Social Media and the Youth Mental Health Crisis:
What Can Psychologists Do?
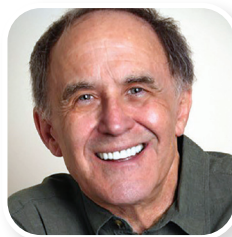
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Teenagers today are suffering a mental health crisis. Statistics on depression, anxiety, eating disorder, loneliness, self-injury, emergency-room visits, and suicide in children and adolescents show significant increases in the last decade. Between 2009 and 2019, the rates of depression among high school students doubled. The COVID-19 pandemic, with closing of schools and students' forced isolation from one another, exacerbated a crisis that was already evident by spring 2020. Reports from the Centers for Disease Control and Prevention (CDC, 2019), the U.S. Surgeon General (Murthy, 2021), and most recently, the American Psychological Association (APA) Chief Science Officer's testimony before the U.S. Senate (Prinstein, 2023) paint an alarming picture. Indeed, suicide is the second leading cause of death in teens.

There is no simple reason for the youth mental health crisis. Multiple and simultaneous factors, both biological and environmental, and manifesting at the individual, family, community, and society levels, are at play. One particular explanation for the crisis is teens' use of social media (see Twenge, 2018, 2023). The purpose of this article is, first, to discuss research on the relation between social media use and the current mental health crisis. The second purpose is to suggest ways in which psychologists can help parents and youngsters avert dangers inherent in social media use.

Research on Social Media Use and Youth Mental Health

It is important to distinguish between "digital media" (i.e., all screen time, including texting, gaming, internet) and the subset of digital media that is considered "social media" (i.e., screen time involving specific types of platforms, most notably Facebook, Twitter, Instagram, Snapchat, and TikTok). Overall screen time contributes both positively and negatively to mental health. On the one hand, time that children and adolescents sit in front of screens – whether smartphones, laptops, or tablets – obviously detracts from in-person peer interaction, physical exercise, and sleep, all factors that contribute in a positive way to mental health. On the other hand, screen time can facilitate peer interaction through texting and multiplayer video gaming, exercise through fitness and workout apps, sleep through relaxation apps, and mental health directly through stress reduction and therapy apps. During the COVID-19 pandemic, use of digital technology may well have helped individuals compensate for in-person isolation. The major culprit regarding mental health, and the focus of this article, is not digital media as a whole but social media in particular.

Individuals Who Are Particularly Vulnerable to Harm from Social Media Use

Smartphones were ubiquitous among teens by 2010; but from 2010 to 2014, use shifted from predominantly texting to social media. Between 2012 and 2018, two events occurred simultaneously: (a) rates (i.e., percentages) of teens' use of social media steadily increased, and (b) rates (i.e., percentages) of teens' depression also steadily increased. The rates of depression were higher for girls than boys, and the increase over time in rates of depression was more dramatic (i.e., the graph was steeper) for girls than for boys (Haidt & Allen, 2020). According to several correlational studies as well as quasi-experimental studies (e.g., randomly assigning students to a group that stays off their Facebook account for a given period and measuring the effects, namely, changes in mood), social media use is directly linked to depression. That is, more social media use is associated with more depressive symptomatology. Importantly, the relation between social media use and depression is much stronger for girls than boys, and this relation is evident for social media and not overall screen time (Twenge, Haidt, Lozano & Cummins, 2022).

Mechanisms by Which Social Media Use Affects Mental Health

The fact that some individuals (i.e., girls) are more vulnerable than others (i.e., boys) to mental harm from social media raises the question, "Why?" Are there specific features of social media or specific behaviors of some users that put teenagers at risk of harm?

Cyberbullying. One reason why social media use may be harmful to teens has to do with peer aggression. For years, texting on smartphones has provided a powerful and convenient way (i.e., cyberbullying) to spread rumors, ostracize classmates, and perpetrate "relational peer aggression." Traditionally, while boys tend to bully one another overtly (i.e., physically), girls tend to do so covertly in order to cause emotional harm (see Espelage & Swearer, 2003). Social media arguably has taken cyberbullying to an insidious level beyond texting, especially among girls. Among adolescent girls of color, in particular, social media often exposes youngsters to hate-based and racist speech (Nesi, Mann & Robb, 2023).

Social comparison. Although social media platforms like Facebook may have been intended originally in the early- and mid-2000s to serve a prosocial function (i.e., to foster interpersonal connectedness, friendships, and sense of community), teenagers today often come under the sway of a very different, antisocial function. They are directed toward, and motivated by, numbers of "likes," numbers of "followers," and numbers of "retweets." These metrics function as depersonalized connections with peers; they are a means by which teens readily compare themselves with others, often perceiving themselves in ways that leave them feeling like they are lacking in friends and not as popular, smart, or good-looking as their peers. For teenage girls in middle-school, Instagram and Snapchat are particularly harmful for self-esteem, presumably because of how they facilitate photo and video sharing (Haidt, 2021). It is normative for girls around ages 10-14, going through puberty earlier than boys, to be self-conscious about their changing bodies. Insecurities are easily magnified by their sharing of selfies and awaiting public judgments with reference to visual images of beauty – or unattractiveness.

Digital stress. According to Steele, Hall, and Christofferson (2020), social media platforms contribute to several different types of "digital stress": (a) availability stress (need to remain constantly "logged into" the platform); (b) approval anxiety (desire for posts to receive positive responses and reposts); and (c) fear of missing out (need to be "plugged into," and not excluded from, information and experiences shared with an idealized high-status peer group). A common observation is that "kids are addicted" to their smartphones. The terms, "doomscrolling" and "doomsurfing," describe their excessive and compulsive searching for information and then waiting and reposting, even when news or feedback is negative and disheartening.

Dangerous content. A related aspect of social media is how it exposes users to potentially dangerous content on the Internet. Studies abound of teenagers on social media platforms accessing demonstrations and encouragement of unhealthy weight management, non-suicidal self-injury (e.g., cutting), how to commit suicide, and moreover, how to conceal these behaviors from adults. Certainly, since the early years of the Internet, individuals have had access to dangerous information. Further, they have had opportunities to access either help with problems or opportunities to conceal problems (e.g., Whitlock, Powers, & Eckenrode, 2006). But, now with social media, youth may be especially vulnerable to harm when dangerous content is transmitted on Instagram, Snapchat, and TikTok.

A Call to Action

What can psychologists do to mitigate the mental health crisis related to social media use? Diamond (2023) and Prinstein (2023) have made several "top-down," policy-related suggestions. Psychologists can potentially influence legislation. It can be argued that social media companies need to be regulated more forcefully. The federal law governing children's use of social media is Children's Online Privacy Protection Act (COPPA) of 1998; it imposes requirements on operators of websites and online services to protect the privacy of children under 13-years-old. Perhaps a broader safety net (i.e., "age of internet adulthood") should be set to protect teenagers up to age 16. In addition to legislation, psychologists can potentially get involved in setting rules and norms in local schools, for example, advocating for restrictions on certain social media platforms.

In terms of "bottom-up" involvement of psychologists, McCabe and Prinstein (2023) and Murthy (2023) recently have made very useful recommendations for parents of adolescents. A role of child psychologists and family clinicians can be to help parents implement these recommendations. For example, parents need to be made aware of how social media use is directly implicated in the youth mental health crisis. Most adults do not understand social media and do not know how to monitor and set limits on what their children are doing online. They should at least recognize this lack of knowledge and attempt to become knowledgeable (i.e., attain "social media literacy"). Parents need to become aware of signs of problematic social media use (e.g., spending too much time online; letting screen time interfere with in-person social interaction and sleep). They should model for their children healthy social media use in their own lives, focusing on how to balance risks with benefits (e.g., connecting with and getting support from friends).

Improving parent-child communication can facilitate open discussion about social media. For example (a) questioning misinformation and unreliability of Internet content; (b) understanding how filters and editing tools can manipulate and distort visual images; (c) respecting privacy and protecting personal information; and (d) recognizing when it is appropriate – and sometimes necessary – for children to seek help from their parent if they are exposed to harm (Newman, 2008). The traditional role of the parent as the caregiver to whom the child turns for help and protection makes it incumbent upon parents to understand social media. By extension, psychologists themselves need to understand social media if they are to educate and guide parents. Indeed, psychologists need to un-

derstand social media if they are to understand how teenagers experience the world.

Psychologists working with children and adolescents must think carefully about therapeutic and legal/ethical issues of confidentiality, including pros and cons of informing parents of their child's risky involvement with social media. We need to watch for warning signs of trauma (e.g., self-injurious behavior, suicidal ideation), help alleviate immediate symptoms (e.g., anxiety- or mood-related), and address complex feelings (e.g., anger, guilt, envy, self-blame, fear, loneliness, desire for retribution) that are often evoked by cyberbullying, excessive social comparison, digital stress, and dangerous online material. We must be attuned to personal and contextual factors that make certain individuals particularly vulnerable to misuse of social media. This may include youngsters dealing with adverse childhood experiences such as disability, poor body image, social marginalization, LGBTQ+ status, racism, and exposure to domestic violence and mental illness at home. Finally, it is important for psychologists to foster the long-term development in children and adolescents of protective self-system resources (e.g., social skills, intellectual competencies, in-person friendships, good parent-child relationships, self-esteem, and sense of autonomy) – thereby maximizing resilience and minimizing the potential risks of social media use in the first place. ■

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