

PROSPIRA

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Ecosystem Landscape

CHILD & ADOLESCENT MENTAL HEALTH AND DIGITAL TECHNOLOGY



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633 Third Avenue, 23rd Floor,
New York, NY 10017

Website: safeonline.global

Contact: info@safeonline.global

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From the Executive Director

Dear Friends and Partners,

Childhood is being redesigned in real time. In two years, generative AI has moved from novelty to default; new immersive and virtual spaces are gaining traction; and platforms are evolving faster than most families, schools, and policymakers can reasonably track. At the same time, children and adolescents are facing an unprecedented mental health crisis and a severe global shortage of support and treatment. The gap between what young people need and what systems provide is widening.

A question we keep coming back to is, what kind of world are we building for children today, and for the next generation? If the last decade was shaped by an attention economy, the next may well be shaped by something even more psychologically powerful: systems designed to simulate attachment, intimacy, companionship, and “being understood.” Without strong guardrails, this shift can intensify risks - manipulation, dependency, boundary erosion, exploitation, and new forms of abuse and harm - often with direct consequences for both wellbeing and safety.

Digital technologies, including AI, **can** drive tangible progress for children and communities - whether by improving access to support, enabling earlier identification of risk,

strengthening connections to trusted resources, or designing healthier online experiences. But those benefits depend on choices: ethical design, responsible deployment, and systems that serve real human needs.

To help the field act with urgency and clarity, we commissioned this **landscape analysis to assess what is known about digital technology’s impact on children and adolescents, map today’s ecosystem of policies and evidence-based interventions, and identify where financing is falling short.** We spoke widely with experts and stakeholders to understand what is working, what is promising, and what is missing. The report is intended as an open resource for our ecosystem - policymakers, researchers, practitioners, advocates, funders, and the private sector.

You’ll see clear directions for action laid out across four areas:

- **Research:** faster, more future-facing evidence that keeps pace with technology—especially in the Global South and for younger children—grounded in lived experience and linked to real mental health *and safety* outcomes.
- **Policy:** a more coordinated global approach that moves beyond fragmented, harm-by-harm responses toward standards that

embed safety and wellbeing into design, development, and deployment—particularly for AI systems.

- **Interventions:** scaling what already works, and rapidly piloting and evaluating what shows promise—without losing sight of protection risks, privacy, and safeguarding.
- **Funding:** philanthropic capital that can catalyze innovation and coordination, paired with public financing for sustainability and scale.

This report also marks a turning point for us. We are launching a new initiative: **Weave Wellbeing**, formerly developed under the name *Safe Online for Mental Health*. Weave Wellbeing is designed to fill a gap that has held the field back for too long. There is currently no globally focused, collaborative funding vehicle dedicated to building this field coherently across three pillars: funding and testing technology solutions, establishing the research foundations for evidence-based decisions, and integrating systems to scale proven interventions responsibly and impactfully.

We are building Weave Wellbeing as a **\$100 million collaborative fund**—ambitious by design, because the

challenge demands it. Our intent is to strengthen and catalyze the promotion, prevention and treatment of child and adolescent mental health in a digital age; to work with partners across sectors; to stay grounded in existing and pioneering evidence and practice; and to remain forward-looking about where technology and platform business models are headed. Our aim is straightforward: help shape a digital ecosystem where children can benefit from technology **without exploiting their mental health, safety, or future.**

Thank you to the donors, grantees, and partners who have brought this work to life, and to the wider community that will carry it forward. I hope this report challenges assumptions, raises the right questions, and most importantly, helps accelerate action. **We must weave wellbeing into the fabric of technology from the start.**

Warmly,



Marija Manojlovic

Executive Director, Safe Online

TEENZOO

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Executive Summary

Technology is now embedded in the childhood experience; children engage with digital tools early and engagement intensifies with age, transitioning from passive consumption to more active use. Alongside this technological evolution, young people's worlds are changing in other fundamental ways.

Shifting societal relationships can reduce the social support that protects their mental health, and exposure to poverty, violence and inequality in childhood increase the risk of experiencing mental health challenges.¹ Meanwhile, children and adolescents also face intersecting global crises that affect their mental health, including increasing global conflict,²⁻⁴ the aftermath of the COVID-19 pandemic,^{1,3,5} and climate change.^{3,6-8} Digital technology acts as a mediator for these and other factors impacting the mental health and wellbeing of children and adolescents.

Over the past decade, mental health conditions in children and adolescents have seen a dramatic rise that spans global regions and income levels.⁹⁻¹¹ Yet funding and resources to support youth mental health are lacking across prevention, promotion and treatment services. This shortage is particularly severe in low- and middle-income countries (LMICs).

The Impact Of Digital Technology On Child and Adolescent Mental Health

Technology's impact on child and adolescent mental health is not black and white: Digital technology and its uses pose both risks and opportunities, and not all children and adolescents are affected in the same way.

- Those in marginalised communities, including members of the LGBTQ+ community, individuals of racial and ethnic minority groups, and those living with disabilities or chronic conditions, have the potential to particularly benefit from digital technology, yet these same individuals also face heightened risk.
- Nor is there a global "norm"; there is huge variation in the accessibility of technology, usage patterns and purpose of use between children and adolescents in different countries. This

likely mediates the mental health impact on children and adolescents. However, evidence on impact comes largely from in the Global South are less understood.

The current grey literature base does not yet confirm a direct cause-and-effect mechanism between digital technology use and mental health challenges.⁴⁸ Research limitations could be one reason for this:

- Non-traditional sources often lack nuance in identifying the specific pathways through which digital use contributes to improving or declining mental health or wellbeing.
- Whilst we have a good idea of how long children and adolescents globally spend online, the picture on exactly what they are doing there is less clear. Usage data usually focuses on the platform or device that is being used, not on the purpose or type of interaction; an hour spent passively watching a streamed film is quite different to an hour spent communicating with strangers online. This is, at least in part, because it is so hard to measure: No standardised taxonomy of digital activity exists.

Evidence of the impact of digital technology use on children and adolescents' mental health is scarce, fractured, and inconsistent. There is limited availability and coverage of information on usage and impact in the Global South, and there is little known about the impact on younger children (aged under 12 years) and even less on the under fives.

There is very limited longitudinal data in any region, with opportunities missed to capture baseline data and establish longitudinal measurement on now widely-used technologies, such as social media, as they emerged.

The current knowledge base is limited by a lack of shared frameworks, inconsistent definitions, and an overall lack of investment and prioritisation up to now. Key Informants are concerned that research is not forward looking and rapid enough to prevent future further research gaps as technology evolves.

Ecosystem Mapping: Policy

There is wide variation in the presence and scope of technology regulation, with most policies lacking a broader mental health and wellbeing objective and lagging significantly behind practice. Technology regulation based on safety-by-design principles, backed by diverse stakeholders, is emerging as a model (for example, when implemented as Age Appropriate Design Codes). However, safety-by-design approaches to date have typically focused on reducing the most significant harms, or preventing illegal activity. Looking at this ecosystem, there is the opportunity to push even further and call for a 'wellbeing-by-design' approach that seeks to set design standards in technology to actively promote broader mental health and wellbeing.

There is a lack of evidence on the direct mental health and wellbeing outcomes of policies across industry regulation, health and education because these measures are not typically included in policy evaluation. Some policies show promise, but further evaluation of their outcomes, alongside capacity support for implementers, is needed to assess likely impact and scalability.

Policy is shaped by influential actors on all sides, from those pushing for stricter digital regulations to those advocating for technological advancement, digital rights and autonomy. A clear policy consensus has not emerged due to conflicting interpretations of evidence, varying cultural values, and divergent political priorities. This results in policy that is often delayed, fragmented, and divergent across geographical boundaries. There is a need for a coordinated policy approach that keeps pace with the rapid rate of technological innovation.

Ecosystem Mapping: Interventions

We mapped existing digital and non-digital interventions relating to the impact of digital use on child and adolescent mental health and wellbeing. The scope is global with a focus on prevention, promotion and treatment, and on evaluating evidence of impact.

While there is a plethora of these interventions across multiple actors, few currently have clear, consistent evidence of mental health outcomes. Where there is evidence, it's short-term.

Currently, interventions with the strongest grounding in evidence are those developed with close involvement from scientists, clinicians, and education experts, and these are often implemented in health or school systems.

Based on available evaluation evidence, we identified two "model practice" intervention types (those with the strongest current evidence of effectiveness and scalability); school-based cyberbullying programmes and screening in primary care.

The lack of strong evidence for other interventions does not necessarily mean that they are less effective or ineffective. Evaluations often fail to include outcome mental health measures making it hard to assess effectiveness. We also identified several "promising" intervention types that could benefit from additional evaluation of impact, scalability, and feasibility.

Ecosystem Mapping: Financing

Increased investment across all primary sources of mental health funding – domestic, bilateral government development assistance, and philanthropy – is needed to meet the growing global mental health need. Constrained domestic and aid budgets place an even greater emphasis on philanthropic funding to support global mental health, particularly in LMICs. But the capacity of current mental health philanthropic funders is small, especially relative to other health funding.

Given this severe shortage of current mental health funding, there is an opportunity for those seeking to promote and protect child and adolescent mental health in the digital world to involve wider funders, beyond the current mental health funding base, whose interest and funding capacity aligns.

From the Landscape Analysis: Recommendations & Approaches

We cannot wait for perfect evidence: there is an urgent need for action. In parallel to a research agenda to fill these knowledge gaps, thoughtful, coordinated action to focus on the wellbeing of children in the digital age - mitigating where there are negative impacts of digital technology while enhancing opportunities for promotion, prevention and treatment of mental health and wellbeing with technology has to start now. In the short term, this means prioritising policy action and interventions based on the best

available evidence, alongside piloting and evaluating outcomes of promising practices to identify the ones to scale in the medium term.

Based on the gaps identified in the landscape analysis, we have developed actionable recommendations for Safe Online For Mental Health. These responses to the landscape analysis findings were shaped by Key Informant and survey respondent inputs and refined with stakeholder workshop consultation and expert advisor oversight. We identified a set of actions relating to each area of the landscape analysis; research, policy and interventions.

Research:

We recommend five actions for the immediate research agenda to address fragmented knowledge, ensure inclusivity, and provide the rigorous evidence necessary for scaling effective interventions, informing policy and regulation, and building consensus among academics, practitioners, and civil society.

These recommendations include:

1. Incorporating lived experience perspectives into research;
2. Promoting the development of a rapid research methodology to match the pace of tech innovation;
3. Supporting a longitudinal, large-scale data resource on children's digital technology consumption and mental health outcomes;
4. Enabling the ecosystem to better leverage technology company datasets; and
5. Supporting research focused on younger children and the Global South.

Policy:

The recommended immediate policy dialogue includes: promoting a wellbeing-by-design framework for technology industry; guiding policy owners across sectors to measure mental health outcomes in policy evaluation; promoting digital literacy and learning loops; supporting a global centre of excellence for policy to inform policymaking and build capacity; and advocating for a mechanism for global oversight of related policies.

Interventions:

Two categories of intervention meet “model practice” criteria for this landscaping effort (evidence of impact and moderate to high scalability). They are school-based cyberbullying prevention programmes and mental health screening in primary care. SO4MH could immediately start funding these interventions with a view to scaling them in the short term.

1. Development of a scale to enable primary health care screening could also have a secondary benefit of providing a valuable data set, subject to appropriate data privacy controls.

A further group of interventions have limited existing impact assessment evidence but have promise if developed and evaluated further. The highest priority of these are: AI-enabled therapy; safe design standards; school-based digital literacy programmes; resources for parents; and off-ramps and redirection. SO4MH could add value by funding early-stage pilots and facilitating their rapid assessment, to demonstrate the potential for scale and impact and enable short-term investments.

Guiding principle:

Finally, the voice of children and adolescents themselves should be at the core. Across all of these actions, lived experience and youth perspectives must inform implementation.

Methodology Overview

This report summarises the findings of a detailed landscape analysis of the intersections of children's mental health and digital technology. The landscape analysis comprised:

- Market assessment to provide an overview of the mental health needs of children and adolescents broadly and the specific impact of digital technology.
- Ecosystem mapping of the policies and interventions relating to digital technology and child and adolescent mental health, and assessment of their impact.
- Ecosystem mapping of current global mental health funders and wider stakeholders.
- Identification of gaps in research, interventions and policies.
- Recommendations for SO4MH action to promote child and adolescent mental health within the digital ecosystem: a research agenda to close identified gaps in knowledge, an action plan for immediate policy dialogue, and best practice and promising interventions to support.

The landscape analysis focused on children (age 0 to 12 years) and adolescents (13 to 18 years). It is intended to provide a snapshot of the current state of knowledge, capturing the perspectives of a diverse range of experts in the space and drawing on a wide range of sources.

As discussed in Research Gaps, sources relating to the use of technology by children and adolescents (how technology is accessed, amount of use, and its purpose), as well as sources relating to the impact of technology use on child and adolescent mental health come predominantly from High Income Countries. There is very limited data on these topics from the Global South. As a result, global data is not available for many of the topics covered in this report. To allow some conclusions to be drawn,

we synthesised this snapshot using the best available data from as broad a range of countries across as many age groups as possible. We recognise that this is indicative rather than a perfect representation of the global picture - and we call out the need for this knowledge gap to be addressed.

The landscape analysis inputs included:

- 23 key informant interviews with experts
- Stakeholder online survey
- 330+ sources, including non-traditional and grey literature for the market assessment, in English, or translated to English
- Workshop consultation on recommendations
- Ongoing input and consultation with four Senior Advisor experts
- Insights from Prospira Global's ecosystem knowledge base
- Desk research

This report, commissioned by Safe Online and conducted by Prospira Global, complements a scientific literature review conducted by Galenos with support from Wellcome. Therefore, sources for Context - The Need and A Double-Edged Sword: Digital Technology's Risks & Opportunities sections of this report are informed by **non-traditional literature** (e.g., industry reports, grey literature, organisation websites, and mixed media). Ecosystem Mapping, including Policy, Intervention, and Financing Mapping sections, is informed by **scientific or academic literature** and **wider sources** (e.g., assessment of outcomes and impact for policies and interventions).

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- Prof. Shekhar Saxena



CONTEXT

The Need



A Growing Mental Health Crisis

The Mental Health Needs Of Children And Adolescents



This report is focused on the dramatic change in children's lives due to the technology revolution, but this change can only be understood in the context of the growing mental health crisis amongst our children and adolescents.

Over the past decade, mental health conditions in children (ages 0 to 12 years) and adolescents (ages 13 to 18 years) have seen a dramatic rise that spans global regions and income levels.⁹⁻¹¹ According to the WHO, an estimated one in seven 10 to 19-year-olds worldwide experience a mental disorder, and among adolescents and young people aged 15-19 globally, suicide is the fourth leading cause of death.¹

Childhood and adolescence are critical periods for mental health, marked by rapid brain development and the formation of cognitive, emotional, and social skills and behaviours that shape future wellbeing. This early stage of life is also when many mental health disorders begin to manifest. A third of mental health conditions emerge by age 14, and half by age 18.¹

- For children aged under 12, behavioural and conduct disorders are most prevalent. Early signs of emotional disorders may also appear including psychosomatic symptoms and difficulties with emotional regulation.^{1,12}
- Younger adolescents (ages 12 to 14) are more likely to experience ADHD and conduct disorders.^{1,13}
- Older adolescents (ages 15 to 19) have a higher prevalence of mood disorders, including depression and anxiety, as well as eating disorders and substance use disorders.^{1,13}

The prevalence of mental health disorders increases substantially from childhood to adolescence, jumping from around 8% among 5 to 9-year-olds to 15% in 10 to 19-year-olds.¹ However, many children and adolescents remain undiagnosed and/or untreated due to stigma, their living situation and lack of available services.¹³ For example, up to 90% of young people in low- and middle-income countries (LMICs) do not receive treatment for their mental health needs because of a lack of resources.¹⁴

Globally, funding and resources to support youth mental health are lacking across prevention, promotion and treatment services.

- Insufficient funding worldwide means that mental health need far outstrips available services, especially for the most vulnerable: on average, a mere 2.1% of national health budgets are dedicated to child and adult mental health combined, and youth mental health receives minimal development assistance.^{1,15}
- Funding and services focus disproportionately on treatment rather than prevention, with insufficient resources allocated to tackling social determinants and early risk factors.¹⁶ Mental health intervention services for children and adolescents are particularly neglected and are often difficult to access, of inconsistent quality, and neglect neurodevelopmental conditions.^{1,6} In some countries, the level of unmet need can be as high as 100%.^{1,12}

- Globally, there are, on average, only 13.5 mental health workers for every 100,000 people, but with vast regional disparities.¹²
 - In low-income countries (LICs) and LMICs, the median ranges from 1.1 to 2.4 workers per 100,000 population.¹²
 - In high-income countries (HICs), there are 67 workers per 100,000 population.¹²

Drivers Of Growing Mental Health Need

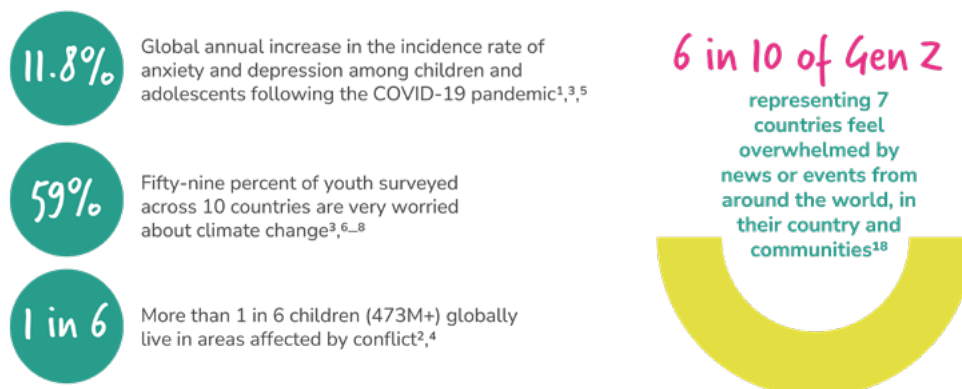
Young people today are experiencing fundamental changes and challenges that influence their mental health:

- Changing social and community relationships;
- Global crises; and
- Technological transformation.

Changing social and community relationships:

The social determinants of mental health (SDOMH) are a globally adopted and accepted set of individual, family, community and structural factors that combine to protect or undermine mental health.¹⁷ Changes to social support, including from family, friends, and community, may reduce protective factors.¹ And exposure in childhood to factors such as poverty, violence, and inequality increase the risk of experiencing mental health challenges.¹

Global crises interplay with social determinants to influence mental health and wellbeing in children and adolescents



Other external factors, including global events and technological transformation, interact with the social determinants and mediate mental health outcomes, but the specific pathways by which they do this are not yet fully understood.

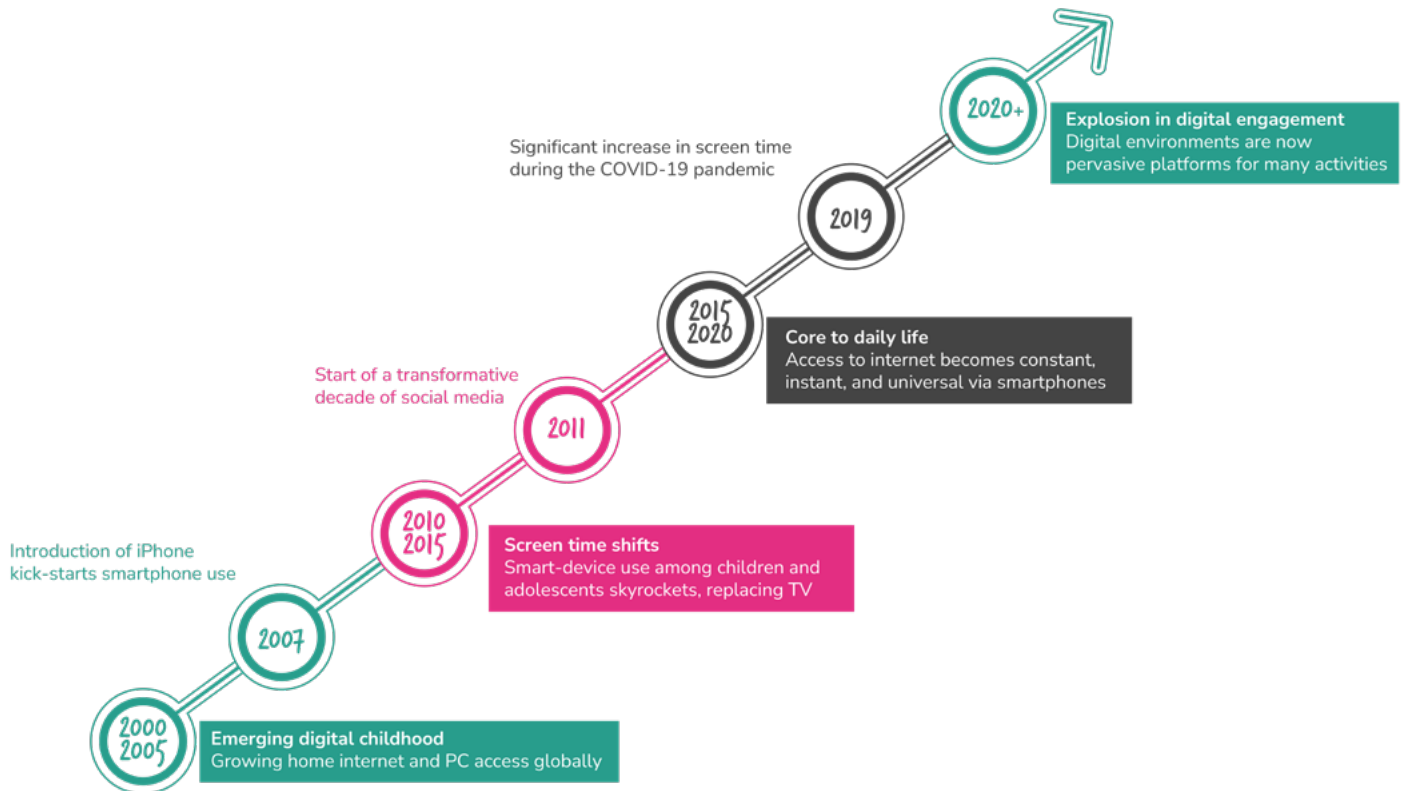
Global crises: Children and adolescents today face intersecting global crises that affect their mental health in context-specific ways. These include increasing global conflict,²⁻⁴ the COVID-19 pandemic and its aftermath,^{1,3,5} and climate change.^{3,6-8}

Technological transformation: Rapid expansion of digital technology has changed the way children and adults live, work, and play. This is changing faster now than ever before (including during the development of this report) as AI drives a paradigm shift. Unlike prior generations, today's children use technology early and often, and, for many, it is an integrated part of day-to-day life.

And technology is also mediating the way that they experience the other drivers. For example, constant access to the internet means children and adolescents are exposed to an overwhelming 24-hour news cycle.¹⁸

Child and adolescent mental health in the digital age needs urgent attention and prioritisation.

Point of no return: The pace of technology adoption has made it a central part of day-to-day life for most



How Childhoods Have Changed Due To Digital Technology In Daily Life

Children and adolescents use a plethora of digital technologies for a wide range of purposes; connecting socially, entertainment, education, even emotional regulation.¹⁹⁻²² The primary types of digital technology used are social media, gaming, and educational platforms,²¹⁻²³ but uses continue to diversify as access improves and technology evolves.

An Early Start And Intensifying Use

Interaction with digital technologies starts in the very early years of childhood, usually around the age of 2, and intensifies over the course of childhood and adolescence.^{19,24}

- In **early childhood** (ages 0 to 5 years), digital use is characterised by passive consumption of streaming services, games, and educational apps, mediated by caregiver and household usage.^{19,21,25-27}
- In **middle childhood** (ages 6 to 10 years), use becomes more independent, with more emphasis on gaming and social media despite platform age restrictions.^{19,21,22,26,28}
- When entering **adolescence** (ages 11 to 18 years), digital use becomes even more active and engaged across different platforms, to include content creation, virtual chat, and use of AI for school or personal use.^{18,19,21,22,26,29} Adolescent technology use is shaped by social comparison and marked by a search for identity and stronger emotional intensity, both negative and positive.^{19,21,26,29-36} This age is when addiction-like behaviours most commonly arise.^{19,31,33,35,37}

Point of no return: The pace of technology adoption has made it a central part of day-to-day life for most



Increasing Time Online

Children and young people of all ages are spending increasing amounts of time in digital spaces. Data on technology consumption is not globally available (see [Research Gaps](#) section) so, to give a worldwide snapshot, we collated best available data from as broad a range of countries across as many age groups as possible and plotted best fit (see figure source note and [References](#)^{23,38–47} for detailed list).

On average, children and adolescents globally spend 4 to 5 hours per day online, primarily on social media, gaming, and educational platforms.^{19,21–23}

In OECD countries, most 5-year-old children use digital devices at least once a week, with almost half using them daily.³ By the time children reach the age of 15, their screen time averages around 30 hours per week; for many, online contact with friends or family is nearly constant.^{19,20}

60% of adolescents in OECD countries exceed the daily recommended screen time limit (a 2-hour cap, established by health organisations in OECD countries) for leisure use alone.¹⁹

Huge Regional Differences

While digital usage is on the rise around the world, global averages fail to capture the wide variation across regions. An estimated two thirds of the world's school-aged children do not have access to the internet at home, primarily in LMICs in parts of Africa and Asia,⁴⁸ while in North America, 40% of toddlers own a tablet by age 2.⁴⁹ These different patterns in usage (for example, sharing devices or late night access when data is free, compared to free access at home on a personal smartphone) may also underpin variation in exposure to risks and opportunities and ultimately mental health impact. However, this is a key information gap, as most data and research to date focuses on children and young people in HICs.





A DOUBLE-EDGED SWORD:

Digital Technology's Risks
& Opportunities



The Impact of Digital Technology on Child And Adolescent Mental Health

Digital tools can support mental wellbeing through connection, belonging, and access to help. However, they can also contribute to distress, low self-esteem, and mental health issues, particularly through cyberbullying, sexual exploitation and abuse, and harmful content. All forms of digital technology can present both opportunities and risks for mental health. Evidence is most developed for social media and gaming, while research on newer and rapidly evolving technologies, including mental health apps, AI, short-form video platforms, and immersive digital environments remains especially limited.

Digital tools can support mental wellbeing through connection, belonging, and access to help. However, they can also contribute to distress, low self-esteem, and mental health related harms, particularly through cyberbullying, sexual exploitation and abuse, and harmful content. All forms of digital technology can present both opportunities and risks for mental health. Evidence is most developed for social media and gaming, while research on newer and rapidly evolving technologies, including mental health apps, AI, short form video platforms, and immersive digital environments, remains especially limited.

The Impact Of Digital Technology Use On Child And Adolescent Mental Health Is Not Black And White

A wide range of sources, including self-reports, government papers, and industry reports, demonstrate a link between digital technology use and mental health or wellbeing difficulties in general. Excessive use and exposure to harmful content or interactions are especially strongly associated with negative outcomes. Risks include addiction, displacement of healthy habits, cyberbullying, sexual exploitation and abuse, and exposure to harmful content and misinformation.

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Digital technology use poses both risks and opportunities for child and adolescent mental health and wellbeing



However, the current grey literature base does not yet confirm a direct cause-and-effect mechanism between digital technology use and mental health challenges.⁴⁸ Research limitations could be one reason for this:

- Non-traditional sources often lack nuance in identifying the specific pathways through which digital use contributes to declining wellbeing.
 - To date, most research has focused on time spent online or screen time as the primary factor influencing outcomes rather than what children are doing online.
 - Research tends to focus on where children are online e.g., gaming platforms, social media), without analysing *what they are doing* (e.g., gaming alone vs. with friends vs. with strangers or bots).
- A large body of research explores the potential for digital technology to improve mental health and wellbeing but, similarly, few sources have examined specific pathways for improvement.

"I think it's very clear to everybody. There's a lack of evidence across the piece. That lack of evidence doesn't mean that there is no evidence. And so there needs to be better research."

Key Informant



The Majority Of Stakeholders Think That Technology Offers Equal Benefits And Risks

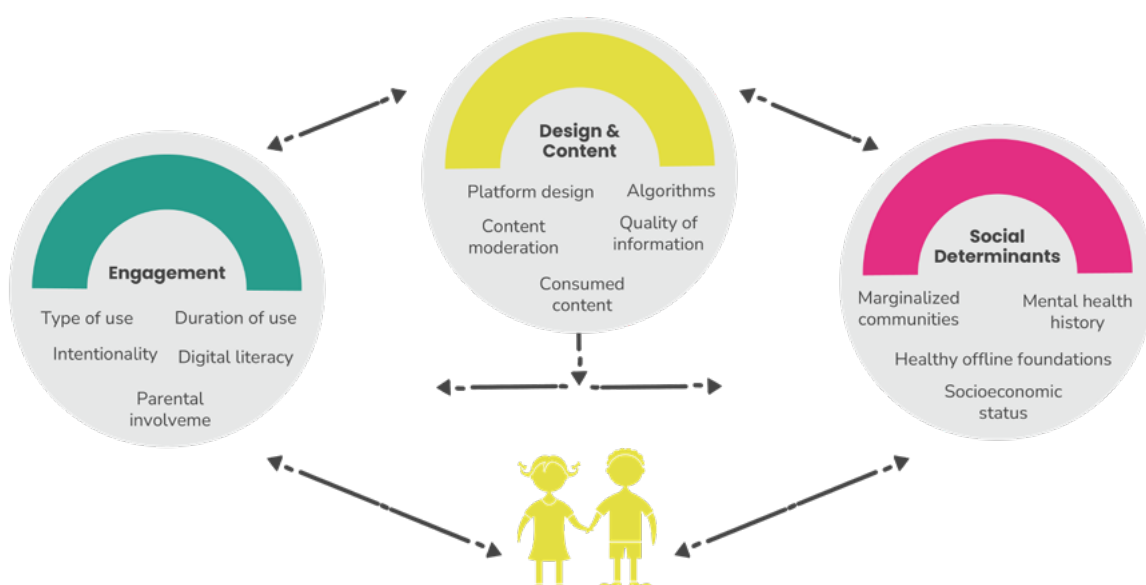
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The majority of expert stakeholders see a balance of mental health benefits and harms. In our online stakeholder survey in September 2025, more than half of survey respondents (59%) thought that digital technology offers equal benefits and risks when it comes to child and adolescent mental health and wellbeing. Within the remaining 41% of respondents, slightly more participants saw greater risks than benefits (23% vs 18%).

Not All Children And Adolescents Are Impacted By Technology Use In The Same Way

Digital technology affects everyone differently; the impact of digital technology on children and adolescent mental health is complex, bidirectional, and shaped by many intersecting factors.

The relationship between digital technology use and mental health is shaped by many factors that intersect and interact



Demographic and psychosocial factors (e.g. gender, socioeconomic status, family environment, identity) mediate children's vulnerability and resilience to the effects of digital technology on their mental health. Certain groups of children and adolescents, especially those who are vulnerable or marginalised, are more susceptible to harm:

- **Gender:** Girls are more prone to excessive social media use; boys are more likely to develop problematic gaming behaviours.^{19,20,50,51} Girls are disproportionately targeted by cyberbullying.^{19,21,26,52} Emerging evidence suggests that online sexual exploitation and abuse affects children across genders.¹¹³
- **Socioeconomic Status:** Adolescents from low-income backgrounds are more likely to engage in excessive gaming and social media use.^{19,28} They also face a higher risk of cyberbullying.¹⁹
- **Psychological Vulnerability:**^{19,26,53} There is a bi-directional relationship between low psychological wellbeing and problematic technology use; each can worsen the other. Vulnerable young people are more likely to develop addictive behaviors and suffer more from online harassment and cyberbullying.



Children and adolescents in marginalised communities, including members of the LGBTQ+ community, individuals of racial and ethnic minority groups, and those living with disabilities or chronic conditions, have the potential to particularly benefit from digital technology, yet these same individuals also face heightened risk.^{19,22,26,29,32}

The way that digital technology interacts with mental health determinants to impact mental health is difficult to unpack because of the multitude of intersecting factors. Often, evaluation focuses on the 'average impact' across all children and adolescents, rather than how that impact differs for those more vulnerable to harm.

"Almost any vulnerability is linked to more adverse effects, whether it's disability, poverty, not having parents at home, prior mental health conditions, or major life events. Whatever those challenges are, the online world tends to make them worse, though not inevitably."

Key Informant



The Voice Of Children And Their Caregivers

Children and parents alike say they are concerned about the effects of digital technology on their mental wellbeing, but perspectives between the two groups vary: Children and adolescents tend to emphasise the potential benefits of digital tools alongside risks, while parents tend to focus on risks.

Children and adolescents (based on OECD data, grey literature and Key Informant Interviews):

- See digital technology as important for their independence, expression, and social lives.^{19,21,22,26,54–56}
- But are also aware of how it may negatively impact them, citing platform design, privacy, and content moderation as their greatest concerns.^{21,22,37,54–57}
- Express a strong desire for a better balance between their online and offline lives: over 2 in 5 adolescents say that they use digital technology excessively, yet they also say that limiting its use would cause them distress.^{19–22,29}
- Say that their perspectives are often overlooked by adults and decision-makers.

Lived experience voices: Both parents and children say they need more support to navigate the use of digital technology

“

“I hear from both parents and children, they are taking on the kind of media and public policy discourse of anxiety. So they scroll confidently, they use the devices, they download at will, but they’re worried.”

— Parent Voice

”

“

“I am growing up in a world where I am so emotionally, socially, behaviourally, academically dependent on technology that it is more of a choice for me to use my own brain than it is for me to use technology.”

— Youth Voice

”

“

“Many of us don’t realize that mining big data is the key asset behind many internet services and that our digital rights are constantly violated.”

— Youth Voice

”

Parents and caregivers (from OECD countries):

- Mainly believe that digital technology, particularly high screen time and exposure to inappropriate content, has a negative impact on their child's health.^{19,21,26–28,58–60}
- Often struggle to keep up with technology trends, reporting feelings of anxiety or guilt about managing their child's online time.^{25,26,54,60,61}
- Say it has been a source of parent-child conflict, due to reduced time spent together.^{26,62,63}
- Half of parents believe that the internet has educational benefits.^{21,27}
- Parents often express concern about unsupervised use of social media or games.²⁸

Both parents and children say they need more support to navigate the use of digital technology.

Research Gaps

Looking at the non-traditional literature, evidence of the impact of digital technology use on children and adolescents' mental health is scarce, fractured and inconsistent.

The major research gaps are:

- 1. Research from and focusing on the Global South:** There is limited availability and coverage in non-traditional literature on consumption and impacts of digital technology on children and adolescent mental health in Global South. Where evidence does exist, it points to emerging practice and innovation in Global South contexts that may offer under recognised lessons for policy and intervention design elsewhere, for example:
 - Digital rights and accessibility are a common focus.
 - There is interest in how digital technology can extend reach and deliver low-cost support, particularly for low-resource settings.
- 2. Purpose and type of children's and adolescent engagement online:** Whilst we have a good idea of how long children and adolescents globally spend online, the picture on exactly what they are doing there is less clear. Consumption data usually focuses on the platform or device that is being used, not on the purpose or type of interaction; an hour spent passively watching a streamed film is quite different to an hour spent communicating with strangers online. This is, at least in part, because it is so hard to measure: No standardised taxonomy of digital activity exists.
- 3. Research on younger children:** There is limited availability and coverage of information on the mental health impact of digital technology on younger children (especially those aged under 12:).
 - Research and data on underage use of age-restricted platforms is emerging but limited. What is available points to significant underage use.^{19, 21}
 - There are limited insights on how early childhood digital use relates to mental health, especially regarding long-term impact.
 - Little is known about how protective and risk factors evolve across different age groups. However, digital literacy and parental involvement are the most well-established protective measures.¹⁹
 - There is a particular gap in knowledge about the youngest children (those under 5 years).

4. **Long-term effects of digital technology use:** The limited research that is available on mental health impact focuses largely on the short term outcomes of digital technology use. There is little understanding of the long term effects.

"A sexy topic is still social media, but actually, what leading scientific research funding and research should be doing is thinking what do we need in 5, 10 years' time."

Key Informant



5. **Parents' own relationships with digital technology:** There is a need to better understand how parents' digital technology use, and its impact on their mental health and wellbeing, influences their children's mental health and wellbeing, as well as their technology use.

6. **Timeline of research:** Research is struggling to keep pace with the rapid development of new digital technology: Technology is evolving faster than research and children's safety and support systems can understand and/or respond.

"We're losing time now by not collecting longitudinal large-scale data about what kids are doing on the ground."

Key Informant





Summary

Market Assessment Insights & Opportunities

- Over the past decade, mental health conditions in children and adolescents have seen a dramatic rise that spans global regions and income levels.⁹⁻¹¹
- Globally, funding and resources to support youth mental health are lacking across prevention, promotion and treatment services. This shortage is particularly severe in LMICs.
- Technology's impact on mental health is not black and white: digital technology and its uses pose both risks and opportunities for children and adolescents. Not all children and adolescents are affected by digital technology in the same way.
- Children and adolescents in marginalised communities, including members of the LGBTQ+ community, individuals of racial and ethnic minority groups, and those living with disabilities or chronic conditions, have the potential to particularly benefit from digital technology, yet these same individuals also face heightened risk.
- There is limited availability and coverage of information on the mental health impact of digital technology use by children and adolescents in the Global South.
- There is limited availability and coverage of information on the mental health impact of digital technology on younger children, aged under 12 years.
- There is limited availability and coverage of information on the impact of parents' digital technology use on children's and adolescent mental health and tech use.
- Technology is evolving faster than research and children's safety and support systems can understand and respond.



ECOSYSTEM

Mapping



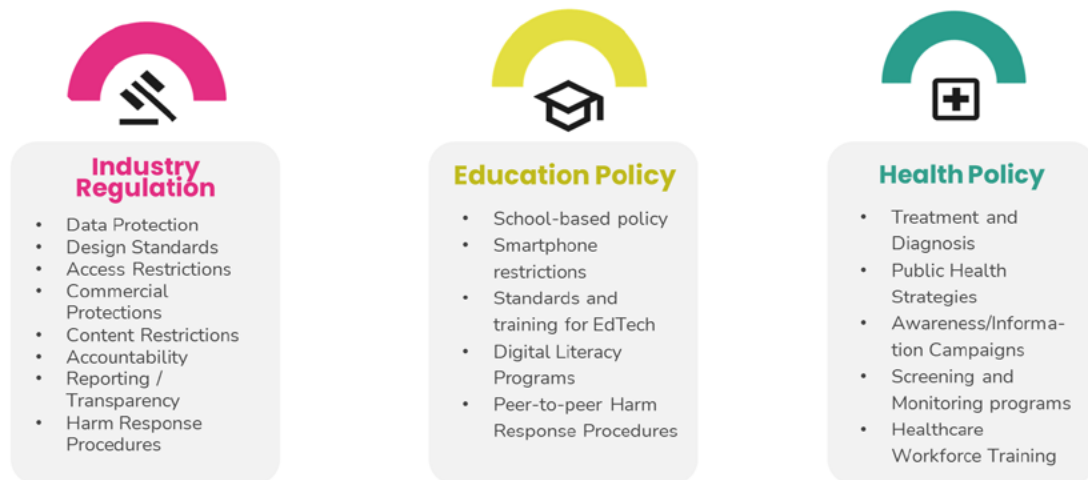
Policy Mapping

Current Approaches

The policy mapping summarises governmental policy that is relevant to the Safe Online for Mental Health Initiative (SO4MH). The scope is global, with a focus on:

- Digital technology industry regulation that is relevant to children and adolescents;
- Education and health policy that is relevant to addressing how digital technology affects children and adolescents.

Policy domains most relevant to addressing how digital technology affects children and adolescents



Of these three policy domains, technology industry regulation is currently receiving the most attention from policymakers.

Technology Industry Regulation

We mapped policies that regulate the design and operation of technology platforms for the purposes of prevention and promotion of child and adolescent mental health, wellbeing, privacy and safety online. This included data protection in relation to children's online activity but not child protection codes outside of the digital environment.

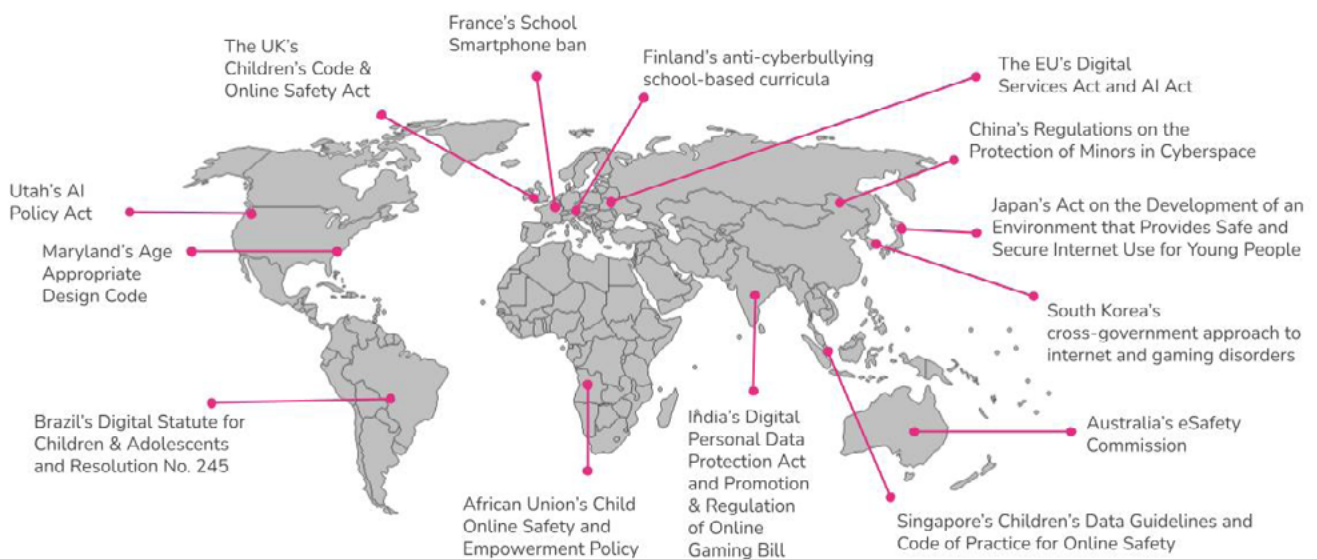
There is wide variation in the presence and scope of technology regulation; until the last decade, regulation in this space comprised diverse pieces of legislation each targeting a different, specific harm to children (for example, online safeguarding, data privacy, cyberbullying, misinformation). These approaches typically do not include any mental health or wellbeing objectives. This fragmented, issue-specific approach only addresses a sub-set of harms, leaving many gaps and inconsistencies in regulation and generally does not consider how regulations can support the opportunities of online use.

More recently, some jurisdictions have started to take a more integrated approach, focusing on aligning policy with children's needs and including mental health and wellbeing impacts. However, there is wide geographic variation in the degree to which jurisdictions have progressed this holistic approach. For example:

- UK, Australia, and EU legislation is seen by some as the most advanced and comprehensive, particularly in its use of safety by design principles, stronger accountability requirements for platforms, and the establishment of dedicated regulatory and enforcement mechanisms.⁶⁴
- The US has little regulation at the federal level, but several states have passed laws aimed at regulating social media.⁶⁵

- Brazil has established a Department for Digital Policies and Digital Rights Coordination Office and implemented a law criminalising cyberbullying.^{66,67} Its Senate has also approved a Bill setting a national AI framework, which classifies “high-risk” AI systems (e.g. systems in health, biometric/emotional content, etc.) and imposes transparency, human oversight, and algorithmic impact assessments.⁶⁸
- China’s Regulations on the Protection of Minors in Cyberspace took effect in 2024 and its ‘Minors Mode’ in May 2025. This requires all smart devices, platforms and online services to implement restrictions for users under 18.^{69,70} Restrictions include time limits, age-appropriate content filtering, and government policy-linked educational prompts.
- Australia’s eSafety Commissioner, a role established in 2015, acts as an independent regulator and educator on online safety. The eSafety programme outlines three focus areas: prevention through education, awareness campaigns, and research; protection through statutory action on safety violations; and proactive and systemic change through industry regulation.¹⁰⁸
- South Korea takes a cross-government approach to internet and gaming disorders with policy aimed at prevention, treatment, and rehabilitation. Programmes to support policy include public awareness and education campaigns, school-based prevention projects, and treatment through clinical settings, youth counselling centers, residential schools, and rehabilitation camps.⁸⁹

Countries around the world have taken steps to regulate online spaces for safety, with only more recent policy integrating mental health and wellbeing objectives



There are significant gaps in online safety legislation in many (but not all) LMICs. This reflects both divergent policy priorities and the fact that most major technology companies are based in HICs.

Technology design, data practices, and accountability have been shaped by a limited set of legal and cultural perspectives, reflecting structural inequalities in who sets the rules, who enforces them, and who benefits from safer digital environments.

This variation in regulation results in uneven protection for children across geographies. It also limits co-ordinated, cross-border responses to online risks like harmful content or data exploitation.

Emerging Policy: Focus on AI Industry Regulation

In a recent survey from the Digital Education Council (a global consortium of universities and industry experts) across 16 countries, 86% of students said they use artificial intelligence (AI) in their studies; 24% report daily use.⁷¹ Compared to this rapid adoption in daily life, the accompanying policy response, from safety-by-design approaches to responsible use guidelines, has been slow. However, countries are now increasingly introducing AI regulation to address potential harms. Examples of AI policy action include:

- The African Union's Continental AI Strategy outlines a regulatory framework that leverages existing governance structures to promote the ethical use of AI.¹⁰⁹
- The EU AI Act (2024) is the world's first comprehensive AI regulation.⁷² It includes children as a vulnerable category. It protects against problematic use of AI in education and manipulation of children, and requires AI-generated content to be labelled as such, although it doesn't offer fuller protections around deepfakes.⁷³
- In the US, there is a range of federal and state AI regulation currently being developed, with child-specific protections primarily focused on AI-generated Child Sexual Abuse Material (CSAM) including illegal deepfakes.⁷⁴
- UNICEF has developed [policy guidance for AI](#).⁷⁵
- The 5Rights Foundation has developed a [Children and AI Design Code](#).⁷⁶



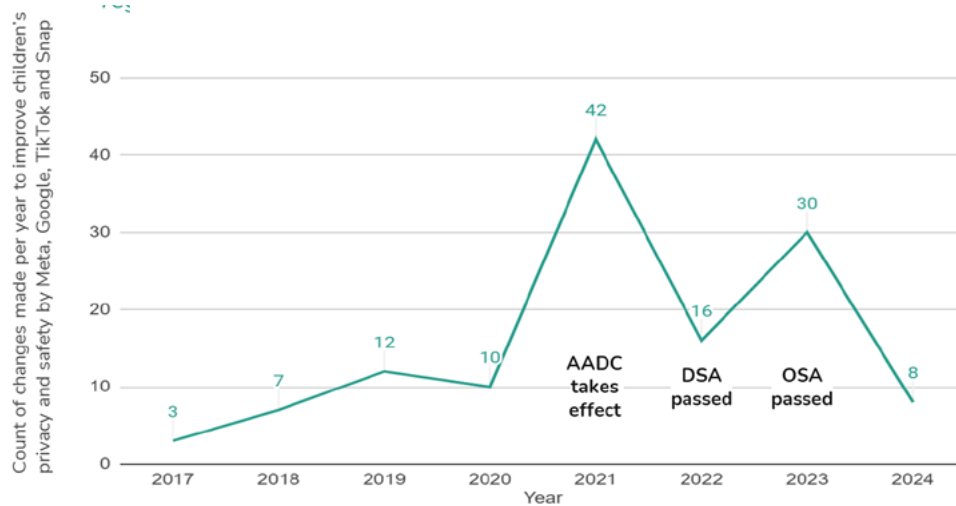
Looking across the global policy landscape, five key themes in industry regulation emerge:

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1. Many jurisdictions are taking an increasingly integrated approach to online safety regulation. During the 2010s, laws often targeted specific harms, with regulations developed piecemeal by different government actors to address each. This resulted in a highly fragmented policy landscape. More recently, however, some countries have been developing more integrated strategies.¹⁹
2. Most countries limit the scope of digital regulation to online safety and privacy alone, with limited health-centric input and no metrics for assessing their impact on mental health.
3. There is growing consensus among many policymakers and advocates on the necessity of a safety-by-design approach and increasing interest in pushing further for a wellbeing-by-design approach, where digital products and services consider safety and wellbeing in the design of their products from the outset.
 - Whilst not a policy solution in itself, safety-by-design principles have begun to feature in legislation such as Age Appropriate Design Codes.
 - AADCs increasingly aim to hold technology companies accountable by making safety and privacy obligations legally enforceable rather than relying on industry self-regulation or putting the onus on users.⁷⁷ Companies must demonstrate compliance, not just state intention, and regulators can impose fines or sanctions for violations. They require technology companies to assess potential risks to children's mental and physical wellbeing before launching or updating services.
 - The timing of design changes to major platforms compared to regulatory change indicates that these Codes may have influenced changes in platform design.⁷⁸
 - However, there is little evidence of the impact on mental health outcomes in children and adolescents from these changes, partly due to the recency of some policy and because policy evaluation doesn't include mental health-specific impact measures.

- Safety-by-design approaches to date have played an essential and foundational role in addressing significant harms and preventing illegal activity, areas where consensus and action have been most achievable. Building on this foundation, there is an opportunity to advance toward a wellbeing by design approach, which would extend design principles to actively support broader mental health and wellbeing.

The timing of design changes to major platforms aligns with UK and EU regulation being introduced, suggesting that the regulation had an impact



Source: 2024 Digital Futures for Children Report⁷⁸

“One framing that’s critical in technology conversations is: tech should be safe by design. Safety-by-design. We’re pro-technology, but it must be safe by design. Focusing on design steers policy away from content-based legislation and free speech traps, emphasizing business models and design elements instead.”

Key Informant



“So, that has been a really strong focus... putting the accountability back on industry to create safer practices, particularly around those kind of persuasive design features that are keeping children engaged longer.”

Key Informant



4. Some jurisdictions have brought in minimum age limits on social media or time-based limits on online gaming.⁷⁹⁻⁸¹ However, there are concerns that these are easily (and often) bypassed, for example through the use of VPNs or amending parental controls.
5. Case studies show that policy is often reactive, stemming from high-profile events, and lags behind the pace of technology.

"I think the hard thing, too, is that it always seems to be lagging, you know, not leading, in the sense that it's always trying to... catch up to where the technology space is versus working in lockstep and making sure that the right policies or, the right kind of parameters or restrictions, for lack of a better term, are in place as new technology is introduced."

Key Informant



Education Policy

Education policy in the scope of this review includes regulation of technology used to deliver educational content (EdTech) and school-based policy (at national or local level) relating to digital technology and children's mental health, wellbeing, and safety.

Education policies primarily focus on digital literacy and restricting access to smartphones during school hours, while policy on the use of technology for educational purposes is limited:

- **Smartphone restrictions:** Almost one in four countries have laws or policies that restrict the use of smartphones in schools, to varying degrees.^{82,83} Most policies do not require outright bans and focus on distraction and educational outcomes but have potential indirect impacts on mental health outcomes. Outside of government policy, some parent-led initiatives delay giving smartphones to children across a school class.⁸⁴
- **Response to harms:** Education ministries and schools have created policies to address harms such as cyberbullying and online sexual harassment from peers. This includes new criminal offences, reporting mechanisms and support processes, teacher training, and classroom-based lessons.⁸⁵
- **Educational Technology (EdTech):** Some countries have policies to ensure privacy, safety, and security in using EdTech. Most countries don't have legislation to guarantee data privacy and security in education; the EU's GDPR is a counterexample.⁸²
- **Digital literacy education:** Some countries and school systems require digital literacy programmes and are incorporating online safety teaching into their curriculum.⁸⁶

Overall, there is mixed or weak evidence of the impact of education policy on child and adolescent mental health and wellbeing, often because these outcomes are not measured in policy evaluation. However, policies that promote digital literacy in schools do show promise.

Health Policy

In most countries there has been limited integration of digital technology mental health impacts with health-specific policy, but this is beginning to change.

- **Public health strategies:** HO has outlined priorities for policy action and guiding principles for policy makers to address the digital determinants of youth mental health and wellbeing, drawing on public health practice.^{87,88} The WHO EURO report notes an implementation gap, with limited health sector involvement in digital policy related to youth mental health.⁸⁸
- **Treatment & Interventions:** The formal recognition of internet gaming disorder as a diagnosable condition (DSM-5, ICD-11) is a global policy approach that has led some countries to drive funding and programmes aimed at prevention, promotion and treatment of

gaming and internet disorders. East Asian countries overall use more legislative prevention approaches, whereas these approaches are primarily led by non-profit and private organisations in Western regions.⁸⁹ There is also emerging policy in this area around AI and its use for digital mental health therapy.

- **Health workforce training:** There is limited training for health workforces on digital harms affecting children, although it has been identified as a need.^{88,90} One body offering such training is Australia's eSafety Commissioner.⁹¹
- **Health research:** Some governments fund research into the prevalence and treatment of internet and gaming use disorders and others are developing research funding programmes in response to concerns about online harms to children, such as the US NIMH's Understanding Social Media and Youth Mental Health programme.^{89,92}

Promising Practices Across Policy Domains

There is an overall lack of mental health and wellbeing outcome measures in policy evaluation, across technology regulation and the education policy and health policy domains. Although some policy practices in each domain show promise, further evaluation of outcomes, alongside capacity support for implementers, is needed to assess their impact and scalability.

Emerging policy mechanisms may help overcome challenges in this space



**Age Appropriate
Design Codes (AADCs)**



**Certification and
standards schemes**



**Regulatory
sandboxes**

Promising Practices in Industry Regulation

Legislation based on safety-by-design principles is backed by diverse stakeholders, and evidence suggests it has an impact on the design of platforms. While this approach faces some implementation hurdles, it is emerging as an effective principle to inform policy.

- **Age Appropriate Design Codes (AADCs)** are emerging as a policy mechanism based on safety-by-design principles and build on existing data protection regulation.
 - AADCs provide specific guidance for how data protection laws should apply to children, requiring a data protection by design approach.
 - First introduced in the UK (see case study), AADCs have now also been introduced in several other countries including Ireland, the Netherlands, and Indonesia, and in some US states. Canada and Australia have publicly committed to developing their own.^{93, 111}
 - Indonesia's 2025 Government Regulation on the Governance of Electronic System Implementation and Children Protection mandates risk assessments, includes age verification and design safeguards.¹¹¹



United
Kingdom

Age Appropriate Design Code (2020)

Applies to information
society services (e.g.
apps, websites, games,
connected devices)

Case Study: Age Appropriate Design Code (2020)

- **Background:** The idea for the regulation came from Baroness Kidron, who now runs 5Rights Foundation. The code was informed by consultation with industry stakeholders, academics, civil society, and parents and children. They also reviewed existing research.
- **Motivation:** It aims to create a safe online space for children and addresses how to design data protection safeguards into online services, in order to comply with data protection regulations.
- **Policy:** The code requires information society services to put the best interest of the child first when they are designing products and services. It has a set of 15 standards including conducting data protection impact assessments, having settings that are high privacy by default, and minimising data collection.
- **Connection to Mental Health & Wellbeing:** The code directly addresses risks to children's wellbeing such as algorithmic content pushes, addictive design, or behavioural profiling. Further, the aspect of the code requirement that services limit data collection and default to high privacy may have indirect impacts of reducing exposure to content or features that increase stress, social comparison, or other risks to mental health.
- **Outcomes:** The code likely influenced design changes across major platforms and the code has influenced the adoption of similar codes in other jurisdictions.

New policy mechanisms such as **certification and standards schemes** and **regulatory sandboxes** show promise in overcoming challenges in this space.

- **Certification and standards schemes** assess companies' performance against regulations or voluntary standards and provide certification.⁹³ For example, the Safe Online Standards for Kids' Mental Health are being developed by the Mental Health Coalition in collaboration with the technology industry. They will provide publicly accessible ratings to help parents, youth, and educators make informed decisions on usage and to encourage improved platform design.⁹⁴
- To address the fast-changing nature of technology, some countries have set up **regulatory sandboxes** for children's data regulation. These are collaborations between innovators and regulators that provide guidance for innovators and give regulators an opportunity to test and improve their guidance.⁹³

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Promising Practices in Education Policy

Governments play a role in school-based interventions and often support the development and rollout of intervention-focused policies. Most opportunity comes from:

- **Digital literacy programmes:** When delivered through schools. For example, the UK's "Teaching online safety in schools" guidance outlines a range of topics that schools should cover,⁹⁵ and the SOS Children's Villages' Digital Villages initiative, which is based in schools and services hubs, educates children and their caregivers in underserved communities in India, Nepal, the Philippines, and Bangladesh on digital skills and online safety.
- **Cyberbullying prevention interventions:** Governments may require or support cyberbullying interventions. For example; the government-supported KiVa anti-bullying programme addressing cyberbullying was initiated by the Finnish government and has been rolled out to 17 countries (although with low scale); the Africa Data Protection Association has developed cyberbullying resources for young people, including a teaching aid and delivery kit.
- More detail on cyberbullying prevention programmes and digital literacy programmes are given in the Intervention Section.

Restrictions on technology use: Evidence of school smartphone restrictions' effectiveness is limited and mixed but may suggest academic improvement from classroom use restrictions, especially for less advantaged children. There is a lack of policy evaluation measuring mental health and wellbeing outcomes.

Promising Practices in Health Policy

Some governments are considering the adoption and translation of public health policies, frameworks, and models (e.g. harm reduction strategies, Health in All Policies) for use in mental health.

For example, the Health in All Policies approach, is a governance and policy-making approach used by governments and organisations to ensure that health, wellbeing, and equity considerations are integrated into decision-making across all sectors and policy areas, not just within the healthcare system.

These have promise because they are grounded in credible, evidence-based public health practice and leverage existing public health systems and networks to drive high-impact change for larger populations in shorter timeframes.

Policy Gaps

- There is limited evidence to inform the development of policy, and even less on the mental health impact of existing policies. This is partly due to the recency of some policies, but also because evaluation typically fails to include mental health outcomes.
- There is a lack of a broader mental health and wellbeing perspective in policymaking, with most regulation focused on specific harms rather than larger effects.
- There are gaps in regulation in some jurisdictions and limited coordination globally, with a particular gap in some (but not all) LMICs. Some jurisdictions lack an integrated approach, with regulations being developed piecemeal by different government actors to address specific harms.
- Policy implementation is still a challenge, especially for policies relying on age verification. Implementation can also be difficult for companies, especially smaller ones.
- There is an absence of cross-government coordination with:
 - Limited government health policy involvement in digital safety. Policies often fall under government departments that handle media, data protection, or technology.
 - Limited health system response to digital harms, such as lack of health workforce training, clinical guidelines, screening, and treatment addressing digital harms.
 - Education policies that are often developed at a local or school level, rather than at a national level. This means that they are usually less grounded in evidence and wide consultation.
 - A lack of policy supporting training for teachers and schools. This means they don't have the knowledge that they need to address problems.
- Regulation lags significantly behind technical, design, and social changes that impact wellbeing, and there is a lack of mechanisms to anticipate emerging issues and stay ahead of the curve.
 - Stakeholders highlighted the need for a coordinated approach to policy that keeps in line with the rapid rate of technological innovation.
- Essential voices are missing from the policy debate. Policy is shaped by powerful actors with different priorities; namely those pushing for stricter digital regulations and those advocating for technological advancement and autonomy. But there are critical voices in this space who are less heard, especially:
 - Children, young people, and those with lived experience. Children and those with lived experience are sometimes consulted, but they usually have less decision-making power and are often missing from policy discussions.
 - Frontline and health practitioners. Although researchers are often involved in shaping policy, there is less involvement from frontline practitioners such as teachers and mental health professionals.

- Policymakers from LMICs. Most of the policy agenda globally is driven by HICs, with LMICs having developed less regulation.
- A lack of consensus on policy action, with uncertainty and controversy over the right course of action to take based on diverging values, interests, and evaluations of the evidence.

There is wide variation in the presence and scope of technology regulation, with most policies lacking a broader mental health and wellbeing objective and lagging significantly behind practice.

Technology regulation based on safety-by-design principles, backed by diverse stakeholders, is emerging as a model (for example, when implemented as Age Appropriate Design Codes). However, safety-by-design remains essential and unfinished. Building on this foundation, a wellbeing-by-design approach would go further by embedding mental health and wellbeing into platform design, alongside harm prevention.

There is a lack of evidence on the direct mental health and wellbeing outcomes of policies across industry regulation, health and education policy because these measures are not typically included in policy evaluation. Some policies show promise, but further evaluation of their outcomes, alongside capacity support for implementers, is needed to assess likely impact and scalability.

Policy is shaped by influential actors on all sides, from those pushing for stricter digital regulations to those advocating for technological advancement, digital rights and autonomy. A clear policy consensus has not emerged due to conflicting interpretations of evidence, varying cultural values, and divergent political priorities. This results in policy that is often delayed, fragmented, and divergent across geographical boundaries. There is a need for a coordinated policy approach that keeps pace with the rapid rate of technological innovation.

Summary



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Policy Insights & Opportunities

- There is wide variation in the presence and scope of technology regulation, with most policies lacking a broader mental health and wellbeing objective and lagging significantly behind practice.
- Technology regulation based on safety-by-design principles has emerged as a model with broad stakeholder support (for example, when implemented as Age Appropriate Design Codes). It faces some implementation hurdles but appears to have influenced the design of technology platforms. This is foundational and should be built upon to expand further to a 'wellbeing-by-design' approach with a wider focus that includes designing in features that promote broader mental health and wellbeing as well as protecting against harms.
- There is a lack of evidence on the direct mental health and wellbeing outcomes of policies across all three domains, because these measures are not typically included in policy evaluation.
- Some policies show promise, but further evaluation of outcomes, alongside capacity support for implementers, is needed to assess likely impact and scalability.
- Policy is shaped by influential actors on all sides. A clear policy consensus has not emerged due to conflicting interpretations of evidence, varying cultural values, and divergent political priorities. This results in policy that is often delayed, fragmented, and divergent across geographical boundaries.

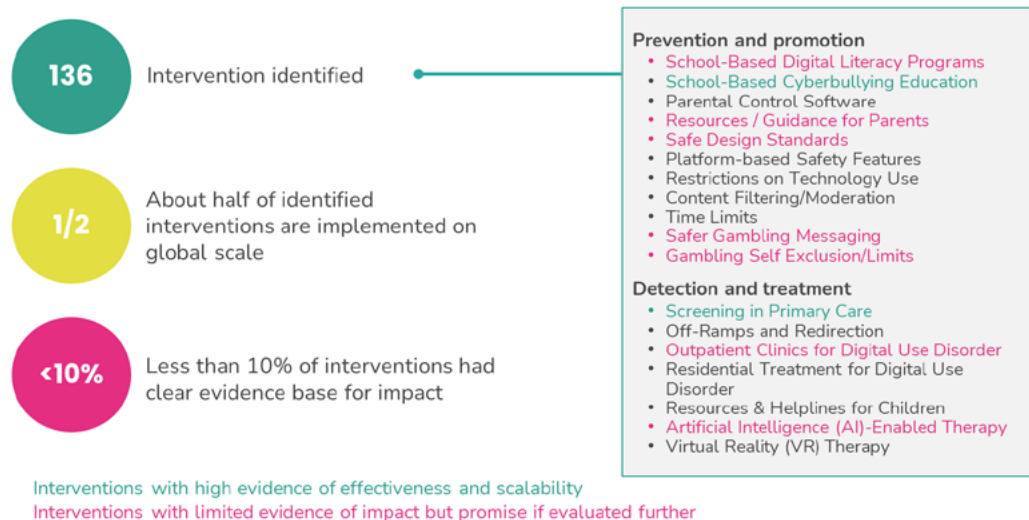
Intervention Mapping

We mapped existing interventions designed to interrupt harmful impacts, or amplify positive impacts, of digital technology use on children and adolescent mental health and wellbeing. The scope is global, includes prevention, promotion, treatment, digital, and non-digital interventions, and is focused on evaluating evidence of impact. It excludes the efficacy of pharmacologies.

136 current ecosystem interventions were identified using existing databases, targeted desk research, and expert consultations. Research sources were in English (or translated to English) but interventions covered could be delivered in any language.

These interventions are categorised by intended outcome (Prevention and Promotion; Detection and Treatment) and by the audience and level at which they are implemented (Individual/Family; Communities and Organisations; Systems-level) and assessed on the strength of their evidence for impact.

Interventions are grouped by category for impact assessment with proven and promising practices flagged



Current Approaches

Growing interest in the potential risks and benefits of digital technology has led to more interventions. We found a plethora of different approaches delivered by a wide range of actors across the individual, community, and system levels. Around half were implemented on a global scale.

However, few interventions (less than 10%) have clear, consistent evidence of mental health outcomes, and where they do, these are largely short-term impacts. This is largely because their evaluation frameworks do not include outcome measures of mental health and wellbeing alongside other intervention effectiveness measures. Short-term measurement is methodologically more straightforward and allows for more rapid availability of results, so in the absence of demands for long-term evaluation, is often the approach chosen.

Interventions with the strongest grounding in evidence are those:

- Developed with close involvement from scientists, clinicians, and education experts;
- Leveraging existing evidence-based mental health frameworks (e.g., Cognitive Behavioural Therapy, psychometric screening tools);
- Focused on diagnosable clinical concerns (e.g., gambling and gaming disorders);

- Often implemented within systems, which make them more easily scalable (e.g. in health and school systems).

The current evidence base is stronger for effectiveness of treatment and care than for preventive and promotive interventions.

- Interventions focused on prevention or health promotion, while essential components to a long-term, upstream approach to tackling public health concerns, are also more difficult to evaluate.
- Coupled with demand for solutions that offer more immediate, tangible change, these approaches often take a backseat to treatment-based interventions.

Parent and child concern is creating demand for individual and family-level interventions that enable them to take action themselves, e.g. parental control software, residential treatment centres, and community-based movements to reduce screen time or smartphone access. However, these are less grounded in evidence.

Use of newer and advanced technology to deliver treatment is gaining interest, especially in the private sector. This is driven by its potential for huge scale and low cost delivery. It could present a significant opportunity to reduce the mental health treatment gap, especially in particularly underserved countries, e.g. LMICS. However, safety and regulatory concerns will need to be addressed to demonstrate efficacy for treatment.

Much of the debate in this area is currently focused on AI-enabled therapy (see below).

Platform based mental health interventions may offer significant opportunity, given their reach and influence at scale. However, to date there is limited visibility of these interventions, little systematic evaluation of their mental health impacts, and no widely accepted benchmarking or assessment criteria. This remains an important area for further investigation.

Best and Promising Practices

Spotlight on Best Practices

Despite the lack of assessment evidence, two types of intervention meet our “model practice” criteria of having a) consistent evidence of impact in existing traditional and non-traditional literature; and b) moderate to high scalability.

They are:

- School-based cyberbullying prevention programmes; and
- Mental health screening in primary care.

School-based Cyberbullying Prevention Programmes

A number of long-established, evidence-based school-based bullying prevention programmes have evolved to incorporate cyberbullying prevention within their intervention. There is consistent evidence that they reduce victimisation by addressing risk and protective factors. By deploying through schools and providing support to teachers and educational institutions, these programmes are relatively scalable and low-cost to implement, compared to other interventions. Some can also be delivered virtually.

They typically aim both to prevent bullying from occurring and to equip young people should they experience bullying. Successful interventions have a track record of delivering improvements over the longer term and involve young people in their design. Examples include:

- Project Rockit is a youth-driven antibullying programme delivered through workshops in schools, supported by a platform of digital resources, and co-created with young people. Its intervention is specifically designed to improve digital literacy as one strategy to prevent cyberbullying. 76% of students say that following a workshop, they have the skills to make sure that most of their experiences online are positive.¹⁰⁷
- KiVa, a long-established programme in Finnish schools, has developed its programme so that it can be scaled internationally. To date it is active in 17 countries; Chile, Colombia, Kazakhstan, Mexico, New Zealand and 12 European countries. However, it has relatively low penetration in each international programme.
- There are also examples of organisations providing cyberbullying prevention programs as a component of school-based digital literacy training, for example Web Rangers in South Africa, and of bullying prevention programs including cyberbullying as one component, for example, the Hermes Program, Colombia.
 - The Hermes program works with students, teachers and families to manage conflict in school scenarios with participants able to become certified as school mediators. The program has certified over 29,000 mediators from its participants. Its evaluation indicates that it prevents approximately 80% of bullying cases in schools. It has recently launched a comprehensive bullying and cyberbullying kit.

School-Based Cyberbullying Education

Description of Intervention

School-based workshops that address cyberbullying, which may be part of a wider anti-bullying intervention. They may include other elements such as teacher training and engagement with parents.

Impact Assessment

Strong: Evidence from meta-analyses suggests that cyberbullying intervention programmes have a small but significant effect in reducing victimization. This was true for both school-based and home-based programs.

Partners Delivering Interventions



Project Rockit runs anti-bullying workshops in Australian schools.



Medienhelden (Media Heroes) is a school-based cyberbullying intervention in Germany.



CyberSafe school based digital safety and cyberbullying prevention programme in South Africa.



KiVa is an anti-bullying programme addressing cyberbullying that was initiated by the Finnish government. It has been scaled for international use and has been rolled out in 17 countries.



Mental Health Screening In Primary Care

Paediatricians and other primary care professionals have an opportunity to assess digital impacts on children's health, including mental health, during routine care.

"The paediatrician has a role of advocating; treating is the job of the psychologist, the psychiatrist, ... or the social worker. [Paediatricians] have a role to advocate one, and to prevent two, and three, to diagnose the issues early. Advocate, prevention, early diagnosis to lead to early treatment in a holistic approach."

Key Informant



Embedding this screening within health systems on a national level gives frontline health professionals the tools for rapid and low-cost identification of children at mental health risk and allows them to immediately intervene, especially if they are also equipped with appropriate resources to do so. Screening on a national level could also provide significant datasets regarding the interplay between online use and physical and mental health. Their scalability is moderate, because access to health care is uneven. But telehealth or tech-integrated screening or self-assessment could support scalability.

One route to deliver health screening is via the use of existing, well-evidenced mental health screening tools (PHQ-9, GAD-7), where digital use is added as a discussion point. However, for rapid, whole-system adoption, a dedicated screening tool is critical. At present, this is missing as existing dedicated scales are either focused on specific digital use disorders (e.g. IGDS9-SF, Social Media Disorder Scale) or do not have evidence to support reliability in generalisation outside the initial target population. Could such a screening tool be developed, as well as facilitating mental health screening, it could also provide a valuable data set. Subject to appropriate data privacy controls, anonymised data gathered through this kind of scale could plug significant existing knowledge gaps.

- To address this gap, Boston Children's Digital Wellness Lab and CIMAID are developing a Digital Media Use Screener for use with adolescents ages 12–17 in routine clinical assessments. It will identify areas where digital use may impact daily functioning. Published measurement categories do not explicitly include mental health but cover "Family Functioning" and "Friends/Social Functioning," which suggests it may include some mental health-related measures.

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Screening in Primary Care

Description of Intervention

- Potential digital harms can be identified as part of medical consultations.
- These often take the form of short questionnaires for primary care staff to detect issues around child and adolescent digital use, and to understand how it is affecting their lives.

Impact Assessment

Strong: Psychometric scales have been evaluated and validated across multiple populations.

Partners Delivering Interventions

- Boston Children's Digital Wellness Lab and CIMAID are developing a Digital Media Use Screener for use with adolescents to identify areas where digital use may impact daily functioning.
- The Internet Gaming Disorder Scale–Short-form (IGDS9-SF) is a 9-item scale to assess Internet Gaming Disorder.
- Well-evidenced mental health screening tools (PHQ-9, GAD-7) with digital use as a discussion point – although there are challenges about cross-cultural effectiveness.



Spotlight On Promising Practices

A further set of intervention types have limited existing impact assessment evidence but have promise if developed and evaluated further. The interventions in this category rated as high priority for early investment, based on consultation (key informant interviews, recommendations workshop, stakeholder survey), are: AI-enabled therapy; school-based digital literacy programmes; safe design standards; resources for parents; and off-ramps and redirection.

AI-Enabled Therapy

AI-enabled therapy, especially when based on evidenced methods (e.g., CBT), has promise for dramatically expanding access to mental healthcare and supporting individuals with diverse mental health needs.. Task-sharing via AI to extend mental health care is seen as one route to extending capacity beyond scarce specialist and mental health staff.

There is an ever growing plethora of AI-enabled interventions and some examples, such as [Wysa](#) and [Therabot](#), have an emerging evidence base and the backing of industry stakeholders.

AI-enabled or supported therapy was mentioned by almost all key informants as an area of opportunity, but also of concern. Our intervention assessment explicitly excluded therapeutic use of all non-indicated and general chatbots (LLMs). However, one challenge in this space will be to help users understand the difference between these and clinically-developed tools, given the high potential harm of using the former for mental health ‘self-treatment’ or support.¹¹²

There was clear consensus from stakeholders and from the landscape analysis literature base that there are significant regulatory, safety, and privacy concerns that need to be addressed. However, at present, these are not keeping pace with AI development and adoption. There are examples of policy responses (see the Policy section) but these are not yet mature. The sector needs a specific framework for safe, effective use of AI-enabled therapy. For example, [HealthAI](#) has been established with the purpose of providing this framework for healthcare globally in a way that enables LMICs to benefit as well as HICs. It is not clear how much of its focus will be on mental health as part of health.

Safe Design Standards

There is wide agreement that safety must be built into the design of digital platforms. This means stronger age controls, removal of harmful content, privacy and safety by default, and responsible algorithms. 34% of survey respondents identified safety-by-design and platform accountability as amongst the most effective interventions to protect children’s mental health. Examples are:

- [Safe Online Standards for Kids’ Mental Health](#). The Mental Health Coalition (MHC) is developing Safe Online Standards for Kids’ Mental Health (S.O.S.); designed to be credible, data-driven standards for protecting children’s mental health on technology platforms. It also plans to deliver publicly accessible ratings for social media platforms used by parents, children, and educators.
- [IEEE Standard for an Age Appropriate Digital Services Framework](#). IEEE is a worldwide technical professional organisation focused on ethical advancement in technology, with members drawn from 190 countries. It has extensive experience in setting standards across a range of sectors. The IEEE Standard for an Age Appropriate Digital Services Framework is the first in a family of standards focused on the 5Rights Principles for Children. It establishes a set of processes for developing age appropriate digital services for use by children. Whilst developed as a voluntary code, it has also been used for regulation, for example, informing Indonesia’s Age-Appropriate Design Regulation, which was the first such regulation in Asia.

School-Based Digital Literacy Programmes

The importance of equipping all children and adolescents with the skills to safely navigate the online world was a repeated theme in our key informant interviews and stakeholder survey. 41% of survey

respondents identified it among the most effective ways to support children and adolescents' mental health and wellbeing as they navigate the digital world.

Delivering these programmes through the education system allows the broadest possible reach and eliminates barriers such as parental lack of knowledge and lack of digital access at home. The objective is to build children's skills and knowledge to engage safely online and develop digital resilience. Common curricula include critical thinking skills, media literacy, online risks, practices for healthy technology use, and personal data awareness. Stakeholders highlighted that effectiveness could be amplified by parallel delivery of accompanying guidance for parents.

For example, the [SOS Children's Villages' Digital Villages initiative](#) has delivered digital literacy training to underserved communities in India, Nepal, and Bangladesh via classrooms and service hubs, in some cases alongside providing technology for the first time.

Longer term, stakeholders are calling for digital literacy to become universally integrated so that all teachers understand these principles, rather than confining them to a specific subject or teacher.

Delivery of these programmes is typically teacher-led, but notable successful approaches include peer-led delivery, such as the [Childnet Digital Leaders Programme](#), and Zoom-based expert delivery into classrooms by [My Digital Tat2](#).

"All teachers need to understand safe and effective use of the digital space as a learning tool. So, it's that universality of digital education, so that it's relevant to all subject areas and all features... That's a policy position that I don't think is necessarily emphasized in many countries, including in our own country."

Key Informant



Resources For Parents

Parents and caregivers, who are often seen as the first line of defence, need support and actionable steps to help regulate digital use. Guidance should be provided at each stage of child development, including for the very young, and applied consistently, for example through age guidance on app stores that aligns with government recommendations. Interventions need to move beyond what some stakeholders characterised as overly general or non-specific guidance, as well as reliance on blanket bans, which can limit benefits as well as block harms, toward more meaningful and effective action.

- Youth voices call out a double standard here: Adults themselves must model the healthy digital behaviour (e.g., putting phones away during family time) that they are requesting of their children.
- Stakeholders who have investigated this issue with youth have found some children experience feelings of being ignored or even isolated and rejected as a result of their parents' digital device usage.

Examples of successful programmes include [UNICEF South Africa's](#) efforts (supported by Safe Online) to create and integrate online safety tools into existing programmes, community networks, and platforms to create awareness among parents and children.

Off-Ramps & Re-Direction

One safety design feature commonly built into technology products is re-direction of users in crisis. There is high potential impact in providing immediate, effective and appropriate mental health support to children and adolescent users who are in crisis. Technology platforms highlight these off-ramps and re-directions as key safety features and they are highly accessible since, if designed

appropriately to identify a user in crisis, they are available wherever a child is online. AI can play a role in targeting re-direction appropriately and is helpful for scale, and is used by many large technology platforms.

However, there is also a critical role for human engagement when someone is in crisis. Studies of helplines (both text and call-based) have found people in crisis find genuine concern shown by a real person as a critical component of support.⁹⁶ So, it is crucial the human component is not lost in referrals and re-direction, while also utilising technology for scale.

At present, some referral based interventions rely on intermediary technology providers to route users to appropriate helplines based on geography and need. While these models can enable scale and more efficient matching, payment flows often do not always reach the end service providers delivering frontline support. Instead, funding may primarily support the technology intermediary rather than the helplines themselves. From an intervention and investment perspective, this highlights an important design consideration: how resources are allocated across the delivery chain can have significant implications for sustainability, incentives, and the long term capacity of essential support services.

Intervention Limitations

There is a dearth of robust evidence assessing the impact of interventions related to child and adolescent digital technology use, particularly on their effectiveness in improving mental health outcomes. There is, however, high demand for the development and implementation of interventions from parents and children.

Future efforts must prioritize an evaluation of intervention effectiveness that includes mental health outcomes, as well as interventions focused on prevention and promotion.

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Moving forward, intervention evaluations should also consider the involvement of different actors in research and as subjects themselves, including those closest to the problem and with lived experience: children, parents and caregivers, clinicians, and educators.



Summary

Intervention Insights & Opportunities

- While there is a plethora of interventions across multiple actors, few currently have clear, consistent evidence of mental health outcomes. Where there is evidence, it's short-term.
- Currently, interventions with the strongest grounding in evidence are those developed with close involvement from scientists, clinicians, and education experts, and they are often implemented in health or school systems, with support.
- Best practice intervention types with the strongest evidence of effectiveness and scalability include school-based cyberbullying programmes and screening in primary care.
- Several promising interventions could benefit from additional evaluation of impact, scalability, and feasibility, including AI-enabled therapy, safe design standards, school-based digital literacy programmes, resources for parents, and off-ramps and redirection.
- Parent and child concern has led to the development of other interventions, but they are

Financing Mapping

In this section, we begin by looking at the current mental health financing landscape to understand available funding. We then expand this to explore other funders, outside the existing mental health funder base, whose interest areas and funding capacity mean that they have potential to fund work at the intersection of digital use and child and adolescent mental health.

Ecosystem Overview: Current Mental Health Financing Landscape

Domestic Mental Health Funding

Domestic government finance is the most important source of funding, but dedicated spending on mental health is very limited. The Lancet Commission calculated the minimum required investment in mental health, based on country income, for basic mental health provision.¹⁶ This is 7.5% of government health spend in LMICs and 10% in HICs. 85% of countries globally don't achieve even this minimum level.

A mere 2.1% of domestic general health spending, on average, is allocated to child and adult mental health combined; a global average spend of just \$7.49 per person.¹⁵ This leaves a global shortfall in excess of \$200 billion compared to need.^{15,98}

Total health budgets themselves are constrained and physical health has consistently been prioritised over mental health. This is due to wide mix of factors but primary reasons include:

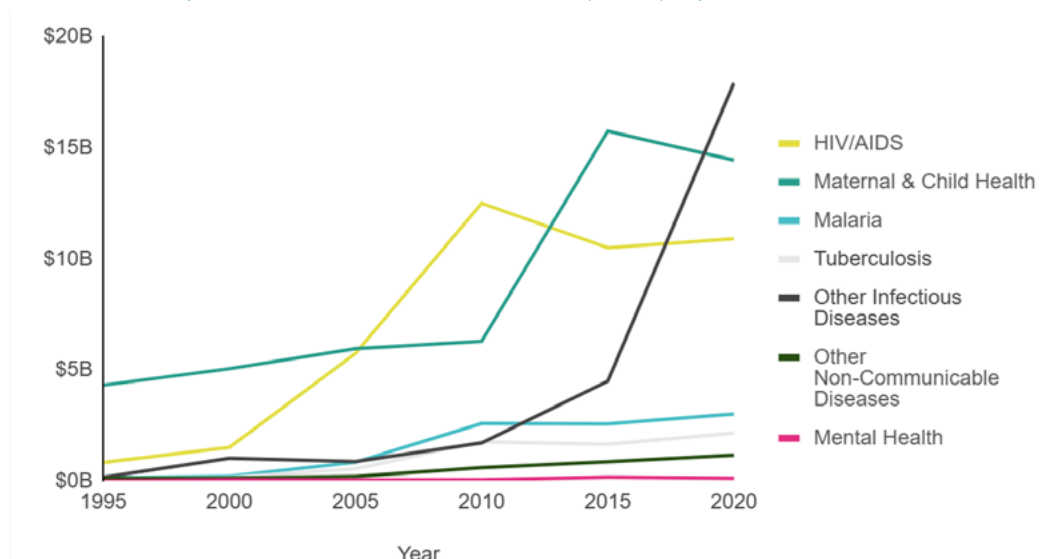
- Stigma about mental ill health and discrimination;
- The complexity and chronic nature of many mental health challenges making it hard to demonstrate improvements in short term outcome measures in both research and treatment;
- Lengthy timelines to see the impact of mental health spending; and
- Limited advocacy and political interest.¹⁵

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Development Assistance

Development assistance could help to fill domestic funding gaps, but globally, the share given to mental health compared to other health areas is tiny. Worldwide development assistance for mental health (DAMH) for all age groups was \$168m in 2024; just 0.3% of total development assistance for health.⁹⁹ Global child and adolescent mental health receives only a share of this, leading to it being described as “the orphan of development assistance for health”.^{1,99,100}

Development Assistance for Health (DAH) by Health Focus*

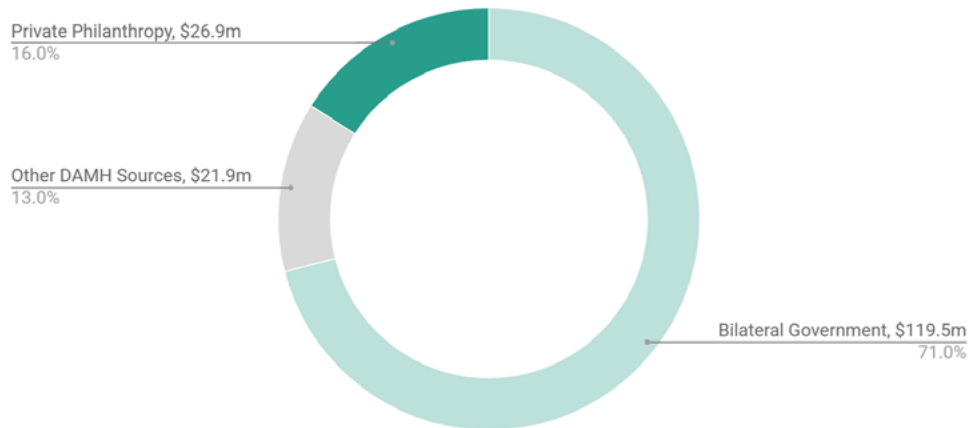


Source: 2024 Institute for Health Metrics and Evaluation⁹⁹ *Reported DAH accessed 15/10/25. Data is subject to IHME revisions.

Philanthropy

Alongside governments, private philanthropy makes a significant contribution to this development assistance. Some (although not all) philanthropic organisations report their DAMH in a similar way to bilateral and multilateral organisations and data is captured in IHME metrics. In 2024, these private philanthropists contributed \$27M to mental health development assistance, 16% of recorded mental health development assistance in that year.^{99,101}

Reported Development Assistance for Mental Health (2024)*



Source: 2024 Institute for Health Metrics and Evaluation⁹⁹ *Reported DAH accessed 15/10/25. Data is subject to IHME revisions.

However, this is very small compared to philanthropic development assistance for other issue areas: **Philanthropic funding for mental health was less than 1% of total private philanthropic development assistance in 2024.**⁹⁹

Data on non-reported philanthropic funding is not collated as a single metric, but other funders are contributing to this space. However, their combined contribution is a fraction of what is needed compared to mental health need.¹⁰¹

Despite the limited philanthropic mental health funding available, it has a powerful role in unlocking other forms of funding. Deploying philanthropic funding effectively can:

- De-risk innovation and development of pre-scale interventions or technologies;
- De-risk public sector investment in new initiatives and proof of concept interventions;
- Catalyse investment from the private sector by minimizing investment risk through blended finance;
- Attract new private capital to philanthropic projects delivering social benefits and financial returns via impact investing;
- Unlock corporate proceeds from business, employee matching programmes and/or in-kind donations to support aligned philanthropic initiatives;
- Offer long-term funding and strategic support without expectation of financial return;
- Encourage broader donor investment by normalising mental health giving and elevating personal stories.

Stakeholder Analysis

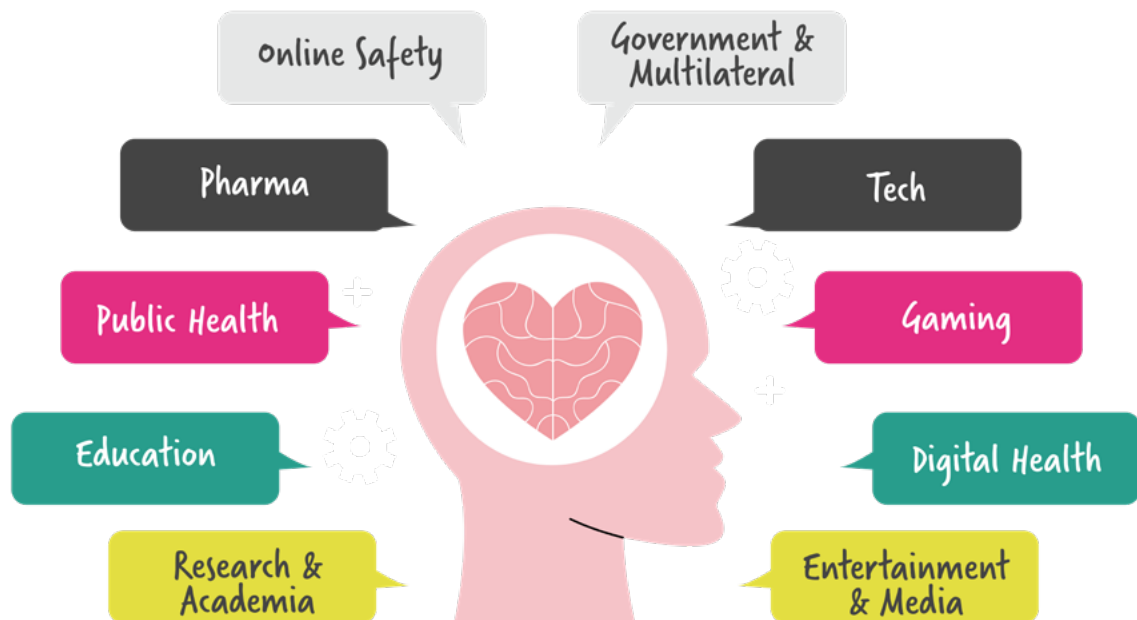
Given the need for increased investment in mental health finance and the limited capacity of current mental health funders, we expanded our mapping to understand opportunities in the wider stakeholder base.

Many stakeholders outside of mental health influence how children and adolescents navigate the online world. There are stakeholder groups that have promise for becoming funders, especially if approached strategically.

We assessed the capacity and interest of other stakeholder groups to support child and adolescent mental health, particularly on work at the intersection with technology.

In the graphic:

SO4MH Potential Stakeholders: Many stakeholders outside of mental health influence how children and adolescents navigate the online world.



- Interest indicates a stakeholder group's involvement in focus areas (digital technology, children's mental health);
- Capacity refers to their financial capacity for giving.

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Initial mapping was informed by desk research on the size, scope, forecasted growth, historical giving, and trends shaping the industry and refined by expert input.

Priority Funders

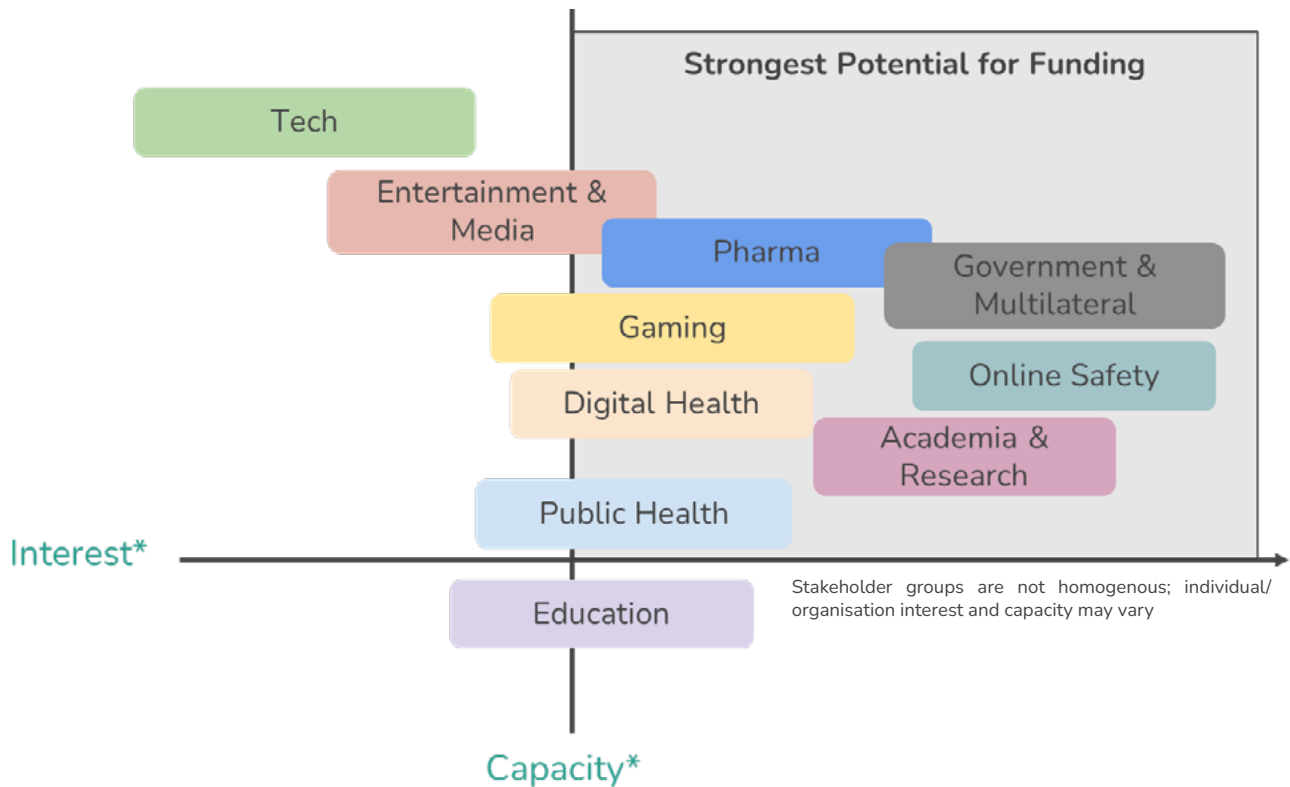
Based on the mapping, the stakeholder groups with the strongest potential for funding are:

- Government;
- Mental health philanthropy;
- Other stakeholders such as online safety, gaming, and pharmaceutical industries.

We examine those stakeholder groups identified as having 'strongest potential' below.



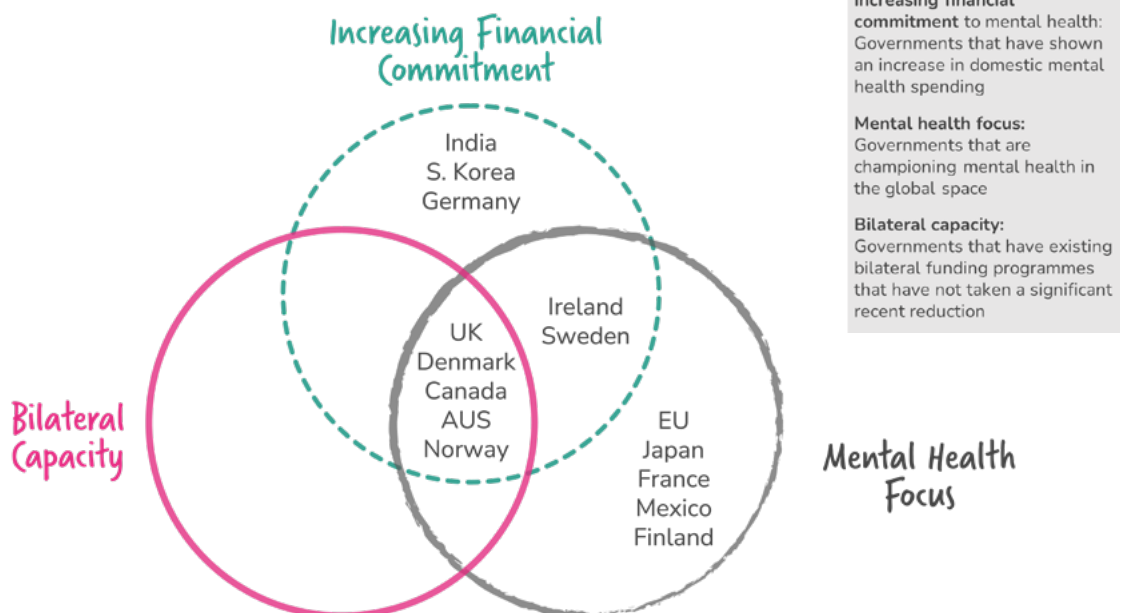
SO4MH Stakeholders Map



We examine those stakeholder groups identified as having the strongest potential below. While technology companies ranked lower as direct funders in this analysis, this reflects the specific criteria used here, rather than a lack of engagement or interest. In practice, technology actors have shown growing involvement through convening power, in kind contributions, pilot funding, and influence over standards, design, and implementation, rather than sustained independent funding, which are not always captured through traditional funding classifications.

In addition, some stakeholder groups, such as high net worth individuals and advertisers, may not consistently appear as direct or standalone funders in this landscape, but can play important intermediary or catalytic roles. These actors may exert significant influence, shape incentives, or unlock funding indirectly through partnerships, advocacy, or alignment with corporate and philanthropic strategies.

Government & Bilateral Mental Health Funders



Government

Globally, government budgets are under increasing pressure and spread across multiple, competing interests; however, a few - including Australia, Canada, Denmark, Norway, and the UK – are maintaining or increasing domestic and bilateral funding support for mental health.

Mental Health Philanthropy

Many mental health philanthropic funders focus on children and adolescents, with digital technology being an emerging area of focus. Consequently, there is strong alignment. However, the pool of funders is small, and many of their budgets are not substantial enough to make a significant contribution to additional action in this space.

Other Stakeholders

Potential groups to explore include:

- **Online safety philanthropic funders.** Philanthropic and public interest funders historically focused on online safety are broadening their scope to include children's mental health as a natural extension of existing efforts. In parallel, growing attention to AI is attracting new public, private, and philanthropic investment, opening opportunities for public private partnerships centred on AI capabilities, risks, and opportunities.¹⁰² Funding channels linked to government and regulatory online safety programmes also have room for expansion in light of new digital safety legislation, while corporations, facing increasing pressure from regulators and consumers, are increasingly incentivised to invest in safety initiatives..¹⁰³
- **Gaming.** The gaming industry has high capacity as a growing and successful industry. It has a demonstrated track record of highly successful grassroots fundraising events and giving campaigns, raising tens of millions for charitable causes including mental health (e.g., Gaming for Good movement, gamer Jacksepticeye's "Thankmas").^{104,105} Many of the largest gaming companies have established CSR and/or philanthropic giving platforms, and several (e.g., Nintendo, Microsoft Xbox, Ubisoft, Roblox) have programmes and investments related to children's health, including mental health.
- **Pharmaceutical industry.** Pharmaceutical companies have a strong history of grant-making and philanthropy; between 2010 and 2022, they provided at least \$6 billion in grants to more than 20,000 organisations through their foundations, suggesting significant capacity for giving.¹⁰⁶ Industry interest in mental health is also growing, as evidenced by investment towards commercial digital therapeutics.

Beyond these sector-based stakeholder groups, we also identified some further potential mental health funders who we grouped by characteristic, including Ultra High Net Worth Individuals and family offices, Corporate ESG/ CSR Programs, tech and AI exiters, and advertisers. Some of these stakeholders may not be direct funders, but can exert influence in the space and/ or are mediators for other funding opportunities.

Some of these stakeholder groups, such as pharma and those representing technology or gaming, could raise conflict of interest concerns; however, organisations within those groups are not 'one size fits all' and will require intentional and flexible decision making-processes and guardrails.



Summary

Mental Health Financing Landscape

- Increased investment across all primary sources of mental health finance – domestic, bilateral development assistance, and philanthropy – is needed to meet the growing global mental health need.
- Constrained domestic and aid budgets place an even greater emphasis on philanthropic funding to support global mental health, particularly in LMICs.
- The capacity of current mental health philanthropic funders is small, especially relative to other health funding.
- Given the severe shortage of current mental health funding, there is an opportunity for those seeking to promote and protect child and adolescent mental health in the digital world to involve wider funders, beyond the current mental health funding base, whose interest and funding capacity aligns.
- However, some of these groups, including technology companies, gaming and pharma, could present conflict of interest concerns, and all funders will require guardrails.

Ecosystem Funding Opportunities, Challenges and Gaps

Mapping of existing mental health financing makes it clear that funding is severely constrained and insufficient to meet mental health need. Funding of the scale required to address child and adolescent mental health challenges in a digital world cannot come solely from current mental health funders. The ecosystem has an opportunity to evolve beyond traditional mental health funders by drawing in new stakeholders (within guardrails), and establishing cross-sector partnerships.

Specifically:

- Highlight philanthropy as catalytic, based on increasing interest: Use donor funding to refine existing evidenced interventions to maximise efficiency then rapidly scale, embedding them within national systems so that they become fully owned by government and sustainable.
- Secure government funding, starting with leading funder nations and those that have sustained interest in mental health.
- Focus on new funders (outside mental health) who have intersectional areas of interest:
 - Use the stakeholder mapping to identify likely funder groups first.
 - Then continue to look for new intersectional interests which could enable access to additional new funding pools.
 - Engage and secure these new funders by highlighting these intersections.
- Leverage consolidated approaches to evidence and funding (given the need to inform scaled investments); for example, establish sub-pools of funding for specific focus areas to allow donors to align their funding with areas of interest.
- Carefully guardrail and manage conflicts: Collaboration with companies, including technology companies, will be essential both for funding and to achieve the change the ecosystem needs. Stakeholders said they worry about commercial interests being in opposition with promoting mental health. Potential conflicts do not have to be barriers to collaboration if they are identified and transparently managed.
 - The ecosystem needs to develop governance and guardrails that allow it to accept corporate funding (and wider collaboration) in a way that is transparent, safe, and effective for all parties.
- Establish measures of the funding flows into this issue area, including the split between different activities (interventions, advocacy, policy design, research, etc.) to bring transparency.



RECOMMENDATIONS & APPROACHES

*to Inform Safe online
for Mental Health*



Recommendations

Digital technologies offer huge opportunities to the mental health and wellbeing of all children through: fostering connection, identity and belonging; improving access to support and information; building confidence through learning and creativity; supporting early development and bonding; and helping to manage emotions and mood. And, for marginalised groups in particular, it may provide a much-needed chance for connectedness that is absent offline.

However, it also poses significant risks: cyberbullying, sexual exploitation and abuse, intensifying negative emotions and stress, exposure to harmful content, misinformation and self-comparison, disruption to sleep, social life, and daily routines, and algorithm-driven excessive screen time or addiction-like behaviours which displace healthy habits like physical exercise. Vulnerable children are particularly at risk.

This complexity, together with the interplay of other social determinants of mental health, means that existing research has not yet identified the causal mechanism by which children being online impacts their mental health outcomes. However, there is a body of evidence showing that technology use does play a part.

Further research to understand the mechanism is urgently needed: in our online survey, 80% of experts in the space told us that the evidence base is insufficient. And this research needs to be rapid to keep up with the pace of change in technology, include children and adolescents in the Global South where data is particularly sparse, and look at digital use of younger children. However, technology is already deeply embedded in children's lives: **we cannot keep waiting for perfect evidence in order to act.**

In parallel to a research agenda to fill these knowledge gaps, thoughtful, coordinated action to focus on the wellbeing of children in the digital age and mitigate the negative impact of digital technology has to start now. In the short term, this means prioritising policy action and interventions based on the best available current evidence, alongside piloting and evaluating outcomes of promising practices to identify the ones to scale in the medium term.

Based on the gaps identified in the Landscape Analysis, we have developed actionable recommendations for Safe Online For Mental Health. These responses to the landscape analysis findings were shaped by Key Informant and survey respondent inputs and refined with stakeholder workshop consultation and expert advisor oversight. We identified a set of actions relating to each area of the landscape analysis; I. Research, II. Policy and III. Interventions.

I Research Recommendations

Actions are needed to address fragmented knowledge, ensure inclusivity, and provide the rigorous evidence necessary to scale effective interventions, inform policy and regulation, and build consensus among academics, practitioners and civil society. Based on the Landscape Analysis and stakeholder consultation we recommend the following actions for SO4MH:

1. As a first principle, ensure that lived experience and youth perspectives are incorporated throughout all recommendations adopted. Research must be conducted with young people, not just on them. This requires co-creation by involving young people at multiple touchpoints, from shaping the research instruments to interpreting the data.

2. Promote development of a rapid research methodology to match the pace of technology and innovation and strengthen research tools and outcomes measures to build an evidence base on the effectiveness of policy and interventions. Keep a focus on what works to mitigate mental health risk or amplify mental health benefits of child and adolescent digital use. This activity should include:

- Highlighting the need for, and creating ecosystem support of, a rapid research methodology.
- Rapidly convening a leadership group that can help design this methodology in a way that maintains rigour but condenses the research timeframe.
- Working with this leadership group, developing clear and well-defined mental health outcomes to use in research alongside other functional outcomes; for example, educational outcome measures and assessment of whether technology usage is changing as a result. Improving research methods and frameworks necessary to enable effective research; for example, interaction typologies.
 - The leadership group should include researchers focused on mental health outcomes, technology industry representatives who can inform what is technologically feasible and flag any technological limitations, and ecosystem experts as well as young people. We recommend around 20 to 25 members. Thought should be given to making sure the group can bring global perspectives and avoid an HIC focus.
- In parallel to developing the methodology, creating a dissemination network to:
 - Enable dissemination and adoption of the methodology and outcome measures in the research community.
 - Ensure dissemination of subsequent research findings, with a focus on applicability of research findings; not just what is learned from the research, but how it can be applied.
 - Become a credible and authoritative source for collation of all resulting research.
 - This dissemination network should be very broad, incorporating the widest possible range of stakeholder groups, and develop a communication plan specific to each different stakeholder group interacting with this issue; for example, children and adolescents themselves, parents and caregivers, educational settings, healthcare providers, governments, etc.
- Interface with potential partners already working on related mental health outcome measurement initiatives that could be applied to digital mental health impacts on children.

“[Academics] ‘working more closely with non-academic sectors to move research along more quickly without losing its rigor; working closely with communication agencies and using technology to better communicate the science without losing the science’”

Survey Respondent



“We’re discussing social media now, we shouldn’t be... we should have been getting funding on looking at AI conversational agents for two to three years.. What can we learn about what we did wrong for social media? And how are we going to do it better for that next technology? We don’t have time, because collecting good data takes 2 to 3, 4, 5 years to analyze.”

Key Informant



3. Support a longitudinal, large-scale data resource on communal mental health outcomes to replace multiple, fragmented efforts and create insight into how digital technology impacts generations. Include diverse socioeconomic, cultural, and regional contexts to allow better insights into the interplay between digital technology use and demographic and psychosocial factors.

- SO4MH has an opportunity to establish the first foundational set of baseline data on how technology usage in childhood and adolescence impacts mental health throughout the life course.
- A longitudinal study could follow this group of children as they grow into adulthood and become seniors to see the impact of usage on their mental health in later years. This would require:
 - Development of a study model, including how to incorporate measures of technology usages.
 - Creation of baseline measures of mental health (and other functional outcomes).
 - Establishment of milestones for updating this, and the process for doing so.

4. As an enabler to 2 and 3 above, enable the ecosystem to better leverage technology company datasets:

- Raise awareness among the research community of data already available due to Data Portability legislation and how to access, e.g., Google Take Outs, Facebook Account Data, SnapChat My Data. Although this data source is being used by some researchers, it appears little-known and under-utilised.
- Advocate for better compliance by some technology companies with data portability legislation, so that dataset provision is universal across companies and products.
- Work with the technology industry to identify and share further datasets critical for research (and support this with a regulatory requirement to do so if necessary).
- Learn from, and explore opportunities with, organisations incorporating this type of personal digital data into longitudinal research databases in the public health space; for example, the All of Us Research Program and the UK BioBank.

5. Support research on the impact of use of technology among younger children, aged 12 and under.

- Create a model to look at the consumption and impact of digital usage on children under age 12. Develop age-appropriate methodologies and consider the role of qualitative research and use of caregiver voices to assess younger children's digital experiences and wellbeing.
- Consider whether there is an opportunity to create an open-source collaboration with Wellcome to establish parallel research streams filling these two identified specific consumption and impact gaps (this research and Global South research; see recommendation 6).

6. Invest in Global South research to provide data on child and adolescent technology consumption and its mental health impact. These initiatives should include support for local researchers to address the knowledge gap regarding technology use and mental health in the Global South.

- Review the way that research call materials are positioned to make sure that they are culturally relevant globally. Further, ensure that evaluation criteria and the evaluation process is designed to be inclusive of Global South applicants. For maximum effect, co-design evaluation with Global South researchers and learn lessons from the major funders of research in this space who are advocating for adaptation to HIC-centric approaches.

- Consider whether there is an opportunity to create an open source collaboration with Wellcome to establish parallel research streams filling these two identified specific consumption and impact gaps (this research and younger children research; see recommendation 5).
- Consider whether there is a way to connect with existing in-flight research on youth mental health in LMICs that includes any elements of digital usage to share data and potentially plug knowledge gaps.

II Policy Recommendations

Based on existing research, we recommend the following action plan for policy dialogue that can be started immediately to promote children's mental health within the digital ecosystem. For each recommendation, youth voice and lived experience should inform design.

1. Work with technology companies and ecosystem safety advocates to co-create a wellbeing-by-design framework that balances safety restrictions requested by users and caregivers with technology product owners' autonomy, to ensure that their product development processes mitigate negative mental health and wellbeing outcomes. As a result, engage technology companies to lead efforts in responsible technology design and proactive wellbeing, alongside other ecosystem actors.

- Align policy mechanisms to give the framework a legislative basis; e.g. Age Appropriate Digital Codes.
- There is an urgent requirement for fast, ethical guidance on what should be included in the safety-by-design principles of AI.
- To enable safety by design and advance wellbeing by design in line with rapid technology evolution, convene a group to scan the horizon for new innovations and emerging trends prior to mainstream adoption, for example the next wave of AI, and develop early recommendations for industry, regulators, and other policy makers on potential impacts from both a safety and wellbeing by design perspective.

2. Develop frameworks and guidance for policy owners (e.g., government, technology companies) to measure mental health outcomes as part of policy evaluation.

- Develop a rubric to inform how technology companies evaluate the mental health impact of their own policies. Provide this to companies so that when they create a policy, they are able to predict and then measure and understand its implications. Provide guidance on how long it should take to evaluate if a policy is working for a particular group, and appropriate evaluation measures.
- For governments, develop guidance materials to inform and standardise use of appropriate child and adolescent mental health outcome measures alongside other effectiveness measures in policy evaluation. Advocate for their adoption in all government policy evaluation in this space.

"There are large natural experiments ongoing around the world with new policy being enacted we can build on to understand which populations are being helped and how specific the policy should be. Of note, these could be analyzed rather quickly and at high quality."

Survey Respondent



3. Promote digital literacy and learning loops between policymakers and technology companies, civil society organisations, academia, and youth and policymakers to accelerate effective policy making.

- Develop high-quality, responsible, and effective digital literacy materials for children and adolescents related to mental health. Include child, adolescent, and caregiver perspectives in their design.
- Share these materials with technology companies with the aim of increasing quality and uniformity of messaging across technology products.
- Work with education and health policymakers to enable delivery of these digital literacy materials through other high-contact, trusted channels; for example, schools and primary health care. Then evaluate the effectiveness of these implemented policies and interventions through evaluation and feed the learning back to policymakers. Include the voice of children and adolescents in this evaluation.
- Work with technology companies to gather outcome measures of those accessing these materials to evaluate effectiveness and iterate.

4. There is a need to build the infrastructure and mechanism for global oversight (both enforcement and evaluation) of policies by a recognised international body; for example, the United Nations or the World Health Organization.

SO4MH should consider the role it could play in supporting the establishment of this; for example, by advocating for its creation and potentially consulting on its design.

5. Support an independent multi-stakeholder platform to provide in-kind support and guidance to countries on digital mental health impacts, to inform policymaking and support independent capacity building.

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This should be structured as a centre of excellence rather than a resource library and would include an advisor panel (group of experts), available to provide detailed support and guidance on specific topics. The platform could develop initial guidance to governments on what policy should be implemented in this space and then issue regular updates or briefs to keep pace with technology development.

- The aim would be to equip policymakers to deliver appropriate and timely policies in their domains.
- This should include equipping government education and health policymakers with the information about the impact of digital technology that they need in order to develop appropriate policies for their systems, independent of any commercial interests that could cause a conflict (for example, when technology companies provide this).
- It could also help policy owners in technology incorporate mental health as part of policy design and evaluation outcome metrics.
- It should champion policies supported by mental health outcome data (as this emerges) and encourage their adoption across countries, resulting in higher quality, more consistent, and coordinated regulation.

III Intervention Recommendations

Best Practice Interventions That Should Be Supported By Safe Online In The Short Term

As outlined in the Interventions section above, few interventions have clear, consistent evidence of mental health outcomes, especially in long-term follow-ups, but two types of intervention meet our “model practice” criteria: school-based cyberbullying prevention programmes; and mental health screening in primary care. The criteria are a) consistent evidence of impact in existing traditional and non-traditional literature, and b) moderate to high scalability. SO4MH could immediately start funding these interventions with a view to scaling them in the short term. In this section, we build on this recommendation by outlining considerations for scaling these interventions and the potential for SO4MH to add value.

Potential For SO4MH To Add Value To Proven Interventions. School-based cyberbullying prevention programmes:

- **Scaling:** Focusing on schools as a delivery channel provides the opportunity to scale nationally / at a state level by working with government education departments to embed the intervention, potentially using train-the-teacher (or the peer) to create delivery capacity or by delivering into classrooms using video conferencing. Although typically developed and implemented in a national context, there are examples of programmes that have been developed for scaling internationally. SO4MH support could therefore accelerate scaling at a national, and possibly international, level.
- **Secondary benefits on digital literacy:** Our analysis of existing successful cyberbullying prevention programmes shows that building digital literacy and/or digital resilience is typically an element included in their approach; and outcome evaluations show that interventions can be effective in improving this. Funding such programmes could therefore deliver both the direct mental health and wellbeing outcomes of tackling cyberbullying and secondary benefits of improving digital literacy, which would expand the impact of SO4MH in this area.
- **Complementing other SO4MH funded interventions in the school space:** Digital literacy is a second promising intervention with high scalability which is recommended for SO4MH support (see below). There would be significant scaling and implementation benefits of delivering parallel interventions using schools as a delivery channel.

Screening in primary care – potential for SO4MH to add value:

- **Research and clinical tools:** Support researchers to develop and deliver fit-for-purpose, culturally-transferable scale(s) to measure digital technology use and its functional impacts, including mental health.
- **Building datasets on child and adolescent technology use and functional impact:** Subject to appropriate data privacy controls, anonymised data gathered through these scales could plug significant existing knowledge gaps.
- **Advocacy for implementation in health care systems:** Catalyse scaling by advocating for government-level adoption of screening tools. Where access to healthcare is limited, consider supporting gap-filling initiatives, e.g. telehealth.

Promising and Emerging Interventions

In the Interventions section, we outline how we identified a further group of intervention types that currently do not have sufficient impact assessment evidence to recommend immediate scaling, but show promise. In consultation with stakeholders, we highlighted a sub-set as high priority. These are: AI-enabled therapy; safe design standards; school-based digital literacy programmes; resources for parents; and off-ramps and redirection.

For these interventions, SO4MH could fund early-stage pilots and facilitate their rapid assessment to assess the potential for scale and impact. It could then support transition to scale for those that demonstrate impact.

Potential For SO4MH To Add Value To Promising Interventions

For all promising interventions supported by SO4MH, it would add value beyond funding by:

1. Generating and sharing evidence to inform development of other interventions and policy; and
2. Catalysing donor interest in the space by demonstrating the opportunity to support scaling of highly effective interventions targeting known unmet mental health needs of children and adolescents.

In this section, we highlight considerations for piloting these interventions and the potential for SO4MH to add value.

- **AI-enabled therapy.** SO4MH could provide technical capacity support for small pilots of promising AI-enabled therapy interventions to scale, establishing and applying clear guardrails in the selection of these. It could also advocate for associated system strengthening. The sector needs a framework for safe, effective use of AI-enabled therapy, including clear guidelines for use, priority use cases and testing, and integration into standard licensing and regulatory frameworks. This should include the infrastructure needed to deploy AI safely, such as funding datasets, evaluations, benchmarks, etc.
- **Safe design standards.** There is consensus that safety must be built into the design of digital platforms. This means stronger age controls, removal of harmful content, privacy and safety by default, and responsible algorithms. There is an opportunity for SO4MH to partner with those already developing safety design standards. As well as funding support, SO4MH is well-placed to advocate for technology company adoption of these standards.
- **School-based digital literacy programmes.** This is in close alignment with Safe Online's online safety literacy work. SO4MH support would allow rapid scaling of existing interventions. One barrier to increased digital literacy is the plethora of conflicting advice. In the short term, SO4MH evidence-based validation and support of specific interventions would accelerate adoption. Longer-term, using intervention evaluation from those digital literacy programmes supported immediately, SO4MH could evolve an evidence-based and ecosystem-endorsed digital literacy programme(s) that could be universally deployed (with appropriate tailoring to ensure it is culturally relevant).
 - Rolling this across delivery channels (beyond schools to healthcare, direct to parents, through platforms, etc.) would simplify, unify, and improve the quality of digital literacy messaging.
 - Overlaps with school-based cyberbullying prevention programmes both in the delivery channel (education system) and intervention content make this highly complementary to that initiative.
- **Resources for parents.** SO4MH could directly fund an organisation providing resources to educate parents in this space. More impactful interventions are those that don't rely on parents and caregivers seeking out information and digesting it, but take proactive steps to action it.
 - One barrier to parents using existing resources is the volume of potentially conflicting advice that is available to them. A potential role for SO4MH, as a trusted and credible authority on child and adolescent digital mental health, is to validate and support (or create its own) parental resources that can be seen as the 'go to' source.

- There would then be an opportunity to effectively disseminate resources by coordinating with the school-based digital literacy programmes also recommended.
- **Off-ramps and re-direction.** The potential impact of providing immediate effective and appropriate mental health support to children and adolescent users who are in crisis is high. However, as users are referred on to third-party helplines, the effectiveness of this intervention is as dependent on helpline effectiveness as on the providers' detection and referral processes.
 - There is an opportunity for SO4MH to support these third-party helplines through 1) direct funding of their work to allow them to scale, to meet the additional demand of in-product referrals and provide 24/7 coverage; and 2) support in setting up processes and efficiencies across providers (including vetted AI).
 - SO4MH could also have a critical role in advocating to ensure that funding flows from the technology companies to the portfolio of helplines to which they are ultimately sending users.
 - SO4MH would be well-placed to advocate for all technology products used by children and adolescents to build in appropriate off-ramps, once their effectiveness is fully evaluated and funding model addressed. This could be through advocating for appropriately designed features to be included in voluntary codes / safe design standards and then encouraging greater participation by technology companies, or via legislation if not enough companies commit to voluntary codes.





Recommendations Summary

- Based on the gaps identified in the Landscape Analysis, actionable recommendations to inform the SO4MH initiative in its initial stages were shaped by Key Informant and survey respondent inputs with expert advisor oversight, and refined in stakeholder workshop consultation.
- The voice of children and adolescents themselves should be at the core: across all of these actions, lived experience and youth perspectives must inform implementation.
- We recommend five actions for the immediate research agenda to address fragmented knowledge, ensure inclusivity, and provide the rigorous evidence necessary for scaling effective interventions, informing policy and regulation, and building consensus among academics, practitioners, and civil society. These recommendations include:
 1. incorporating lived experience perspectives into research;
 2. promoting the development of a rapid research methodology to match the pace of tech innovation;
 3. supporting a longitudinal, large-scale data resource on children's digital technology consumption and mental health outcomes;
 4. enabling the ecosystem to better leverage technology company datasets; and
 5. supporting research focused on younger children and the Global South.
- The recommended immediate policy dialogue includes: promoting a mental health wellbeing-by-design framework; guiding policy owners to measure mental health outcomes in policy evaluation; promoting digital literacy and learning loops; support a global centre of excellence for policy to inform policymaking and build capacity; and advocating for a mechanism for global oversight of related policies.
- Two types of intervention meet “model practice” criteria (evidence of impact and moderate to high scalability) based on currently available evidence. They are school-based cyberbullying prevention programmes and mental health screening in primary care.
 - SO4MH could immediately start funding these interventions with a view to scaling them in the short term.
- A further set of intervention types have limited existing impact assessment evidence but have promise if developed and evaluated further. The highest priority of these are: AI-enabled therapy; safe design standards; school-based digital literacy programmes; resources for parents; and off-ramps and redirection.
 - SO4MH could add value by supporting early-stage pilots and facilitating their rapid assessment, to demonstrate the potential for scale and impact and enable short-term investments.
- There is an urgent need for action. In parallel to research filling knowledge gaps, thoughtful, coordinated action to focus on the wellbeing of children in the digital age and mitigate the negative impact of digital technology has to start now.



APPENDIX



Supplementary Materials

The full raw findings of the landscape analysis are available for sharing - if you are interested please reach out to natalie@safeonline.global

Definitions

The following list of definitions helped to define parameters for the research. Non-traditional and lived experience sources may use differing terms.

- **Children and Adolescents:** Includes persons aged 0 to 18 years.
 - Children: Aged 0 to 12 years.
 - Adolescents: Aged 13 to 18 years.
- **Mental health,** according to WHO, is “a state of mental well-being that enables

people to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their community.”

- **Mental health impacts** include diagnosable mental health conditions, mental wellbeing, and actions/behaviour that indicate change in mental health.
- **Digital technology** includes a wide range of online environments, devices, and platforms that children may engage with or be exposed to. This includes, but is not limited to: social media, content platforms, virtual and artificial reality (VR/AR), online gambling and gaming, smart devices, search/targeted advertising, mental health tracker-related apps, news, and education platforms.

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