Prepared Remarks of Commissioner Alvaro M. Bedoya
Federal Trade Commission

National Academies of Sciences, Engineering & Medicine
Meeting of the Committee on the Impact of Social Media on the Health and Wellbeing of Children & Adolescents

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1. We need to do more to protect our kids’ mental health.

   My wife and I have two toddlers. Being a parent is hard. Personally, I think the hardest part is not changing diapers or losing sleep. I think the hardest part of being a parent is when you know your child is hurting, but you don’t know why – and you do not know how to help them.

   We are in the middle of a youth mental health emergency. Suicide is now the second-leading cause of death for children 10 to 14 years of age.

   Ask a parent, today, what they are most worried about for their children, and their number one answer is not drugs, or alcohol, or teen pregnancy – their top concern is their children’s mental health.

   Parents and experts increasingly point to social media as a key contributor to this crisis. But parents are still struggling to figure out exactly what’s going on, and how they can help their kids. They are taking their kids to the doctor. They are taking them to therapists. They are trying to limit the hours their kids go online. They are trying to get a sense of what their kids are doing online. Too many parents still feel helpless.

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1 The views expressed here are my own and do not necessarily represent the views of the Federal Trade Commission or any other Commissioner.
2 Deepa Shivaram, Pediatricians Say the Mental Health Crisis Among Kids Has Become a National Emergency, NPR (Oct. 20, 2021), https://www.npr.org/2021/10/20/1047624943/pediatricians-call-mental-health-crisis-among-kids-a-national-emergency; Janelle Chavez, Children’s mental health tops list of parent worries, survey finds, CNN (Jan 31, 2023), https://www.cnn.com/2023/01/31/health/mental-health-parenting-survey/index.html (“Even before the pandemic, we were seeing skyrocketing numbers of kids and adolescents dealing with mental health issues, and that has increased exponentially since the pandemic.”).
It’s not just parents. One in three teens say they use social media or video sites “almost constantly.” About the same number say that’s too much. Yet more than half say that they would not know how to stop.\(^5\)

In response to a recent survey, a 14-year-old named Hannah said: “I always want it near me . . . when I’m sitting on the sofa, I just scroll.”

Lara, age 13, said: “I kind of wanted to have more time to do stuff other than just go on my phone . . . [but] it didn’t work, I kept turning it off and then going back and still using it.”

Otto, 15: “Sometimes I’ll go on it at like 11pm and won’t go off it until six in the morning.”

Jack, 14: “Once you start, you can’t stop.”

This should not surprise anyone. After all, we live in an attention economy.

In the words of one engineer: “Companies make their money from attention. Reducing attention will reduce revenue. If you are a designer working in an attention business, you will design for attention.”\(^6\) In the words of another engineer: “There are no safety standards – there is no ethics board in the digital space.”\(^7\)

In an attention economy, companies very literally compete for our thoughts, our time, our minds. No one should be surprised if that economy affects our mental health.

And compulsive use is just part of the problem. Research suggests that mental health harms are also driven by harassment, social comparison, and lack of sleep, among other factors.\(^8\)

Today, I want to talk about why we are where we are, and the work we’re doing to make it better.

I want to start by addressing two doubts. First, many people still question the existence of a relationship between social media use and adolescent mental health. And second, many people think that any legal action will be blocked by laws that immunize websites against claims

\(^{5}\) Emily A. Vogels, Risa Gelles-Watnick, & Navid Massarat, *Teens, Social Media and Technology 2022*, PEW RSCH. CTR. (Aug. 10, 2022), https://www.pewresearch.org/internet/2022/08/10/teens-social-media-and-technology-2022/ (“Fully 35% of teens say they are using at least one of [YouTube, TikTok, Instagram, Snapchat and Facebook] ‘almost constantly.’”); *ibid* (“about a third of teens (36%) say they spend too much time on social media”); *id.* (“Asked about the idea of giving up social media, 54% of teens say it would be at least somewhat hard to give it up”).


\(^{7}\) *Id.* § 2.

\(^{8}\) Yvonne Kelly *et al.*, *Social Media Use and Adolescent Mental Health: Findings from the UK Millennium Cohort Study*, 6 THE LANCET 59 (2018), https://www.thelancet.com/action/showPdf?pii=S2589-5370%2818%2930060-9 (“Greater social media use related to online harassment, poor sleep, low self-esteem and poor body image; in turn these related to higher depressive symptom scores.”).
relating to the content they publish. They also believe it would be unwise, even harmful, to undercut that immunity.

I want to speak to those doubts. Next, I want to highlight a third reason for the current status quo: A lack of in-house psychologists and other mental health experts at tech regulators.

So, I want to talk through those three issues. I want to tell you what we at the FTC are doing to try to address them. And I want to respectfully ask for your help.

2. The relationship between social media use and youth mental health is real.

I spent most of the last 15 years in the world of technology policy and research, first in government and then in the academy and at an NGO. When I talk about the relationship between social media and teen mental health with friends and former colleagues, one of the first questions I get is: “Is this real – or is it just another moral panic? Don’t we need more time to tell? Don’t we need more research? Is this real?”

My answer to that question is yes. It is real.

Because we have had time to observe the effects of social media. There is a generation of students sitting in college lecture halls that have never known a world without social media – and who never spent a day in high school or middle school without it. To put this in perspective, social media is older than the iPhone, older than Uber and Lyft, older than streaming services like Netflix and Hulu; it is even older than Amazon Prime.

That time has allowed for research. By my reckoning, there is at least eight years of peer-reviewed scientific research on the impact of smartphone-enabled social media on the adolescent brain.

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That body of literature is nuanced. For example, the relationships between mood disorders and social media use may run in both directions. And the results of that research vary depending on what exactly is being measured, the exact population being evaluated, and the time period in question. Unfortunately, some research lumps in social media use with other forms of screen time, or fails to account for gender, or looks at behavior from before 2010, when contemporary patterns of social media use had yet to develop.

But there are trends. For example, a series of cross-sectional and longitudinal studies suggests that teenagers, particularly teenage girls, who spend more than two or three hours a day on social media, suffer from increased rates of depression, anxiety, and suicidal ideation.

A separate set of studies have linked the use of photo-rich social media to increased incidence of eating disorders.

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12 See, e.g., Sampasa-Kanyiga & Lewis supra note 11 (“[d]aily [social networking site] use of more than 2 hours was… independently associated with poor self-rating of mental health and experiences of high levels of psychological distress and suicidal ideation.”); Jean M. Twenge et al., Increases in Depressive Symptoms, Suicide-Related Outcomes, and Suicide Rates Among U.S. Adolescents After 2010 and Links to Increased New Media Screen Time, 6 CLINICAL PSYCHOLOGICAL SCIENCE 1, 3, 10 (Jan. 2018), https://doi.org/10.1177/2167702617723376 (“adolescents using electronic devices 3 or more hours a day were 34% more likely to have at least one suicide-related outcome than those using devices 2 or fewer hours a day…”); Kira E. Riehm et al., Associations Between Time Spent Using Social Media and Internalizing and Externalizing Problems Among US Youth, 76 JAMA PSYCHIATRY 12 at 1266 (Sept. 2019), https://pubmed.ncbi.nlm.nih.gov/31509167/ (longitudinal study finding that “[a]dolescents who spend more than 3 hours per day using social media may be at heightened risk for mental health problems”), Sarah Coyne et al., Suicide Risk in Emerging Adulthood: Associations with Screen Time over 10 years, 50 JOURNAL OF YOUTH AND ADOLESCENCE 2324, 2338 (2021), https://doi.org/10.1007/s10964-020-01389-6 (longitudinal study finding that “adolescents whose social media use… is 2-3 h or more and increased over time could be at clinical levels of suicide risk”).

Would more research help? Yes, it would – and we will get it. Congress just passed a new initiative that will provide $15 million in funding for more research this year.\(^\text{14}\)

But the existing research was enough for the U.S. Surgeon General to issue an advisory warning that while all uses of social media do not hurt everyone, some uses of social media likely do harm certain groups of young people.\(^\text{15}\) And the existing research was also enough for our nation’s top doctor to say that, “personally, based on the data I’ve seen, [I] believe that 13 is too young to be on social media.”\(^\text{16}\)

So, while we may not know everything, we know a lot. And we cannot wait until we know everything before we do more to help.

3. **Existing law offers a range of tools to help.**

The second set of doubts I hear is focused on regulators’ legal ability to address this problem and the wisdom of our using that authority.

When people hear that I am looking for ways to protect teen mental health on social media, they often say: “Wait, doesn’t the law make it difficult to regulate content on social media platforms? And is it a good idea for a regulator to get into content moderation?” They warn – based on past, repeated experience – that any effort to regulate “harmful” content will inevitably result in taking down content that is offensive to some but vital to others – like resources for gay, queer, or trans youth, posts about racial justice, or information on reproductive rights.

*I take these concerns seriously. I am listening to them.*

I am particularly sympathetic to concerns that efforts to protect teen mental health may end up hurting people for whom the Internet is not a convenience, but a *lifeline*. For a lot of trans teenagers, for example, social media is the one place where they can find a community that accepts them and celebrates them. Yet already, today, trans people are disproportionately likely to have their posts taken down and mislabeled as “adult content” even when they are clearly following community guidelines.\(^\text{17}\)

We have to reckon with these concerns. There is no running away from them. Any effort to improve teen mental health online cannot cut off that lifeline.

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17 Oliver L. Haimson, *Disproportionate Removals and Differing Content Moderation Experiences for Conservative, Transgender, and Black Social Media Users: Marginalization and Moderation Gray Areas*, 5 (CSCW2) PROCEEDINGS ACM ON HUM.-COMPUT. INTERACTION 1 (2021), https://dl.acm.org/doi/10.1145/3479610 (“Transgender participants’ content was often removed as adult despite following site guidelines”).
In my time with you today, however, I want to highlight that even if you agree with these concerns regarding content moderation, existing law still offers us a range of options to protect teen mental health on social media.

Because if you take a slow, careful look at what critics say is driving teen mental health issues online, only part of it stems from content recommendation algorithms.

I recommend reading an extraordinary report from the 5Rights Foundation in the United Kingdom – the *Pathways* report. The authors of that report conducted an in-depth survey of the design strategies that allegedly drive a range of social media harms. They also interviewed the product designers who built these systems, as well as teens themselves – those were many of the quotes I shared earlier.

The report argues that content recommendation algorithms deliberately play into the psychological vulnerabilities of young people to keep them online. But the report also lays out a range of other design decisions that social media companies use to prolong engagement – a critical contributor, they say, to mental health harms online.

These strategies include intermittent variable rewards, video autoplay, 24-hour push notifications and nudges, infinite scroll, content that expires within a predetermined window, and quantified public popularity that enables social comparison.

These so-called persuasive design strategies are set alongside yet another set of simple privacy decisions that help drive and keep young people online. For example, a site may decide to restrict direct contact between strangers – or they may decide to allow it, a decision that undoubtedly would increase the number of messages and nudges that kids receive from an app or service.

Why am I talking about this? Because persuasive design strategies, default open and direct communications between children and adults – this is not content. This is design. This is architecture. This is the structure that social media companies have built around content – the kind of features that several courts have declined to immunize.

Let me be very clear: I am not saying that content recommendation algorithms aren’t contributing to mental health problems. Nor am I trying to deprioritize that question. Nor am I saying that federal law would immunize these algorithms. In fact, critics would say that these algorithms are also architecture, rather than content. I am not expressing an opinion either way on any of these questions.

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18 *Pathways Report* supra note 6.
19 See, e.g., *Barnes v. Yahoo!, Inc.*, 570 F.3d 1096, 1100 (9th Cir. 2009) (“To ’provid[e] immunity every time a website uses data initially obtained from third parties would eviscerate [the statute].’” (quoting *Fair Hous. Council of San Fernando Valley v. Roommates.com, LLC*, 521 F.3d 1157, 1171 (9th Cir. 2008)) (brackets in original); *Roommates.com, LLC*, 521 F.3d at 1171 (holding that Roommates.com was “not entitled to [Section 230] immunity for the operation of its search system . . . which directs emails to subscribers according to discriminatory criteria.”)

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I am saying that there is clear room in the law, today, to act on closely related but separate problems. And that’s exactly what the FTC just did.

In December, we settled an action against the makers of the videogame Fortnite – not just around issues of data collection, but also because we alleged that by default, they let unknown adults speak to kids playing online via a live audio connection.

This is what one parent wrote on the FTC’s webpage: “My 13 year old son plays fortnite and he has been having people sending him awful messages on the game telling him to kill himself and to die.” As we described in our complaint, another parent emailed the makers of Fortnite to say that, “[t]his morning, while on Fortnite, my 9 year old son had . . . someone he doesn’t know in real life, but has been playing with for months[] tell him that he was going to kill himself tonight. It shook him to the core.”

So, the Commission is already using its unfairness authority to stop what appears to be one of the drivers of mental health issues online.

4. We need in-house psychologists to help us evaluate alleged mental health harms.

So, to review: This is real. And we do have the law we need to act. The next question is: Do we have the expertise we need to do that?

This is a question that the Federal Trade Commission thinks a lot about. When we were created in 1914, Congress deliberately sought to create an agency that would closely study complex issues, develop expertise on them, and use that knowledge to inform Congress and its own enforcement decisions.

Over the years, the Commission has looked at its own expertise and strategically expanded it. In 1954, the Commission expanded its Division of Economics into a full bureau. We now employ over 80 full time Ph.D. economists whose research is frequently cited in enforcement briefs, court decisions, Presidential reports, and academic scholarship.

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23 See generally H.R. REP. NO. 63-533 (1914); S. REP. NO. 63-597 (1914).

In 2011, the Commission appointed its first Chief Technologist; a dozen years later, the FTC now boasts a full team of technologists who work alongside our investigators, paralegals, attorneys, and economists to help us detect and understand complex and hard-to-find technological harms.

In 2014, for example, FTC technologists analyzed 12 popular consumer apps and figured out that they were sharing people’s health information with 78 different third parties, including data on consumers’ diets and medical symptoms. This is the kind of thing that would be invisible to anyone other than a technologist.

Thanks to this strategic recruiting, today, if I have an economic question or a technical question, there are dozens of experts I can turn to for help. We now need that expertise for mental health. We need in-house psychologists and other mental health experts.

Let me give you a concrete example. Our most powerful consumer protection tool is arguably our authority to stop unfair trade practices. Those are practices that are likely to substantially injure consumers, that consumers cannot reasonably avoid, and that are not outweighed by countervailing benefits.

Our policy statement on this authority, from 1980, clarifies that a substantial injury can include “unwarranted risks to health and safety” – but warns that those injuries will not ordinarily be “subjective” or “emotional.”

In my view, this leaves clear room for arguments that mental health harms can be cognizable unfairness injuries. Why? Because there’s a difference between a teenager being “emotional” and a teenager suffering from depression. There’s a difference between a nervous child and a child suffering from anxiety. There is a difference between a kid who is down on herself and a kid who is contemplating suicide.

But here is where it gets hard. Because right now, if we want someone to help us understand that difference, we need to go through the process of hiring outside experts; we do not have any psychologists or other mental health experts in house. So, while we can get that expertise, those experts are not a part of our daily work.

You know who does think you need full-time psychologists on staff to identify mental health harms that may arise on social media? Social media companies.

I recently asked my staff to review LinkedIn to see how many psychologists were working for major tech companies. There were so many, that we had to limit it just to Ph.Ds. In

27 Policy Statement on Unfairness, FTC (Dec. 17, 1980), https://www.ftc.gov/legal-library/browse/ftc-policy-statement-unfairness (“Emotional impact and other more subjective types of harm, on the other hand, will not ordinarily make a practice unfair.”).
total, we found more than 200 public LinkedIn profiles for Ph.D. psychologists and other brain scientists working for major social media companies.  

I also asked my staff to review public job boards. We found a number of open job listings at social media companies for senior, full-time psychological specialists. One listing was for an in-house “expert on psychological disorders, which could include but are not limited to substance addiction, anxiety-related disorders, eating disorders, and self-harming behaviors.” The listing indicates that this person will write policies to prevent these harms, and work on specific cases as they arise. Curiously, we found even more job openings for psychologists focused on making platforms even more attractive to users, than we did listings for specialists to identify and prevent harms.

We need to close this expert gap. Fast. That is exactly what we are trying to do at the FTC. I’m pleased to say that under the leadership of Chair Khan, it is now part of the FTC’s strategic plan to formally explore hiring psychologists on staff. But this is one of those rare instances in which I hope someone else beats us to it.

And I hope that a decade from now, every major tech regulator has at least one full-time psychologist or mental health expert on staff.

5. The road ahead.

These are some of the things I am doing at the FTC to understand and address the impact of social media on teen mental health. My team and I are reviewing the scientific literature, assessing our authority in this space, and exploring how to bring on psychologists as the newest generation of in-house experts.

In the months ahead, I will be trying to coordinate our work across the federal government. The President of the United States has made this issue a top priority. The Department of Health and Human Services has launched a new Center on Excellence on Social Media and Mental Wellness.

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28 A LinkedIn search for “psychology PhD,” narrowed by people and then by social media companies, initially returned 262 results, which included PhDs, non-PhD psychologists, and PhD candidate interns. LINKEDIN, https://www.linkedin.com.


And there is real expertise on this issue not just at HHS or the Surgeon General’s office, but also at the National Institutes of Health, the NTIA, and elsewhere.

I will also engage with my counterparts in state legislatures and law enforcement, and, critically, our international counterparts. We may not have in-house psychologists, but some of our colleagues in the U.K. and the Netherlands do – and we should learn from them as to how to add and integrate this expertise into our work.

And that brings me to you. I think you have such an important role to play here. We are long overdue for a reckoning on youth mental health online. And, as I’ve said, I think a key barrier to that reckoning is a latent doubt as to whether the research supports a link between social media use and mental health.

While I have not come to a conclusion about any specific company or practice, based on my own review of the literature I think it is clear that, in general, there is a relationship between certain uses of social media and youth mental health. It is nuanced, but it is real. But while I am a lawyer and an FTC commissioner, I am not a psychologist, psychiatrist, or any kind of mental health expert.

I think that this group, working through the National Academies, could have an extraordinary impact in sharing with the world its own expert conclusions as to the existence and nature of that relationship and the targeted research that you feel remains to be done. I’m particularly interested in learning more about the specific designs and features that can lead to harm; much of the research looks at social media in general and does not identify the granular features that are contributing to alleged mental health harms.

And if I can leave you with one specific request, it is this: If you come to believe that regulators like me would benefit from having experts like you as colleagues, if you think it is necessary to confront this challenge not just with the law or economics or technology, but also psychology, please say so.

Thank you for your time. And, as a commissioner and a parent, please let me thank you for your work.