

Issue At A Glance:

Social Media and Rising Eating Disorders Among Youth

This brief provides an analysis of how engagement-based social media algorithms influence adolescent body image, reviews the systemic public health burden of rising eating disorders among youth, and explores ways to address this crisis.

Introduction

Eating disorders (EDs) are a significant and growing public health crisis among youth, characterized by some of the highest mortality rates of any mental health condition.¹ Recent data indicates that from 2018 to 2022, healthcare visits related to eating disorders more than doubled among youth under 17.²

The rise in eating disorders mirrors the rise in social media use among youth. While social media offers connectivity, its core infrastructure—specifically engagement-based recommendation systems—funnels vulnerable youth toward harmful content. For many youth, social media is no longer just a tool for communication but a primary source of identity and social comparison, which can lead to body image issues.³

Experts suggest that while social media doesn't "cause" eating disorders in a vacuum, its algorithms act as a powerful catalyst—identifying vulnerable users and repeatedly serving them content that reinforces body dysmorphia and restrictive behaviors.

This brief examines how engagement-based social media algorithms influence adolescent body image, reviews the systemic public health burden of rising eating disorders among youth and explores ways to address this crisis.

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Glossary

Body Checking: Compulsive monitoring of one's appearance (size, weight, or shape), often facilitated by "selfie" filters and trends.

Duty of Care: A legal obligation for companies to take reasonable steps to prevent foreseeable harm to their users.

Pro-ED Content: Material that "glamorizes" or encourages eating disorders (e.g., "thinspo" or "bonespo").

Recommendation Algorithm: A set of rules used by platforms to determine what content a user sees based on their past engagement.



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How Social Media Algorithms Shape Exposure

Engagement-Based Recommendation Systems: The core infrastructure of modern social media is built on algorithms designed to maximize user "watch time" and engagement. These systems prioritize content based on a user's previous interactions, often unintentionally creating feedback loops that reinforce negative self-perception. For a vulnerable adolescent, a single search for "healthy eating" can pivot into a stream of restrictive dieting content, as the algorithm identifies and amplifies what it perceives as high-interest material.³

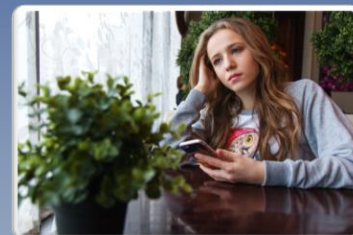
The "Rabbit Hole" and Harmful Content Ecosystems: Once a user enters these digital ecosystems, escaping them becomes difficult due to the persistence of recommendation feeds. Communities centered around "pro-eating disorder" content often bypass platform moderators by using coded language or hashtags. This leads to the normalization of "body-checking"—the compulsive monitoring of one's appearance—and extreme dieting trends that are presented as aspirational rather than dangerous.⁴

The Role of AI and Digital Filters: Beyond recommendations, the rise of generative AI and "beauty filters" has transformed adolescent social environments. These tools establish hyper-real and often physically impossible standards of appearance. Constant exposure to these idealized images via "discovery" pages further accelerates body dissatisfaction and increases the risk of developing disordered eating behaviors.⁵

Current Policy Landscape in CA

California's SB 976 (Protecting Our Kids from Social Media Addiction Act): Signed into law in 2024 and fully operative by 2026, this bill prohibits platforms from providing "addictive feeds" to minors without parental consent. It specifically targets the algorithmic curation—the "Rabbit Hole"—by requiring platforms to default to chronological feeds and restricting notifications during school hours and late nights.⁶

California's AB 56 (Social Media Warning Law): Effective January 1, 2027, this law requires platforms to display "black box" warning labels regarding mental health and eating disorder risks.⁷ Users under 18 must see a 10-second warning upon login and a mandatory, non-bypassable 30-second warning after three hours of cumulative use, directly addressing the link between high screen time and increased ED risk.⁸



The Public Health Burden of Youth Eating Disorders

The rapid rise of eating disorders (EDs) among youth represents a significant shift in the pediatric health landscape. Once viewed primarily through a lens of individual psychology, EDs are now recognized as a systemic public health crisis with the following critical impacts:

Surging Prevalence and Hospitalization

Recent clinical data reveals a staggering trend: between 2018 and 2022, healthcare visits related to eating disorders for children under 17 more than doubled.² This spike is mirrored in acute care settings, where pediatric hospitalizations have reached record highs. Experts point to the "pandemic effect"—a combination of social isolation and a dramatic increase in screen time—as a primary catalyst that accelerated disordered eating behaviors in vulnerable adolescents.⁸

Severe Physical and Developmental Consequences

For youth, the stakes are uniquely high. Malnutrition during puberty can lead to irreversible developmental damage, including stunted growth and permanent loss of bone density.⁹ The physiological toll extends to the cardiovascular and endocrine systems, often manifesting as dangerously low heart rates, electrolyte imbalances, and stalled physical maturation.¹⁰ In addition to physical complications, eating disorders significantly impair cognitive and emotional development.⁹

The Mortality Crisis

Eating disorders carry the second-highest mortality rate of any mental health diagnosis, surpassed only by opioid overdoses.¹¹ In the United States, an eating disorder-related death occurs approximately every 52 minutes.¹² Mortality results from both medical complications and elevated suicide risk; adolescents with anorexia nervosa are significantly more likely to die by suicide than their peers.¹³

Co-Occurrence and Long-Term Strain

The burden is rarely limited to disordered eating alone. Roughly 76% of youth in residential treatment also battle co-occurring mood disorders such as depression or anxiety.¹⁴ Without early intervention, these conditions contribute to long-term strain on the healthcare system and barriers to academic and social success for the next generation.

Healthcare System Burden

Beyond individual health effects, eating disorders place a growing strain on healthcare systems and public health infrastructure. Treatment often requires intensive, long-term care, including outpatient therapy, medical monitoring, and residential or inpatient services.¹⁵ As hospitalizations among youth increase, healthcare systems are experiencing rising demand for specialized eating disorder services, many of which remain limited in availability and access.¹⁶

Conclusion

The rise of eating disorders in the digital age is a multifaceted crisis that legislation is only beginning to address. While California's current laws set a national standard, truly protecting youth requires a proactive shift in both platform design and public health infrastructure. To move beyond "warning labels" and toward prevention, the following priorities are essential:

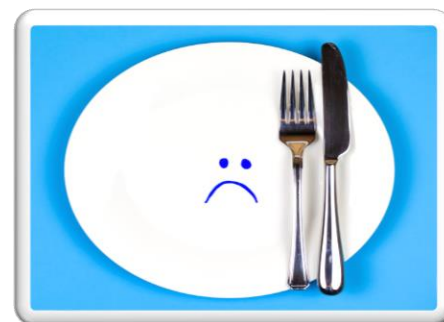
1. Mandating Algorithmic Transparency: Current laws regulate the *output* of algorithms but not the *logic*. Future policy must require social media companies to grant independent health researchers access to their recommendation data. This would allow public health officials to identify and dismantle "pro-ED" loops before they reach vulnerable adolescents.

2. Integrating Digital Wellness in Schools: Policy should move into the classroom by funding mandatory "Digital Wellness" curricula (as proposed in AB 2071). By teaching middle and high school students to recognize algorithmic manipulation and the dangers of AI beauty filters, we empower them with the critical media literacy needed to protect their own mental health.

3. Expanding Early Detection: Because eating disorders have the highest mortality rate of any mental health condition, intervention must be immediate. We recommend state-funded initiatives to integrate specialized ED screenings into school-based health centers, ensuring that the "surging hospitalizations" are mitigated by early, community-based care.

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Did you know?

- Most U.S. adolescents report using social media daily.¹⁷
- U.S. eating disorder–related deaths occur approximately every 52 minutes.¹⁸



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