

Queensland Health

# **Position Statement: Social Media and the Mental Health and Wellbeing of Young Queenslanders**

Office of the Chief Health Officer



**Queensland  
Government**

# Background

Across Queensland, we are seeing a worrying deterioration in the mental health and wellbeing of young people.

This emerging public health concern is not just in Queensland but around the world.

Between 2008-09 and 2020-21 there was a three-fold increase in self-harm injury hospitalisations for Queensland girls up to 14 years (see Reference 1). We are also seeing concerning trends among boys.

We believe there is growing evidence that the health and wellbeing of young Queenslanders is being harmed by social media, and it requires a public health response.

In February 2024, the Chief Health Officer convened a group of experts to consider the potential impact of social media on the declining mental health of young Queenslanders. The group acknowledged there was an association between social media use and distress in young people.

A preliminary outcome was determining appropriate advice to the Queensland public from Queensland's Chief Health Officer and issuing this position statement.

## Statement of scientific principles

Digital communication and social media play a pivotal role shaping societal interactions.

There are benefits to social media, including offering a sense of belonging and reducing isolation. However numerous investigations into the impact of social media on the development of children have highlighted potential adverse effects. These findings have not yet reached a consensus fully supported by peer-reviewed research. More work needs to be done.

Despite the absence of irrefutable evidence, the existing studies provide compelling indications of possible negative links between unrestrained social media usage and the cognitive, emotional, and social well-being of young people.

The preliminary data, while not conclusive, suggests that there could be significant reasons for concern. It is both prudent and necessary to treat these findings seriously and consider their implications for public health. It is crucial Queenslanders understand and respond to these early warnings.

Further scientific research is imperative to establish clearer understandings and firmer conclusions.

By advancing our investigations and expanding our knowledge base, we can better understand the full impact of social media on young people. This commitment to ongoing research is essential for developing effective strategies to safeguard and enhance the health and development of children in Queensland. As more evidence emerges, Queensland Health may revisit its position.

# Position Statement:

**Queensland Health recommends parents limit access to social media for children under the age of 14 years, closely monitor and support children as it is introduced, and restrict time until healthy habits are established.**

Mounting global concerns suggest children under 14 face a range of potential risks from unrestrained access to social media. Risks may include being exposed to inappropriate content, cyberbullying, altering behaviour and making young children feel anxious and overwhelmed.

Studies have also raised concerns that comparing themselves to images and videos on social media platforms can lead to body dissatisfaction and eating disorders in adolescent girls, potentially resulting in significant mental health problems. But deteriorating mental health trends are also apparent in boys.

Children accessing content on smart phones and tablets heightens these risks.

Social media platforms use algorithms to feed users content that is based on previous interactions. Viewing unhealthy, or potentially harmful content, even accidentally, can trap young people in a cycle where they see more of it. In some cases it can make unhealthy activities or behaviours seem normal. Limiting access includes preventing young people from creating their own social media accounts and accessing social media without supervision.

We are approaching this challenge from a public health perspective, recognising that – in general – children under 14 years are less likely than older children to have the developmental capacity to manage social media and adequately process the content to which they can be exposed.

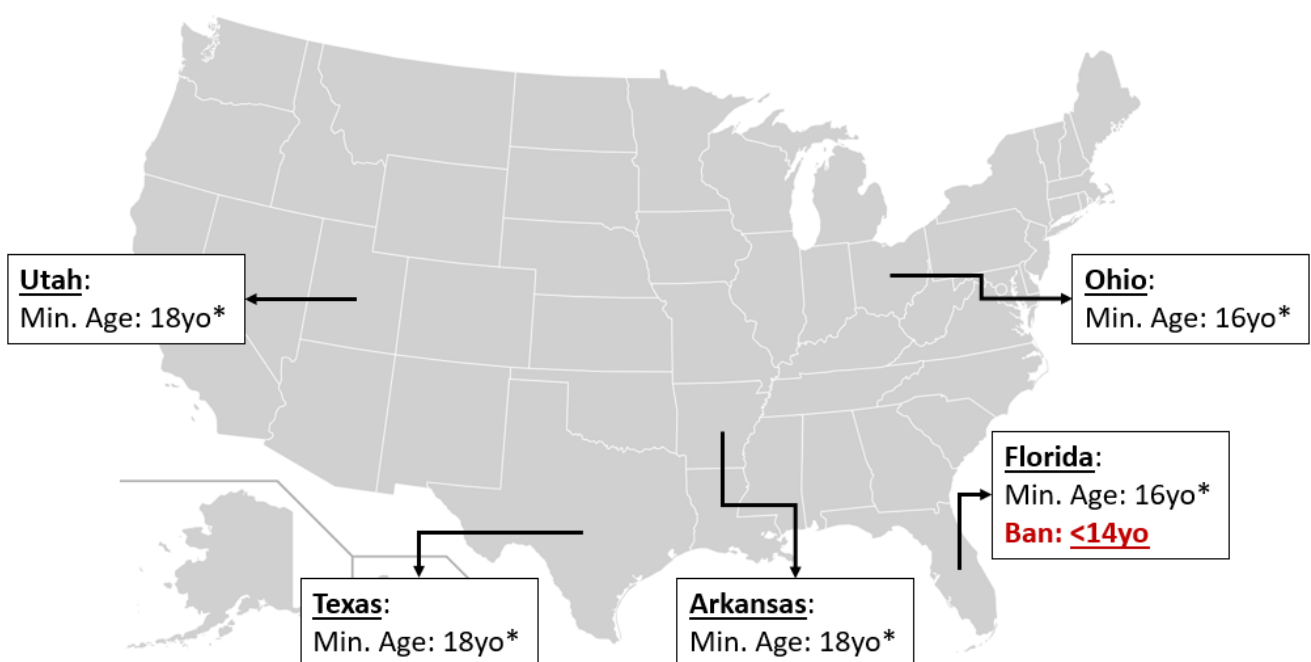
We are not saying all social media usage is bad. Social media can help people stay connected, explore their interests, and be a space for self-expression. We acknowledge there are benefits to social media, including connectedness between marginalised and vulnerable groups. However, we believe that at young ages – below 14 – the population-level risks outweigh these benefits.

Parents should remain active in understanding and guiding the amount of time older teenagers spend on any screens, including for social media activities.

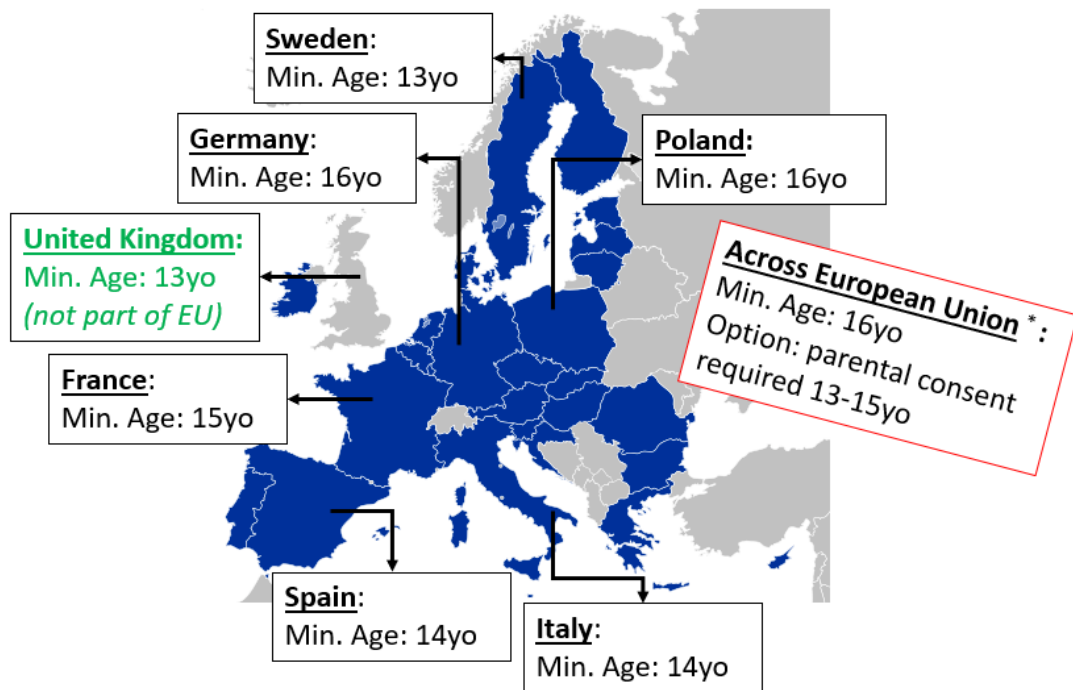
# The Global Picture

Many social media companies require a user's age to be entered when registering for a social media account, and some have age limits, but there is variation and it's not well enforced. In response, many US states have begun legislating ages to limit children's access to social media and the US Surgeon General published an advisory on social media and youth mental health in 2023 (Reference 2, 16-18). Meta, the parent company of both Facebook and Instagram, has itself supported US legislation that requires app stores to get parents' approval whenever teens under 16 download apps.

Based on US Legislation (COPPA Act, 1998), social media companies should not register children aged under 13 on their platforms. This is currently accepted to apply globally. However, many locations have begun to implement restrictions to manage social media access and digital consent by young people. These are shown below in Figure 1.



\* Indicates examples of US states where parental consent is required for ages down to 13yo (Florida has a ban <14yo). See [www.ncsl.org/technology-and-communication/social-media-and-children-2023-legislation](http://www.ncsl.org/technology-and-communication/social-media-and-children-2023-legislation)



\* The EU legislated a minimum age of 16yo but allows member nations to permit access for 13yo to 15yo with parental consent. See <https://euconsent.eu/digital-age-of-consent-under-the-gdpr>

**Figure 1. Global Approaches to Digital Consent and Social Media in Children and Adolescents**

## A Collaborative Approach

Many state and federal agencies have prioritised this issue. In 2024, the Queensland Government introduced “Away for the Day” which restricted mobile phone use by state school students during school hours. The Federal Government’s eSafety Commissioner has developed resources to support families, young people, educators, and health practitioners and ensure children have safer experiences online. Health and Wellbeing Queensland and the Qld Mental Health Commission are developing a Youth Mental Health and Wellbeing Strategy, and the Queensland Government’s Department of Premier and Cabinet has youth mental health as part of its reform agenda.

Nationally, we need greater public awareness of the harms associated with social media in the same way we now understand the harms caused to many individuals by gambling, unhealthy food, lack of exercise, and alcohol. Whilst social media use is not detrimental to every individual, at a population level in young people, the evidence suggests it may be associated with an increased risk of depression, anxiety, stress, self-harm, and disordered eating.

Globally, there is a need for more research to understand how social media impacts on child and adolescent development. There should be greater engagement with (and by) social media companies to ensure their products do no harm. These companies need to do more to verify age limits before families allow children and young people to register for social media accounts.

In the meantime, we support parents, carers and young Queenslanders to opt for a “safety first” approach to protect the mental health and wellbeing of our young people, which can include:

- limiting access to social media for young people aged under 14 years;
- engaging young people in open discussion about social media content;
- ensuring young people’s social media engagement is short in duration, and healthy in content;
- promoting positive behaviours by *everyone* in the home, including no phones in bedrooms overnight.

## Further Context

The definition of social media is evolving as new technologies are introduced. For the purpose of this paper, our definition of a "social media platform" means an online forum, a website, or an application offered by an entity which allows a user to upload content or view the content or activity of other users for the purpose of social networking and which does any of the following:

1. Uses algorithms that analyse user data or information on users to select content for users; or
2. Has any of the following features that are known to promote the escalation of harmful patterns of use:
  - a. Infinite scrolling with continuous loading content, or content that loads as the user scrolls down the page without the need to open a separate page; or seamless content, or the use of pages with no visible or apparent breaks.
  - b. Push notifications or alerts sent by the online forum, website, or application to inform a user about specific activities or events related to the user's account.
  - c. Displays personal interactive metrics that indicate the number of times other users have clicked a button to indicate their reaction to content or have shared or reposted the content.
  - d. Auto-play video or video that begins to play without the user first clicking on the video or on a play button for that video.
  - e. Live-streaming or a function that allows a user or advertiser to broadcast live video content in real-time.

The term does not include an online service, a website, or an application where the exclusive function is e-mail or direct messaging consisting of text, photographs, pictures, images, or videos shared only between the sender and the recipients, without displaying or posting publicly or to other users not specifically identified as the recipients by the sender. It does not include age-appropriate digital gaming.

Our definition may need to change in the future as we learn more about this issue.

## Resources

There is a range of resources to help parents and guardians talk to children about social media use, recognise signs of distress, and encourage healthy online habits. These include:

- [A family online safety contract \(appropriate for all ages, from thinkuknow.org.au\)](#)
- [Parental controls: How to keep your child safe \(esafety.gov.au\)](#)
- [Online safety basics \(eSafety.gov.au\)](#)
- [Online safety issues and advice \(eSafety.gov.au\)](#)
- [Social media and safety | What can parents do? | Kids Helpline](#)
- [How to have a healthier relationship with social media | headspace](#)
- [Social media benefits & risks: 9-18 years | Raising Children Network](#)

There is also a range of options to manage access to social media. If parents want to be able to contact and track their children, there are GPS trackable watches, phones that have tracking but which do not download apps, and call-only phones (eg old-school "flip phones").

Access to social media on smart devices can be managed through some home wifi systems, through computers and mobile devices (e.g. Apple's "family sharing" or "screen time" functions), and through various apps. Depending on the option, access to social media can be:

- Deferred, where the social media app takes a set period of time to open,
- Restricted, to a set amount of time per day or to certain hours of the day, or
- Blocked entirely.

## Key Informants

There are numerous agencies, organisations and people that are doing valuable work on this issue from across Australia. Some of the key informants that have guided our approach include:

- The Queensland Office of the Chief Psychiatrist, Mental Health Alcohol and Other Drugs Branch, Clinical Excellence Queensland
- The Child and Youth Mental Health Service, Children’s Health Queensland HHS
- Queensland Health’s Mental Health, Alcohol and Other Drugs Strategy and Planning Branch, Clinical Planning and Service Division
- Queensland’s Department of Education
- Health and Wellbeing Queensland
- The Queensland Mental Health Commission
- The Australian Government’s eSafety Commission

## Key Alignments

We also recognise that our approach needs to align with other work that is underway or in development. This includes:

- The Queensland Premier’s reform agenda for youth and wellbeing
- Better Care Together: A plan for Queensland’s state-funded mental health, alcohol and other drug services to 2027
- The Queensland Department of Education’s responses, including its “Away for the Day” campaign
- Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023-2028
- The Mental Health and Wellbeing Strategy being developed by Health and Wellbeing Queensland and the Queensland Mental Health Commission.
- The Australian Government’s eSafety Commissioner’s advice, strategies and resources
- The National Mental Health Commission review on the Impact of Digital Technologies on Youth Mental Health and Wellbeing
- Review of the Online Safety Act 2021 and the Australian Classification Regulation

## Collaboration

We want to ensure our response maximises the health and wellbeing outcomes for young people, and in this regard, we will also explore opportunities to collaborate with other jurisdictions including with the Australian Government.

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