforcement 2025–26. Ofcom can levy fines and block access. Under-16s outright ban under consideration by Government.	Ofcom The Online Safety Act Network
Enacted in force	European Union	Digital Services Act (DSA) 2024 . Prohibits most targeted advertising to minors; platforms must assess risks to children. EU Parliament Resolution (Nov 2025, non-binding) urges minimum age of 16.	Under 16 (recommended). Under 13 for video-sharing. DSA applies to Very Large Platforms (>45M EU users). Fines: up to 6% of global revenue.	DSA in force 2024; EP resolution November 2025 (non-legally binding). Cross-border age-verification infrastructure in development.	European Commission Digital Service Act: Very large online platforms and search engines
Passed — pending final	France	Social Media Minimum Age Bill , Jan 2026. National Assembly passed ban for under-15s and mobile phones in high schools. Senate passed a different harm-based version (April 2026); chambers must reconcile.	Under 15. National scope.	Bill not yet finalised. September 2026 school year for new accounts. European Commission states enforcement will ultimately lie with EU institutions.	Vie publique Public Senat
Partial legislation	United States	Children Online Privacy Protection Act COPPA 2.0 , (March 2026). Raises protection to under-17s, bans targeted advertising. Kids Online Safety Act (KOSA) — committee stage March 2026, platforms to restrict addictive features. Multiple state laws enacted (FL, GA, UT, LA, TX etc.), most under court injunction.	Under 13 (COPPA). Under 17 (COPPA 2.0/KOSA). State laws vary. Enforcement: FTC; state attorneys general.	COPPA 2.0 passed Senate unanimously. KOSA advanced through committee March 2026. State bans largely blocked by courts on First Amendment grounds. Landmark ruling KGM	Senator Markey Massachusetts

Status	Country / Region	Key Law(s) / Measure(s)	Scope & Age Threshold	Enforcement & Status (April 2026)	Key Sources
Formal proposal	Norway / Denmark	Norway: proposed raising digital consent age to 15 with potential outright ban. Denmark: announced ban for under-15s (Oct 2025) with parental opt-in for ages 13-14. Both leverage national digital ID infrastructure.	Under 15. National scope [each]. Parental opt-in proposed for ages 13-14.	Both proposals pending formal legislation as of April 2026.	Norway Gov Website Courthouse News Service Denmark
Formal proposal	India (Karnataka)	Karnataka state enacted a ban on social media for under-16s in March 2026. Several other Indian states considering similar measures.	Under 16. Karnataka state scope only.	Karnataka law in force from March 2026. No national legislation introduced.	Reuters
Announced — no law yet	Greece	Blanket ban on social media for under-15s announced by Prime Minister.	Under 15. National scope.	Effective from January 2027.	Prime Minister Greece (April 2026)
Announced — no law yet	Spain	Government announcement — blanket ban on social media for under-16s, mandatory age verification on all platforms.	Under 16. National scope [proposed].	Announcement only as of April 2026 — no legislation tabled.	Spanish President's Statement (April 2026)
Announced — no law yet	Austria	Government announcement — under-14s ban. Legislation could be introduced as early as summer 2026.	Under 14. National scope [proposed]. One of the lowest age thresholds in Europe.	Announcement only as of April 2026 — draft Legislation by June 2026.	Under 14 Ban announcement
Announced — no law yet	Portugal	Ban for under-13s. Ages 13-16 require parental consent. The bill also bans autoplay features, infinite scroll mechanisms, gamification designed to prolong use.	Under 13 banned. 13-16 require consent. National scope.	Bill approved in February 2026.	Bill IRIS Merlin

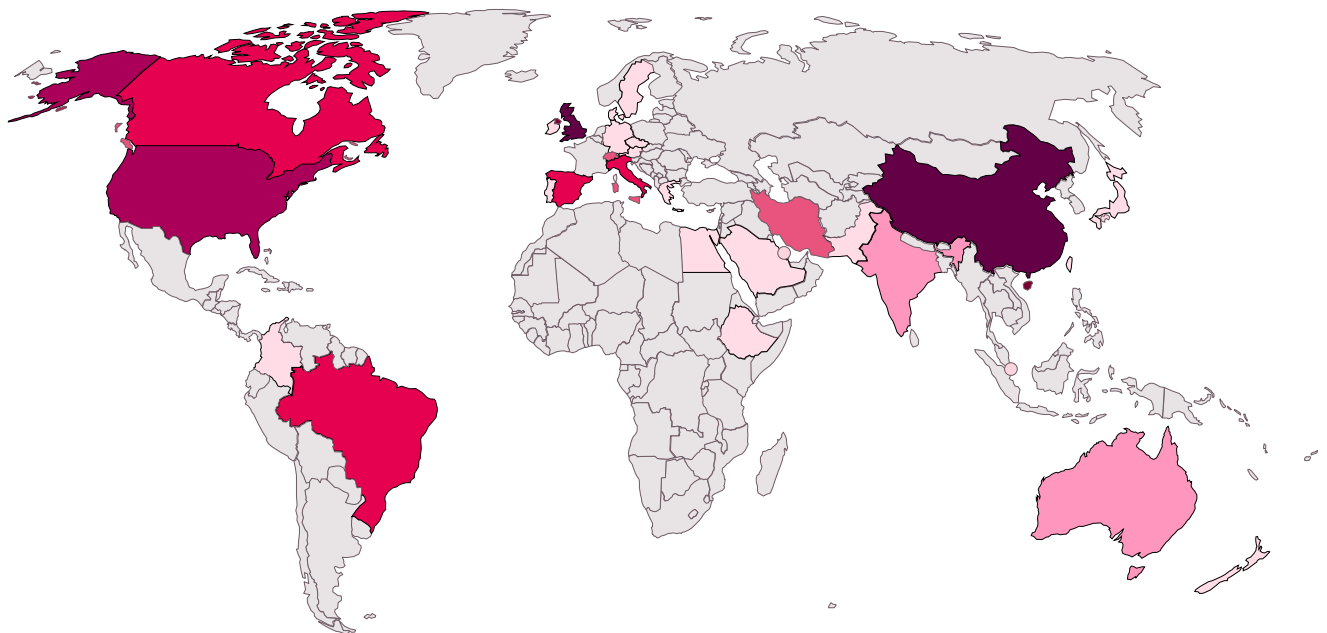
Status	Country / Region	Key Law(s) / Measure(s)	Scope & Age Threshold	Enforcement & Status [April 2026]	Key Sources
Limited consent law	Germany	Federal Youth Protection Act, 2021. Under-13s banned. Ages 13–16 require verified parental consent. No outright ban enacted.	Under 13 banned. 13–16 require consent. National scope.	Law in force since 2021. Germany participating in EU-level discussions on a bloc-wide digital age of majority.	German Ministry of Justice
Limited consent law	Italy	GDPR-derived digital consent age 14. Under-14s require parental consent. No social media-specific age ban.	Under 14 require parental consent. National scope.	Current law unchanged. Italy's regime among the least restrictive in major European nations.	
School phone ban	Netherlands	Classroom Mobile Phone Ban, Jan 2024 . No national social media age restriction enacted.	School-age pupils (all ages).	Phone ban in effect since January 2024 without legislation. No social media legislation under active development.	
Limited action	Canada	No national age-limit law. Quebec requires parental consent for under-13s.	Under 13 (Quebec only).	No federal bill enacted as of April 2026. Discussions ongoing.	
Gaming curfew only	China	Online Gaming Curfew Rules, 2019, tightened 2021. Under-18s limited to 3 hours of online gaming per week. No social media age ban.	Under 18, gaming only. National scope.	Gaming curfew strictly enforced via real-name ID registration.	Reuters: Why and how China limiting online gaming

Appendix 2

Classification of harms associated with social media and tech and devices in children and young people

This study is an exploration of the health harms to children and young people (CYP) associated with exposure to online content and screens. A systematic search of PubMed (MEDLINE), Embase (Ovid), PsychINFO (Ovid) and Cochrane databases was carried out. This identified 1,672 English language umbrella reviews, systematic reviews and meta-analyses from 2010-2025. After removal of duplicates, title and abstract screening, 105 papers were identified and analysed to reveal more than 15 types of associated harms. These are further classified below as mental, physical and social outcomes.

Figure A2: World map on the systematic reviews and meta-analyses based on the country of affiliation of the first author.



Key findings

105 papers from 29 countries

China leads with 31 papers (29.5%)

UK second with 22 papers (21%)

Based on literature search in Pubmed (MEDLINE), Embase (Ovid), PsychINFO, and Cochrane databases with English titles and abstracts.

Number of papers



Table A2: A comparative overview of the types and extent of harm and key findings from meta-analyses and systematic reviews exploring harms associated with social media and screens in children and young people.

Category	References & Metadata	Synthesis & Key Findings
Mental health outcomes		
Depression and anxiety	1-14 [2016–2025]	Multiple meta-analyses consistently demonstrate a positive association between social media use, screen time, and elevated rates of depression and anxiety in children and adolescents, with effects more pronounced among girls and for high-frequency use. Each additional hour of daily social media use is associated with a 13% increased risk of depression in adolescents [OR = 1.13, 95% CI: 1.09–1.17], with girls facing a notably higher overall risk [OR = 1.72] compared to boys [OR = 1.20].
Deliberate self-harm and suicidality	15-19 [2021–2025]	Multiple meta-analyses consistently demonstrate that problematic internet and social media use is significantly associated with deliberate self-harm, non-suicidal self-injury and suicidal behaviours. Longitudinal evidence confirms these as risk factors. Problematic internet use was associated with a 72% increased risk of suicidal ideation [OR = 1.72], a 50% increased risk of suicidal planning, and a 48% increased risk of suicide attempts — pooled sample of 353,904 participants. [He et al., 2024]
Emotional dysregulation and behavioural problems	20-38 [2018–2025]	Problematic and excessive screen use is consistently associated with emotional dysregulation, internalising symptoms, hyperactivity, and behavioural problems, with girls disproportionately affected. Screen time in children under 5 was significantly associated with hyperactivity [OR = 1.39] and emotional problems [OR = 1.21]; mobile phone addiction showed a moderate positive correlation with negative coping style [r = 0.31]. [Ahmer et al., 2025; Lu et al., 2021]
Body image	39-42 [2023–2024]	Intensive social media use is consistently associated with body dissatisfaction, social appearance anxiety, and consideration of cosmetic surgery. Randomised studies found that idealised influencer imagery produces statistically significant negative effects on body image and mood. Exposure to idealised influencer imagery was associated with lower body satisfaction and mood [all P < .05], with one study recording a medium effect size [d = 0.66] for negative mood — effects consistent regardless of influencer follower count. [Lowe-Calverley & Grieve, 2021]

Category	References & Metadata	Synthesis & Key Findings
Mental health outcomes		
Eating behaviours, disorders and diet quality	43-46 [2013-2025]	Excessive screen use is consistently associated with disordered eating and poor diet quality. Mandatory advertising disclosures have been shown to fail as a protective intervention. In studies with UK children aged 9-13, exposure to influencer marketing of unhealthy snacks increased mean caloric intake from 357 kcals to 448 kcals (P = .001) — a 26% increase — and advertising disclosures were associated with children consuming 41% more of the marketed snack compared to controls. [Coates et al., 2019]
Substance misuse	47-50 [2016-2025]	Social media exposure is consistently associated with increased alcohol consumption in adolescents and young adults. The overwhelming majority of substance-related content depicts substance use positively. Across 73 studies covering 15,905,182 posts on Twitter, YouTube, Instagram, TikTok and others, 76.3% of substance-related social media content depicted use of illicit substances positively, while only 20.2% depicted it negatively — meaning young people are nearly four times more likely to receive a pro-use message than a cautionary one. [Rutherford et al., 2023]
Neurodevelopmental outcomes		
Academic attainment / learning	55-60 [2019-2025]	Excessive screen use, internet addiction, and smartphone use are consistently associated with impairments in cognitive control, executive function, attention, working memory, and inhibitory control, with neuroimaging evidence indicating structural brain differences in excessive smartphone users. Excessive smartphone users showed a significantly smaller brain volume compared to controls (Hedges' g = -0.55, p < 0.001), with effects more pronounced in adolescents than adults. [Lin et al., 2022]
Executive Function and Cognitive Control	51-54 [2016-2025]	Evidence on academic performance is screen-type specific: television viewing and video gaming are inversely associated with academic attainment, while overall screen time shows no statistically significant aggregate association. Certain supervised co-use contexts may confer modest cognitive benefits.

Category	References & Metadata	Synthesis & Key Findings
Neurodevelopmental outcomes		
Autism, ADHD and Attention-Related Symptoms	61-66 [2017-2025]	<p>Screen time is consistently associated with both attention deficit hyperactivity disorder (ADHD) symptom severity and autism risk, with longitudinal evidence confirming digital media use predicts later ADHD symptoms — not merely the reverse.</p> <p>28 longitudinal studies found that digital media use predicts later ADHD symptoms in children — it is not simply that children with ADHD use more screens. [Thorell et al., 2024]. Children with high screen exposure are 53% more likely to be diagnosed with autism than those with low exposure — though causal direction remains unresolved. [Liu et al., 2024; 197, 357 children]</p>
Physical Health Outcomes		
Sleep	67-81 [2014-2025]	<p>Screen use — particularly smartphones, social media, and video games used at night — is consistently associated with shorter sleep duration, delayed bedtime, and poorer sleep quality across all age groups. A National Sleep Foundation consensus panel, reviewing 522 empirical articles and 35 experimental studies, achieved formal consensus that screen use causally impairs sleep health.</p> <p>Every additional hour of smartphone or tablet use is associated with an average reduction of 11 minutes of sleep [$\beta = -0.11$], with children 1.79 times more likely to have shorter sleep duration [OR = 1.79] and 1.53 times more likely to have worse sleep quality [OR = 1.53]. [Bacil et al., 2024]</p>
Cardiometabolic health	82-88 [2022-2025]	<p>Screen time exceeding 2 hours per day is consistently associated with increased risks of overweight, obesity, metabolic syndrome, and hypertension in children and adolescents, with a linear dose-response relationship. Screen time interventions alone have not been shown to reduce obesity risk.</p> <p>Each additional 2 hours per day of screen time is associated with a 29% increased risk of metabolic syndrome [OR = 1.29], with children in the highest category having 64% greater odds [OR = 1.64] — a linear dose-response relationship with no evidence of a safe threshold. [Jhangiriy et al., 2022]</p>

Category	References & Metadata	Synthesis & Key Findings
Physical Health Outcomes		
Eye health	89-91 [2021-2024]	<p>Evidence on the association between screen time and myopia is genuinely contested. Digital eye strain is more consistently associated with prolonged daily device use and poor ergonomics, though the absence of robust longitudinal evidence means that causal claims cannot be sustained.</p> <p>In controlled trials, children in smartphone overuse groups had significantly worse visual function scores [pooled ES = 0.76; 95% CI: 0.53-0.99; P < .001] — however, this cannot confirm causation and should be interpreted with caution. [Wang et al., 2020]</p>
Musculoskeletal and Bone Health	92-94 [2021-2024]	<p>Screen time is positively associated with low back pain, neck pain, and poorer bone health in children and adolescents, with a linear dose-response relationship for computer use and low back pain risk. The bone health finding carries particular long-term policy significance given that peak bone mass in adolescence is the strongest predictor of osteoporosis risk in later life.</p> <p>The risk of low back pain increases by 8.2% for each additional hour of daily computer use in children and adolescents — based on a meta-analysis of 57,831 participants. [Yue et al., 2023]</p>
Radiation and Tumours	106-108 [2014-2019]	<p>Three systematic reviews identified. No statistically significant association found.</p>
Social and relational outcomes		
Relationships	95-96 [2016-2025]	<p>Problematic internet and smartphone use is consistently associated with poorer quality parent-child relationships, lower self-esteem, reduced self-control, and diminished social support, with higher quality family relationships identified as a protective factor.</p>
Social Isolation	101 [2025]	<p>A meta-analysis of 21 studies finds a consistent, moderate positive association between loneliness and internet or smartphone addiction in adolescents, with low heterogeneity suggesting a reliable signal. The association was not moderated by age.</p> <p>Loneliness is moderately correlated with internet or smartphone addiction in adolescents ($r = 0.252$) across 27,843 young people — though causal direction cannot be established. [Ge et al., 2025]</p>

Category	References & Metadata	Synthesis & Key Findings
Social and relational outcomes		
Peer Harms — Cyberbullying and Harassment	102-103 [2013–2015]	<p>Cyberbullying affects between 6.8% and 35.4% of adolescents and is consistently associated with depressive symptoms, substance use, suicidal ideation, and suicide attempts. Cyberbullying victims and perpetrators are both at elevated suicide risk.</p> <p>Adolescents involved in cyberbullying were up to twice as likely to attempt suicide compared to uninvolved peers [victims OR = 1.5; perpetrators OR = 2.1], while those experiencing both cyberbullying and traditional bullying had significantly higher suicidal ideation scores. [Bottino et al., 2015]</p>
Online Sexual Exposure	104-107 [2014–2024]	<p>Exposure to online sexual content is consistently associated with more permissive sexual attitudes, sexual aggression, unrealistic sexual beliefs, and increased sexual risk behaviours in adolescents. Pornography use is particularly associated with male adolescents in advanced puberty with weaker family relationships.</p> <p>Approximately 1 in 5 young people (mean prevalence 20.3%) experience unwanted online exposure to sexually explicit material, and 1 in 9 (mean prevalence 11.5%) experience online sexual solicitation — based on 31 samples involving 37,649 participants. [Madigan et al., 2018]</p>
Sexual Risk Behaviours	51-54 [2016–2025]	<p>Cross-sectional meta-analyses consistently show strong associations between young people's exposure to sexual content in new media and sexual risk behaviours. ~1 in 5 young people experience unwanted online exposure to sexually explicit material: ~1 in 9 experience online sexual solicitation.</p> <p>Sexting was correlated with over five times the odds of ever having had sexual intercourse [OR 5.58], nearly five times the odds of recent sexual activity [OR 4.79], and nearly three times the odds of alcohol or drug use before intercourse [OR 2.65]. [Smith et al., 2016]</p>

OR: Odds ratio

~ : Approximate

R: Correlation coefficient

CI: Confidence interval

P: Probability value

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Appendix 3

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