Social media use and age limits for children and adolescents

Research priority areas for suicide prevention

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Background

Online safety is one of the key priority areas identified in Ireland's National Strategy to Reduce Suicide 2015-2024, *Connecting for Life*[1], and was a predominant theme in a public consultation undertaken for Ireland's next suicide reduction strategy[2,3]. A recent report from the Online Health Taskforce also addressed concerns regarding the health and rights of children and young people online, focusing on the benefits and risks from online technology use in this age group[4]. Improving online safety in relation to suicide and self-harm risk, particularly for young people, is essential. A recent report from more than 100 schools across Ireland found that only 1% of 12–15-year-olds and 11% of 8–12-year-olds do not use any form of social media, despite many platforms setting a minimum age for use of 13 years[5]. The EU Digital Services Act includes guidelines on the protection of minors, with a stipulation that platforms modify recommended systems to lower the risk of children encountering harmful content[6]. In the context of recent debate considering the introduction of more stringent age restriction laws in relation to social media use, the purpose of this briefing is to:

1. Summarise research evidence of the relationship between social media, suicide and self-harm;
2. Identify research gaps in this area;
3. Provide recommendations for research, policy and measures to ensure safety of young people in terms of social media.

The relationship between social media and suicide and self-harm

It is important to note that research to-date has not definitively established causal effects of harm from the use of social media in childhood and adolescence[7,8]. However, there is a substantial and

continuously growing evidence-base indicating associations between problematic social media use, harmful social media and increased risk of suicidal behaviour in children and adolescents, including suicide clusters [9–11], as well as associations with risk factors such as cyber-bullying[12], depression[13,14], anxiety[15], sleep problems[16] and displacement of other activities[17]. Research from the Global Mind Project has indicated that receiving a smartphone before age 13 is linked to poorer mental health in young adulthood, including suicidal thoughts, emotional instability, and reduced self-worth[18]. Furthermore, a French microsimulation model study projected that excessive social media use among adolescents was associated with 590,000 lifetime depression cases and 799 suicide deaths over a 20-year period[19].

Despite these substantial risks, social media engagement can also provide benefits to wellbeing, such as supporting identity development[20] and facilitating social connectedness[21,22], particularly for socially isolated, marginalised, or young people at high-risk of self-harm or suicide[23]. Evidence also highlights that adverse outcomes associated with social media use are stronger for problematic or passive engagement than active, interactive, or meaningfully connected use[9]. Related to this, there is a concern amongst some researchers that caution should be issued when linking mental ill-health to social media use. For instance, a recent meta-analysis indicates that the pool of research is unable to support claims of the link due to substantial methodological limitations[24].

What is the evidence for increasing the age for social media use to 16 years?

In December 2025, Australia became the first country to introduce legislation establishing social media age restrictions for all users under 16 years of age. These restrictions prevent children and adolescents from having social media accounts. However, they can still view content on platforms such as TikTok, that allow browsing without an account. In recent months, several countries, including France, Spain, the United Kingdom, Denmark and Ireland, have indicated that they are considering similar legislation.

It is imperative that any such measures are based on solid evidence and are thoroughly evaluated. The impact of the social media ban in Australia is currently being researched, but at this point, there is no conclusive evidence for introducing a national social media ban amongst children and adolescents[25,26]. Findings from some correlational research suggest that targeted social media

interventions such as reducing social media use time, replacing time spent on social media with physical activity and stopping its use among adolescents most at-risk could potentially reduce adolescent depression [19]. On the other hand, evaluations of other bans for children and adolescents such as alcohol prohibition would indicate that prohibition alone is unlikely to be effective in reducing social media engagement within this cohort[27]. This is supported by results from a recent study examining school phone policies, which found that restrictive and permissive policies impact wellbeing in different ways, indicating that policies to address phone use are embedded in broader holistic approaches across different settings [28]. At this early stage, it is important also to consider the unintended harmful consequences of such restrictions, for example, pushing children towards less regulated areas of the internet[29].

Some academics and interest groups are advocating for a 'harm minimisation approach' by developing digital literacy, resilience and help-seeking skills[29,30] and fostering emotion regulation skills[31]. Furthermore, several patterns are emerging related to restrictions, including evidence of children and adolescents taking advantage of legal gaps to access sites. These trends indicate the important role of social media companies in the implementation of safeguards and measures to minimize use by this cohort of young people.

How to address existing gaps and priority actions

1. **Conceptualisation of social media and its use**

   Research should move beyond measuring time spent on social media to further differentiate between experiences of social media use[8], and to examine the nature of engagement, including content accessed, modes of interaction, and user motivations, in order to better understand differential impacts on mental health. Furthermore, there is a need for consistency as to how social media is defined and operationalised, with consideration for the impacts of messaging and video platforms, in addition to AI chatbots.

2. **Mechanisms of impact of social media use**

   Studies should investigate pathways linking social media use with mental health outcomes, including reduced in-person interaction, impact on attachment and coping styles, sleep disruption, cyberbullying, and exposure to self-harm content.

3. Appropriate research designs

Future studies should reduce reliance on retrospective self-report measures by incorporating objective indicators such as digital trace data and experience sampling[32]. Greater use of longitudinal designs is also needed to assess causal relationships[33]. Further research should examine outcomes such as suicidal thoughts and behaviours, and should examine exposure to harmful content, digital self-harm, and engagement with pro-suicide or self-harm material(34). Qualitative research should also be considered which explores the perspectives and experience of young people and parents/guardians[26].

4. Inclusion of diverse youth subgroups

Research should include underrepresented and marginalized groups, such as ethnic minorities, LGBTIQ+ young people, neurodivergent young people, and those with mental health conditions and/or history of suicidal thoughts and behaviours, to examine potential differences and improve tailored and targeted supports and interventions.

Research should also examine social media use across developmental stages in childhood and adolescence and across genders to inform evidence-based age-related policy and evaluate the effectiveness of age-verification technologies and to identify gender differences in terms of social media use.

5. Evaluation of harm-reduction strategies and restrictions on use of social media

Future work should evaluate strategies to reduce exposure to harmful online content, including platform-based protections such as age verification technologies[35], parental education initiatives, and digital citizenship programmes[29].

The impact of any future social media restrictions for children and adolescents should be monitored and evaluated in the Irish context, including alternative modes of peer communication among young people[25]. Access to online platform data for independent research is paramount to determining content exposure and usage patterns of social media platforms pre and post implementation of such restrictions[32].

6. Complementary approaches to address social media use

Future research should also focus on complementary measures to address harmful impacts of social media, including public health awareness campaigns[23], personalised treatment

options[24,25], psychoeducation for children, adolescents and parents/guardians[24,27], digital citizenship training[27] and critical digital literacy[4].

7. Co-production of research with children and adolescents

Research in this area should be conducted in collaboration with children and adolescents, underpinned by the principles of co-production. In addition, the perspectives of parents, guardians and other relevant cohorts involved in supporting young people should be represented.

About the NSRF

- The NSRF is a centre for excellence nationally and internationally in the field of suicide and self-harm prevention and has published widely in the area of youth self-harm, suicide and mental health. In 2015, the NSRF was designated as a World Health Organisation Collaborating Centre (WHOCC) for surveillance and research in suicide prevention, one of only five such centres worldwide.

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- Suicide reporting guidelines can be found here: http://www.samaritans.org/your-community/samaritans-work-ireland/media-guidelines-ireland

- Journalists reporting on this event are advised to include information on relevant helpline and websites: **TextAboutit**: Text HELLO to 50808; **Samaritans**: free phone 116 123 or email jo@samaritans.ie; **Childline**: 1800 66 66 66; www.aware.ie; www.yourmentalhealth.ie ; www.spunout.ie

- For further information, please contact: infonsrf@ucc.ie

REFERENCES

1. Department of Health. Connecting for Life: Ireland's National Strategy to reduce suicide (2015–2020). 2015.

2. National Suicide Research Foundation. Findings from the Public Consultation Survey to Inform Ireland's New Suicide Reduction Strategy. Cork: National Suicide Research Foundation; 2025.

3. National Suicide Research Foundation. Synthesis of Public Consultation Submissions to Inform Ireland's New Suicide Reduction Strategy. Cork: National Suicide Research Foundation; 2025.

4. Online Health Taskforce. Online health and rights for Ireland's children and young people. Dublin: Department of Health; 2025.

5. CyberSafe Kids. A Life Behind the Screens: Uncovering the Realities of Digital Childhood. Dublin: CyberSafe Kids; 2025.

6. European Parliament and Council. Regulation (EU) 2022/2065 on a Single Market for Digital Services (Digital Services Act). L277 edn. Official Journal of the European Union; 2022.

7. European Centre for Algorithmic Transparency. Stanford Youth Safety and Digital Wellbeing Report [Internet]. Stanford Center for Digital Health and Stanford Social Media Lab; 2025. Available from: https://cdh.stanford.edu/sites/g/files/sbiybj29486/files/media/file/youth_safety_and_digital_wellbeing_report_2025.pdf

8. Thimm-Kaiser M, Keyes KM. US State Policies Regarding Social Media: Do Policies Match the Evidence? Milbank Q. 2025;103(S1):337–65. doi:10.1111/1468-0009.70021

9. Agyapong-Opoku N, Agyapong-Opoku F, Greenshaw AJ. Effects of Social Media Use on Youth and Adolescent Mental Health: A Scoping Review of Reviews. Behav Sci. 2025 Apr 24;15(5):574. doi:10.3390/bs15050574 PubMed PMID: 40426351; PubMed Central PMCID: PMC12108867.

10. Cabezas-Klinger H, Fernandez-Daza FF, Mina-Paz Y. Associations Between Social Media Use and Mental Disorders in Adolescents and Young Adults: A Systematic Review and Meta-Analysis of Recent Evidence. Behav Sci. 2025 Oct 24;15(11):1450. doi:10.3390/bs15111450 PubMed PMID: 41301253; PubMed Central PMCID: PMC12649677.

11. Hawton K, Hill NTM, Gould M, John A, Lascelles K, Robinson J. Clustering of suicides in children and adolescents. Lancet Child Adolesc Health. 2020 Jan 1;4(1):58–67. doi:10.1016/S2352-4642(19)30335-9

12. Young E, McCain, Jessica L. P, Mercado, Melissa C. P, Ballesteros, Michael F. P, Moore, Shamia MPH, Licitis, Laima MPH, et al. Frequent Social Media Use and Experiences with Bullying Victimization, Persistent Feelings of Sadness or Hopelessness, and Suicide Risk Among High School Students — Youth Risk Behavior Survey, United States, 2023. MMWR Suppl. 2024;73. doi:10.15585/mmwr.su7304a3

13. Liu G, Tong L, Chen Z, Ma L, Liao W, Li Y, et al. The associations between social media intensity, problematic social media use, and adolescents' mental health: A cross-lagged panel network analysis. Addict Behav. 2026 Jan 1;172:108524. doi:10.1016/j.addbeh.2025.108524

14. May W, Malouff JM, Meynadier J. Reducing Social Media Use Decreases Depression Symptoms: A Meta-Analysis of Randomised Controlled Trials. Eur J Investig Health Psychol Educ. 2025 Oct 27;15(11):222. doi:10.3390/ejihpe15110222 PubMed PMID: 41294782; PubMed Central PMCID: PMC12651081.

15. Popoviciu CM, Giosan C. Mental Health Predictors of Adolescents' Social Media Engagement and Digital Addiction: An Interaction of Person-Affect-Cognition-Execution Model Approach. Cyberpsychology Behav Soc Netw. 2026 Mar 23;21522715261434383. doi:10.1177/21522715261434383 PubMed PMID: 41869961.

16. Ren Z, Lu H, Ma X, Min G, Liu L, Wu L, et al. Longitudinal Association between Problematic Social Media Use and Sleep Problems among Adolescents: A Random Intercept Cross-Lagged Panel Model and Sex Differences. J Youth Adolesc. 2026 Jan 1;55(1):119–34. doi:10.1007/s10964-025-02310-9

17. Nagata JM, Helmer CK, Memon Z, Ramappa S, Wong JH, Diep T, et al. Longitudinal changes in screen time, sleep, and sports/exercise activity in early adolescence. BMC Pediatr. 2025 Nov 1;26(1). doi:10.1186/s12887-025-06368-z

18. Thiagarajan TC, Newson JJ, Swaminathan S. Protecting the Developing Mind in a Digital Age: A Global Policy Imperative. J Hum Dev Capab. 2025 Jul 3;26(3):493–504. doi:10.1080/19452829.2025.2518313

19. Hoertel N, Olfson M, Blanco C, Biscond M, Limosin F, Sánchez-Rico M, et al. Impact of excessive social media use on adolescent depression and its consequences in France: An individual-based microsimulation model. PLOS Med. 2025 Oct 21;22(10):e1004737. doi:10.1371/journal.pmed.1004737

20. Avci H, Baams L, Kretschmer T. A Systematic Review of Social Media Use and Adolescent Identity Development. Adolesc Res Rev. 2025 Jun 1;10(2):219–36. doi:10.1007/s40894-024-00251-1

21. Ryan T, Allen KA, Gray DL, McInerney DM. How Social Are Social Media? A Review of Online Social Behaviour and Connectedness. J Relatsh Res. 2017;8. doi:10.1017/jrr.2017.13

22. Steinsbekk S, Bjørklund O, Valkenburg P, Nesi J, Wichstrøm L. The new social landscape: Relationships among social media use, social skills, and offline friendships from age 10–18 years. Comput Hum Behav. 2024 Jul 1;156:108235. doi:10.1016/j.chb.2024.108235

23. Charmaraman L, Zhang A, Wang K, Chen B. Sexual Minorities and Loneliness: Exploring Sexuality through Social Media and Gender–Sexuality Alliance (GSA) Supports. Int J Environ Res Public Health. 2024 Mar 4;21(3):300. doi:10.3390/ijerph21030300 PubMed PMID: 38541299; PubMed Central PMCID: PMC10970596.

24. Ferguson CJ, Kaye LK, Branley-Bell D, Markey P. There is no evidence that time spent on social media is correlated with adolescent mental health problems: Findings from a meta-analysis. Prof Psychol Res Pract. 2025 Feb 1;56(1):73–83. Located at: 2025-31872-001. doi:10.1037/pro0000589

25. Robinson J, La Sala L, Harrison V. Australia's social media age limit: A 'seatbelt moment' or a missed opportunity for a nuanced approach? Crisis J Crisis Interv Suicide Prev. 2025 Jan 1;46(5):245–53. Located at: 2026-43839-001. doi:10.1027/0227-5910/a001014

26. Goodyear VA, James C, Orben A, Quennerstedt M, Schwartz G, Pallan M. Approaches to children's smartphone and social media use must go beyond bans. BMJ. 2025 Mar 27;388:e082569. doi:10.1136/bmj-2024-082569

27. The Lancet Public Health. Social media ban: a band-aid on digital wounds? Lancet Public Health. 2026 Mar;11(3):e137. doi:10.1016/S2468-2667(26)00024-1

28. Goodyear VA, Randhawa A, Adab P, Al-Janabi H, Fenton S, Michail M, et al. How school phone policies influence adolescent phone use and wellbeing (SMART Schools): a qualitative comparative case study. Soc Sci Med. 2026 Jun 1;398:119094. doi:10.1016/j.socscimed.2026.119094

29. UNICEF. Age restrictions alone won't keep children safe online [Internet]. 2025 [cited 2026 Mar 4]. Available from: https://www.unicef.org/press-releases/age-restrictions-alone-wont-keep-children-safe-online

30. Champion KE, Birrell L, Smout S, Teesson M, Slade T. Debate: Social media in children and young people – time for a ban? Beyond the ban – empowering parents and schools to keep adolescents safe on social media. Child Adolesc Ment Health. 2025 Nov;30(4):411–3. doi:10.1111/camh.70032 PubMed PMID: 40931432; PubMed Central PMCID: PMC12573062.

31. McAlister KL, Beatty CC, Smith-Caswell JE, Yourell JL, Huberty JL. Social Media Use in Adolescents: Bans, Benefits, and Emotion Regulation Behaviors. JMIR Ment Health. 2024 Nov 4;11:e64626. doi:10.2196/64626 PubMed PMID: 39496203; PubMed Central PMCID: PMC11554337.

32. Fox C, Robertson D, Lunn P. Parenting in a digital era: A narrative review. ESRI: Dublin. (ESRI Research Series; no. 218). Report No. doi:https://doi.org/10.26504/rs218

33. Haque S. TikTok and young adults: A decade of research on mental health, cognition, sleep, and social outcomes (2016–2025). Acta Psychol (Amst). 2026 Mar 1;263:106216. doi:10.1016/j.actpsy.2026.106216

34. Susi K, Glover-Ford F, Stewart A, Knowles Bevis R, Hawton K. Research Review: Viewing self-harm images on the internet and social media platforms: systematic review of the impact and associated psychological mechanisms. J Child Psychol Psychiatry. 2023;64(8):1115–39. doi:10.1111/jcpp.13754

35. Forland S, Meysenburg N, Solis E. Age Verification: The Complicated Effort to Protect Youth Online. Open Technol Inst. 2024.

36. Skinner A, Foljambe R. Debate: Social media in children and young people – time for a ban? It is time to take a precautionary approach. Why health professionals are calling for a ban on social media for under-16s. Child Adolesc Ment Health. 2025;30(4):419–21. doi:10.1111/camh.70037

37. Gunnell D, Kidger J, Elvidge H. Adolescent mental health in crisis. BMJ. 2018 Jun 19;361:k2608. doi:10.1136/bmj.k2608 PubMed PMID: 29921659.

38. Hilton CE. Unveiling self-harm behaviour: what can social media site Twitter tell us about self-harm? A qualitative exploration. J Clin Nurs. 2017;26(11–12):1690–704. doi:10.1111/jocn.13575

39. Mars B, Gunnell D, Biddle L, Kidger J, Moran P, Winstone L, et al. Prospective associations between internet use and poor mental health: A population-based study. PLoS One. 2020 Jul;15(7):e0235889. doi:10.1371/journal.pone.0235889