Mid-America (HHS Region 7)

MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Impact of Social Media on Youth and How to Manage Social Media Recommendations in Primary Care

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NEBRASKA PARTNERSHIP
FOR MENTAL HEALTHCARE ACCESS IN PEDIATRICS
A Good State of Mind
www.dhhs.ne.gov/NEPMAP

SAMHSA
Substance Abuse and Mental Health
Services Administration

Disclaimer

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS

STRENGTHS-BASED AND HOPEFUL

PERSON-FIRST AND FREE OF LABELS

INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES

NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR AND UNDERSTANDABLE

HEALING-CENTERED/ TRAUMA-RESPONSIVE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

Mid-America Mental Health Technology Transfer Center

Established to increase utilization of evidence-based mental health practices.

- Missouri, Iowa, Nebraska, and Kansas.
- Free training and technical assistance.
- SAMHSA grant awarded to the Behavioral Health Education Center of Nebraska at University of Nebraska Medical Center.

(5 years, $3.7 million, grant number: H79SM081769)
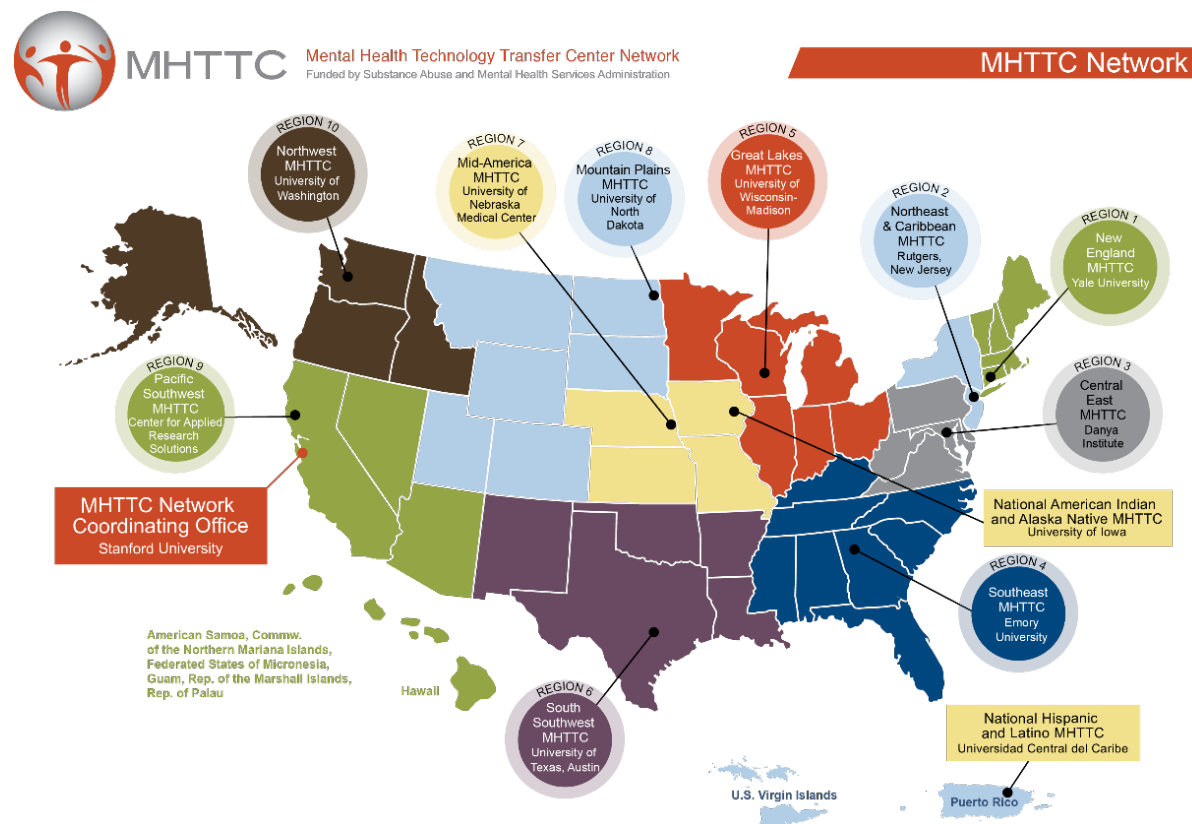
Nebraska Mental Health Access Grant

- 5-year, $2.2 million HRSA grant through maternal and child health bureau
- Designed to improve timely access to behavioral healthcare for children in rural Nebraska
- The main goal is to provide primary care providers access to behavioral health supports

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Goals

- Enhance **early screening** of behavioral health disorders

- Conduct a clinical demonstration project in a network of providers to **expand and diversify integrated behavioral health provision in PC** pediatric and family medicine practices, with a focus upon **rural** communities

- Evaluate the overall **effectiveness of increasing access to PCP's to behavioral health consultation**

https://www.unmc.edu/mmi/services/psychology/teleproviderconsult.html?msclkid=77c12956b5f311ec8c21922c759e3b30

Tele-Behavioral Health Consultation (TBHC)

- Behavioral health providers or case managers on-site at primary care clinics
- Behavioral health/care managers determine need for consultation with psychiatry
- Consultant consults with PCP (audio or audio-visual) on the same day
  - Child Psychiatry
  - Developmental Medicine
  - Psychiatric Nurse Practitioner

Behavioral Health Consultation for Primary Care Providers

The UNMC Tele-Behavioral Health Consultation Team (TBHC) provides psychiatry support to primary care providers in Nebraska who are managing pediatric patients with behavioral health problems. Providers are available to offer guidance on diagnosis, medications, and psychotherapy interventions to assist primary care providers in better managing patients in their practices. Support is available through phone and synchronous audio/video teleconference consultations to referring primary care providers.

How Does it Work?

1. The participating provider or representative initiates a request to Dani Porter at (402) 559-3838 or through the website at unmc.edu/mmi/departments/psychology/psych-patientcare/teleproviderconsult.html

2. A member of the TBHC team will contact the provider within the same business day to offer guidance.

3. The TBHC is not an emergency service. Emergencies will be routed to local emergency services.

4. The UNMC TBHC team does not prescribe medication. They provide support for prescribers.

Team Members

Terri Mathews, Ph.D., APRN-NP
Psychiatric Nurse Practitioner

Ryan Edwards, M.D.
Psychiatrist

Cindy Ellis, M.D.
Developmental-Behavioral Pediatrician

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Primary Care Providers (PCPs)

- PCPs can request a consultation three ways:

  1) Visit our website:

  https://www.unmc.edu/mmi/services/psychology/teleproviderconsult.html

  2) QR Code
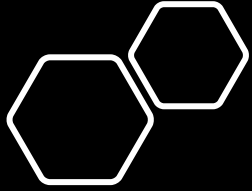
  3) Call 402-559-3838

Impact of Social Media on Mental Health in Youth

Terri Mathews Ph.D., PMHNP-BC, Licensed Psychologist

Objectives

Describe

- Describe the positive and negative impact of social media use in youth

Identify

- Identify individual risk and protective factors influencing the impact of social media on mental health

Describe

- Describe strategies to mitigate negative consequences of social media on mental health in youth

Recognize

- Recognize the methodological limitations of the research on social media and impact on youth

Social Media Use

- 90% of teens 13-17 use social media (Pew Research Center, 2020)

- 75% have a least one active social media profile (Child Mind Institute, 2021)

- Teens are online almost 9 hours per day, not including homework (AACAP, 2018)

- 45 % of teens say they are online on a near constant basis (Pew Research Center, 2018)

What social media platfoms commonly used 13-17 year old? (Pew Research, 2021)

You Tube – 85%

Instagram -72%

Snapchat - 69%

TikTok - 69%

Faceboook – 51%

Dangerous Platforms

(Pure VPN, Mohsin Qadir, 2022) (Mobile Spy, 2022)
(Findmykids. 2022) (fenced.ai/blog, 2022) (Mesa,
Arizona Polic Dept. 2019)

Snapchat

Instagram

Tiktok

The "GOOD"

(Child Mind Institute. 2020)

12th-graders in 2015 were going out less often than 8th-graders did in 2009.

Drinking, illicit drug use, and car accidents are down.

Ninth-graders now are 40% less sexually active and the teen birth rate is down 67 percent since 1991

The "GOOD"

Benefits of social bonding and building "social capital"

Staying connected with and making new friends

Finding community and support for activities

Sharing art and music

Exploring and expressing themselves

The BAD
Child Mind Institute (2017)

Eighth-graders who spend 10 or more hours a week on social media are 56% more likely to report being unhappy than those who spend less time.

Heavy users of social media increase their risk of depression by 27 percent.

Girls depression increased by 50% between 2012-2015

Boys depression increased by 21% from 2012-2015

Social media addiction occurs in approx. 5-10% of youth (Sumen & Evgin, 2021)

The BAD "Bullying"

(Pew Research, 2020)

% of U.S. teens who say they have experienced ___ online or on their cellphone

Any type of cyber-bullying listed below	59
Offensive name-calling	42
Spreading of false rumors	32
Receiving explicit images they didn't ask for	25
Constant asking of where they are, what they're doing, who they're with, by someone other than a parent	21
Physical threats	16
Having explicit images of them shared without their consent	7
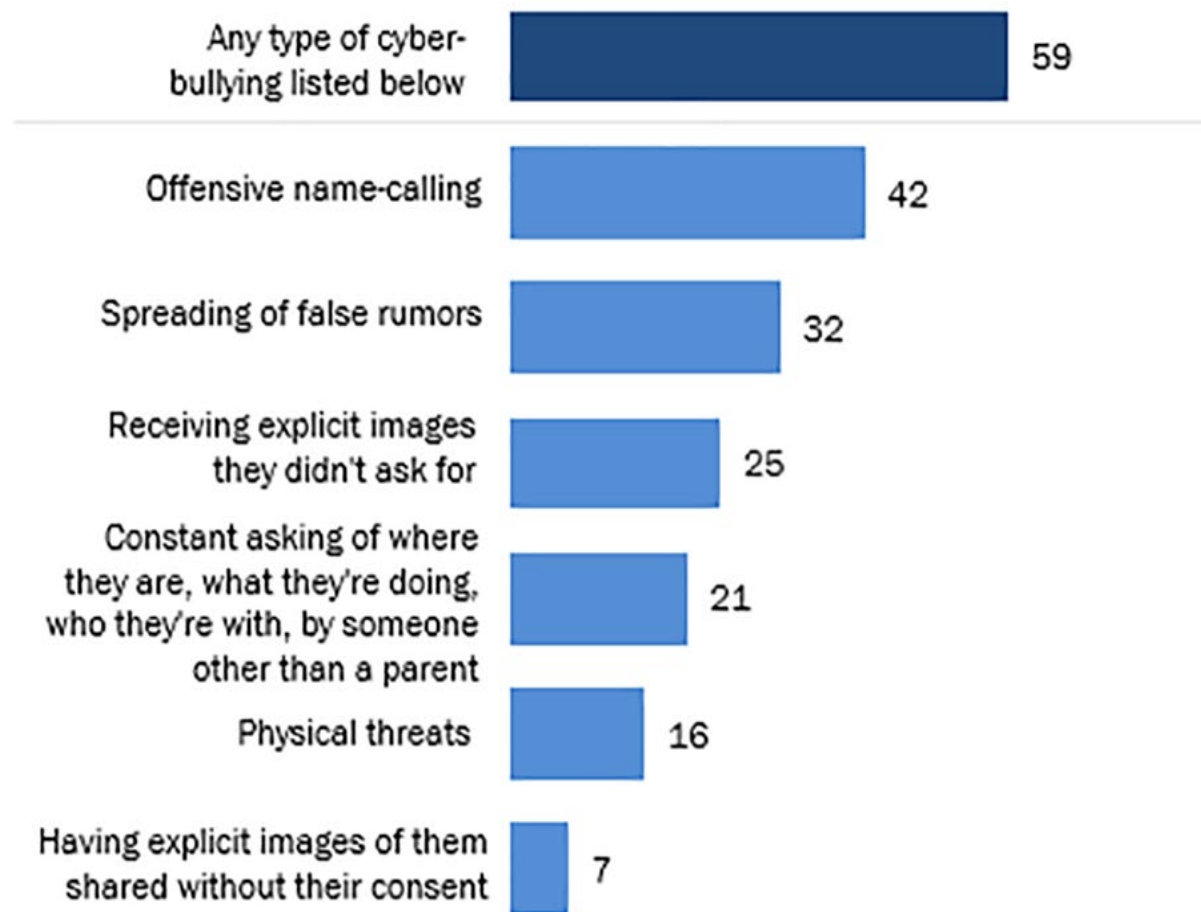
Bullying Experience
(BBC, 2016)

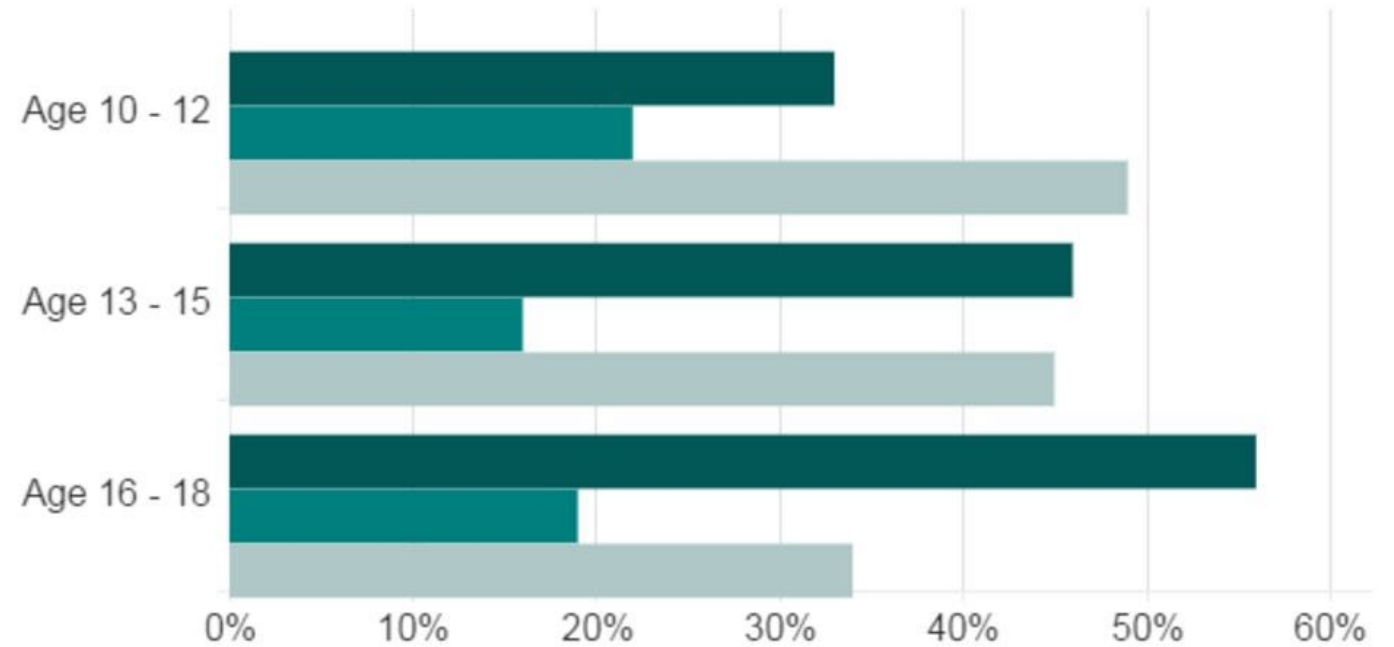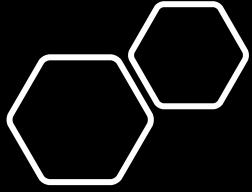Experience of bullying or trolling on social media, by age
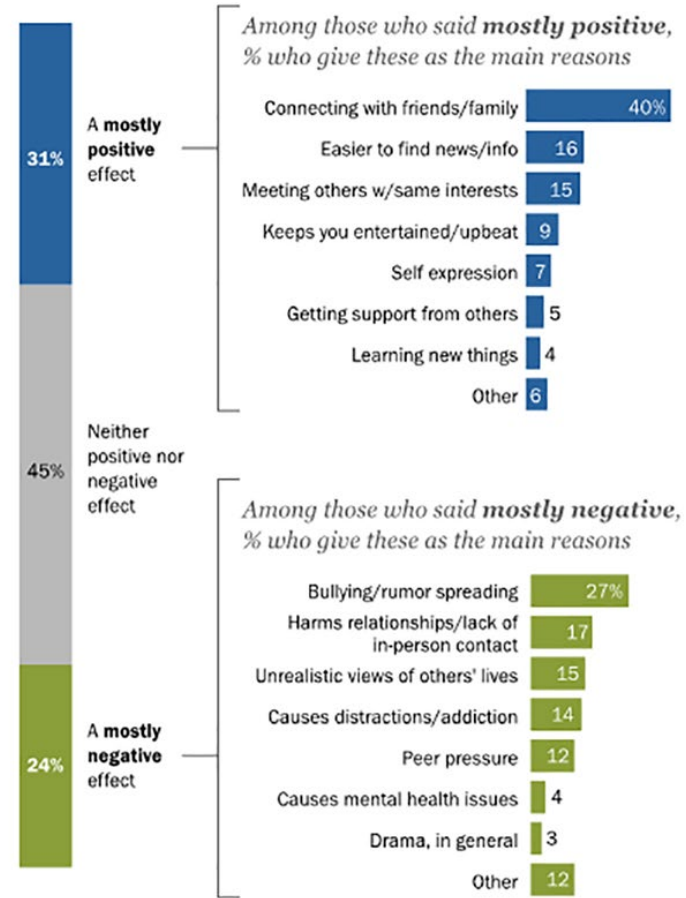
■ Seen ■ Experienced ■ Not seen

BBC/ Comres - Base: 1,098 respondents with social media account

Overall Impact

Pew Research, 2020

Emotional, Cognitive and Physiological Impact
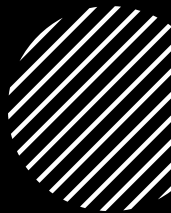
Self Esteem

Sleep Disturbance

Deliberate Self- Harm and Suicide

Self Esteem "Updating"
(Krause et al., 2021)

- Social Comparison
- Social Feedback Processing
- Self Reflection

Sleep Disturbance

63.6% of 5242 students aged 11–20 years slept less than recommended when social media used beyond 1 (Sampasa-Kanyinga, 2018)

Use of light emitting media at bedtime was associated with decreased duration and quality of sleep and excessive daytime sleepiness (Chang et al., 2015)

Portable screen-based media devices in the bedroom was shown to disrupt sleep (Carter et al., 2016)

Self Harm and Suicide

Heavy use of social media mediated by cyberbullying was associated with suicidal ideation (aOR 3.44) and attempts (OR = 5.10) (Sampass- Kanyiga et al., 2015)

Cyberbullying was positively correlated with self harm and suicide aOR 1.228-1.914 (Chen, 2018)

Adolescent light (<1 hr/ day) vs heavy (> 5 hrs/day) doubled suicidal thoughts, made a plan or had attempted suicide (Twenge, 2019)

Youth who self disclose NSSI receive more validation and support from other who self-injure resulting in maintenance of behavior (Lewis, 2012)
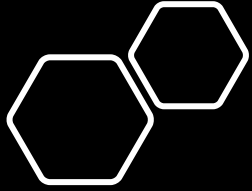
Other Potential Risks (AACAP, 2018)

Exposure to harmful or inappropriate content (e.g, sex, drugs, violence)

Exposure to dangerous people

Oversharing personal information

Excessive exposure to advertisements

Privacy concerns

Identify theft or hacking

Interference with exercise, homework or family activities

FOMO (fear of missing out)

Can lead to social media addiction

Parents Concerns- Too Much Screen Time (Pew Research, 2020)

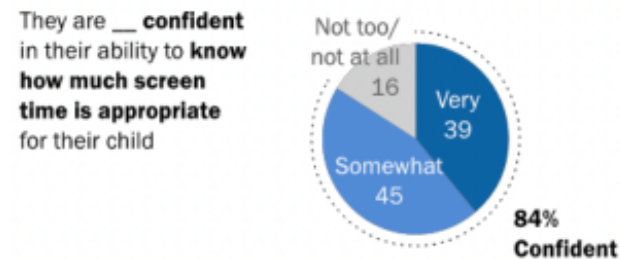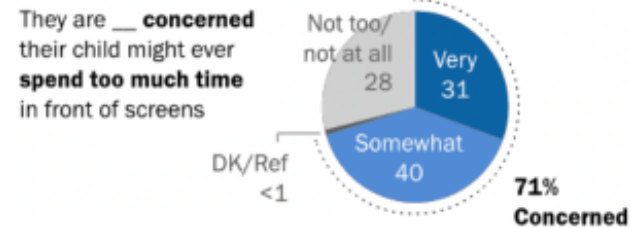**A majority of parents are concerned that their child might ever spend too much time on screens and have reached out to doctors for advice about this**

% of U.S. parents of a child age 11 or younger who say ...

They are __ **concerned** their child might ever **spend too much time** in front of screens

Not too/ not at all 28
Very 31
Somewhat 40
DK/Ref <1

71% Concerned

They are __ **confident** in their ability to **know how much screen time is appropriate** for their child

Not too/ not at all 16
Very 39
Somewhat 45

84% Confident

They ever get **parenting advice or information** about screen time from ...

Doctors or other medical professionals 61
Other parents 55
Teachers * 45
Parenting websites or blogs ** 40
Books or magazines 38
Social media sites *** 29
Online message boards ** 19
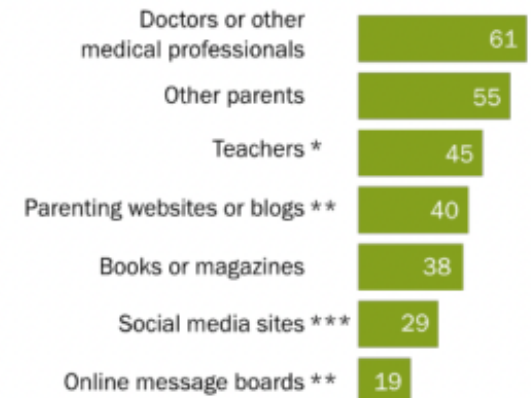
*Based on parents of a child age 5 to 11.
**Based on internet users.
***Based on social media users.
Note: If parent has multiple children, they were asked to focus on one child when answering this question. Those who did not give an answer are not shown.
Source: Survey of U.S. adults conducted March 2-15, 2020.
"Parenting Children in the Age of Screens"

PEW RESEARCH CENTER

Social Media Addiction

- Estimated 2.34 billion social media users worldwide (Swar & Hameed, 2017)

- 210 million people suffer from Social Media Addiction (debatable diagnosis) (Kurniashih, 2017)

- Symptoms of those believe they were addicted to the social media:
    - Amount of time spent 6-12 hours per day
    - Feeling anxious, disturbed, bored, outcast or feel like something is missing if they can't access
    - Feelings of relaxation and contentment because of information
    - Disturbing work or school time and quality time with family

Social Media Addiction : Causes & Negative Consequences

- Systematic review (Al-Samarraie, 2021)
  - Social isolation
  - Alternate to real life relationships
- Patterns of rumination and low self-esteem was associated with addiction and then led to depression (Wang et al., 2018)
- Both social media and internet gaming addiction led to more depression, anxiety and stress (Pontes, 2017)

Who is most at risk for mental health effects? (Abi-Jaoude et al., 202)

- Girls
  - Adverse effects occur more often in females
- Context of social media
  - Passive use had a greater negative impact compared to active use
  - For boys, active use had a greater negative effect
- Cognitive styles of brooding and rumination exacerbate negative effects of social media
- Lower self esteem
- Low levels of "in person" socialization compared with those with high levels of "in person" interactions
- Those with greater sense of purpose in life were less sensitive to # of likes received (Abi-Joade et al., 2020)

Assessment Tools for Social Media Addiction

- Social Media Addiction Scale SMAS (Sahin, 2018)

- Social Media Disorder Scale SMDS (van den Eijden et al., 2016)

- Bergen Facebook Addiction Scale BSMAS 9 (Andreassen, 2012,2016)

Mitigation of Negative Effects
(Burnette et al., 2017)

- Support improved confidence and self esteem
- Encourage appreciation of individual differences
- Support media literacy

Building Confidence and Self -Esteem

Parenting styles
- Affirming and use of authoritative parenting
- Positive reinforcement

Encourage engagement with family activities and peers with similar interests

Help identify those interests in which they can be successful

Individual Counseling

Nonjudgmental assessment evaluating the positive and negative

- Determine readiness to change
- What would it take…

Problem Solving Strategies

- Encourage youth to inform their friends they are "taking a break"
- Discuss alternative methods to "connect"

Habit Reversal Training

- Monitor and track amount of time on social media
- Gradually reduce amount of time on Social media
- Engage in alternative activities (in person activities or other interests)
- Positive reinforcement for reduced time

Recommendations-Parents

Psychoeducation on positive and negative effects and recognizing those at most risk

Reduced use with limit setting with a goal of no more than 1-2 hours per day

Encourage parents to know which sites the youth is on and be a "co-user"

Remind parents to limit their own use

Parent surveillance of "distant" friends

Recommendations for Parents

- Engage in conversation with their youth about social media literacy and etiquette
  - Treat others with respect
  - Do not cyberbully or sexting activities
  - Avoid communication that can put personal privacy and safety at risk
  - Avoid unsafe postings: full name, address, place they go, phone number, vacation plans, identity or location information
  - Remember: Nothing is private!!
  - Install protective software for blocking monitoring and filtering website
  - Frequent checking of sites and social media profile
  - APPs to monitor social media use

Systems Level

School

- Limit social media access while allowing adolescent autonomy
- Negotiation between teens and teachers rather than rigid rules

Community/Society

- Public awareness campaigns
- Encourage banning of site with self harming behaviors
- Support policies that limit exposure to sites that promote reinforcement and addiction

Sleep Hygiene Measure

Avoid electronics within 1-2 hours before bedtime

No portable screen based devices in bedroom overnight

Social Media Sites for Kids

https://www.internetmatters.org/resources/social-media-networks-made-for-kids/

(internetmatters.org)

6-10 Years

- Spotlite (formerly Kudos)
- PlayKids Talk
- GoBubble
- Kidzworld: Chat Room & Forums
- Grom Social

11-13 Years

- PopJam

Resources

- American Academy of Pediatrics
  - Family Media Toolkit https://www.healthychildren.org/English/media/Pages/default.aspx

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

- American Academy of Child and Adolescent Psychiatry
  - https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Social-Media-and-Teens-100.aspx

- American Psychological Association (9/2021)
  - https://www.apa.org/news/podcasts/speaking-of-psychology/social-media-teens

- Connect Safely
  https://www.connectsafely.org/parentguides/

Children's Online Privacy Protection Rule "COPPA Rule" (2000, 2013)

- Protects Children's Online Privacy – under 13
  - Protects from personal information collected online from children (personal information about themselves, parents, friends or other persons)
- Applies to operators of commercial website and online services

Social Media Faces Privacy 'Paradox' in Spotting Underage Users
Dec. 29, 2021, 4:00 AM (Bloomberg Law)

JonathJonathan Hurtarte/Bloomberg Law; Photos: Getty Imagesan Hurtarte/Bloomberg Law; Photos: Getty Images

Research Needed

Methodology of Research

- Mostly correlational
- More longitudinal and experimental studies with control groups
- Less reliance on self report data

Summary

- Social media is pervasive in our society, and it is likely to be a present for future to come

- There are some benefits for social media for youth

- However, there are some serious mental health implication for youth, especially those at risk

- As Mental Health providers, it is our responsibility to educate youth and families to benefits and risk and guide them to healthy use

- It is important that we advocate for policy development and more research related to special groups

- Continue to support assuring balance of "real person" social interaction while mitigating the negative consequences.

Questions?

Resources

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