Social Media Use & Mental Health: Evidence-Based Information to Provide to Families

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Disclosures

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Contributor to: The Philadelphia Inquirer
Research Consultant: Food Allergy Center, CHOP
Learning Objectives

1. Describe findings of higher quality research on the impact of social media use on child/adolescent mental health

2. Review current age-appropriate recommendations for the use of social media

3. Identify warning signs for misuse/overuse of social media

4. List key concepts in counseling parents regarding social media use
Social Media: Definition

- “Websites and applications that enable users to create and share content or to participate in social networking” (Wikipedia)

- “Forms of electronic communication (such as websites for social networking and microblogging) through which users create online communities to share information, ideas, personal messages, and other content (such as videos)” (Merriam-Webster)

- “A group of Internet-based applications that build on the ideological and technological foundations of Web 2.0 and that allow the creation and exchange of user-generated content” (Kaplan & Haenlein)
Popular Social Media

- TikTok
- Snapchat
- Instagram
- YouTube
- WhatsApp
- Facebook
- Twitter
- Pinterest
Social Media Use Among 12+

Social Media Usage
TOTAL U.S. POPULATION 12+
% USING SOCIAL MEDIA

2008*: 10
2009*: 21
2010*: 44
2011*: 53
2012*: 57
2013: 63
2014: 66
2015: 70
2016: 77
2017: 80
2018: 77
2019: 79

Estimated 223 Million

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TRITON
#SocialHabit

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Social Media Use Among Teens

FIRST QUESTION PARENTS WILL ASK:

Is Social Media Good or Bad for Teens?

Unhelpful question
- All or nothing?
- Evidence-based?
- Emotional response?
- Generational critique?

#Social media is never going away
Social Media Use Among Teens

Teens describe the effect of social media as mostly positive (31%) or mostly negative (24%); largest share (45%) says that effect has been neither positive nor negative.

THE EVIDENCE BASE:

Associations* with Mental Health in Children and Adolescents

- LOTS of early cross-sectional studies sounded the alarm...
  - Increased screen time associated with lower physical activity, higher depressive & anxiety symptoms, lower self-esteem, poorer sleep, behavior problems & aggression\(^1\text{-}^6\)

- What about happiness & life satisfaction?
  - Teens who spent 1-2 hours per day reported greater life satisfaction than those who spent less or more\(^7\text{,}^8\)

- An early review (2014) showed that overall, findings were mixed with regard to screen time and youth mental health.\(^9\)
More recent (2019-2022) high-quality reviews:

“[T]he research field is dominated by cross-sectional work that is generally of a low quality standard.”¹⁰

“[T]he association between digital technology use... and psychological well-being is – on average – negative but very small.”¹⁰

[Fndings from existing studies] are unlikely to be of clinical or practical significance.”¹¹

“Results did not support the hypothesis that effect sizes between [teen depression] and screen and social media use are increasing over time (2001-2017).”¹²

“For any given year, most effect sizes were below the $r = .10$ threshold.”¹²

“The association we find between digital technology use and adolescent well-being is negative but small, explaining at most 0.4% of the variation in well-being.”¹³
Some Problems with Social Media Research

1. Not enough RCTs
2. Can’t distinguish cause & effect
3. Difficulties in measuring “screen tie” and “social media use”
4. Typically self-report
5. Lack of use of standardized measures
6. Few intervention studies

“...the research is still in its infancy, let’s focus on remaining skeptical and relying on common sense.”
For Instance...

The New York Times

OPINION
GUEST ESSAY

Does Instagram Harm Girls? No One Actually Knows.

By Laurence Steinberg

Dr. Steinberg is a professor of psychology who has written nearly 500 articles and essays on development during the teenage years.

Amid the pillorying of Facebook that has dominated the latest news cycle there is an inconvenient fact that critics have overlooked: No research — by Facebook or anyone else — has demonstrated that exposure to Instagram, a Facebook app, harms teenage girls’ psychological well-being.

Last month The Wall Street Journal reported that Facebook’s “own in-depth research shows a significant teen mental-health issue that Facebook plays down in public.” That story turned into an even

The New York Times

The Moral Panic Engulfing Instagram

Oct. 13, 2021

By Farhad Manjoo

Opinion Columnist

In testimony before a Senate subcommittee last week, Frances Haugen, a former Facebook employee turned whistle-blower, raised a number of important and complex policy questions about how society might better regulate the wayward social-media giant.

But she also raised a very basic question, one for which neither the hearing nor her leaked internal documents provided a clear answer.

The question is: Is social media a danger to teenagers? The answer is: We have no idea.

Nobody really does — not child-development experts, not technology companies, not teenagers and not, alas, hapless parents like myself. And in jumping to the conclusion that Facebook’s Instagram platform and other social-media services will be the ruin of the next generation, we — the news media in particular and society generally — may be tripping into a trap that has gotten us again and again: A moral panic in which we draw broad, alarming conclusions about the hidden dangers of novel forms of media, new technologies or new ideas spreading among the youth.
## AAP Recommendations on Screen Time*

<table>
<thead>
<tr>
<th>Age of Child</th>
<th>2016 AAP Guidelines</th>
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<tbody>
<tr>
<td>Less than 18 months</td>
<td>NO screen media other than video-chatting</td>
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<tr>
<td>18 to 24 months</td>
<td>Parents could introduce high-quality programming &amp; should co-view to explain the content</td>
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<tr>
<td>2 – 5 years</td>
<td>1 hour per day of high-quality programs; parents should co-view.</td>
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<tr>
<td>6 years and older</td>
<td>Parents should “place consistent limits on the time spent using media, and the types of media, and make sure media does not take the place of adequate sleep, physical activity and other behaviors essential to health.”*</td>
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<td></td>
<td>Parents should designate media-free times (dinner, driving) and media-free zones at home (bedrooms).</td>
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<td>Parents should frequently communicate about online safety and civility.</td>
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Problematic Internet Use

How can Problematic Interactive Media Use (PIMU) affect children?

Ongoing research shows that when media are overused or used compulsively, they can interfere with a child’s daily life and lead to poor school performance, family conflicts, emotional and psychological concerns and relationship problems. While these problems have been called a variety of different names such as “Internet Addiction”, “Internet Gaming Disorder” and “Media Addiction”, these terms all refer to Problematic Interactive Media Use (PIMU).

- Problematic Interactive Media Use often appears in one of the following four ways:
  - Video gaming—including excessive gaming on a computer, console, or mobile device, where the child or teen plays for hours on end, often only taking breaks when forced.
  - Social media— including using social media as a primary way to connect with others instead of through face-to-face communication.
  - Pornography—including obsessive pornography use that results in sexual dysfunction.
  - Information-seeking—including spending hours of time online surfing websites and binge-watching videos in place of other activities.

- While one of the most common symptoms of PIMU is a fixation with screen media, other symptoms exist. If your child changes in any of the following areas, be sure to talk to your child, and your child’s doctor:
  - Poor personal hygiene
Problematic Internet Use

Definition

1. Maladaptive preoccupation with internet use, experienced as irresistible, for periods of time longer than intended.

2. Significant distress or impairment resulting from internet use.

3. Absence of other psychiatric pathology that might explain the excessive Internet use.

Signs of possible PIU

- Spending more time alone in their room
- Decreased self-care
- Secrecy
- School truancy
- Decline in grades
- Increased Irritability
- Poor Sleep or excessive daytime sleepiness
- Cessation of previous activities
- Extreme measures to access media
- Decreased self-care
Problematic Internet Use

Epidemiology

Prevalence rate: 1%-18% of adolescents
- Western societies: 2-12%
- Eastern societies: 2-18%

Gender
- Boys tend to have higher rate of PIU

Negative Consequences

- Impaired academic performance
- Impaired social interaction/ family relations
- Decreased self-perceived acceptance by peers
- Increased drinking in males
- Lower self-worth in females

Problematic Internet Use

Risk Factors

Psychiatric Comorbidity
- Attention deficit hyperactivity disorder (ADHD)
- Social anxiety / social avoidance
- Depression / dysthymia

Social support
- Socially isolated

Low self esteem

Poor quality family relationships

Loneliness

Problematic and Risky Internet use Screening Scale (PRIUSS)

Scale Description

The Problematic and Risky Internet Use Screening Scale (PRIUSS) was developed for use in adolescents, and reflects a data-driven, conceptual framework of the nature of Problematic Internet Use (PIU) as a component of adolescent and young adult health.1

The PRIUSS has 18 items and three subscales: (1) Social Impairment (items 1-6), which assesses the impact of internet use on both offline and online social interactions; (2) Emotional Impairment (items 7-11), which assesses degree of emotional attachment to Internet use, and (3) Risky/Impulsive Internet Use (items 12-18), which assess salient problematic behaviors regarding Internet use.2

Scoring Guideline

A cut-off of 25 for the overall scale score is proposed for identifying those at risk for PIU.3 Screening studies have suggested that 11% of adolescents may be at risk for PIU, as measured by the PRIUSS and using this scoring guideline.4

References:
Recommendations for Caregivers on Social Media Use
1. “The Use of Screens is a Crucial Developmental Skill”

To discourage all-or-nothing thinking, encourage parents to view screen time use as *a set of emerging skills* they need to actively teach their child over the long-term:

- Managing how long to be on a screen
- How to transition to-and-from screens *calmly*
- When **not** to use screens
- Safe use of accessing age-appropriate content
- Safe communication with others
- Being polite / professional / kind over social media
- Maintaining privacy / dignity over social media
- How to access *positive* connections / peers / supports

...emphasize growth mindset
2. “Caregivers Should Set Clear Expectations and Limits”

- General Family Policy: *Screen time is a privilege, not a right*

- All or most recreational screen time is earned
  - Balance access with performance (e.g., academics, behavior, interpersonal, etc.)

- Be proactive, have a discussion early on before introducing a new screen or social media app

- Learn about the device / app and the content the child is interested in

- Parents should model appropriate use of screens and social media
3. “For Setting Limits, First Think Times and Zones”

Timing

Completely off limits
- Bedtimes, homework time, driving, family meals

Allowed times
- **After** completion of common routines
  - Chores, homework, family time
- Time-limited Exceptions
  - Long trips, emergency time-filler

Locations

Where can the child use their screens?
- Common areas are preferable
- Teens earn privilege of social media in their rooms (Natural consequence: they lose it until earned back)
4. “Social Media is NOT their diary – you have my permission to read and monitor your child’s SM”

Professionals are in a permission to normalize parental oversight of such a powerful, public phenomenon

- Parents know passwords to phone, apps, and web accounts
- Parents regularly review posts, comments, DMs
- If breach of trust: review what happened on shared via texts, social media, and games and HELP CHILD TO FIX THE PROBLEM (remember, this is a skill; grounding alone is a reasonable consequence, but not sufficient)
- Review privacy settings regularly
- Have ongoing discussions about how to interpret online communications (yes, forever)
5. “80% of your parental comments/feedback to your child should focus on the POSITIVE ways they are using SM”

Remember to guide parents in warm, attached parenting practices:

- 4:1 ratio of labelled praise to correction is a KEY parenting practice to stress

- Ask them to remember to look at their child and ask themselves “What do I LIKE today about my child’s use of SM?”

- Ask them to aim for X number of praises per day

- Have them role-play / practice with you LPs, such as:
  - “beautiful post! So creative”
  - “Great job standing up for your friend in that group text”
  - “You stayed out of that drama – you are a rock star at remaining calm.”
  - “Excellent judgement deleting that comment / apologizing for that comment.”
  - “Hilarious comment! Kind comment! Clever comment!”
  - “Great job blocking that guy. How do you feel about it?”
6. “Here is a list of safe online resources for you to learn more”

   Media Use Plan
   http://www.healthychildren.org/MediaUsePlan

   Common Sense Media
   https://www.commonsensemedia.org

   American Academy of Pediatrics

   American Academy of Child & Adolescent Psychiatry
7. “Here is a handout for you to take home”
8. “Here is a great, safe website on teens & social media – here, let me send you the link right now”
8. “Aquí hay un sitio web excelente y seguro sobre adolescentes y redes sociales. Permítame enviarle el enlace ahora mismo.”
9. “Here is an *incomplete* list of parental controls for you to research – make use of them”

<table>
<thead>
<tr>
<th>Medium</th>
<th>What to Search online</th>
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</thead>
<tbody>
<tr>
<td><strong>Phones/Tablets</strong></td>
<td></td>
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<tr>
<td>Apple/iOS Screen Time</td>
<td>“iphone family time”</td>
</tr>
<tr>
<td>Amazon Kindle Free Time</td>
<td>“kindle free time”</td>
</tr>
<tr>
<td>Google/Android Family Link</td>
<td>“google family link”</td>
</tr>
<tr>
<td>Remote Control Across Platforms</td>
<td>OurPact, ScreenTime</td>
</tr>
<tr>
<td><strong>Video Game Systems</strong></td>
<td></td>
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<tr>
<td>Xbox/Xbox Live</td>
<td>“xbox parental controls”</td>
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<tr>
<td>PlayStation</td>
<td>“playstation parental controls”</td>
</tr>
<tr>
<td><strong>Computers/Laptops</strong></td>
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<tr>
<td>Windows</td>
<td>“microsoft family safety”</td>
</tr>
<tr>
<td>Mac/Apple OSX</td>
<td>“mac parental controls”</td>
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</tbody>
</table>
Thank you! For more information or to contact:
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New Jersey Pediatric Psychiatry Collaborative
Regional Hubs

Atlantic Health Hub @ Newton Medical Center
Atlantic Health Hub @ Morristown Medical Center
Hackensack Meridian Hub @ Hackensack University Medical Center
Hackensack Meridian Hub @ Palisades Medical Center
Hackensack Meridian Hub @ Middlesex and Mercer
Hackensack Meridian Hub @ Jersey Shore University Medical Center
Cooper Hub North @ Cooper University Medical Center
Cooper Hub South @ Cooper University Medical Center

Essex County Served by Rutgers University Behavioral Health Care
More information on the Essex Hub can be found here:

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NJPPC Hub Benefits

- A child and adolescent psychiatrist available for consultative support through the Child Psych. consult line

- A psychologist/social worker available to:
  - Assist the pediatrician with diagnostic clarification and medication consultation,
  - Speak with a referred child’s family regarding the child’s mental health concerns and to assist in providing diagnostic clarification.

- One-time evaluation by a child and adolescent psychiatrist (CAP) at no charge to the patient when appropriate.
  - Based on the recommendation of the CAP, the PPC Hub staff will work with the family to develop the treatment and care coordination plan.

- Continuous education opportunities in care management and treatment in the primary care office for the common child mental health issues: ADHD, depression, anxiety, etc.
NJPPC Hub Telepsychiatry Services

Implementation rolling out as an expansion of the NJPPC

- Three platforms to be utilized
  - Face to face
  - Telepsych from home
  - Telepsych from pediatric offices

- Notify your Regional NJPPC Hub if interested
NJAAP ANNUAL CONFERENCE
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