

Social Media – a help or a hindrance? Discuss the evidence regarding the impact of social media on the mental health of children and young people, illustrating with a case example.

Introduction

The links between social media (SM) and young persons' mental health (YPMH) have been the subject of discussion in both public and academic spheres since SM began its ascension to prominence in 2007¹. SM's cost-free pricing structure, ease of access and potential for rapid communication have resulted in widespread uptake which has seen SM become pervasive in today's world. Recent statistics reveal that 87% of children aged 12-15 have a SM profile in the UK² and statistics from the United States show that children under two are spending an average of 42 minutes on SM a day and 45% of adolescents are online 'almost constantly'³. Alongside this growth there has been a decline in YPMH, with suicide rates amongst young people (YP) aged 10-24 increased by 56% between 2007 and 2017⁴. When considering these respectively formidable and harrowing numbers there is the crucial question of whether the uptake of SM has been contributing to declining YPMH. The public discourse suggests there is a link, with many alleging negative effects on their own or others' mental health, but are these accounts sufficient for mental health professionals to resolutely state that the decline of YPMH is even somewhat attributable to SM use? Adding further complexity is a strong voice from YP, parents, teachers and doctors who attest that SM is *positively* contributing to YPMH and that it has formed a cornerstone of many YP's wellbeing. Herein lies the question which is at the core of this essay: is social media a help or a hindrance when it comes to YPMH? The implications of the answer to this question are of a magnitude that is hard to overstate, considering SM's aforementioned ubiquity and influence.

What is 'Social Media'?

As the term 'social media' can refer to a range of apps and sites which call forth an array of different responses depending on who is referring to and interpreting it, a working definition of the term is necessary for the purposes of this essay. The definition presented below draws on a number of appreciable sources and is both precise yet appropriately general in scope:

“Broadly, social media is defined as any digital tools or applications that allow users to interact socially, and can be distinguished from traditional media (eg, television) by the fact that users can both consume and create content. Under this broad definition, “social media” may include social networking sites (eg, Instagram, Snapchat, Facebook, TikTok), text messaging and messaging apps, social gaming tools, YouTube, and more.”⁵

This kind of objective definition is the only one which is appropriate at this point in the discussion. Any further attempts to add nuance require a more in depth exploration of the issues behind defining a concept which has numerous iterations which are then used uniquely by billions of individuals. This definition touches upon this important fact and recognises that SM is a heterogenous term with manifold manifestations, which is in turn part of the reason behind the infamy surrounding defining SM in the literature⁶. The development of the concept of SM using more nuanced but subjective perspectives is discussed below.

Public Views of Social Media and its Impact on Mental Health

Before examining how SM is perceived and evaluated in the academic literature, it is worthwhile examining in some detail the attitudes towards SM as well as its

implications for mental health from the point of view of the layperson. According to Dahlgreen & Whitehead, cultural attitudes can play an important role in physical as well psychological illness by consciously or subconsciously guiding interactions with a specific health- or disease-promoting entity⁷. As such, public ideas surrounding SM are worth bearing in mind during the reading of this essay.

Some news articles from which the public sentiment toward SM can be derived include headlines such as “Social media is harming the mental health of teenagers. The state has to act”⁸, “Social media damages teenagers’ mental health, report says”⁹ and “Step away from the smartphone: Just two minutes of 'doomscrolling' through social media can bring your mood down, study warns”¹⁰. These articles are examples of common media portrayals of how SM relates to YPMH; using these portrayals as well as relevant qualitative research^{11,12}, the following subjective conclusions about public perceptions of SM impact on YPMH can be drawn:

1. There is a belief that as SM use increases for a given individual, mental health deteriorates.
2. The most commonly purported mechanism explaining the statement 1 resembles what is referred to in the literature as ‘social comparison theory’¹³.
3. There are views that social media usage positively correlates with behavioural disorders such as ADHD.
4. There is a recognition that SM can be a useful tool in socialising, education and creative pursuits.
5. There are a subset of YP who benefit from SM use.

It is important to bear this cultural backdrop in mind when exploring the following academic literature. It is also worth questioning whether some or all authors may have, knowingly or otherwise, been influenced by these overarching narratives.

Introduction to Literature Review

The existing body of literature attempting to investigate SM's role in detracting from or promoting YPMH is vast and examines multiple facets of a heterogenous entity, the problems around defining which have already been highlighted. Based on the literature, I have concluded that the most appropriate answer to the original question is that SM is *both* a help *and* a hindrance in promoting YPMH. I will present the research for each of these seemingly dichotomous descriptors in order to demonstrate that SM has highly variable effects on YPMH. I will then offer an albeit limited explanation of this apparent paradox by presenting literature which points towards two related but distinct variables upon which the effects of SM on YPMH hinge: the YP themselves and *how* that YP interacts with SM. By presenting the literature in this format, I aim to demonstrate to the reader that there are a series of factors at play which dynamically influence each other and which then produce either a healthy, beneficial relationship with SM, or a pathological, destructive relationship with it. I will then continue to highlight themes from the literature that exist above or outside the points already discussed. Finally, I will look at the impact of SM-related psychopathology on third-party stakeholders by looking at its indirect effects on family dynamics, educational environments and in inpatient psychiatric wards.

A Help or a Hindrance?

A Help: The Positive Effects of Social Media on Young Persons' Mental Health

SM is correlated with improved well-being and lower levels of psychological distress^{14,15,16,17}. One of the main voices from this side of the argument is that which hails the connection that SM provides. Indeed, one study showed that 81% of adolescents have reported an increased sense of connectedness with their friends via the medium of SM¹⁸. Another study showed that SM used to connect with family and friends positively impacts mental health, as it is seen as a way of finding meaning and acceptance¹⁹. Additionally, YP report a feeling of increased freedom to choose entertainment, modes of creative self-expression and methods to foster identity formation²⁰, all of which are widely considered to positively impact mental state. This narrative has only grown during and in the light of the COVID-19 pandemic, during which YP were forced to derive social fulfillment mostly via SM platforms. This has led to a consolidation of SM's boons and benefits in the realm of peer-to-peer interaction²¹, the results of which are still to be fully appreciated.

Building on the above, YP who belong to certain minority groups or have specific physical or psychiatric diagnoses have found a sense of understanding and connection through SM with others who belong to that group. For example, LGBT+ YP are more likely than their non-minority counterparts to befriend other similarly identifying peers online and see them as a valuable source of support²². This support very likely plays a protective role for YP with mental health issues. A final set of potential benefits of SM use comes from a technology-based potential within applications and websites. Research has been performed to examine the degree to which signs of depression, suicidal ideation & substance abuse can be detected from

user behaviour through machine learning, with the potential of increasing positive or sign-posting content to support the YP²³.

A Hindrance: The Negative Impact of SM on Young Persons' Mental Health

The majority of literature available on SM's impact on YPMH has focused on the psychopathologies associated with its use. The research presented below looks at both the 'direct' and 'indirect' mechanisms through which SM exerts negative effects on YPMH. Commentaries looking at direct correlations (i.e. features implicit within SM which have a negative correlation with YPMH) hinge on the idea of 'social comparison theory'¹³. Social comparison theory offers the idea that there is a tendency for content creators to use SM to create an online reconstruction of their lives which skews towards portraying themselves as unrealistically care-free, well-off and happy. The consumption of these carefully crafted reconstructions by YP leads to negative social comparisons between themselves and their peers, according to social comparison theory. This casts the YP's own accomplishments, attributes and general life situation in a relatively negative light and subsequently imparts feelings of inadequacy and envy. Higher levels of social comparison have been found to be correlated with depression²⁴ and damaging beliefs specifically centering around body image have also been correlated with peer-based social comparison as well as celebrity comparisons (itself termed 'upward social comparison')²⁵. A second narrative in the literature is the association between SM use and behavioural disorders such conduct disorder (CD)^{27,28} and attention deficit hyperactivity disorder (ADHD)²⁸, and personality disorders such as antisocial personality disorder (ASPD)²⁹. It should however be noted

that the nature of these associations is dubious and as such will be explored later in the essay.

Conversely, indirect effects of SM look at the ways it acts as a vehicle through which external risk factors for worsened mental health are engendered. For example, cybervictimization received through SM is correlated with higher levels of self-harm and suicide^{30,31}, and since its inception SM has been used increasingly as a conduit through which cyberbullying is perpetrated. Further to this, cyberbullying has also been found to lead to higher levels of both internal and externalizing behaviours³². Another indirect mode of influence is increased exposure to peers who display, share and/or encourage risky behaviour online, for example alcohol and illicit substance consumption³³. Similarly, some studies have found that access to content relating to self-harm and suicide may increase the risk of these amongst vulnerable YP³⁴.

A final yet crucial mechanism through which SM may damage mental health is that of 'displacement'. This relates to how phone screens and SM use affect sleep patterns (duration, quality, daytime sleepiness), and circadian rhythm^{24,35}. Considering the importance of sleep for the adolescent brain, this is yet another mechanism through which SM use could negatively influence YPMH. Kostyrka-Allchorne *et al.*³⁶ went some way in addressing the question of displacement, asking whether screentime (but not SM use) *itself* imparts behavioural disruption, or whether it is the opportunity cost of not participating in offline activities. The study concluded that there was no evidence that displacement of offline recreation by time spent on a screen was a significant concern, suggesting that it is perhaps something implicit within the screen use itself.

Identifying Those At Risk: Variables Mediating Social Media Impact

The Young Person - The Role of Personal & Social Factors

Seeing as individual factors are crucial in understanding offline addictive and/or problematic behaviours, it is worth considering whether YP's personal traits and social milieus affect their susceptibility to SM's positive or negative effects. Looking at personality variance specifically, research has shown that those with high level neuroticism have more negative mental health correlations with SM use³⁷. More broadly, Livingstone & Smith³⁸ added nuance to how individual factors mediate the effects of SM on YPMH, concluding that there are personal, social and digital factors at play: these personal and social factors include but are not limited to sensation seeking behaviour, low self-esteem and lack of parental support. A systematic review by Odgers & Jensen³⁹ corroborates these findings and states that offline problems such as family and peer problems, excessive risk taking behaviour and psychological difficulties are perhaps some of the biggest predictors of problematic use and negative impacts of SM on YP. Finally, the Education Policy Institute's (EPI) 2021 'Young People's Wellbeing' Report suggests that the primary driver of poor mental health in YP is socioeconomic deprivation, and that SM may act as a vehicle for this¹¹. This report highlights another absolutely fundamental finding present in the larger body of work that suggests that on average girls are disproportionately worse affected by (passive) SM use than boys. This conclusion is made repeatedly throughout the literature^{40,41,42} and must form a guiding principle in how we perceive the role of SM in YP's lives today.

Social Media – The Role of How It is Used

In our analysis of *how* SM negatively impacts YPMH, we must turn to the platforms themselves. Are there predictors, implicit within the design and user interface that encourage problematic, addictive or pathological behaviours? Frison & Eggermont⁴¹ considered whether different modes of SM use resulted in a change in wellbeing, looking specifically at ‘active use’ versus ‘passive use’. Active use is defined as the user creating content which is then shared with peers via the SM platform in the form of posts, video sharing, private messages or likes. Conversely, passive use describes consumption of others’ created content without the user contributing their own. Tying this to the discourse around gender differences, it was found that girls who use SM *actively* experience a positive effect on their mental wellbeing whereas both girls and boys who use SM passively report lower levels of wellbeing and higher levels of depression. The ‘active equals good’ and ‘passive equals bad’ view has been investigated thoroughly and has been found to be a crucial factor in how SM impacts YP^{43,44,45}. In considering how this idea works in practice, we cannot assume that YP fall neatly into the categories of ‘active’ and ‘passive’ users; we must consider how YP actually use SM actively versus how much they use it passively. 77% of SM users (YP and adult) actively contributed to content in 2020². However, this measure is of limited use as it remains unclear how much users have to actively contribute to experience a ‘net positive’ effect on their mental health. Additionally, considering each person using SM spends an average of one hour and 42 minutes on SM a day², there is likely to be a significant amount of passive use and therefore potentially a greater negative effect on wellbeing.

How does SM design impact active and passive use? The fact that many platforms have heavily incorporated the 'infinity scroll' interface over recent years suggests a move which encourages passive SM use. Indeed, these features are the principle way users interact with content on platforms such as TikTok, which since its rapid rise in popularity in 2018 has been criticized for acting as a medium for cyberbullying^{46,47}, being used for a vehicle to spread hate⁴⁸ and encouraging escapism and an unhealthy avoidance of reality⁴⁹. TikTok is also an example of a SM site that makes use of user data to algorithmically determine how to capture user attention for as long as possible, thereby encouraging passive SM use⁵⁰. This individualisation of SM content may reinforce addictive behaviour surrounding passive SM use⁵¹, which as we have already seen can lead to further deterioration in YPMH, thereby forming a vicious cycle. However this requires further research.

Additional Themes from the Literature

Correlation or Causation?

We have already seen how YP with specific personality traits such as high level neuroticism³⁷ who use SM passively are more likely to experience pathological consequences. In exploring this we must address the crucial point that it remains fundamentally unclear whether this relationship is a correlative or causative one. The effect sizes of large studies have been modest⁵², leaving a gap in our understanding of how exactly SM and YPMH interact. Although the above points go some way in explaining this, Vernon *et al.*⁵³ urge caution when it comes to attributing a causative role of SM on YP mental health, claiming that some YP may be withdrawing into SM to escape their offline problems. This agrees with assertions that escapism is a main

reason some YP use SM⁵⁴. Similarly, there has been compelling research suggesting that YP with pre-existing behavioural problems feel a stronger draw to SM and interact with it more than YP without these problems^{26,55,56}, again raising the ‘chicken or egg’ question. In considering this it is possible, if not likely that rather than increased SM consumption being the cause of worsened YPMH or vice versa, there is a bidirectional relationship at work which may see the amplification or diminution of these effects on wellbeing.

Perceived Social Support

Dunkel-Schetter & Brooks⁵⁷ were some of the first to offer mechanisms as to why, in some YP, SM has a positive impact on well-being. They offer the idea of perceived social support as a potential factor contributing to YPMH, an idea which has been foundational in more recent research⁵⁸. Frison & Eggermont⁴¹ advanced the idea of perceived social support to explain their findings around active versus passive SM use, putting forward the ‘rich get richer’ theory. This states that those with strong pre-existing offline social networks get more social benefit from using the internet, in a sense supplementing their strong offline relationships with an online support community. Of particular relevance is how this perceived social support functions in mentally unwell YP, for example those with suicidal ideation. Contrary to public opinion, Lavis & Winter⁵⁹ found that peer-based online suicide forums are highly supportive and largely do not encourage self-harm; similarly Odgers & Jensen³⁹ concluded that, at best, there is ‘minimal and contested evidence’ showing that online activities worsen YP’s mental health, which includes accessing peer communities which have previously been thought to exacerbate mental distress.

Inpatient Social Media Use

An apparent gap in the literature is found when we look for a narrative on SM impact on young psychiatric inpatients. As such the following points will be made based on anecdotal accounts from psychiatric professionals contacted for the purposes of this essay, the limitations of which are acknowledged. Psychiatric inpatients are typically admitted because they are seen as a danger to themselves or a danger to others. This state of mind is usually triggered by an actual or perceived stimulus. SM allows difficult-to-manage access to content and individuals who may provide these stimuli and trigger a deterioration of a patient's mental state or exacerbate ongoing mental distress. Although some centres allow access to devices⁶⁰ some require the patient to leave their devices with nurses, family or friends and enter a 'social media deprivation' area. The ethics around this are murky: although removal of SM from young inpatients mitigates potential deterioration, there have been claims made on human rights grounds that inpatients have a right to free communication. Furthermore, access to supportive online communities could positively impact mental state and reduce patient distress, as highlighted above. On an empirical level there have been reports from psychiatric staff of patients who have obtained a device which they then use to access SM. According to one psychiatrist contacted for the purposes of this essay, the consequences of this can and have been dire. The important question of SM use amongst young inpatients will be further developed in the case presentation and discussion below.

Families, Peers & Professionals: Impacts on Third Parties

Families

Another important area to examine is the indirect impact, enacted through YP, on so-called third parties. We have looked at the associations between SM and YPMH, but how do these correlations impact people and environments around them to alter others' lives? It is acknowledged that this essay concerns SM impact on YPMH, but the social support mechanisms provided by family and friends are crucial in promoting and maintaining mental wellbeing. In terms of positive impacts on family dynamics, SM use has been reported to impart higher feelings of social support⁶¹, increased levels of family cohesion⁶² and generally improved intrafamilial relationships⁶³. Castells⁶⁴ asserts that SM allows for 'autonomy in security situations' as it allows greater YP freedom with enhanced security measures (i.e. through live messaging and GPS tracking). However other studies have demonstrated that frequent SM use can lead to lower family cohesion⁶⁵ and increased levels of familial isolation under one roof⁶⁶. A key explanation to this is termed the 'phubbing phenomenon', which sees the SM user ignoring physical social situations in favour of digital ones^{67,68}. As well as this 'phubbing' itself being problematic, the dialogue around making arrangements to limit it by setting rules on device use in specific environments and at specific times can cause familial conflict^{69,70,71}.

Schools & Education

The impact of SM in social environments such as schools can to some extent be inferred from the discussion above. SM's correlation with mental ill health demonstrates an indirect mechanism through which SM impacts a schooling

environment, in that if more YP with mental distress are present in any given environment, it is reasonable to assume that that environment may be less conducive to healthy social functioning and education, and may prove to be disruptive to others' mental wellbeing in turn⁷². Conduct problems and internalising/externalising behaviours also interrupt social dynamics, and cyberbullying and threats of violence made online may add to a YP's fear of interacting with peers and entering a social educational environment, potentially impacting academic performance⁷³. It is worth noting that research into how SM use disrupts day-to-day education is technically challenging due to a variety of means implemented by schools and teachers into limiting SM use in the classroom.

In considering how SM use positively impacts the classroom environment, we can again assume that the discussion above to some extent applies here, i.e. a feeling of connection and community is fostered which allows for the flourishing of relationships and identity development. Another aspect to consider around SM and education, especially in the light of the COVID-19 pandemic, is how SM can be used as a delivery method for teaching material. Dodson⁷⁴ found that most headteachers want to implement SM as an educational tool. Research has indeed shown the merits of SM when used for education⁷⁵, however the exact implementation of this requires further research before widespread uptake⁷⁶.

Mental Health Professionals

According to several psychiatric professionals contacted for this essay, SM has been used to communicate by YP on inpatient wards and post recordings of consultations and information about psychiatric staff. SM has been used as a platform for a 'game'

in which patients compete by scoring as many points as possible through acts such as absconding, tying ligatures and bringing illicit substances into ward environments. Further examples of problematic SM use on wards include psychiatrist 'rankings and reviews' and arranging simultaneous disruption on the wards to cause maximal staff distress. As well as having a significant impact on staff's mental wellbeing, this negatively impacts morale and causes an erosion of trust in the patient from the doctor and a subsequent deterioration in the doctor-patient relationship, in turn contributing indirectly to worsened YPMH through suboptimal care. In searching for literature to corroborate these accounts I have found that this is an apparently under-researched field. The impact of inpatient use of SM should be subject to further investigation to assess for risks not only to the YP but to mental healthcare staff in general.

Case Outline & Discussion

Outline

The following case demonstrates some of the relevant points made in the discussion above in a real-life narrative and particularly advances the dialogue surrounding inpatient SM use. All names and identifying information in the following case have been modified to ensure anonymity and the account has been used with the patient's consent.

Background: Sarah is a 19-year-old woman who has been diagnosed with anorexia nervosa. In 2018, at the age of 15, Sarah was admitted to an inpatient psychiatric ward for the first time due to an exacerbation of her ongoing struggle with anorexia. As an inpatient she was then diagnosed with post-traumatic stress disorder.

Sarah's SM Use: Sarah had an active account on various SM platforms as an inpatient. For the ward Sarah was an inpatient on access to a device was permitted during visiting hours if a visitor attended. During her most recent admission in 2020 phone access was granted for two hours a day in light of the COVID-19 pandemic.

Sarah's Account of the Impact of SM as an Inpatient:

"In my experience the world of social media has been both a good and bad thing whilst facing mental health problems. Having access to social media whilst being in an inpatient unit for mental health was really damaging as me and my peers were exchanging our Snapchat and Instagram usernames to keep in contact in the unit, which also led to us staying in contact outside of the unit. Some of my peers got me involved in difficult situations through the use of social media, telling me their unhealthy plans whilst also putting ideas into my head. When I got discharged from inpatient everything would have went a lot more smoothly if I hadn't gotten my peer's social media accounts before coming out. Through social media I arranged to meet up with people from the hospital which got me in difficult and sometimes scary situations, and if anything it made certain aspects of my mental health worse. It's taken me over 2 years to get most people from Inpatient to stop messaging me and to leave my life, although I still occasionally get messages to this day (3 years later) from unhelpful peers I met whilst in the hospital.

I do genuinely believe there is a good side to social media whilst trying to recover from poor mental health with there being many advocates, positive messages and helpful coping mechanism ideas, but I do believe you have to

want to recover and to be in a certain place to get the full benefits of the mental health social media community.”

Discussion

Sarah's case brings to life several of the themes that have been touched upon in the literature review portion of this essay. Sarah mentions, before anything else, that SM has had both a negative and positive impact on her in relation to her struggle to achieve mental wellbeing. Towards the end of the account, she mentions the positive influences, accessible through SM, that can help psychiatric inpatients, specifically positive messages and a sense of community support. This reflects the assertion that SM is both a help and a hindrance, depending on the factors highlighted above. Crucially Sarah mentions '[wanting] to recover' as a prerequisite for benefitting from online support groups on SM. This parallels with the commentary surrounding individual, offline factors as either protective or damaging when it comes to the impact of SM on YPMH. Of course, the question of what exactly makes a patient 'want' to recover is fundamental in psychiatry in general, with the interface between SM and YPMH being no exception.

It is striking that the majority of Sarah's narrative focuses on the intensely negative impact of SM on her mental wellbeing both during and after her inpatient stay. Although Sarah does not go into detail as to what exactly was being exchanged between herself and her inpatient peers, it is reasonable to assume that the risk of being exposed to distressing messages or other content was high, considering the fact that her peers were sufficiently mentally unstable to be admitted to a psychiatric ward. Sarah specifically mentions the double-edged nature of using SM to access those who are

in similar situations: 'unhealthy plans' and 'putting ideas into [her] head' demonstrate the damaging impact exposure to other mentally unwell individuals through SM can have. This risky exposure continued beyond Sarah's inpatient stay and affected her for a significant period after discharge, and continues to affect her today. Sarah also mentions physically meeting people she met online and how these resulted in 'scary' situations, which relates to literature describing how SM can be used to lure vulnerable users into physical environments where they can then be made victims of violence⁷⁷.

Conclusion

This essay has provided a commentary on a complex topic derived from a seemingly simple question. The heterogenous manifestations of SM and how it impacts young people who are themselves unique and idiosyncratic is an extensive field of research that is still in its relative infancy. Initial research has identified that SM has both protective as well as damaging effects on YPMH. Further research has opened up this conversation to explore the 'how' and 'why' behind these initial conclusions. This has led to many theories and mechanisms being proposed, but perhaps the most important and practical predictive factors are YP's predispositions as well as how they interact with SM, which is in turn influenced by SM design. Other themes, such as causation versus correlation, impacts on third parties and psychiatric inpatient SM interaction add further depth and complexity to an already layered narrative. Finally, through Sarah's account of SM influences during her inpatient stay, we have seen how vulnerable individuals can be impacted by SM use, but also how there is a clear voice supporting it. In reflecting on the original question of whether social media is a help or a hindrance, the most fundamental common thread through all sections of this essay

is the assertion that SM is *both* a help *and* a hindrance in promoting child & adolescent wellbeing. This statement must be acknowledged if we, as mental healthcare professionals, are to successfully navigate a digital landscape which is constantly shifting and growing and holds potentially life-changing consequences for YP. Perhaps, through this acknowledgement, we can start creating online and offline environments and mechanisms that place the protection of YPMH as a central tenet, and chart a new course to ensure that tomorrow's adults have the psychological wellbeing they deserve.

4,965 words

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