

Policy Position on Adolescent Social Media Use

ACAMH Malta: Nurturing Child and Adolescent Mental Health in the Digital Age

The Association for Child and Adolescent Mental Health (ACAMH) Malta is dedicated to advancing the mental wellbeing of children and adolescents through evidence-based practice, policy engagement, and education. ACAMH Malta aims to bridge research and clinical work through providing education and training for professionals working in mental health to ensure that young people receive developmentally appropriate, trauma-informed, and rights-based care.

Introduction

Digital technology and social media now play a central role in the lives of children and adolescents, shaping how they learn, socialise, and express themselves. While these platforms offer real benefits, they have also prompted growing concern about young people's mental health, online safety, and development. In Malta, this concern has fuelled debate about whether social media use should be restricted or banned for certain age groups.

The Association for Child and Adolescent Mental Health (ACAMH) Malta recognises the urgency of addressing rising distress, problematic social media use, and online risks among young people. However, we strongly caution against simplistic or blanket bans. Effective policy must be grounded in scientific evidence, child development, and children's rights, rather than fear-driven or prohibition-based responses.

What Does the Evidence Say?

International guidance, including advisories from the American Psychological Association, highlights that most social media platforms are designed for adults and do not adequately account for adolescent brain development. Adolescence is a period marked by heightened sensitivity to peer feedback, emotional reactivity, and ongoing development of self-control. These factors increase vulnerability to risks such as cyberbullying, social comparison, addictive design features, and exposure to harmful content.

A systematic review and meta-analysis demonstrated a significant positive association between exposure to risk factors on social networking platforms and a range of mental health disorders among children and young adults (1). This review found that approximately 40% of adolescents who died by suicide had developed online identities centred on suicidal thoughts (1). Another systematic review reported significant positive correlations between social media use and

depressive disorders, disordered eating, body dissatisfaction, and anxiety (2). A further systematic review and meta-analysis showed that frequent social media use was strongly associated with lower self-esteem, depressive symptoms, anxiety, and other mental health difficulties. Importantly, this study also highlighted that social support from family and school played a critical protective role in mitigating these negative effects (3).

Brain development is a critical factor in assessing vulnerability to harm. Adolescents aged 10 to 19 years are undergoing a highly sensitive period of neurodevelopment (4). During this stage, risk-taking behaviours peak, emotional well-being shows greater fluctuation, and mental health conditions such as depression commonly emerge (4). In early adolescence, when identity and self-worth are still forming, brain development is particularly susceptible to social pressures, peer opinions, and social comparison (4). Frequent social media use may be associated with changes in key brain regions, including the amygdala, which is involved in emotional learning and behaviour, and the prefrontal cortex, which regulates impulse control, emotional regulation, and social behaviour (4). These changes may increase sensitivity to social rewards and punishments. Consequently, adolescents may experience heightened emotional responsiveness to the interactive nature of social media. Longitudinal evidence also suggests that social media use predicts subsequent decreases in life satisfaction in specific developmental groups, including girls aged 11–13 years and boys aged 14–15 years (4). In early childhood, screen time exceeding one hour per day has been significantly associated with lower percentile rankings in cognition, language, and social–emotional development (5).

Further research indicates that social media algorithms can promote extreme or harmful content to vulnerable young users, contributing to increased risks of poor body image, eating disorders, and suicidality (6). Ease of access plays a foundational role in shaping how social media affects adolescent mental health (6). Over the past two decades, social media use has expanded rapidly, with a substantial proportion of users now under the age of eighteen. This widespread access exposes minors to harmful content and to platform designs intended to maximise engagement. These addictive features may contribute to compulsive online behaviour and increased psychological vulnerability (6).

Overall, the literature demonstrates consistent observational associations between heavier social media use and mental health difficulties. However, causal relationships have not been firmly established. Furthermore, there is currently no conclusive scientific evidence that strict age-based bans alone lead to improved mental health outcomes. The Australian policy is therefore being evaluated as a natural experiment to assess its long-term effectiveness.

On the other hand, international child rights frameworks emphasise that young people possess digital rights, including the rights to participation, privacy, and age-appropriate protection. Policy responses must therefore balance safeguarding responsibilities with respect for adolescents' developing autonomy.

Crucially, research suggests that the principal concern is not social media use in itself, but problematic social media use. This refers to patterns of use that interfere with sleep, education, relationships, or mental health and resemble addictive behaviours. Importantly, only a minority of adolescents experience this level of impairment; most young people use social media in developmentally typical and adaptive ways

Recognising the Benefits

Any serious discussion must acknowledge that social media also brings clear benefits. For many young people, online platforms support friendship, creativity, identity exploration, and access to information. Social media can reduce loneliness, particularly for adolescents who feel isolated, anxious, or marginalised.

Online spaces have also become important sources of mental health information and peer support. Some young people feel more comfortable seeking help or learning about mental health online than through traditional routes. For minority groups, including LGBTQ+ youth, digital communities can offer vital affirmation and belonging that may not be available offline. Policies that restrict access without nuance risk unintentionally harming those who rely most on these spaces.

Risks and Harms

Alongside benefits, the risks are real and well documented. Adolescents report high levels of cyberbullying, online conflict, and pressure related to appearance and popularity. Social interaction online is often reduced to numbers such as likes, followers, and views. This intensifies comparison and self-criticism.

Digital communication is also constant and permanent. Messages can be shared widely and revisited indefinitely, while expectations of instant response leave little time for psychological rest. Design features such as endless scrolling and notifications make it difficult to disengage, contributing to reduced sleep, poorer concentration, and less time for physical activity.

Certain young people are particularly vulnerable, including those with existing mental health difficulties, poor body image, or difficulties with emotional regulation. Exposure to content related to self-harm, eating disorders, or hate speech is common and can significantly worsen distress.

The Maltese Context

European data show that Malta has one of the highest rates of intensive social media use among 15-year-olds, with many spending more than three hours a day online. Maltese adolescents also show higher levels of addiction-like use, with girls aged 11–15 particularly affected. Younger children face increased risk of contact with unknown adults online.

These findings demand action. However, high usage alone does not justify bans. Instead, it highlights the need for targeted, proportionate, and evidence-based solutions.

Why Bans Are Not the Answer

There is limited evidence that blanket bans are effective. Adolescents frequently bypass age restrictions, and bans may push online activity into less visible and less safe spaces. Prohibition can also remove the benefits of healthy online engagement, disproportionately affecting vulnerable young people.

Importantly, current evidence does not support the idea that social media use alone causes mental illness. Overly simplistic responses risk moral panic and may worsen, rather than reduce, harm.

Keeping today's society in mind

Present societies are characterised by high parental workload and dual-income households, many parents experience significant time pressures that limit their capacity to supervise and guide children's digital engagement (8,9). As a result, children and adolescents may spend prolonged periods online with limited adult support, increasing their vulnerability to excessive and potentially harmful social media use (10). This risk is further amplified by platform designs that prioritise user engagement through personalised and emotionally salient content (11).

Socioeconomic disadvantage represents an additional risk factor. Families with lower socioeconomic status may have reduced access to digital literacy resources, limited awareness of online safety tools, and fewer opportunities to enforce consistent boundaries around screen use (12,13). These constraints may increase children's exposure to harmful content and addictive design features, thereby widening existing social and health inequalities (14). Reliance on parental monitoring alone is therefore insufficient and may unintentionally disadvantage vulnerable groups.

Given these structural realities, national policy must ensure that children are protected at a systemic level, regardless of family circumstances. Social media platforms should be required to implement age- and maturity-sensitive algorithms, with tiered access that progressively increases according to developmental stage and demonstrated capacity for safe use (15,16). Mandatory child-safe modes, reduced recommendation intensity for younger users, and

stronger content safeguards are essential to promote equitable protection and support healthy development (17).

A regulatory framework that combines age-appropriate algorithmic design, universal safety standards, parental support, and digital literacy education offers the most effective and socially equitable approach (8,15,18). By embedding these protections within platform architecture, national policy can reduce harm, promote resilience, and ensure that all young people benefit from a safer digital environment.

A Balanced Media Diet

ACAMH Malta supports a balanced media diet approach. Just as with food, quality matters more than quantity. Passive scrolling and harmful content carry different risks from active, creative, educational, or social use.

Families and policymakers can think in terms of a social media pyramid framework: everyday activities such as family communication, learning, music, and creativity form the base. Entertainment and social media sit higher up and should be used more selectively, particularly around sleep, meals, and study time. Harmful or triggering content should be actively limited.

Education, Skill Development and Prevention

Using social media safely is a skill that must be learned. ACAMH Malta calls for structured digital literacy and social citizenship education in schools, covering privacy, boundaries, emotional regulation, and respectful online behaviour.

Prevention should include early identification of problematic use, family guidance on sleep and device routines. A proposed **“social media test drive”** model may help young people reflect on the emotional impact of different types of content within a supported environment.

Policy Recommendations

ACAMH Malta does not support a total ban on adolescent social media use. Instead, we recommend:

- Developmentally informed regulation based on age and vulnerability: if a user is estimated to be underage, the system must automatically switch them to “minor mode” having a child-safe algorithm that cannot be opted out of manually. This should be enforced to ensure that safe content appears, have stronger moderation filters and reduce recommendation density. In this mode, educational and age-appropriate material should be prioritised, and infinite scrolling, auto plays and aggressive recommendation loops should be disabled.

- A focus on quality of engagement rather than screen time alone
- Early identification and support for problematic use
- Mandatory digital literacy education in schools, with parent guidance tools
- Greater accountability for technology companies to design age-appropriate platforms and audit their use
- Parental consent and child-friendly access for younger users
- Community-wide approaches involving families, schools, and health services
- Continued Malta-specific research to guide policy

Conclusion

Protecting young people online is an urgent public health priority. However, children do not need less support, they need smarter, developmentally informed support. ACAMH Malta calls for balanced, evidence-based policies that protect young people while empowering them to navigate the digital world safely and confidently.

ACAMH Malta, nurturing the mental health of children and adolescents.

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