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**For mental health  
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## **Supplementary Evidence for: Petition Committee on ‘Banning Smartphones in Schools’**

Dear Committee,

Please find the below as supplementary evidence to go alongside the round table discussion. We welcome the chance to explore this really important issue with you and others stakeholder and would like to take this opportunity to thank the committee for their time and interest in this important topic. If you would like further clarification or information please don't hesitate to get in touch.

### **About Platform**

Platform was born in 2019 from Gofal, a mental health charity established in Wales in the late 1980s. Through decades of working across housing and mental health, we gained real insight into the reality of mental health in society, the impact of trauma, and the causes of distress. That work led us to change our focus and become Platform, the charity for mental health and social change. We take a holistic and social justice approach to mental health.

Today we work with over 12,000 people a year. We support people of all ages, across urban and rural communities, in people's homes and alongside other services. Our work spans inpatient settings, crisis services, community wellbeing, supported housing and homelessness, businesses, employment, counselling, schools and youth centres.

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## **The role of smartphone use, our mental health and relational needs**

We would like to draw particular attention to smartphone and digital technology use and our mental and relational health. This is a summary of our focused concerns and not an exhaustive list of issues. We would like to focus specifically on the addictive elements of the technology used within smartphones, social media and games and their impact on relationships, connection, development and our mental health.

### **Mental Health**

Our understanding of mental health has evolved as research and evidence has advanced, leading to an urgent need for a paradigm shift in approach. By this, we mean we must move away from seeking to cure individuals by targeting disorders and move towards prioritising policy innovation at the population level ([WHO, 2014](#); [Shim & Compton, 2018](#)). The World Health Organisation now sees mental health as existing on a complex continuum, with experiences ranging from an optimal state of well-being to debilitating states of great suffering and emotional pain ([WHO, 2022](#)).

Well-meaning statements like ‘one in four people will experience a mental health problem’ imply that poor mental health occurs equally and randomly across the population according to the fate of our levels of ‘personal resilience’ or biology. But this is not true.

Our mental health is largely determined by the conditions in which we are born, grow, work, live, age along with the wider set of forces shaping the conditions of our daily lives ([WHO, 2014](#)). It’s therefore not about what’s wrong with us. It’s about what’s happened to us, what relational needs we didn’t or aren’t getting met, what did we do to survive this and what impact it then has on our mind, body, and soul ([Perry & Oprah, 2021](#); [Johnstone & Boyle, 2018](#)).

At its simplest we can think of mental health as about nervous system regulation and connection to self, others, and the world. This means it is not just a problem for the ‘one in four’ of us, it is an issue for everyone.

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Every single one of us experiences degrees of distress, pain and suffering. This is part of our human condition. Therefore, mental health is relevant to all of us. It is by the luck of birth that our circumstances are protective or detrimental to our mental health. This makes mental health a human rights issue. The intergenerational nature of trauma and distress means this is a problem for our future generations too.

### **Relational health**

Relational health refers to the capacity to develop and sustain safe, stable and nurturing relationships (SSNR's), which in turn prevent the extreme or prolonged activation of the body's stress response systems ([Garner, 2021](#)). Not only do SSNRs buffer adversity and turn potentially toxic stress responses into tolerable or positive responses, but they are also the primary vehicle for building the foundational resilience skills that allow children to cope with future adversity in an adaptive, healthy manner.

Relational health is about having safe and supportive relationships with our families, our friends, our communities, and ourselves. It's about having our core needs of agency, security, connection, love, belonging, meaning, and trust met (PSC, 2015). We also need predictability, consistency, acceptance, empathic responses, and opportunity for repair when there are ruptures or breakdowns in our relationships.

We are not born with the ability to meet these needs ourselves. We first learn how to make sense of our emotions through our primary attachment figure tending to our needs. Through them tending to our cries and voicing back to us or 'organising our feelings' we learn to make sense of our emotional world and develop a sense of trust in others, ourselves and the world. What we are also learning here is how to feel safe and secure. A core need for happy healthy children and parents too. We call this developing a 'secure base' and it is how we learn to regulate our emotions as well as how we learn to do relationships. It gives us the blueprint for how we will respond in relationships with other people, as well as how we relate to ourselves, throughout the rest of our life. This is called our relational patterns.

Emotional regulation is a term generally used to describe a person's ability to effectively manage and respond to an emotional experience. We unconsciously use emotion regulation strategies to cope with stressful situations many times over throughout our day. But we are not islands and we can only ever be as regulated as the people around us ([Porges, 2011](#)). This is why our circumstances are so important but also deterministic of our mental health.

It is normal for all of us to feel overwhelmed and dysregulated throughout the day and periods of our lives. This does not make us broken or weak. But when we are persistently overwhelmed there are costs to our physical and mental health. You may know this as toxic stress or adverse childhood experiences. Too much stress in our daily lives, particularly our early years compromises our health and can lead to diabetes, heart disease, mental health issues including addiction as well as autoimmune issues, cancer and arthritis.

We know that we are more likely to experience emotional overwhelm if we're living in poverty, faced with injustice, forced to rely on fear and shame-based systems, and don't feel connected to our communities, ourselves, or the people around us.

We also know that the first two months of our lives have a disproportionate impact on our later life mental health outcomes than any other period in our development (Perry & Oprah, 2021). We therefore need to go back and ensure we create the right circumstances, right from birth for everyone. This means ensuring that we are meeting parents and caregivers needs too.

### **The role of Addiction**

“Animal models have shown that neuro-hormonal development, specifically the endogenous opioid and oxytocin systems, is shaped by early experiences possibly explaining the link between early adversity and later substance use patterns ([Panksepp, 2004](#); [Machin and Dunbar, 2011](#); [Panksepp and Biven, 2012](#)), and rodents with access to social interaction use fewer substances than those that are isolated ([Crofton et al., 2015](#)).

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In humans, having a cohesive support/social network and healthy attachments in childhood predict low risk of later addiction ([Heilig et al., 2016](#); [Christie, 2021](#)). Treatment and recovery regimens that often foster connection such as 12-step programs and therapeutic communities have shown benefit in reducing substance use ([De Leon and Unterrainer, 2020](#)). While having early, close human connection such as maternal/child bonding seems to predict low risk of problematic substance use, lack of such connection often predicts increased risk. Adverse Childhood Experiences (ACEs) including neglect or disruptions in attachment have repeatedly been shown to predict later addiction ([Felitti, 2004](#)) and individuals who are addicted to substances are often socially excluded and marginalized, findings which have been supported neurobiologically ([Heilig et al., 2016](#)). Individuals decrease pursuit of interpersonal connections and social bonds when they use substances that activate opioid receptors (substances of abuse and treatment medications such as methadone, buprenorphine, and naltrexone) ([Inagaki et al., 2015](#); [Torres, 2019](#); [Toubia and Khalife, 2019](#)). Granted, problematic substance use can be initiated or fueled by some types of social interaction, such as affiliation with a substance using social network, thus the investigation of qualitative aspects of human connection is paramount.

With this strong foundation of previous research, a next logical area of research is to investigate whether fostering healthy human connection can actually be used as an intervention or treatment for addiction. Our goal of exploring this question across disciplines was achieved as this issue includes contributions from addiction science, neurobiology, psychology, anthropology, theology, ethics, philosophy, ACEs, science, nursing, psychiatry, criminology, education, chemistry, political science, preventative medicine, and public health. In order to impose structure on this widely varying group of articles, we will group them into three sections according to focus: theoretical, methodological, and empirical.”

Clements, A., Unterrainer, H-F., & Cook, C., (2022). Editorial: Human Connection as a Treatment for Addiction. *Frontiers in Psychology*. Sec. Health Psychology

In summary addiction is connection seeking. It is the body trying to get back down to the ‘green’, to a regulated and balanced state. Dr Gabor Mate suggests we “Don’t ask why the addiction, ask why the pain

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addiction is a normal response to trauma.” He says “Many of the plights of modern society are, he says, natural responses to an unhealthy culture. Take addiction, something that he doesn’t just relate to drink and drugs, but also to “sex, gambling, pornography, extreme sports, cell phones”. His view is that there is no such thing as an “addictive personality”. Nor is addiction a disease.

### **Social Media, Smartphones and Addiction**

Social media helps to connect people around the world, but the documentary “The Social Dilemma” provides a new perspective on social media. “The Social Dilemma” is an original film created by Netflix, which contains interviews with staff that have previously worked for different social media platforms, such as Google, Facebook, Instagram, etc. These former social media staff explained how social media uses algorithms that contribute towards users becoming addicted to the apps. They also raised the issue that these practices could be unethical due to the negative impact social media can have on people, especially teenagers, both mentally and physically. The documentary is worth watching and it helps you to reflect on your life and your own social media habits!

### **Social Brain**

The following is the transcript from **What is the Social Brain?**

“The power of the social brain has been totally underestimated. It's a driving force in learning. It's the gateway to cognition. We have evidence that the social brain is operating to assist learning throughout the lifespan. We know in the development of language that there's a very important period between six months and 12 months of age where babies are mastering the sounds of language.

Experiments have been done in which babies are exposed to a foreign language right at that critical moment. They're listening to a Mandarin speaker when they're growing up in an English family. What we've demonstrated is that if a baby at nine months has 12 sessions of play with a live human speaker, they learn so well that they're statistically

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equivalent to the babies in the foreign country who've been listening for 10 months. However, if the babies are exposed to the same material at the same time, same room, same dosage, but not exposed to a live human being and instead on a beautiful DVD, they stare at it, you think they're learning, but the brain tests following exposure show that the kids in the machine group learned nothing.

The babies in the live group learned so well they matched the babies in the foreign country. So there's something about being in the presence of another human being and watching the eyes and watching the movements and paying attention to what that person is doing. That social context is extremely important to learning. We can see it in school-aged children who use the social brain when they're interacting with one another to collaborate, when they're studying how another person goes at it, when they're watching the eyes even unconsciously of their study partner to work towards a solution together.

In fact, I like to say the social brain gates human learning. That without the motivation and information provided by the social brain, learning just doesn't take off in the same way that it does when the social brain is engaged.

### **Comments from our Power up Young People led team**

Removing mobile phones from schools is a solution to the problem of young people's poor mental and relational health. But is it the only solution?

Figures on how much time young people spend online varies, with some recent research stating that young people may spend an average of 4 to 5 hours a day online ([Nominet and Fletcher, 2023](#)).

It is clear from various research that spending significant periods of time online can be detrimental to young people's development and wellbeing; including executive functioning, mental health outcomes and academic performance ([Cureus, 2023](#)).

Banning mobile phones may help young people be able to concentrate better in school. Young people may have more opportunity to form in-

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person connections and relationships with peers. They may be able to build their social skills. This also might reduce some bullying and harassment for young people.

But the issues around online safety, addiction, safe and healthy relationships and mental health will still exist even without phones on school grounds.

Young people can and still will be vulnerable to the dangers of using smartphones, social media and games outside of school.

They will still be at risk of forming unhealthy habits outside of school in terms of smartphone usage. They can still be exposed to or access harmful content. They can still experience bullying and discrimination in and outside of school, it may just look different. There needs to be opportunity for young people to learn about good habits online in a safe environment.

Yours Sincerely,

Dr Jen Daffin, Community Clinical Psychologist  
Director of Relational Practice, Policy and Campaigns, Platform  
13/1/2025

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