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Exploring the barriers and facilitators to discussing social media in primary care for young adults with mental health concerns: a qualitative study

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Abstract (250 words)

Background: Social media is a pervasive part of young peoples' lives and may influence their mental health. Primary care is often the first point of care when seeking help for mental health problems. However, little is known about how young adults with mental health problems experience and perceive primary care support for managing social media.

Aim: To explore young adults' views on help-seeking for social media use in primary care in relation to mental health problems.

Design and Setting: Qualitative interview study with 28 young adults aged 18–25 with self-reported mental health problems across England.

Method: Semi-structured interviews were analysed thematically to identify barriers and facilitators to help-seeking. Themes were organised using the Theory of Planned Behaviour - attitudes, social norms and perceived behavioural control.

Results: Barriers for help-seeking included attitudes that social media was a secondary issue and low expectations of meaningful support; perceived negative attitudes and limited understanding of social media by primary care clinicians, communities and families; and constrained ability to seek help due to limited consultation time and uncertainty around how to seek help. Facilitators included clinicians offering practical strategies, raising the topic non-judgmentally, receiving training to better understand young people's digital lives, longer appointment times, and clearer information about support in primary care for social media-related concerns.

Conclusion: Young adults with mental health concerns face multiple barriers to discussing social media in primary care, shaped by attitudes and structural challenges. Addressing these through clinician training, communication, and service adaptations may enhance engagement and support.

Keywords: Social media, mental health, young adults, primary care, qualitative research.

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How this fits in

Social media use is increasingly recognised as a factor that may contribute to mental health problems among young adults. Yet little is known about how young adults with mental health problems experience seeking support for social media use in primary care when it is related to their concerns. Previous research has focused on clinicians' perspectives, particularly in secondary care settings, highlighting uncertainty and limited confidence in addressing social media concerns. This study is the first to explore young adults' views on discussing and seeking help in primary care for social media use issues that may be impacting their mental health, identifying key barriers and offering practical recommendations to support clinicians in engaging more effectively with young adults on this topic.

Introduction

The prevalence of mental health disorders among young adults has risen significantly in recent years.[1,2] In the UK, 26% of 17–19-year-olds reported a mental disorder in 2022, up from 10% in 2017.[3] While the causes are complex, increasing attention has been paid to the potential impact of social media on young adults' mental health.[4,5] Social media use is now nearly universal among young adults, with 99% of 16–24-year-olds in the UK using at least one platform, including TikTok, Snapchat, YouTube, and WhatsApp.[6] These patterns of social media use and mental health have also been influenced by the COVID-19 pandemic, which accelerated digital engagement and shaped how young adults connect and cope online.[7] While these platforms can offer connection and self-expression, research has linked high usage with increased symptoms of depression, anxiety and psychological distress.[5,8] Although causality remains unclear, social media may exacerbate existing mental health difficulties for some individuals, and conversely, young people experiencing poor mental health may engage with social media in problematic ways as a coping mechanism.[9-11]

Primary care, including general practice, mental health support services, and other first-contact care settings, plays a key role in supporting young adults with mental health concerns, including those where social media use may be relevant. It is often the first point of contact for young people seeking help and data show a rise in general practice consultations for common mental health problems, such as anxiety and depression, among young adults. [12-15] GPs have also expressed concern about the impact of social media on young patients' anxiety.[15] There is growing recognition that addressing the digital and social

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drivers of mental health is essential for delivering holistic, patient-centred care.[4,16,17] However, young adults face barriers to accessing mental health support in primary care, including stigma and limited mental health literacy.[18,19] Emerging evidence from secondary care suggests that discussing social media use during consultations may present additional challenges, due to fear of judgement and a perceived generational disconnect.[20] Clinicians also report lacking the confidence and training to address these issues.[20-22] [23,24]

Despite growing concern, there remains a significant gap in understanding how young adults themselves experience help-seeking for social media-related mental health concerns in primary care. Existing research has largely focused on clinicians' perspectives, particularly in secondary care settings, or on general associations between social media and mental health. Few studies have explored how young adults perceive the role of primary care in addressing these issues, and how structural and interpersonal factors shape their willingness to seek support.[20-22] Furthermore, current National Institute for Health and Care Excellence (NICE) guidelines and mental health consultation toolkits for primary care do not offer specific recommendations for supporting young adults who report social media use as a contributing factor to poor mental health, leaving clinicians without clear strategies for engagement.[23,24]This study aims to address this gap by exploring the barriers and facilitators to discussing social media use in primary care from the perspective of young adults with mental health concerns. These findings will offer practical recommendations for clinicians to better support young adults in navigating the mental health impacts of social media.

Aims and objectives

To explore young adults' views on seeking help for social media related mental health issues in primary care.

Method

Design

This qualitative study used semi-structured interviews to explore young adults' perceptions and experiences of seeking primary care support. The study followed the Standards for Reporting Qualitative Research.[25]

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Patient and Public Involvement and Engagement (PPIE)

Young people with lived experience of mental health difficulties were involved throughout via the Young People's Mental Health Advisory Group (YPMHAG) at King's College London. The group contributed to developing the research idea and design, the topic guide, recruitment strategies, and provided feedback on emerging themes and interpretation. Their input ensured the analysis reflected young adults' priorities and strengthened the relevance of recommendations.

Recruitment and sampling

Participants were 28 young adults aged 18–25 with self-reported symptoms of anxiety or depression and were social media users. They were recruited via NHS primary care services, where eligible individuals received text message invitations from five primary care centres across the UK to contact the research team if interested. They were also recruited via UK mental health charities (e.g. McPin, MQ Mental Health) where invitations were posted on social media, forums or newsletters. A brief screening survey was used prior to interview to enable purposive sampling and ensure diversity in age, gender, ethnicity, and social media use. Eligibility included having experienced symptoms of anxiety or depression, regardless of whether they had sought help from primary care. Exclusion criteria included individuals aged below 18 or over 25, those who could not speak English, those unable to understand the consent process or its implications, and those receiving care outside the UK. Recruitment ceased once a consistent understanding was achieved across a diverse sample, indicating sufficient coverage of perspectives

Data collection

Interviews were conducted online to enable flexible and accessible participation across the UK and were carried out between April and October 2023. A qualitative interview approach was chosen to enable in-depth exploration of young adults' personal experiences and perspectives. Written informed consent was obtained prior to participation. Interviews lasted 30–55 minutes and were conducted by one of three researchers (RP, IVS, JMS). Interviews were audio-recorded using a Dictaphone and transcribed verbatim. The topic guide was informed by study aims and refined iteratively. Interviews explored experiences of seeking help for mental health concerns, discussing social media use and suggestions for improving support. Participants were also asked additional questions on their social media use in

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relation to their mood and its perceived impact on mental health that will be reported in a separate paper. No participants withdrew from the study.

Data analysis

Data were analysed using thematic analysis.[26,27] We initially conducted an inductive thematic analysis, without applying any predefined theoretical framework. Themes were generated directly from the data and organised into barriers and facilitators to help-seeking. Emerging patterns closely aligned with constructs from the Theory of Planned Behaviour (TPB), a behaviour change theory. Therefore, we used TPB as an organising framework to structure and present the findings and to distinguish factors influencing help-seeking intentions.[28] According to TPB, behaviour is shaped by:

1. Attitudes – individuals' evaluations of the behaviour (e.g., believing help-seeking for social media-related mental health issues will lead to positive outcomes);
2. Subjective norms – perceived social pressures (e.g., support from peers, family, or influencers);
3. Perceived behavioural control – how capable individuals feel in carrying out the behaviour (e.g., feeling able to access mental health services and take steps to seek help).

Coding was collaborative, with most transcripts double-coded (16/26; 57%) by at least two researchers (RP, JMS, IVS, or VF). Themes were refined through team discussions and feedback from a youth mental health advisory group.

Researcher Reflexivity

The research team brought diverse clinical and research backgrounds and reflected on their assumptions throughout the study. Potential pre-existing assumptions about the relationship between social media and mental health were acknowledged. Reflexive discussions were held regularly to examine how researchers' positions and assumptions might influence data interpretation. Regular team discussions and double coding supported rigour and a sample of transcripts was reviewed by the wider research team to support investigator triangulation. Advisory group feedback helped ensure findings reflected young adults lived experiences.

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Results

Sample characteristics

Screening survey data showed that of the 28 young adults interviewed the mean age of participants was 21 (ranging from 18-25). Most were female (79%) and represented diverse ethnic backgrounds and geographic locations across England (Table 1). All participants used social media, with Instagram, WhatsApp, TikTok, and Snapchat being most common. Half reported spending 3–4 hours per day on social media and 68% reported taking a break from it for a day or more. A majority (86%) had sought mental health support from primary care, but only 21% had discussed social media concerns with a primary care clinician.

Table 1. The characteristics of the sample regarding demographics, social media use, mental health and healthcare use from the screening survey

Characteristics		**N (%)**
Demographics		
Gender	Female	22 (79)
	Male	4 (14)
	Non-binary	1 (4)
	Prefer not to say	1 (4)
Ethnicity	Asian or Asian British	8 (29)
	Black, Black British, Caribbean or African	3 (11)
	Mixed or multiple ethnic groups	3 (11)
	White	13 (46)
	Other ethnic group	1 (4)
Location	Greater London	15 (54)
	East of England	4 (14)

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	North west England	2 (7)
	South East	2 (7)
	Yorkshire	2 (7)
	East midlands	1 (4)
	South west	1 (4)
Occupation	Student/Apprentice	10 (36)
	Employed	5 (18)
	Unemployed	2 (7)
Social media use		
Time spent on social media on a typical day	1-2 hours	4 (14)
	3-4 hours	14 (50)
	5-6 hours	8 (29)
	7 or more hours	2 (7)
Taken a break from social media for a day or more	Yes	19 (68)
	No	9 (32)
Mental health		
Anxiety/depression diagnosis	Yes	20 (71)
	No	4 (14)
	Not sure	4 (14)
Healthcare use		
Attended primary care for mental health concerns	Yes	24 (86)
	No	4 (14)
Tried to get help from primary care for mental health concerns but not received any help	Yes	11 (39)
	No	17 (61)
Discussed the impact of social media on mental	Yes	6 (21)

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health with primary care clinician		
	No	22 (79)
Discussed the impact of social media on mental health with non-primary care clinician (e.g. charity, school, university, parent or caregiver, friends)	Yes	10 (36)
	No	18 (64)
Total N		28 (100)

Main themes from thematic analysis

Context

In interviews, most young adults described their social media use as excessive and hard to control, especially during periods of low mood. Their engagement was mainly passive, browsing rather than posting, and often intensified negative feelings due to comparisons, distressing content, and social pressures. However, some found that seeking out positive content on social media could improve their mood and social media had less impact when they were feeling positive. Many had tried to manage their use through features like time limits and blocking, though these were often seen as ineffective. This paper focuses on help seeking in primary care for managing social media use in the context of mental health problems. The broader impact of social media on mental health is discussed in greater detail in a separate paper.

Main themes

Themes were derived inductively, with six facilitators and six barriers identified. These were organised into three domains informed by the TPB: (1) attitudes towards help-seeking, (2) perceived social norms, and (3) ability to seek help. Figure 1 presents an overview of these domains and themes.

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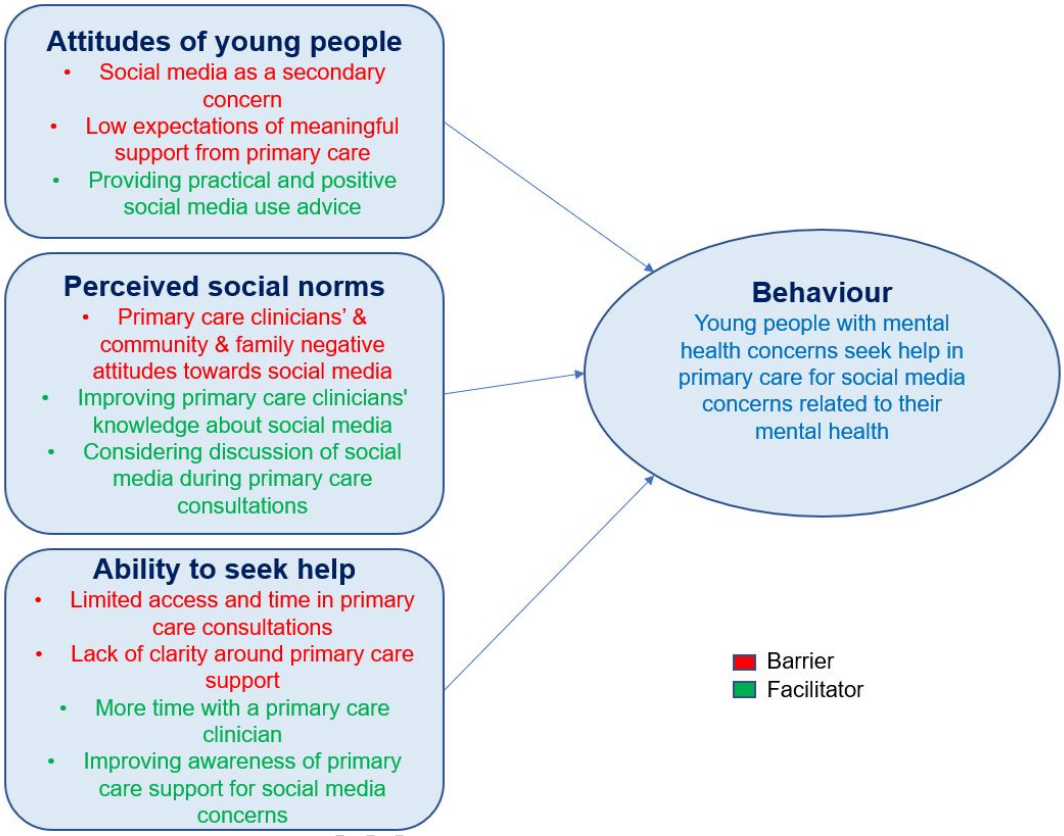
Figure 1. Diagram of themes and how they map onto the Theory of Planned Behaviour domains



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Attitudes Towards Help-Seeking

Barriers

Social media as a secondary concern

Many participants viewed their social media use as a secondary issue, compounding existing mental health problems rather than causing them, so it often did not feel necessary to discuss in primary care consultations. For instance, one participant (F1) described how it "*seem[s] as like a secondary thing… I've got a mental health condition and then there's social media making it worse*".

Low expectations of meaningful support from primary care

Young adults often felt that primary care clinicians lacked understanding of how social media use could affect mental health, particularly during times of emotional distress. Advice was perceived as unhelpful and unrealistic. For instance, one participant (M1) shared, "*They do say, "You're always on your phone," and "Get off your phone," but it's not that easy exactly, especially when you're upset and you're struggling with mental health, it's really difficult for you to switch off.*"

These perceptions were often shaped by a perceived generational gap, with some participants describing older clinicians as dismissive or moralistic. One young adult (F4) explained, *"Older GPs [are] very preachy about it, trying to tell you you're just being lazy, it's a bad habit and not recognising that it's a part of the reality of how a lot of 18 to 25 year olds have grown up right now… it's not a choice that they've chosen to make and the GP hasn't, it's a generational difference."*

Some participants also questioned whether GPs had the right expertise to address social media-related concerns. One young adult (M2) suggested that *"a therapist would be more appropriate… just because they're probably more specialised in mental health as a whole."*

Facilitators

Providing practical and positive social media use advice

Young adults suggested that if primary care clinicians could offer practical and constructive support for managing social media use, rather than simply advising them to reduce screen time, it might improve their attitudes towards help-seeking. One participant (F4)

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explained, *"Teaching proper or healthy use of social media… rather than telling them not to use it any more would be quite helpful."*

Participants suggested that support could include promoting alternative activities, such as hobbies or local events, to help reduce reliance on social media. As one young person (F3) described, *"I think the support they should get is not like blaming them that they're using social media too much, but I think more like supporting them through getting other avenues of their hobbies… so they are then looking to connect with other young people."*

Several participants highlighted the importance of encouraging reflection and emotional awareness around social media use. One participant (F24) explained, "*I think it's more like helpful long term to maybe teach people how to manage their own like mentality or how to deal with seeing something that might be triggering or something that might be bad. How to fight seeking out things that are bad for you and how to react to seeing things that are bad for you rather than just putting like physical blocks*."

Others recommended educating young adults on platform features, such as time limits or unfollowing, to help manage exposure to harmful content. For example, one participant (F18) suggested, *"Maybe setting up some kind of maybe filtering in the app…, blocking likes or blocking certain tags or keywords, or setting up things you don't want to see and setting that up with someone else there."*

Participants also emphasised the need for tailored support, recognising that social media affects individuals in different ways. One young person (F12) explained, *"I feel like it depends on the person itself, because I feel like we can't just like fit one advice onto everyone. I feel like [it] has to be personalised for it to work. Because like let's say like one person has a problem where they are addicted to social media, where they cannot get off it. If another person is starting to form some sort of eating disorder because they are comparing themselves to what they see on social media, I feel like the advice for those two would be very different."*

Perceived Social Norms

Although only a few young adults had directly discussed social media with a primary care clinician. Others shared assumptions and expectations about how clinicians might respond, which shaped their willingness to raise the topic.

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Barriers

Primary care clinicians' negative attitudes towards social media

Young adults often felt discouraged from discussing social media in primary care due to fears of being judged, which placed responsibility on individuals for not being able to control their use. One participant (P1) described "*I didn't talk to them about it and to be honest I don't know if I would have because I think there's a very black and white view of social media, it's like social media bad and you put the responsibility on people for not being able to control their social media usage*."

Shame about their social media activities particularly in relation to self-harm, also discouraged disclosure. As one young adult (F16) shared, "*I feel like…back when I was self-harming and stuff, and I knew social media was influencing that because I would feel a bit ashamed to bring it up my GP*."

Some participants worried that clinicians might inaccurately assume social media was the root cause of their mental health issues. As one participant (F2) explained, "*You can feel worried that they might blame all your problems on social media".*

Alternatively, some young people felt that if they mentioned social media in primary care, it might be dismissed as unimportant, one participant (F18) described, *"I think it felt like if I had [brought social media up] it would have been kind of downplayed, and I wouldn't have wanted to bring it up because it feels almost trivial."*

Community and family negative attitudes towards social media

Some young adults reported that mental health concerns were often blamed on phone use, particularly by older generations within their families and communities. This may have led them to anticipate similarly dismissive responses from primary care clinicians. One participant (F4) noted, *"In my culture… older people dismiss your mental health concerns by saying, 'Oh it's because you young people are always on your phones."*

Facilitators

Improving primary care clinicians' knowledge about social media

To address these barriers, young adults felt that primary care clinicians should better understand how social media works and the challenge of controlling what content is seen. One participant (F4) highlighted the *"randomised nature of social media… people are seeing*

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a lot of random things, a lot of extreme things and they don't really control what they're seeing."

Participants recommended training for clinicians to improve their understanding of how social media affects young adults' mental health, including learning about common triggers. One participant (F1) suggested, "*Getting some training on what the average day of a 20-year-old on social media could look like, and here are some of the common triggers. And…, learning about the actual impact it has on your brain and your confidence, and just more of an understanding, so that it feels like the young person doesn't have to do the explaining to them*."

Considering discussion of social media during primary care consultations

Many young adults felt that clinicians should raise social media during mental health consultations to show openness and encourage discussion. One participant (M1) said, *"Maybe if they brought it up instead of me having to bring it up, I'd feel more comfortable because I'd be like oh, they're trying to understand, and they're open to discussing it."*

One suggestion was to include questions about social media in a pre-consultation mental health questionnaire, giving young adults the option to indicate if they want to discuss it. As one participant explained, *"I know they have those like questionnaire forms that they give about like your mental health. And there's no question around social media."*

Participants also stressed the importance of clinicians asking about social media in a non-judgemental and open way rather than instructing them. As one participant (P1) noted, *"I think again a lot of it is in the delivery, so if it's more of a discussion rather than I say I might have a concern and they give me this list of things to do."*

Young adults recommended that clinicians ask questions to explore the emotional impact and context of social media use, acknowledging both its positive and negative effects on mental health (see Box 1 for question examples from participants).

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Box 1. Questions that young people recommended primary care clinicians ask young people

- How are you feeling on social media? Do you feel like that's good for you or bad for you? Do you think it's worth using your phone a bit less? Do you feel worse when you use your phone? (F10)
- How it makes you feel or what impact does it have on you? Is it making you feel better or worse? Can you notice on days when you use lots of social media that you feel like this? Or are you directly accessing content? F13)
- How would you describe your relationship to social media? (F17)
- Do you ever get Fear of Missing Out (FOMO) or see celebrities or people like that and compare yourself? Is your feed affecting your wellbeing? Do people that you talk to online make you feel better or worse? (F2)
- Are you going on it a lot during the night? What sort of content are you seeing? (F22)
- How much time do you spend on it? How active are you on it? Are you a poster? What types of pages do you follow? (F27)

However, others expressed concern that discussing social media could lead to their underlying mental health concerns being overshadowed. As one young adult (F4) explained, *"It can make people feel like they're not being heard… because of their age these generic reasons are being brought up."*

Theme 3 – Ability to seek help

Barriers

Limited access and time in primary care consultations

Some participants described practical barriers to seeking help for social media-related mental health concerns, such as difficulties accessing primary care appointments. As one participant (F3) reported, *"It's quite hard to get an appointment… so you might just end up saying… I'll try to work on it on my own."*

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Additionally, some participants noted that in a 10-minute consultation *"It's very difficult to get beyond like these are my symptoms, this is the thing I think I might have and then okay here are your options for treatment."* (P2).

Lack of clarity around primary care support

Some were hesitant to approach primary care about social media related mental health problems due to uncertainty about what the process would involve. As one participant (F5) explained, "*Some people might think, 'Oh I might approach my GP about this, but I don't know what the process will be, what will happen to me*."

Others found it easier to access support on social media and mental health through schools, universities, or community services. As one participant (M1) noted, "*I think it would be a lot easier for someone to talk to a school counsellor, or even a charity… or anyone basically in our community*."

Facilitators

More time with a primary care clinician

Young adults suggested that longer follow-up appointments in primary care could help facilitate broader discussions about mental health and the impact of social media. As one participant (P1) explained, *"I think if there was a longer session with them after the initial - I understand that obviously initial appointments are only ever 10 minutes - but if there was a follow up one where they talked about not just social media but lots of different aspects of your life."*

Improving awareness of primary care support for social media concerns

To improve understanding of available support, participants suggested raising awareness through posters, campaigns, and clearer communication. One participant (F1) suggested GP practices could display posters asking, "*Are you struggling with social media?".*

Discussion

Summary

This study highlights how young adults with mental health concerns often struggle to discuss social media use in primary care, despite recognising its impact on their wellbeing, with help-seeking shaped by a complex interplay of attitudes, perceived social norms, and structural

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constraints that influence whether and how these concerns are raised. Barriers to help-seeking included: young adults' viewing social media as a secondary concern, low expectations of meaningful support from primary care, negative attitudes toward social media from clinicians, family, and community, limited access and time in primary care consultations and lack of clarity around primary care support. Facilitators included receiving practical and positive advice about social media use, improving clinician knowledge and understanding of social media, proactive discussion of social media during consultations, longer appointment times, and clearer information about available support in primary care for social media related concerns. These findings highlight how primary care can better support young adults with the mental health impacts of social media and emphasise the need for service changes and clinician training to enable open, supportive conversations about digital life.

Strengths and Limitations

This is the first UK study to explore young people's perspectives on seeking help in primary care for social media use that may be negatively impacting mental health problems. The sample was diverse in age, ethnicity, and geography, enhancing the transferability of findings. However, most participants were female and based in urban areas, which may have limited the range of perspectives captured. This study reflects the experiences of a generation whose social media use has been profoundly shaped by the COVID-19 pandemic and the rapid rise of platforms like TikTok, both of which have transformed how young people connect, express themselves, and experience mental health challenges online.[7] Given the fast-evolving nature of social media, the findings may not fully apply to younger adolescents or future cohorts.

Comparison with Existing Literature

Despite many young adults reporting that they felt their social media use was excessive and had negative effects on their mental health, it was rarely presented when seeking help from primary care. Nevertheless, most participants in our study expressed a desire to talk about their social media use with a primary care clinician. These findings echo research in secondary care settings, where both young people and mental health practitioners have highlighted the value of such conversations.[20] While social media may not be relevant for all

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young adults, it could be a significant factor for some, and its inclusion in clinical discussions may support a more holistic understanding of social factors related to mental health.

Previous research by Anto et al. suggests that clinicians often lack awareness of such resources and identified a lack of clear, trusted guidance about social media as a barrier to offering such support.[21] While Anto et al. focused on clinicians' perspectives in relation to anxiety, our study extends this work by exploring young adults' experiences across a broader range of mental health concerns. Some participants in our study agreed with Anto et al. findings and felt that primary care clinicians lacked the expertise to meaningfully address social media as part of broader context within which mental health problems can be experienced. However, most believed primary care clinicians could play a valuable role by offering trusted practical advice and signposting to resources. Raising awareness of existing tools from reputable organisations, such as YoungMinds, could help bridge this gap.[29]

Young adults' help-seeking was shaped by perceived social norms, including the perceived attitudes of clinicians, families, and communities. Many described a generational divide, with older clinicians and others seen as dismissive or lacking understanding of social media, leading to fears of being judged or their problems being trivialised. These fears are consistent with previous research, including studies involving young people accessing outpatient and charity services.[20] Participants in this study recommended that primary care clinicians receive training on the mental health impacts of social media and proactively raise the topic non-judgementally to signal openness and reduce stigma. Similar calls have been made in earlier studies with practitioners and young people in other settings, but systemic barriers, such as limited time and capacity, will likely hinder implementation.[20-22,30]

Young adults' ability to seek help in primary care was limited by structural barriers such as short consultation times, which do not allow for a comprehensive discussion of factors that might be affecting mental health. Participants in this study suggested allowing more time in a follow-up primary care consultation could help to address these issues. Previous research has also suggested the introduction of a designated mental health lead within general practice, with specialised training in holistic mental health care, could help shift attitudes, improve continuity of care, and strengthen support pathways.[21]

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Implications for Research and/or Practice

This research, along with previous studies, highlights the need for clearer guidance to support primary care clinicians in addressing social media related mental health concerns.[20,21] The CALM framework, developed by Anto et al. with GPs, offers a starting point with suggested consultation questions focused on anxiety.[21] We build on their proposed consultation framework by identifying additional considerations such as the need to expand this approach beyond anxiety to include a wider range of common mental health conditions. Based on our findings, we also recommend that clinicians routinely ask screening questions about social media use when young people present with common mental health problems. Clinicians could begin with open-ended questions about social media use, such as the ones suggested by young adults in this study (Box 1). Guidance should focus on encouraging reflection on social media's impact on mental health and offer practical tips for managing use within platforms or devices. We recommend primary care clinicians to offer signposting to resources, such as the YoungMinds website[29], or community mental health services, where social media use could be addressed more comprehensively within therapeutic approaches. This aligns with good practice indicators developed for secondary care, though future research is needed to explore the adaptations needed for primary care due to time and training constraints.[30] Equipping clinicians with practical tools and resources could help foster more meaningful conversations with young people about social media and mental health. Future research could examine how clinicians apply social media guidance in practice, including integrating screening questions into consultations. Co-designed interventions with clinicians and young people could support more effective, context-sensitive approaches to addressing social media use in mental health care.

In conclusion, this study highlights how young adults with mental health concerns often struggle to discuss the impacts of social media on their mental health with primary care clinicians. Addressing this gap in primary care requires open, non-judgemental conversations, practical support, and improved training for primary care clinicians. By adapting existing mental health tools to reflect the realities of young people's digital lives, primary care can play a more effective role in supporting their mental health.

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Ethical approval

This study was conducted as per ethical approval by the NHS Health Research Authority. Project ID: 317596. Reference number: 23/NW/0050.

Provenance

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Data

Data are available from the corresponding author on reasonable request.

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Competing interests

RP has conducted consultancy work with Meta on a related topic of how to protect young people's mental health on social media in 2023. The other authors have declared no competing interests.

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