

Briefing for decision

Considerations for a potential evidence review on the impact of social media on youth mental health

Date due to MO: 18 October 2024 **Action required by:** N/A

Security level: IN CONFIDENCE **Reference:** H2024051874

To: Hon Matt Doocoy, Minister for Mental Health

Proactive release: This **title** is proposed by the Ministry of Health for proactive release:

Contact for telephone discussion

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Minister's office to complete:

- | | |
|---|--|
| <input type="checkbox"/> Noted | <input type="checkbox"/> Seen |
| <input type="checkbox"/> Needs change | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Overtaken by events |

Comment:

Briefing for decision

Considerations for a potential evidence review on the impact of social media on youth mental health

Security level: IN CONFIDENCE **Date:** 18 October 2024

To: Hon Matt Dooney, Minister for Mental Health

Purpose of report

1. You have requested information about the feasibility of the Ministry of Health – Manatū Hauora (the Ministry) conducting an evidence review to assist our understanding of the impact of social media on youth mental health.

Summary

2. Concerns about the negative impacts of social media use on youth mental health are being expressed both in New Zealand and overseas. There is an increasing body of research on the issue, but due to the wide-ranging number of social variables and environmental factors involved in studying social media use, it is unlikely that direct causal links could ever be established.
3. The Ministry is in the early phases of developing a child and youth mental health prevalence survey [H2024042404 refers]. This survey may include a focus on social media use. Additionally, the Youth Health and Wellbeing Survey and the Growing Up in New Zealand study are both intending to collect data on the issue in the near future.
4. As the Growing Up in New Zealand study is longitudinal, it may provide important insights into social and environmental factors attributing to harmful social media use. Information from these studies will likely start becoming available from 2026/27.
5. The current state of evidence across international jurisdictions we would typically draw from suggests an evidence brief would likely indicate that more information is still needed to form the robust conclusions needed for an evidence brief. For that reason, we do not recommend conducting an evidence review at this time, as we do not consider it would add any new information for policymaking.
6. We propose instead that we hold an Evidence Forum instead, using a Experts' Roundtable or similar mechanism. This would enable us to convene New Zealand's experts on this matter, supplement it with international expertise to provide preliminary advice. The Ministry would work through its Academic Partnerships to undertake this work and seek your involvement.

7. However, if you would still like us to conduct an evidence review, we can provide you with further advice about the best way to do so.

Recommendations

We recommend you:

- a) **note** that there is a large and growing body of international evidence on the impact of social media use on youth mental wellbeing and mental distress, including numerous high-quality evidence reviews and reviews of reviews
- b) **note** the mixed and inconclusive nature of the evidence about the impacts of social media use on youth mental health
- d) **note** that New Zealand evidence on the relationship between social media use and youth mental health will come from several sources over the next few years: the *Youth Health and Wellbeing Survey*, the *Growing Up in New Zealand* study and potentially the child and youth mental health prevalence survey
- e) **agree** to the Ministry of Health working through its Academic Partnerships arrangements to host an Evidence Forum to collate and present expert thinking on the impact of social media use on youth mental wellbeing and mental distress in New Zealand **Yes/No**
- f) **agree** not to conduct an evidence review on the impacts of social media use on youth mental health at this time **Yes/No**
- g) **note** that if you would still like us to undertake an evidence review, we can provide you with further advice on issues such as purpose, research questions and method
- h) **note** that as this work is not currently on our policy work programme, initiation of an evidence review may require existing items to be reprioritised, and that we can provide further advice on this if needed.



Geoff Short
Deputy Director-General
Clinical, Community and Mental Health |
Te Pou Whakakaha

Date: 17/10/24

Hon Matt Dooney
Minister for Mental Health

Date:

Considerations for a potential evidence review on the impact of social media on youth mental health

Background

Trends in youth mental distress

1. According to the 2021 National Youth Health and Wellbeing Survey, about 86% of young people in New Zealand said that their overall health is good or excellent, and about 60% reported good mental wellbeing, measured using an international scale called the World Health Organisation's Five Well-being Index (or the WHO-5).
2. However, we are seeing a trend of increased mental distress for young people, The 2022/23 New Zealand Health Survey found that 21% of 15 to 24-year-olds reported high or very high levels of psychological distress, up from 5% in 2011/12, using a scale called the K-10¹. This is significantly higher than the percentage affected in the total population (12%).
3. There is also similar evidence emerging showing the same trends from the Youth 2000 series and the Growing Up in New Zealand study.
4. These data sources also show that some population groups have worse mental health and wellbeing than others: young people who identify as rangatahi Māori, Pacific ethnicities, girls and young women, disabled and members of the rainbow community, particularly if their identity intersects across these groups.
5. Reasons for the trend of increasing mental distress are being sought by researchers internationally. The characteristics of the trend (who is affected, where, and timing) make it seem likely that potential explanations will have:
 - a. a global reach – at least across the Western world
 - b. started around 2010
 - c. affected children and young people more than others – this may be either because of the vulnerabilities of this developmental stage, or because they are happening in environments or other domains that particularly affect children and young people.

Social media is part of our social environment

6. Young people have made it clear that social media is deeply integrated into their lives, and they want to be kept safe on social media². Social media is not a single thing but rather a set of environments within which young people as individuals have experiences, some of which provoke mental distress (for example, cyberbullying and comparisons), and some of which are positive (for example, creating connections and mutual support).
7. Social media and its role as a shaping force in society is an emerging area of research but covers a multitude of issues from different perspectives and methodologies.

¹ The 10-item questionnaire yields a measure of psychological distress based on questions about symptoms of nervousness, restlessness, fatigue, or depression in the past four weeks. For each question, there is a five-level response scale based on the amount of time that a respondent experienced those feelings.

² Te Hiringa Mahara – the New Zealand Mental Health and Wellbeing Commission (2022) *Young people speak out about Wellbeing: An insights report into the Wellbeing of Rangatahi Māori and other Young People in Aotearoa*.

Navigating this body of evidence requires informed and critical analytical skill which the Ministry's Office of the Chief Science Advisor can provide.

Impact of social media on youth mental health

8. The increasing use of social media in young people's lives in the last decade has become a well-researched phenomenon to try and explain and understand the rising mental distress of the population. However, there were at least 25 research reviews on this topic published between 2019 and 2021 alone³, but limited and mixed conclusions about how social media use is impacting children and young people's mental health and wellbeing.
9. One such limitation is that young people as a group are a highly variable population and most of this research pays little attention to variables such as risk and protective factors in the study design and analysis.
10. A more technical issue is that the same results can be interpreted differently by researchers conducting systematic reviews – for example, the same data was interpreted by different researchers as either "weak" or "substantial"⁴.
11. Within this body of research there are aspects of youth mental distress have been focussed on, including anxiety and depression, suicide and self-harm, cyberbullying, comparison and perfectionism, and body image and eating disorders. Many of these predominantly international studies found weak correlations between social media use and these types of mental distress or disorder.
12. The quality and generalisability of these findings has limited value to the New Zealand context due to the population and social variables here. We are not aware of any strong evidence that social media has caused the growth of youth mental distress or specific disorders or a decline in general mental wellbeing.
13. As well as the research seeking to understand harmful impacts of social media use, there is another body of work demonstrating that there are many benefits gained by young people from engagement with social media. They include easy access to information, social connection, the ability to develop new skills and interests, and engagement in fun. They use social media to connect with their families and each other to develop strong relationships and a sense of belonging, which is especially important for marginalised young people who may be experiencing greater isolation and loneliness.
14. A review of reviews from 2022⁵ by Valkenburg reported that, of the 7 meta-analyses (the highest-value evidence) it included, 5 showed generally weak associations between the use of social media and higher levels of adolescent mental distress and disorders ranging from very small to moderate, and one that found no such association. Another of the 7 meta-analyses in the review found that social media use was weakly associated with higher levels of mental wellbeing. And finally, 1 meta-analysis found social media use was associated with both higher levels of wellbeing and mental distress and disorder.

³ Valkenburg, P. M., Meier, A., & Beyens, I. (2022). Social media use and its impact on adolescent mental health: An umbrella review of the evidence. *Current Opinion in Psychology*, 44, 58-68. Note that this review created an "ill-being" outcomes measure which included both mental distress and mental disorder. We therefore refer to "mental distress and disorder" when referring to this paper's findings in this briefing.

⁴ Valkenburg et al (2022) *ibid*.

⁵ Valkenburg et al (2022) *ibid*.

15. These differing findings shows the complexity of the issue, and the challenges in understanding the nuances of sub-population risk and protective factors, important social drivers and benefits at developmental milestones that all need to be considered when assessing the impacts of social media use.
16. As noted by the authors, a key weakness with the research base to date is that it is mostly cross-sectional studies, precluding any discussions of causality. This means that we do not know, for example, if using social media could be triggering depression symptoms in young people, or if depressed young people could be choosing to spend more time on social media, or both. There is also a reliance on self-report methods.
17. Research investigating factors like amount and type of exposure to social media, including whether active or passive, the intensity of exposure (both emotional attachment and the amount it is integrated into the young person's life⁶) as well as the characteristics of the young person and their developmental stage, will be particularly important to fill key gaps in our knowledge.
18. For example, one of the most recent research reviews, from 2024⁷, found that the relationship between social media use and mental health depends on the interplay of characteristics of the users and their habits and experiences. This explanation suggests that the mixed findings that proliferate in the research may all be accurate, but related to different groups or experiences, creating a washing-out effect.
19. This notion supports earlier calls to "move beyond asking broad questions about the overall effects of social media on well-being. Rather, the strategy now should be to study the different psychological processes that explain how and why social media impacts well-being differently, whether different social media behaviours have downstream effects that extend beyond well-being (for example, to impact family and school life), and why these effects may vary for different people in different cultures guided by distinct social norms⁸".

Research underway in New Zealand

20. We are working with the Ministry of Social Development to include a question about social media use in the forthcoming National Youth Health and Wellbeing Survey. While this cannot provide causal information about social media use, and mental health or distress, it will start a systematic collection of population data that can give us some descriptive statistics about social media use and related areas such as internet access, gaming and online bullying for the New Zealand youth population.
21. We are also aware that the Growing Up in New Zealand study is intending to ask its cohort some questions about social media use in their next data collection wave. This information will be valuable, because the longitudinal nature of that study means we will have a much better idea of direction of developmental factors (that is, which comes first, social media use or mental distress or disorder).

⁶ Valkenburg, P. M. (2022). Social media use and well-being: What we know and what we need to know. *Current Opinion in Psychology*, 45, 101294.

⁷ Weigle, P E., & Shafi, R. M (2024) Social media and youth mental health. *Current Psychiatry Reports*, 26(1), 1-8.

⁸ Kross, E., Verduyn, P., Sheppes, G., Costello, C. K., Jonides, J., & Ybarra, O. (2021). Social media and well-being: Pitfalls, progress, and next steps. *Trends in Cognitive Sciences*, 25(1), 55-66.

22. The Ministry is also in the early phases of developing a child and youth mental health prevalence survey [H2024042404 refers]. This survey may include a section on social media use, and thus provide an additional data source in the near future.
23. Information from these three sources should start becoming available from 2026/2027 onwards.

Discussion

24. The Ministry will from time to time publish evidence briefs which it has drawn on to inform policy, strategy and decision-making. These Briefs are not government or Ministry policy and are undertaken to provide current science advice about a given topic. They are intended to be used as a resource for the government, health agencies and the wider public.
25. An evidence brief is typically a rigorous synthesis of the evidence base around a topic. The Ministry has often commissioned or completed evidence briefs around clinical issues, or to support shifts in medical care and practice. The developing state of evidence around social media impacts on young people leads to an opportunity to bring together the science advice domestically and internationally on the impacts of social media on young people's mental health and distress.
26. We have considered what is the best approach to drawing together the best evidence in the area. As discussed above there are limitations to the known evidence base that would hinder the robust synthesis we would apply to an evidence brief and limit the drawing of conclusions for strategy and policy making.
27. Instead, we have been considering hosting an Evidence Forum, bringing together expert thinking on the matter. This could be in the form of a round table exercise undertaken through our Academic Partnerships arrangements. We would collate and present the expert perspectives and look for policy and strategy opportunities that can be supported by any findings from the process.
28. We are seeking your agreement to this approach, which would act as an interim step until more conclusive evidence becomes available and the data from the New Zealand situation emerges from the survey work.
29. We do not recommend that an evidence review on the impacts of social media on children and young people be conducted at this time because:
 - a. the methodological and other issues with the evidence that would be reviewed in an evidence review now are such that we would be unlikely to come to any clear conclusions. As noted above, there are new directions in research underway that take different approaches to understanding the issue. Reviewing this newer evidence once it emerges, likely in several years' time, may be valuable
 - b. the lack of New Zealand-specific research in the current evidence base means that an evidence review would be unlikely to come to a conclusion that is different from the many already-existing overseas reviews
 - c. without a clear policy purpose or more defined research question, any such review risks being unfocussed, and will likely not address the main issues for policy analysts to draw on.
30. If you would still like us to conduct an evidence review now, we can provide advice on how best to do this. This would include determination of a policy purpose and related

research questions; selection of a method (for example, scoping review, systematic review, rapid review, or custom solution); and amount and type of resource needed to apply.

31. As this work is not currently on our policy work programme, initiation may require existing items to be reprioritised. We can provide further advice on this if needed.

Equity

32. Māori, Pacific, girls, and young people who are members of the rainbow community show higher rates of mental distress and disorder. These same groups are also potentially at greater risk of harm from hateful content that may be encountered while using social media.
33. As noted earlier there is limited information about the relationship between social media use and mental wellbeing for at risk groups in the population and this remains a gap in the evidence.

Next steps

34. We will keep you updated on progress of the 3 studies mentioned in gaining information about this issue, especially the prevalence study. Should you agree to the Ministry of Health working through its Academic Partnership arrangements to host an Evidence Forum, we will keep you updated on this via your weekly report.
35. If you wish to progress with an evidence review at this time, we can provide you with advice on how best this can be done.

ENDS.

PROACTIVELY RELEASED