

The teenage mental illness epidemic and smart phones

ABRIDGED FROM AN ARTICLE BY ZACH RAUSCH AND JON HAIDT, 29 MARCH 2023¹

Mental health problems have increased recently and markedly, at the same time and in the same way, among young people in the USA, the UK, Canada, Australia, and New Zealand. According to Zach Rausch and Jon Haidt, who describe the massive rise in teenage mental illness, the only explanation for that increase is the proliferation of smart phones.

It is now widely accepted that an epidemic of mental illness began among American teens in the early 2010s. What caused it? Many commentators point to events in the USA around that time, such as a particularly horrific school shooting in 2012. But if the epidemic started in many nations at the same time, then such country-specific theories would not work.

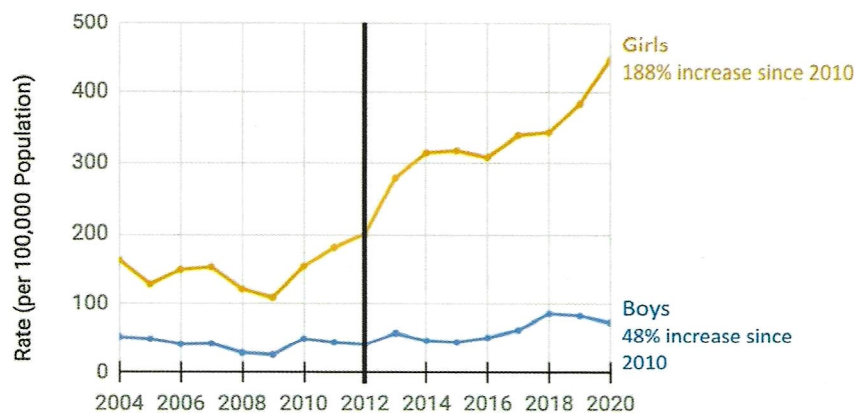
In our 2018 book *The Coddling of the American Mind*, evidence was presented that the same trends were happening in Canada and the United Kingdom—not just the rise in depression and

anxiety, but also the overprotection of children, the rise of “safetyism,” and the shouting down of speakers on university campuses when students deemed the speaker to be “harmful.” It seemed that all the Anglo nations were setting up their children for failure in the same ways at the same time.

The same trends were coming, more slowly, to the Southern hemisphere Anglo nations. Teen mental health plummeted across the Western world in the early 2010s, particularly for girls and particularly in the most individualistic nations.

There is only one theory we know of that can explain why the same thing happened particularly to girls in so many countries at the same time: the rapid global movement from flip phones to smartphones and the phone-based childhood.

US Teens Admitted to Hospitals for Nonfatal Self-harm (Ages 10-14)



The USA

There has been an astounding rise of mental illness among American adolescents since 2010. There was no sign of a problem before 2010, but by 2015 a depression epidemic was in full force. Today, more than one in four American girls (ages 12-17) report having a major depressive episode in the last year. And more than one in eight boys said the same.²

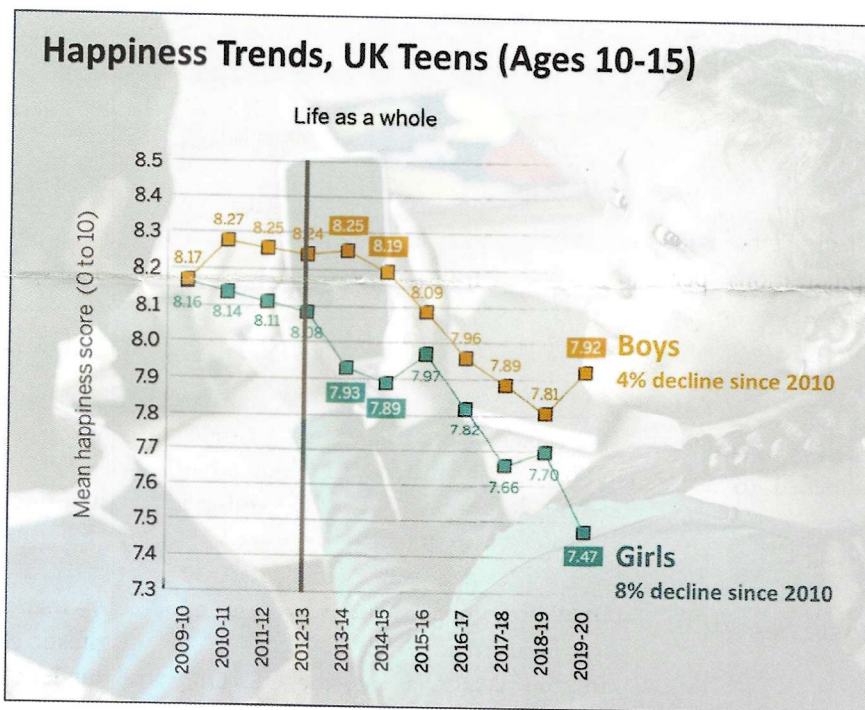
In one of the most harrowing and unprecedented trends of the 21st century, young teenage girls were hospitalized for self-harm in 2020 at just about three times the rate they were in 2010. We see similar but slightly less steep trends among the 15-19-year-old girls (we also see this same gendered pattern in self-poisoning).³

Four trends emerged in the data from the USA, which we will call the “basic pattern.” They include:

- A substantial increase in adolescent anxiety and depression rates begins in the early 2010s.
- A substantial increase in adolescent self-harm rates or psychiatric hospitalizations begins in the early 2010s.
- Increases are larger for girls than for boys.
- The increases are larger for Gen Z than for older generations.

Canada

Between 2003 and 2012, young men (ages 15-30) rated their mental health better than the older groups, reaching 78% in 2009. However, within a few years, the percentage fell to 66%, becoming the age group with the lowest percentage of “excellent or very good” mental health.⁴



has been a 138% increase in self-harm hospitalization for 13-17-year-old girls (from a low of 294.0 per 100,000 teens in 2010 to a high of 701.6 per 100,000 in 2017). The boys show an increase too, but from a much lower baseline, and there is no spike around 2012. Again, the pattern and timing are very similar to the USA: no sign of a problem before 2010, and then something terrible happens to Canadian teens in the early 2010s, especially to the girls.

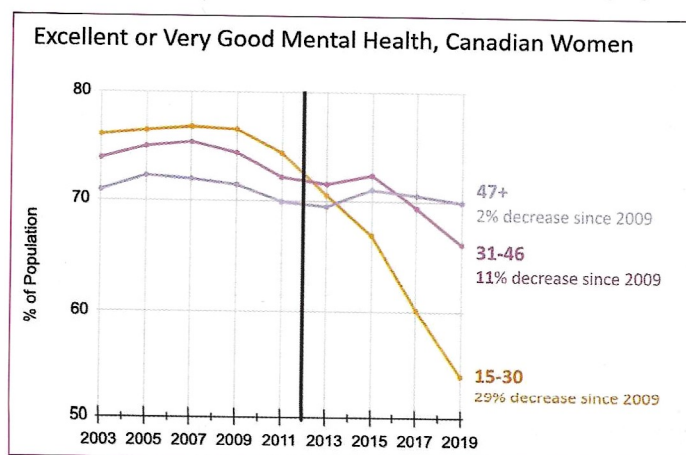
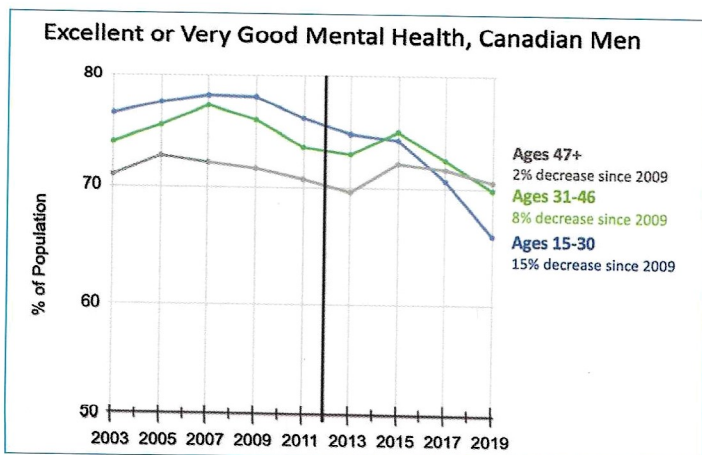
Overall, Canada also shares the basic pattern. Although we do not have specific changes in rates of anxiety and depression, we see a significant decline in mental well-being among young Canadians. The changes in well-being and self-harm are larger for girls than for boys, in both absolute and relative terms. And the changes in well-being were much larger for the youngest cohort than for the older ones.

The change for females is even more striking. As in the USA, the mental health of young Canadian females fell off a cliff in the 2010s. As in the USA, the decline is large for Gen Z, and there is no decline for Canadians over the age of 47.

Just like in the United States, there has been an extraordinary increase in self-harm hospitalizations, with a highly gendered nature. Since 2010, there

The United Kingdom

From 1999 to 2004, depression rates were steady for girls, while anxiety rates began to increase. For boys, anxiety was steady, while depression rates decreased. However, from 2004 to 2017, we see substantially larger increases in both mood disorders for girls and large spikes



in anxiety for boys.⁵

From 2017 to 2021, the rates of probable mental disorders among 11-16-year-old girls increased by 38.5%, from 14.3% to 19.8%. For boys, rates increased by 26.8%, from 12.3% to 15.6%.

Mental Health of Children and Young People in England, 2017, the average happiness scores between boys and girls were no different in 2009. However, after 2009, the girls' rate began to drop, with an acceleration after 2013. The boys' rate dropped too, although the drop started later (after 2014) and was not quite as sharp.⁶

In 2011, 13-16-year-old girls had a rate of 688.5 hospitalizations per 100,000. Within two years, that number had jumped to 1235 hospitalizations per 100,000 (a 79.4% increase). This confirms something we see in the American data repeatedly: something big seems to have happened to girls around 2012.

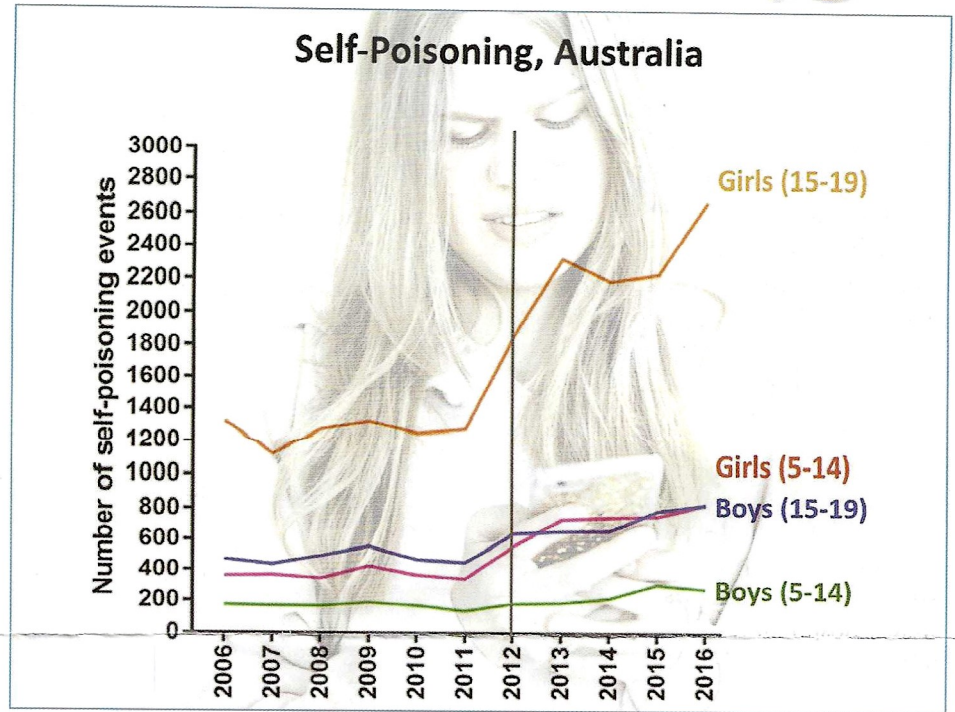
The basic pattern in the UK is that rates of depression, anxiety, and self-harm have risen dramatically since 2010, especially among girls.

Australia

One of Australia's most extensive health surveys comes from *Australia's Health*, an 18-year-running flagship report involving thousands of Australians across the continent. It has found that before 2012, rates among the four age/gender groups remained generally steady. In 2014, this began to change. The percentage of young females (16-24) who reported high or very high psychological distress grew from 14.2% in 2013 to 35.1% in 2020.⁷

A similar pattern emerges in psychiatric emergency department visits. There is little variation among age groups between 2007 and 2011. However, around 2012, hospitalization among 12-24-year-old girls and women began rising, from 558 per 100,000 in 2010 to 1012 per 100,000 in 2020, an 81% relative increase.

The only age group that has had increases in self-harm hospitalizations since 2010 are the youngest girls, those ages 15-19 and 20-24. All of the older age groups show declines in self-harm



rates.⁸

Numerous other datasets in Australia support these general findings. For example, intentional poisoning exposure calls rose most rapidly for girls aged 15 to 19. Australia's Gen Z girls suddenly started poisoning themselves in much larger numbers in 2012.⁹

In sum, Australia, like the US, UK, and Canada, fits the basic pattern. Rates of self-harm, psychological distress, overnight psychiatric hospitalization, and self-poisoning have all increased since the early 2010s, especially for girls and for Gen Z.

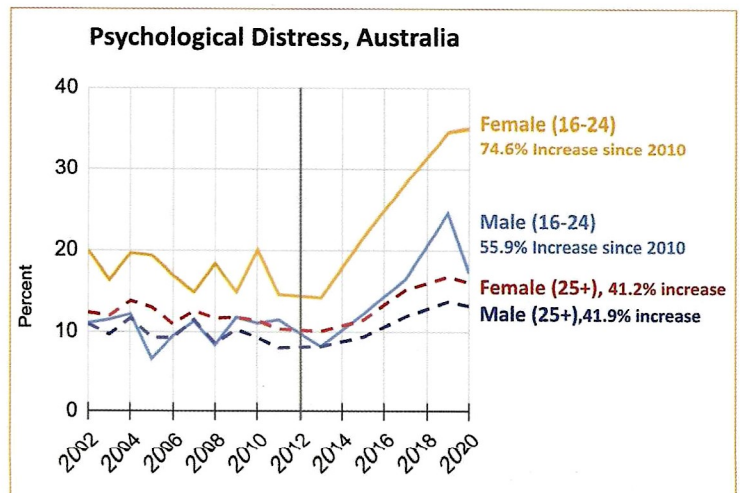
New Zealand

The increase in self-reported anxiety and depression in New Zealand is among the steepest across all of the Anglo countries considered in the study. In 2007, the percentage of 15-24-year-old males and females who said they had been given an anxiety diagnosis was approximately 3%. By 2020, the percentage of young females with an anxiety

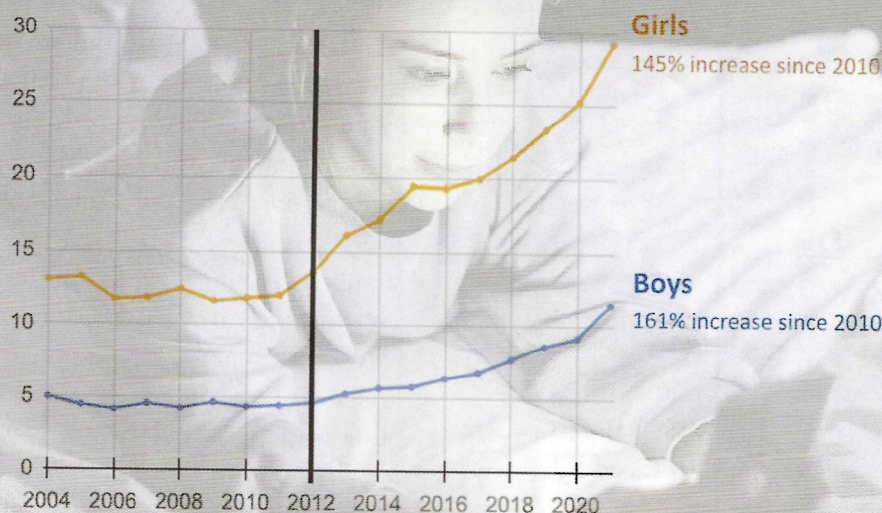
diagnosis had grown to 24.8% (a 259% increase compared to 2011). Males also rose to 9% in 2020 (a 131% increase).¹⁰

These increases are so large, and the starting numbers are so low (just 3% of girls had an anxiety diagnosis in 2007) that we suspect, in part, changing diagnostic criteria and greater awareness of anxiety. Nonetheless, given what we are seeing in all of the Anglosphere countries, and given the self-harm data below, much or most of the rise is real. In any case, in 2007, only one in 30 girls thought she had an anxiety disorder; by 2020, it was one in four.

When we compare across age groups, we find that the youngest age group (ages 15-24) had the lowest rates of anxiety in 2007 (2.6%), and by 2020, they had the highest rates among all age groups (16.3%, a 328.8% increase since 2011).



% US Teens with Major Depression



We see a similar pattern for depression (figure above), with low rates at the beginning of the 2000s but a steep rise in the second half of the 2010s, particularly for girls.

The age distributions for depression also map similarly to anxiety, except that the sharpest rise for the youngest cohort happened in 2020.

In another study, using a series of cross-sectional surveys between 2001-2019 of secondary school students (mostly between the ages of 13-17), Kylie Sutcliffe and colleagues (2022) found that “after relative stability from 2001 to 2012, there were large declines in mental health to 2019.” Since 2012, the researchers found that the proportion of youth reporting “good well-being” decreased as depressive symptoms, suicidal ideation, and suicide attempts increased significantly. There was, as usual, a gendered effect, with girls showing steeper declines in mental well-being (as well as important variation by ethnic group, with worsening trends among Maori, Pacific, and Asian students).¹¹

Total public hospital discharges for intentional self-harm by age and sex, 2005-2019 indicate, as in the other Anglo countries, a rise far greater among girls than boys, and it is not linear—it accelerates in the early 2010s.¹²

In sum, the basic pattern reappears in New Zealand: Depression, anxiety, and self-harm rates started rising around 2012, with girls and Gen Z hit the hardest.

Conclusion

In sum, all five Anglosphere countries exhibit the same basic pattern:

- A substantial increase in adolescent anxiety and depression rates begins in the early 2010s.
- A substantial increase in adolescent self-harm rates or psychiatric hospitalizations begins in the early 2010s.
- The increases are larger for girls than for boys (in absolute terms).
- The increases are larger for Gen Z than for older generations (in absolute terms).

Why did this happen in the same way at the same time in five different countries? What could have affected girls around the English-speaking world so strongly and in such a synchronized way?

It can't be the 2008 Global Financial Crisis. The timing of that event is exactly the opposite of what you'd expect, namely: the epidemic should have started in 2009 and then gotten progressively better after 2012 as the economy improved in the USA and other countries. It can't be caused by rising academic pressure either. And it certainly can't be caused by the most popular theory we hear in the USA: school shootings and other stress-inducing events. Why would school shootings or active shooter drills implemented only in the USA lead to an immediate epidemic across the entire English-speaking world?

The first smartphone with a front-facing camera (the iPhone 4) came out in 2010, just as teens were trading in their flip phones for smartphones in large numbers. Few teens owned an iPhone in its first few years. Facebook bought Instagram in 2012, which gave the platform a huge boost in publicity and users. So 2012 was the first year that very large numbers of girls in the developed world were spending hours each day posting photos of themselves and scrolling through hundreds of carefully edited photos of other girls.

If you suddenly transform the social lives of girls, putting them onto platforms that prioritize social comparison and performance, platforms where we know that heavy users are three times more likely to be depressed than light users, might that have some impact on the mental health of girls around the world? We think so, but if anyone can offer another explanation, we'd love to hear it.

*This abridged paper was edited by
FamilyVoice SA Director David d'Lima*

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