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Pros & cons: impacts of social media on mental health

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Abstract

The use of social media significantly impacts mental health. It can enhance connection, increase self-esteem, and improve a sense of belonging. But it can also lead to tremendous stress, pressure to compare oneself to others, and increased sadness and isolation. Mindful use is essential to social media consumption.

Social media has become integral to our daily routines: we interact with family members and friends, accept invitations to public events, and join online communities to meet people who share similar preferences using

these platforms. Social media has opened a new avenue for social experiences since the early 2000s, extending the possibilities for communication. According to recent research [1], people spend 2.3 h daily on social media. YouTube, TikTok, Instagram, and Snapchat have become increasingly popular among youth in 2022, and one-third think they spend too much time on these platforms [2]. The considerable time people spend on social media worldwide has directed researchers' attention toward the potential benefits and risks. Research shows excessive use is mainly associated with lower psychological well-being [3]. However, findings also suggest that the quality rather than the quantity of social media use can determine whether the experience will enhance or deteriorate the user's mental health [4]. In this collection, we will explore the impact of social media use on mental health by providing comprehensive research perspectives on positive and negative effects.

Social media can provide opportunities to enhance the mental health of users by facilitating social connections and peer support [5]. Indeed, online communities can provide a space for discussions regarding health conditions, adverse life events, or everyday challenges, which may decrease the sense of stigmatization and increase belongingness and perceived emotional support. Mutual friendships, rewarding social interactions, and humor on social media also reduced stress during the COVID-19 pandemic [4].

On the other hand, several studies have pointed out the potentially detrimental effects of social media use on mental health. Concerns have been raised that social media may lead to body image dissatisfaction [6], increase the risk of addiction and cyberbullying involvement [5], contribute to phubbing behaviors [7], and negatively affects mood [8]. Excessive use has increased loneliness, fear of missing out, and decreased subjective well-being and life satisfaction [8]. Users at risk of

social media addiction often report depressive symptoms and lower self-esteem [9].

Overall, findings regarding the impact of social media on mental health pointed out some essential resources for psychological well-being through rewarding online social interactions. However, there is a need to raise awareness about the possible risks associated with excessive use, which can negatively affect mental health and everyday functioning [9]. There is neither a negative nor positive consensus regarding the effects of social media on people. However, by teaching people social media literacy, we can maximize their chances of having balanced, safe, and meaningful experiences on these platforms [10].

We encourage researchers to submit their research articles and contribute to a more differentiated overview of the impact of social media on mental health. *BMC Psychology* welcomes submissions to its new collection, which promises to present the latest findings in the emerging field of social media research. We seek research papers using qualitative and quantitative methods, focusing on social media users' positive and negative aspects. We believe this collection will provide a more comprehensive picture of social media's positive and negative effects on users' mental health.

Data Availability

Not applicable.

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Social media and adolescent mental health: A consensus report of the National Academies of Sciences, Engineering, and Medicine

A range of digitally mediated communication platforms—loosely called as a group, social media—have transformed how the world communicates and interacts over the past decade and a half. The rise in popularity of some social media platforms has been nothing short of extraordinary. For example, Facebook, introduced in 2004, now has 2.9 billion regular users (1, 2). Snapchat has 397 million regular users, and TikTok, introduced only in 2018, has 1.7 billion regular users (2). As with all new technologies, the most common users of new social media platforms have been young people, with adolescents being the fastest adopters of these technologies and their most avid users.

At the same time as the world has witnessed this rise in social media use, the US has seen an increase in mental disorders overall, and among adolescents in particular. Rates of mental health problems have increased over the past decade, as have suicidal ideation and completed suicides in this group (3, 4). This has led, not unreasonably, to concern that this worsening in adolescent mental health is linked to the rise in social media use. This thesis has been proposed in academic writing (5, 6), featured in a number of prominent books and articles for a broader public audience (7–10). Concern about this connection was fueled by the release of documents from Facebook by a whistleblower that showed both that social media platforms were aware of the risks of worsening mental health and that these same companies made concerted efforts to ensure continued and ever greater engagement with their platforms (11–13).

With this potential link in mind, the National Academies of Sciences, Engineering, and Medicine convened a consensus committee with a charge to disentangle the links between social media use and adolescent mental health and to articulate recommendations accordingly. The committee's Statement of Task and membership are provided in [Appendixes A and B](#). This work culminated in a report that was just released (14). We summarize here both the report's main findings and the recommendations that emerged from the committee's deliberations.

The link between social media and adolescent mental health

The question that has animated such public discussion and debate—the potential link between social media and adolescent mental health—turns out to be far more complex than might appear at first glance, and there is no easy answer to whether increasing social media use is associated with growing mental distress for adolescents. There are three principal reasons for the challenge in answering this question.

First, the term social media is broad, and there is no easy catch-all that can describe the range of interactive digital tools that are

popularly called “social media.” For the purposes of its deliberation, the committee relied on a definition adapted from the American Psychological Association, referring to social media as the set of “interactive technologies that facilitate the creation and sharing of information, ideas, interests, and other forms of expression through virtual communities and networks” (15). This definition encompasses a broad range of tools, and each of these tools operate in different ways. Importantly, the notion of use of social media encompasses a range of behaviors that are irreducible to simple reductions (use vs. nonuse) and must be understood as a heterogeneous set of exposures. For example, simply focusing on length of time that adolescents use a particular social media platform does not account for whether that adolescent is using that time to stream movies in their spare time, to connect to communities of peers who may share interests productively, or to engage in exchanges that may expose adolescents to risk of exacerbating negative body image. Therefore, the question posed at the outset is virtually unanswerable without a careful assessment of the types of engagements adolescents have with social media and linking those engagements to specific mental health indicators.

Second, and relatedly, the literature is quite far from being able to provide confidence that particular behaviors—with the exception of some explicitly harmful engagements as noted below—are linked to adverse mental health. This challenge emerges from a limited literature, characterized by a paucity of longitudinal studies, and by, in the main, use of crude exposure measures that fail to differentiate between specific behaviors while adolescents engage with social media. This suggests that much more work is needed to appropriately determine which behaviors, when, and by whom might be associated with mental health harms among adolescents.

Third, while this report was catalyzed by concern about the effect of social media on adverse mental health, it is apparent that entertainment, giving pleasure, and providing connections are important benefits of social media, particularly for isolated adolescents (e.g. adolescents with disabilities, or LGBTQ+ adolescents living in rural areas). Hence, in the big picture, any assessment of overall harms—and efforts to restrict social media use commensurately—must be balanced with the clear benefits that many users of social media derive from engagement with these platforms.

It is however apparent that some behaviors—even if rare—are explicitly harmful and emerge from social media exposure by adolescents. These behaviors, including cyber-stalking and harassment, are well documented and most troubling because of the difficulty that social media has in policing these behaviors—or

Competing Interest: S.G. is an Associate Editor of PNAS Nexus and served as chair of the consensus committee responsible for the report discussed in this editorial.

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even in providing opportunities for adolescents who experience them to report these behaviors or shield themselves from them.

Recommendations for a better social media use

The committee developed a set of recommendations that aim to help better understand the question at hand, deal with immediate challenges, and establish the foundations for healthier social media use going forward.

First, the committee noted the need for much more research in the area. It is astonishing that social media have become so ubiquitous without any careful consideration about its potential impact on health, particularly the health of adolescents who are deeply influenced by such exposure at a formative stage in their life. By way of analogy, it is as though a brand-new food group were released into the public, that essentially everyone consumes every day, without any investigation into its safety. This therefore calls for the need for much more research in the area, particularly longitudinal research that allows for the measurement of specificity of exposure so that we can discern which elements of social media use are harmful and which are not. In parallel, the committee recommended that the International Organization for Standardization should convene an ongoing technical working group that includes industry representatives, civil society, and academic stakeholders to develop standards for social media platform design, transparency, and data use that can, through emerging data, ensure best practices in social media platforms toward mitigating potential harms.

Second, the committee felt strongly that enough is known about the harms of cyber-harassment that efforts do need to be expended to mitigate this harm. This includes the development of systems for reporting, follow-up, and adjudication for cases of online harassment and abuse. These systems should be easy to use, universal, accountable, and transparent. In addition, the committee suggested that the US Substance Abuse and Mental Health Services Administration should have intervention programs for children and adolescents who experience digital abuse. This would be a step toward creating an infrastructure of support for an experience that is becoming distressingly common and casting a pall on social media use that may, in the main, be otherwise benign.

Third, given the ubiquity of social media use, it is somewhat remarkable that the country has not engaged in any formal efforts to teach safe, healthy, social media use by adolescents. This can only be done in the schools, and the committee recognized that as such teachers need to be prepared to engage in teaching in this area. This will require that state boards of education set standards for comprehensive digital media literacy education in grades K through 12. In addition, the Council for the Accreditation of Educator Preparation would need to set requirements for media literacy education for student teachers and as part of ongoing professional development for veteran teachers. An extension of this includes the training of medical providers—through relevant bodies—in understanding social media and its consequences, so that clinical providers are in a position to counsel patients on social media use and spot potential warning signs.

Conclusion

Informed by the rapid spread of social media, and the co-occurring crisis in adolescent mental health, the National Academies of Sciences, Engineering, and Medicine consensus

committee was tasked with addressing whether the former is leading to the latter. The answer turns out to be nowhere near as simple as we might hope. The question does, however, prompt the need for careful research in the area, elevate the importance of short-term tackling of harassment through social media, and encourage the establishment of pathways to ensure teaching about social media in schools and counseling about social media use by medical providers.

Supplementary Material

[Supplementary material](#) is available at PNAS Nexus online.

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Social Media and Mental Health: Benefits, Risks, and Opportunities for Research and Practice

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Introduction

Social media has become a prominent fixture in the lives of many individuals facing the challenges of mental illness. Social media refers broadly to web and mobile platforms that allow individuals to connect with others within a virtual network (such as Facebook, Twitter, Instagram, Snapchat, or LinkedIn), where they can share, co-create, or exchange various forms of digital content, including information, messages, photos, or videos (Ahmed et al. 2019). Studies have reported that individuals living with a range of mental disorders, including depression, psychotic disorders, or other severe mental illnesses, use social media platforms at comparable rates as the general population, with use ranging from about 70% among middle-age and older individuals to upwards of 97% among younger individuals (Aschbrenner et al. 2018b; Birnbaum et al. 2017b; Brunette et al. 2019; Naslund et al. 2016). Other exploratory studies have found that many of these individuals with mental illness appear to turn to social media to share their personal experiences, seek information about their mental health and treatment options, and give and receive support from others facing similar mental health challenges (Bucci et al. 2019; Naslund et al. 2016b).

Across the USA and globally, very few people living with mental illness have access to adequate mental health services (Patel et al. 2018). The wide reach and near ubiquitous use of social media platforms may afford novel opportunities to

address these shortfalls in existing mental health care, by enhancing the quality, availability, and reach of services. Recent studies have explored patterns of social media use, impact of social media use on mental health and wellbeing, and the potential to leverage the popularity and interactive features of social media to enhance the delivery of interventions. However, there remains uncertainty regarding the risks and potential harms of social media for mental health (Orben and Przybylski 2019) and how best to weigh these concerns against potential benefits.

In this commentary, we summarized current research on the use of social media among individuals with mental illness, with consideration of the impact of social media on mental wellbeing, as well as early efforts using social media for delivery of evidence-based programs for addressing mental health problems. We searched for recent peer reviewed publications in Medline and Google Scholar using the search terms “mental health” or “mental illness” and “social media,” and searched the reference lists of recent reviews and other relevant studies. We reviewed the risks, potential harms, and necessary safety precautions with using social media for mental health. Overall, our goal was to consider the role of social media as a potentially viable intervention platform for offering support to persons with mental disorders, promoting engagement and retention in care, and enhancing existing mental health services, while balancing the need for safety. Given this broad objective, we did not perform a systematic search of the literature and we did not apply specific inclusion criteria based on study design or type of mental disorder.

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Social Media Use and Mental Health

In 2020, there are an estimated 3.8 billion social media users worldwide, representing half the global population (We Are Social 2020). Recent studies have shown that individuals with mental disorders are increasingly gaining access to and using mobile devices, such as smartphones (Firth et al. 2015; Glick et al. 2016; Torous et al. 2014a, b). Similarly, there is mounting

evidence showing high rates of social media use among individuals with mental disorders, including studies looking at engagement with these popular platforms across diverse settings and disorder types. Initial studies from 2015 found that nearly half of a sample of psychiatric patients were social media users, with greater use among younger individuals (Trefflich et al. 2015), while 47% of inpatients and outpatients with schizophrenia reported using social media, of which 79% reported at least once-a-week usage of social media websites (Miller et al. 2015). Rates of social media use among psychiatric populations have increased in recent years, as reflected in a study with data from 2017 showing comparable rates of social media use (approximately 70%) among individuals with serious mental illness in treatment as compared with low-income groups from the general population (Brunette et al. 2019).

Similarly, among individuals with serious mental illness receiving community-based mental health services, a recent study found equivalent rates of social media use as the general population, even exceeding 70% of participants (Naslund et al. 2016). Comparable findings were demonstrated among middle-age and older individuals with mental illness accessing services at peer support agencies, where 72% of respondents reported using social media (Aschbrenner et al. 2018b). Similar results, with 68% of those with first episode psychosis using social media daily were reported in another study (Abdel-Baki et al. 2017).

Individuals who self-identified as having a schizophrenia spectrum disorder responded to a survey shared through the National Alliance of Mental Illness (NAMI) and reported that visiting social media sites was one of their most common activities when using digital devices, taking up roughly 2 h each day (Gay et al. 2016). For adolescents and young adults ages 12 to 21 with psychotic disorders and mood disorders, over 97% reported using social media, with average use exceeding 2.5 h per day (Birnbauer et al. 2017b). Similarly, in a sample of adolescents ages 13–18 recruited from community mental health centers, 98% reported using social media, with YouTube as the most popular platform, followed by Instagram and Snapchat (Aschbrenner et al. 2019).

Research has also explored the motivations for using social media as well as the perceived benefits of interacting on these platforms among individuals with mental illness. In the sections that follow (see Table 1 for a summary), we consider three potentially unique features of interacting and connecting with others on social media that may offer benefits for individuals living with mental illness. These include: (1) Facilitate social interaction; (2) Access to a peer support network; and (3) Promote engagement and retention in services.

Facilitate Social Interaction

Social media platforms offer near continuous opportunities to connect and interact with others, regardless of time of day or

geographic location. This on demand ease of communication may be especially important for facilitating social interaction among individuals with mental disorders experiencing difficulties interacting in face-to-face settings. For example, impaired social functioning is a common deficit in schizophrenia spectrum disorders, and social media may facilitate communication and interacting with others for these individuals (Torous and Keshavan 2016). This was suggested in one study where participants with schizophrenia indicated that social media helped them to interact and socialize more easily (Miller et al. 2015). Like other online communication, the ability to connect with others anonymously may be an important feature of social media, especially for individuals living with highly stigmatizing health conditions (Berger et al. 2005), such as serious mental disorders (Highton-Williamson et al. 2015).

Studies have found that individuals with serious mental disorders (Spinzy et al. 2012) as well as young adults with mental illness (Gowen et al. 2012) appear to form online relationships and connect with others on social media as often as social media users from the general population. This is an important observation because individuals living with serious mental disorders typically have few social contacts in the offline world and also experience high rates of loneliness (Badcock et al. 2015; Giacco et al. 2016). Among individuals receiving publicly funded mental health services who use social media, nearly half (47%) reported using these platforms at least weekly to feel less alone (Brusilovskiy et al. 2016). In another study of young adults with serious mental illness, most indicated that they used social media to help feel less isolated (Gowen et al. 2012). Interestingly, more frequent use of social media among a sample of individuals with serious mental illness was associated with greater community participation, measured as participation in shopping, work, religious activities, or visiting friends and family, as well as greater civic engagement, reflected as voting in local elections (Brusilovskiy et al. 2016).

Emerging research also shows that young people with moderate to severe depressive symptoms appear to prefer communicating on social media rather than in-person (Rideout and Fox 2018), while other studies have found that some individuals may prefer to seek help for mental health concerns online rather than through in-person encounters (Batterham and Caele 2017). In a qualitative study, participants with schizophrenia described greater anonymity, the ability to discover that other people have experienced similar health challenges and reducing fears through greater access to information as important motivations for using the Internet to seek mental health information (Schrack et al. 2010). Because social media does not require the immediate responses necessary in face-to-face communication, it may overcome deficits with social interaction due to psychotic symptoms that typically adversely affect face-to-face conversations (Docherty

Table 1 Summary of potential benefits and challenges with social media for mental health

Features of social media	Examples	Studies
Benefits		
1) Facilitate social interaction	<ul style="list-style-type: none"> • Online interactions may be easier for individuals with impaired social functioning and facing symptoms • Anonymity can help individuals with stigmatizing conditions connect with others • Young adults with mental illness appear to commonly form online relationships • Social media use in individuals with serious mental illness may be associated with greater community and civic engagement • Individuals with depressive symptoms may prefer communicating on social media than in-person • Online conversations do not require immediate responses or non-verbal cues 	(Batterham and Calear 2017; Brusilovskiy et al. 2016; Gowen et al. 2012; Highton-Williamson et al. 2015; Indian and Grieve 2014; Schrank et al. 2010; Spinzy et al. 2012; Torous and Keshavan 2016)
2) Access to peer support network	<ul style="list-style-type: none"> • Online peer support can help to seek information, discuss symptoms and medication, share experiences, learn to cope and facilitate self-disclosure • Individuals with mental disorders can establish new relationships, feel less alone or reconnect with people • Various support patterns are noted in these networks (e.g. “informational,” “esteem,” “network,” and “emotional”) 	(Bauer et al. 2013; Berry et al. 2017; Bucci et al. 2019; Chang 2009; Haker et al. 2005; Highton-Williamson et al. 2015; Naslund et al. 2014; 2017; Vayreda and Antaki 2009)
3) Promote engagement and retention in services	<ul style="list-style-type: none"> • Individuals with mental disorders can connect with care providers and access evidence-based services • Online peer support augments existing interventions to improve client engagement and compliance • Peer networks increase social connectedness and empowerment during recovery • Interactive peer-to-peer features of social media appear beneficial for social functioning • Mobile apps offer potential to monitor symptoms, prevent relapses and help users set goals • Digital peer-based interventions are feasible and acceptable for targeting fitness and weight loss in people with mental disorders • Online networks can extend support to caregivers of those with mental disorders 	(Alvarez-Jimenez et al. 2013, 2018, 2019; Aschbrenner et al. 2018a, 2016b; Biagianti et al. 2018; Bimbaum et al. 2017b; Gleeson et al. 2017; Lal et al. 2018; Naslund et al. 2016b, 2018; Schlosser et al. 2016, 2018)
Challenges		
1) Impact on symptoms	<ul style="list-style-type: none"> • Studies show increased risk of exposure to harm, social isolation, depressive symptoms and bullying • Social comparison pressure and social isolation after being rejected on social media is a potential concern • More frequent visits and use of a larger number of social media platforms has been linked with greater depressive symptoms, anxiety and risk of suicide • Social media replaces in-person interactions and may contribute to greater loneliness and worsening of existing mental health symptoms 	(Andreassen et al. 2016; Berry et al. 2018; Best et al. 2014; Feinstein et al. 2013; Kross et al. 2013; Lin et al. 2016; Mittal et al. 2007; Stiglic and Viner 2019; Twenge and Campbell 2018; Twenge et al. 2018; Vannucci et al. 2017; Woods and Scott 2016)
2) Facing hostile interactions	<ul style="list-style-type: none"> • Cyberbullying is associated with increased depressive and anxiety symptoms • Greater odds of online harassment in individuals with major depressive symptoms than those with mild or no symptoms 	(Hamm et al. 2015; Machmutow et al. 2012; Rideout and Fox 2018; Ybarra 2004)
3) Consequences for daily life	<ul style="list-style-type: none"> • Risks pertain to privacy, confidentiality, and potential consequences of disclosing personal health information • Misleading information or conflicts of interest, when the platforms promote popular content • Individuals have concerns about privacy, threats to employment, stigma and being judged, adverse impact on relationships and facing online hostility 	(Moorhead et al. 2013; Naslund and Aschbrenner 2019; Torous and Keshavan 2016; Ventola 2014)

et al. 1996). Online social interactions may not require the use of non-verbal cues, particularly in the initial stages of interaction (Kiesler et al. 1984), with interactions being more fluid and within the control of users, thereby overcoming possible social anxieties linked to in-person interaction (Indian and Grieve 2014). Furthermore, many individuals with serious mental disorders can experience symptoms including passive social withdrawal, blunted affect, and attentional impairment, as well as active social avoidance due to hallucinations or other concerns (Hansen et al. 2009), thus potentially reinforcing the relative advantage, as perceived by users, of using social media over in person conversations.

Access to a Peer Support Network

There is growing recognition about the role that social media channels could play in enabling peer support (Bucci et al. 2019; Naslund et al. 2016b), referred to as a system of mutual giving and receiving where individuals who have endured the difficulties of mental illness can offer hope, friendship, and support to others facing similar challenges (Davidson et al. 2006; Mead et al. 2001). Initial studies exploring use of online self-help forums among individuals with serious mental illnesses have found that individuals with schizophrenia appeared to use these forums for self-disclosure and sharing personal experiences, in addition to providing or requesting information, describing symptoms, or discussing medication (Haker et al. 2005), while users with bipolar disorder reported using these forums to ask for help from others about their illness (Vayreda and Antaki 2009). More recently, in a review of online social networking in people with psychosis, Highton-Williamson et al. (2015) highlight that an important purpose of such online connections was to establish new friendships, pursue romantic relationships, maintain existing relationships or reconnect with people, and seek online peer support from others with lived experience (Highton-Williamson et al. 2015).

Online peer support among individuals with mental illness has been further elaborated in various studies. In a content analysis of comments posted to YouTube by individuals who self-identified as having a serious mental illness, there appeared to be opportunities to feel less alone, provide hope, find support and learn through mutual reciprocity, and share coping strategies for day-to-day challenges of living with a mental illness (Naslund et al. 2014). In another study, Chang (2009) delineated various communication patterns in an online psychosis peer-support group (Chang 2009). Specifically, different forms of support emerged, including “informational support” about medication use or contacting mental health providers, “esteem support” involving positive comments for encouragement, “network support” for sharing similar experiences, and “emotional support” to express understanding of a peer’s situation and offer hope or confidence (Chang 2009).

Bauer et al. (2013) reported that the main interest in online self-help forums for patients with bipolar disorder was to share emotions with others, allow exchange of information, and benefit by being part of an online social group (Bauer et al. 2013).

For individuals who openly discuss mental health problems on Twitter, a study by Berry et al. (2017) found that this served as an important opportunity to seek support and to hear about the experiences of others (Berry et al. 2017). In a survey of social media users with mental illness, respondents reported that sharing personal experiences about living with mental illness and opportunities to learn about strategies for coping with mental illness from others were important reasons for using social media (Naslund et al. 2017). A computational study of mental health awareness campaigns on Twitter provides further support with inspirational posts and tips being the most shared (Saha et al. 2019). Taken together, these studies offer insights about the potential for social media to facilitate access to an informal peer support network, though more research is necessary to examine how these online interactions may impact intentions to seek care, illness self-management, and clinically meaningful outcomes in offline contexts.

Promote Engagement and Retention in Services

Many individuals living with mental disorders have expressed interest in using social media platforms for seeking mental health information (Lal et al. 2018), connecting with mental health providers (Birnbaum et al. 2017b), and accessing evidence-based mental health services delivered over social media specifically for coping with mental health symptoms or for promoting overall health and wellbeing (Naslund et al. 2017). With the widespread use of social media among individuals living with mental illness combined with the potential to facilitate social interaction and connect with supportive peers, as summarized above, it may be possible to leverage the popular features of social media to enhance existing mental health programs and services. A recent review by Biagiante et al. (2018) found that peer-to-peer support appeared to offer feasible and acceptable ways to augment digital mental health interventions for individuals with psychotic disorders by specifically improving engagement, compliance, and adherence to the interventions and may also improve perceived social support (Biagiante et al. 2018).

Among digital programs that have incorporated peer-to-peer social networking consistent with popular features on social media platforms, a pilot study of the HORYZONS online psychosocial intervention demonstrated significant reductions in depression among patients with first episode psychosis (Alvarez-Jimenez et al. 2013). Importantly, the majority of participants (95%) in this study engaged with the peer-to-peer networking feature of the program, with many reporting increases in perceived social connectedness and empowerment

in their recovery process (Alvarez-Jimenez et al. 2013). This moderated online social therapy program is now being evaluated as part of a large randomized controlled trial for maintaining treatment effects from first episode psychosis services (Alvarez-Jimenez et al. 2019).

Other early efforts have demonstrated that use of digital environments with the interactive peer-to-peer features of social media can enhance social functioning and wellbeing in young people at high risk of psychosis (Alvarez-Jimenez et al. 2018). There has also been a recent emergence of several mobile apps to support symptom monitoring and relapse prevention in psychotic disorders. Among these apps, the development of PRIME (Personalized Real-time Intervention for Motivational Enhancement) has involved working closely with young people with schizophrenia to ensure that the design of the app has the look and feel of mainstream social media platforms, as opposed to existing clinical tools (Schlosser et al. 2016). This unique approach to the design of the app is aimed at promoting engagement and ensuring that the app can effectively improve motivation and functioning through goal setting and promoting better quality of life of users with schizophrenia (Schlosser et al. 2018).

Social media platforms could also be used to promote engagement and participation in in-person services delivered through community mental health settings. For example, the peer-based lifestyle intervention called PeerFIT targets weight loss and improved fitness among individuals living with serious mental illness through a combination of in-person lifestyle classes, exercise groups, and use of digital technologies (Aschbrenner et al. 2016b, c). The intervention holds tremendous promise as lack of support is one of the largest barriers towards exercise in patients with serious mental illness (Firth et al. 2016), and it is now possible to use social media to counter such. Specifically, in PeerFIT, a private Facebook group is closely integrated into the program to offer a closed platform where participants can connect with the lifestyle coaches, access intervention content, and support or encourage each other as they work towards their lifestyle goals (Aschbrenner et al. 2016a; Naslund et al. 2016a). To date, this program has demonstrated preliminary effectiveness for meaningfully reducing cardiovascular risk factors that contribute to early mortality in this patient group (Aschbrenner, Naslund, Shevenell, Kinney, et al., 2016), while the Facebook component appears to have increased engagement in the program, while allowing participants who were unable to attend in-person sessions due to other health concerns or competing demands to remain connected with the program (Naslund et al. 2018). This lifestyle intervention is currently being evaluated in a randomized controlled trial enrolling young adults with serious mental illness from real world community mental health services settings (Aschbrenner et al. 2018a).

These examples highlight the promise of incorporating the features of popular social media into existing programs, which

may offer opportunities to safely promote engagement and program retention, while achieving improved clinical outcomes. This is an emerging area of research, as evidenced by several important effectiveness trials underway (Alvarez-Jimenez et al. 2019; Aschbrenner et al. 2018a), including efforts to leverage online social networking to support family caregivers of individuals receiving first episode psychosis services (Gleeson et al. 2017).

Challenges with Social Media for Mental Health

The science on the role of social media for engaging persons with mental disorders needs a cautionary note on the effects of social media usage on mental health and wellbeing, particularly in adolescents and young adults. While the risks and harms of social media are frequently covered in the popular press and mainstream news reports, careful consideration of the research in this area is necessary. In a review of 43 studies in young people, many benefits of social media were cited, including increased self-esteem and opportunities for self-disclosure (Best et al. 2014). Yet, reported negative effects were an increased exposure to harm, social isolation, depressive symptoms, and bullying (Best et al. 2014). In the sections that follow (see Table 1 for a summary), we consider three major categories of risk related to use of social media and mental health. These include: (1) Impact on symptoms; (2) Facing hostile interactions; and (3) Consequences for daily life.

Impact on Symptoms

Studies consistently highlight that use of social media, especially heavy use and prolonged time spent on social media platforms, appears to contribute to increased risk for a variety of mental health symptoms and poor wellbeing, especially among young people (Andreassen et al. 2016; Kross et al. 2013; Woods and Scott 2016). This may partly be driven by the detrimental effects of screen time on mental health, including increased severity of anxiety and depressive symptoms, which have been well documented (Stiglic and Viner 2019). Recent studies have reported negative effects of social media use on mental health of young people, including social comparison pressure with others and greater feeling of social isolation after being rejected by others on social media (Rideout and Fox 2018). In a study of young adults, it was found that negative comparisons with others on Facebook contributed to risk of rumination and subsequent increases in depression symptoms (Feinstein et al. 2013). Still, the cross-sectional nature of many screen time and mental health studies makes it challenging to reach causal inferences (Orben and Przybylski 2019).

Quantity of social media use is also an important factor, as highlighted in a survey of young adults ages 19 to 32, where more frequent visits to social media platforms each week were correlated with greater depressive symptoms (Lin et al. 2016). More time spent using social media is also associated with greater symptoms of anxiety (Vannucci et al. 2017). The actual number of platforms accessed also appears to contribute to risk as reflected in another national survey of young adults where use of a large number of social media platforms was associated with negative impact on mental health (Primack et al. 2017). Among survey respondents using between 7 and 11 different social media platforms compared with respondents using only 2 or fewer platforms, there were 3 times greater odds of having high levels of depressive symptoms and a 3.2 times greater odds of having high levels of anxiety symptoms (Primack et al. 2017).

Many researchers have postulated that worsening mental health attributed to social media use may be because social media replaces face-to-face interactions for young people (Twenge and Campbell 2018) and may contribute to greater loneliness (Bucci et al. 2019) and negative effects on other aspects of health and wellbeing (Woods and Scott 2016). One nationally representative survey of US adolescents found that among respondents who reported more time accessing media such as social media platforms or smartphone devices, there were significantly greater depressive symptoms and increased risk of suicide when compared with adolescents who reported spending more time on non-screen activities, such as in-person social interaction or sports and recreation activities (Twenge et al. 2018). For individuals living with more severe mental illnesses, the effects of social media on psychiatric symptoms have received less attention. One study found that participation in chat rooms may contribute to worsening symptoms in young people with psychotic disorders (Mittal et al. 2007), while another study of patients with psychosis found that social media use appeared to predict low mood (Berry et al. 2018). These studies highlight a clear relationship between social media use and mental health that may not be present in general population studies (Orben and Przybylski 2019) and emphasize the need to explore how social media may contribute to symptom severity and whether protective factors may be identified to mitigate these risks.

Facing Hostile Interactions

Popular social media platforms can create potential situations where individuals may be victimized by negative comments or posts. Cyberbullying represents a form of online aggression directed towards specific individuals, such as peers or acquaintances, which is perceived to be most harmful when compared with random hostile comments posted online (Hamm et al. 2015). Importantly, cyberbullying on social media consistently shows harmful impact on mental health in the

form of increased depressive symptoms as well as worsening of anxiety symptoms, as evidenced in a review of 36 studies among children and young people (Hamm et al. 2015). Furthermore, cyberbullying disproportionately impacts females as reflected in a national survey of adolescents in the USA, where females were twice as likely to be victims of cyberbullying compared with males (Alhajji et al. 2019). Most studies report cross-sectional associations between cyberbullying and symptoms of depression or anxiety (Hamm et al. 2015), though one longitudinal study in Switzerland found that cyberbullying contributed to significantly greater depression over time (Machmutow et al. 2012).

For youth ages 10 to 17 who reported major depressive symptomatology, there were over 3 times greater odds of facing online harassment in the last year compared with youth who reported mild or no depressive symptoms (Ybarra 2004). Similarly, in a 2018 national survey of young people, respondents ages 14 to 22 with moderate to severe depressive symptoms were more likely to have had negative experiences when using social media and, in particular, were more likely to report having faced hostile comments or being “trolled” from others when compared with respondents without depressive symptoms (31% vs. 14%) (Rideout and Fox 2018). As these studies depict risks for victimization on social media and the correlation with poor mental health, it is possible that individuals living with mental illness may also experience greater hostility online compared to individuals without mental illness. This would be consistent with research showing greater risk of hostility, including increased violence and discrimination, directed towards individuals living with mental illness in in-person contexts, especially targeted at those with severe mental illnesses (Goodman et al. 1999).

A computational study of mental health awareness campaigns on Twitter reported that while stigmatizing content was rare, it was actually the most spread (re-tweeted) demonstrating that harmful content can travel quickly on social media (Saha et al. 2019). Another study was able to map the spread of social media posts about the Blue Whale Challenge, an alleged game promoting suicide, over Twitter, YouTube, Reddit, Tumblr, and other forums across 127 countries (Sumner et al. 2019). These findings show that it is critical to monitor the actual content of social media posts, such as determining whether content is hostile or promotes harm to self or others. This is pertinent because existing research looking at duration of exposure cannot account for the impact of specific types of content on mental health and is insufficient to fully understand the effects of using these platforms on mental health.

Consequences for Daily Life

The ways in which individuals use social media can also impact their offline relationships and everyday activities. To

date, reports have described risks of social media use pertaining to privacy, confidentiality, and unintended consequences of disclosing personal health information online (Torous and Keshavan 2016). Additionally, concerns have been raised about poor quality or misleading health information shared on social media and that social media users may not be aware of misleading information or conflicts of interest especially when the platforms promote popular content regardless of whether it is from a trustworthy source (Moorhead et al. 2013; Ventola 2014). For persons living with mental illness, there may be additional risks from using social media. A recent study that specifically explored the perspectives of social media users with serious mental illnesses, including participants with schizophrenia spectrum disorders, bipolar disorder, or major depression, found that over one third of participants expressed concerns about privacy when using social media (Naslund and Aschbrenner 2019). The reported risks of social media use were directly related to many aspects of everyday life, including concerns about threats to employment, fear of stigma and being judged, impact on personal relationships, and facing hostility or being hurt (Naslund and Aschbrenner 2019). While few studies have specifically explored the dangers of social media use from the perspectives of individuals living with mental illness, it is important to recognize that use of these platforms may contribute to risks that extend beyond worsening symptoms and that can affect different aspects of daily life.

Discussion

In this commentary, we considered ways in which social media may yield benefits for individuals living with mental illness, while contrasting these with the possible harms. Studies reporting on the threats of social media for individuals with mental illness are mostly cross-sectional, making it difficult to draw conclusions about direction of causation. However, the risks are potentially serious. These risks should be carefully considered in discussions pertaining to use of social media and the broader use of digital mental health technologies, as avenues for mental health promotion or for supporting access to evidence-based programs or mental health services. At this point, it would be premature to view the benefits of social media as outweighing the possible harms, when it is clear from the studies summarized here that social media use can have negative effects on mental health symptoms, can potentially expose individuals to hurtful content and hostile interactions, and can result in serious consequences for daily life, including threats to employment and personal relationships. Despite these risks, it is also necessary to recognize that individuals with mental illness will continue to use social media given the ease of accessing these platforms and the immense popularity of online social networking. With this in mind, it

may be ideal to raise awareness about these possible risks so that individuals can implement necessary safeguards, while highlighting that there could also be benefits. Being aware of the risks is an essential first step, before then recognizing that use of these popular platforms could contribute to some benefits like finding meaningful interactions with others, engaging with peer support networks, and accessing information and services.

To capitalize on the widespread use of social media and to achieve the promise that these platforms may hold for supporting the delivery of targeted mental health interventions, there is need for continued research to better understand how individuals living with mental illness use social media. Such efforts could inform safety measures and also encourage use of social media in ways that maximize potential benefits while minimizing risk of harm. It will be important to recognize how gender and race contribute to differences in use of social media for seeking mental health information or accessing interventions, as well as differences in how social media might impact mental wellbeing. For example, a national survey of 14- to 22-year olds in the USA found that female respondents were more likely to search online for information about depression or anxiety and to try to connect with other people online who share similar mental health concerns when compared with male respondents (Rideout and Fox 2018). In the same survey, there did not appear to be any differences between racial or ethnic groups in social media use for seeking mental health information (Rideout and Fox 2018). Social media use also appears to have a differential impact on mental health and emotional wellbeing between females and males (Booker et al. 2018), highlighting the need to explore unique experiences between gender groups to inform tailored programs and services. Research shows that lesbian, gay, bisexual, or transgender individuals frequently use social media for searching for health information and may be more likely compared with heterosexual individuals to share their own personal health experiences with others online (Rideout and Fox 2018). Less is known about use of social media for seeking support for mental health concerns among gender minorities, though this is an important area for further investigation as these individuals are more likely to experience mental health problems and online victimization when compared with heterosexual individuals (Mereish et al. 2019).

Similarly, efforts are needed to explore the relationship between social media use and mental health among ethnic and racial minorities. A recent study found that exposure to traumatic online content on social media showing violence or hateful posts directed at racial minorities contributed to increases in psychological distress, PTSD symptoms, and depression among African American and Latinx adolescents in the USA (Tynes et al. 2019). These concerns are contrasted by growing interest in the potential for new technologies including social media to expand the reach of services to

underrepresented minority groups (Schueller et al. 2019). Therefore, greater attention is needed to understanding the perspectives of ethnic and racial minorities to inform effective and safe use of social media for mental health promotion efforts.

Research has found that individuals living with mental illness have expressed interest in accessing mental health services through social media platforms. A survey of social media users with mental illness found that most respondents were interested in accessing programs for mental health on social media targeting symptom management, health promotion, and support for communicating with health care providers and interacting with the health system (Naslund et al. 2017). Importantly, individuals with serious mental illness have also emphasized that any mental health intervention on social media would need to be moderated by someone with adequate training and credentials, would need to have ground rules and ways to promote safety and minimize risks, and importantly, would need to be free and easy to access.

An important strength with this commentary is that it combines a range of studies broadly covering the topic of social media and mental health. We have provided a summary of recent evidence in a rapidly advancing field with the goal of presenting unique ways that social media could offer benefits for individuals with mental illness, while also acknowledging the potentially serious risks and the need for further investigation. There are also several limitations with this commentary that warrant consideration. Importantly, as we aimed to address this broad objective, we did not conduct a systematic review of the literature. Therefore, the studies reported here are not exhaustive, and there may be additional relevant studies that were not included. Additionally, we only summarized published studies, and as a result, any reports from the private sector or websites from different organizations using social media or other apps containing social media-like features would have been omitted. Although, it is difficult to rigorously summarize work from the private sector, sometimes referred to as “gray literature,” because many of these projects are unpublished and are likely selective in their reporting of findings given the target audience may be shareholders or consumers.

Another notable limitation is that we did not assess risk of bias in the studies summarized in this commentary. We found many studies that highlighted risks associated with social media use for individuals living with mental illness; however, few studies of programs or interventions reported negative findings, suggesting the possibility that negative findings may go unpublished. This concern highlights the need for a future more rigorous review of the literature with careful consideration of bias and an accompanying quality assessment. Most of the studies that we described were from the USA, as well as from other higher income settings such as Australia or the UK. Despite the global

reach of social media platforms, there is a dearth of research on the impact of these platforms on the mental health of individuals in diverse settings, as well as the ways in which social media could support mental health services in lower income countries where there is virtually no access to mental health providers. Future research is necessary to explore the opportunities and risks for social media to support mental health promotion in low-income and middle-income countries, especially as these countries face a disproportionate share of the global burden of mental disorders, yet account for the majority of social media users worldwide (Naslund et al. 2019).

Future Directions for Social Media and Mental Health

As we consider future research directions, the near ubiquitous social media use also yields new opportunities to study the onset and manifestation of mental health symptoms and illness severity earlier than traditional clinical assessments. There is an emerging field of research referred to as “digital phenotyping” aimed at capturing how individuals interact with their digital devices, including social media platforms, in order to study patterns of illness and identify optimal time points for intervention (Jain et al. 2015; Onnela and Rauch 2016). Given that most people access social media via mobile devices, digital phenotyping and social media are closely related (Torous et al. 2019). To date, the emergence of machine learning, a powerful computational method involving statistical and mathematical algorithms (Shatte et al. 2019), has made it possible to study large quantities of data captured from popular social media platforms such as Twitter or Instagram to illuminate various features of mental health (Manikonda and De Choudhury 2017; Reece et al. 2017). Specifically, conversations on Twitter have been analyzed to characterize the onset of depression (De Choudhury et al. 2013) as well as detecting users’ mood and affective states (De Choudhury et al. 2012), while photos posted to Instagram can yield insights for predicting depression (Reece and Danforth 2017). The intersection of social media and digital phenotyping will likely add new levels of context to social media use in the near future.

Several studies have also demonstrated that when compared with a control group, Twitter users with a self-disclosed diagnosis of schizophrenia show unique online communication patterns (Birnbaum et al. 2017a), including more frequent discussion of tobacco use (Hswen et al. 2017), symptoms of depression and anxiety (Hswen et al. 2018b), and suicide (Hswen et al. 2018a). Another study found that online disclosures about mental illness appeared

beneficial as reflected by fewer posts about symptoms following self-disclosure (Ernala et al. 2017). Each of these examples offers early insights into the potential to leverage widely available online data for better understanding the onset and course of mental illness. It is possible that social media data could be used to supplement additional digital data, such as continuous monitoring using smartphone apps or smart watches, to generate a more comprehensive “digital phenotype” to predict relapse and identify high-risk health behaviors among individuals living with mental illness (Torous et al. 2019).

With research increasingly showing the valuable insights that social media data can yield about mental health states, greater attention to the ethical concerns with using individual data in this way is necessary (Chancellor et al. 2019). For instance, data is typically captured from social media platforms without the consent or awareness of users (Bidargaddi et al. 2017), which is especially crucial when the data relates to a socially stigmatizing health condition such as mental illness (Guntuku et al. 2017). Precautions are needed to ensure that data is not made identifiable in ways that were not originally intended by the user who posted the content as this could place an individual at risk of harm or divulge sensitive health information (Webb et al. 2017; Williams et al. 2017). Promising approaches for minimizing these risks include supporting the participation of individuals with expertise in privacy, clinicians, and the target individuals with mental illness throughout the collection of data, development of predictive algorithms, and interpretation of findings (Chancellor et al. 2019).

In recognizing that many individuals living with mental illness use social media to search for information about their mental health, it is possible that they may also want to ask their clinicians about what they find online to check if the information is reliable and trustworthy. Alternatively, many individuals may feel embarrassed or reluctant to talk to their clinicians about using social media to find mental health information out of concerns of being judged or dismissed. Therefore, mental health clinicians may be ideally positioned to talk with their patients about using social media and offer recommendations to promote safe use of these sites while also respecting their patients’ autonomy and personal motivations for using these popular platforms. Given the gap in clinical knowledge about the impact of social media on mental health, clinicians should be aware of the many potential risks so that they can inform their patients while remaining open to the possibility that their patients may also experience benefits through use of these platforms. As awareness of these risks grows, it may be possible that new protections will be put in place by industry or through new policies that

will make the social media environment safer. It is hard to estimate a number needed to treat or harm today given the nascent state of research, which means the patient and clinician need to weigh the choice on a personal level. Thus, offering education and information is an important first step in that process. As patients increasingly show interest in accessing mental health information or services through social media, it will be necessary for health systems to recognize social media as a potential avenue for reaching or offering support to patients. This aligns with growing emphasis on the need for greater integration of digital psychiatry, including apps, smartphones, or wearable devices, into patient care and clinical services through institution-wide initiatives and training clinical providers (Hilty et al. 2019). Within a learning healthcare environment where research and care are tightly intertwined and feedback between both is rapid, the integration of digital technologies into services may create new opportunities for advancing use of social media for mental health.

Conclusion

As highlighted in this commentary, social media has become an important part of the lives of many individuals living with mental disorders. Many of these individuals use social media to share their lived experiences with mental illness, to seek support from others, and to search for information about treatment recommendations, accessing mental health services and coping with symptoms (Bucci et al. 2019; Highton-Williamson et al. 2015; Naslund et al. 2016b). As the field of digital mental health advances, the wide reach, ease of access, and popularity of social media platforms could be used to allow individuals in need of mental health services or facing challenges of mental illness to access evidence-based treatment and support. To achieve this end and to explore whether social media platforms can advance efforts to close the gap in available mental health services in the USA and globally, it will be essential for researchers to work closely with clinicians and with those affected by mental illness to ensure that possible benefits of using social media are carefully weighed against anticipated risks.

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Conflict of Interest The authors declare that they have no conflict of interest.

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BY THE NUMBERS

Teens are spending nearly 5 hours daily on social media. Here are the mental health outcomes

Forty-one percent of teens with the highest social media use rate their overall mental health as poor or very poor

By [Tori DeAngelis](#) Date created: April 1, 2024 1 min read
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Percentage of teens with the **highest social media** use who rate their **overall mental health** as **poor or very poor**, compared with **23%** of those with the lowest use. For example, **10%** of the highest use group expressed **suicidal intent or self-harm** in the past 12 months compared with **5%** of the lowest use group, and **17%** of the highest users expressed poor body image compared with **6%** of the lowest users.

4.8 hours

Average number of hours a day that U.S. teens spend using seven popular social media apps, with **YouTube, TikTok, and Instagram** accounting for **87%** of their social media time. Specifically, **37%** of teens say they spend **5 or more hours** a day, **14%** spend **4 to less than 5 hours** a day, **26%** spend **2 to less than 4 hours** a day, and **23%** spend **less than 2 hours** a day on these three apps.

*[**Related:** [Potential risks of content, features, and functions: The science of how social media affects youth](#) ([/topics/social-media-internet/youth-social-media-2024](#))]*

60%

Percentage of the highest frequency social media users who report **low parental monitoring** and **weak parental relationships** who said they had **poor or very poor mental health**, compared with **25%** of the **highest frequency users who report high parental monitoring and strong parental relationships**. Similarly, **22%** of the highest users with poor parental relationships and monitoring expressed thoughts of **suicide or self-harm** compared with **2%** of high users with strong parental relationships and monitoring.

Strong parental relationships and monitoring significantly cut the risk of mental health problems among teen social media users, even among those with significant screen time stats.

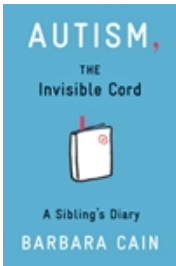
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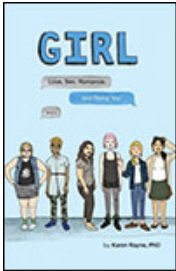
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Frequent Social Media Use and Experiences with Bullying Victimization, Persistent Feelings of Sadness or Hopelessness, and Suicide Risk Among High School Students — Youth Risk Behavior Survey, United States, 2023

Supplements / October 10, 2024 / 73(4);23–30

Please note: This report has been corrected.

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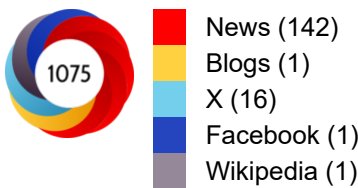
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Abstract

Social media has become a pervasive presence in everyday life, including among youths. In 2023, for the first time, CDC’s nationally representative Youth Risk Behavior Survey included an item assessing U.S. high school students’ frequency of social media use. Data from this survey were used to estimate the prevalence of frequent social media use (i.e., used social media at least several times a day) among high school students and associations between frequent social media use and experiences with bullying victimization, persistent feelings of sadness or hopelessness, and suicide risk. All prevalence estimates and measures of association used Taylor series linearization. Prevalence ratios were calculated using logistic regression with predicted marginals. Overall, 77.0% of students reported frequent social media use, with observed differences by sex, sexual identity, and racial and ethnic identity. Frequent social media use was associated with a higher prevalence of bullying victimization at school and electronically, persistent feelings of sadness or hopelessness, and some suicide risk among students (considering attempting suicide and having made a suicide plan), both overall and in stratified models. This analysis characterizes the potential harms of

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frequent social media use for adolescent health among a nationally representative sample of U.S. high school students. Findings might support multisectoral efforts to create safer digital environments for youths, including decision-making about social media policies, practices, and protections.

Top



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Introduction

Social media, defined as “Internet-based channels that allow users to opportunistically interact and selectively self-present, either in real-time or asynchronously, with both broad and narrow audiences who derive value from user-generated content and the perception of interaction with others,” has become a pervasive presence in everyday life, including among youths (1). Recent data indicate that approximately 95% of high school–aged youths use a social media platform, with approximately one fifth reporting “almost constant” social media use (2). Associations between frequent social media use and poor mental health outcomes among adolescents, including depression (3) and suicide risk (4), are being increasingly documented. Social media use might also increase risk for electronic victimization and perpetration (5), which can be antecedents of poor mental health. Evidence suggests that certain youth populations might be more vulnerable than others to potential harms of social media use, such as female and lesbian, gay, bisexual, transgender, and queer or questioning adolescents, who are more likely to experience electronic victimization than male or heterosexual peers (5–7). However, youths might also benefit from social support and connection found online (4,8). Understanding potential risks and benefits of social media use is critical for preparing youths to safely engage in an increasingly digitalized world.

This report uses 2023 Youth Risk Behavior Survey (YRBS) data to build on extant literature by examining associations between frequent social media use and U.S. high school students’ experiences of bullying victimization, persistent feelings of sadness or hopelessness, and suicide risk. Understanding such patterns and relations might guide public health practitioners’ efforts to prevent violence and injury and promote mental health, in line with Healthy People 2030 objectives (<https://health.gov/healthypeople>). Findings from this report might also support multilevel decision-making about social media use and cross-sectoral initiatives (e.g., education, technology, and policy) to create safer digital environments for youths.

Top

Methods

Data Source

This report includes data from the 2023 YRBS (N = 20,103), a cross-sectional, school-based survey conducted biennially since 1991. Each survey year, CDC collects data from a nationally representative sample of public and private school students in grades 9–12 in the 50 U.S. states and the District of Columbia. Additional information about YRBS sampling, data collection, response rates, and processing is available in the overview report of this supplement (9). The prevalence estimates for frequent social media use for the study population overall and stratified by sex, race and ethnicity, grade, and sexual identity are available at <https://nccd.cdc.gov/youthonline/App/Default.aspx>. The full YRBS questionnaire, data sets, and documentation are available at <https://www.cdc.gov/yrbs/index.html>. Institutional reviews boards at CDC and ICF, the

Tables

Table 1

Table 2

Table 3

Table 4

Table 5

Table 6

Related Materials

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survey contractor, approved the protocol for YRBS. Data collection was conducted consistent with applicable Federal law and CDC policy.*

Measures

The primary exposure, frequency of social media use, was derived from the question, “How often do you use social media?” On the basis of response patterns, responses were dichotomized to reflect whether students used social media at least several times a day (frequent social media use [yes or no]) ([Table 1](#)). Six health behaviors or experiences were measured and dichotomized: bullying victimization (bullied at school or electronically bullied; past 12 months [yes or no]), mental health (persistent feelings of sadness or hopelessness; past 12 months [yes or no]), and suicide risk (seriously considered attempting suicide, made a suicide plan, or attempted suicide; past 12 months [yes or no]) ([Table 2](#)). The 2023 YRBS questionnaire defined bullying as “when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when two students of about the same strength or power argue or fight or tease each other in a friendly way.”

Demographic variables included sex (female or male), race and ethnicity, age group (≤ 14 , 15, 16, 17, or ≥ 18 years), and sexual identity (heterosexual [straight], lesbian or gay, bisexual, questioning [I am not sure about my sexual identity/questioning], or described identity in some other way [I describe my identity some other way]). In the 2023 YRBS, sexual identity and gender identity were measured separately; only sexual identity is included in this analysis. Race and ethnicity were coded as American Indian or Alaska Native (AI/AN), Asian, Black or African American (Black), Native Hawaiian or other Pacific Islander (NH/OPI), White, Hispanic or Latino (Hispanic), or multiracial (selected more than one racial category). (Persons of Hispanic or Latino origin might be of any race but are categorized as Hispanic; all racial groups are non-Hispanic).

Analysis

Descriptive analyses examined point prevalence estimates and corresponding 95% CIs for frequent social media use in the overall sample and by demographic characteristics. Chi-square tests and pairwise *t*-tests were used to compare demographic group differences. Associations between frequent social media use and health behaviors and experiences (bullying victimization, persistent feelings of sadness or hopelessness, and suicide risk) were assessed in overall and separate logistic regression models stratified by sex or sexual identity, which generated prevalence ratios (PRs) and adjusted PRs (aPRs) for each health behavior and experience. All models were adjusted for demographic variables of race and ethnicity, age, sex, and sexual identity. If a model was stratified by a demographic characteristic, then the model was not adjusted for this characteristic. All prevalence estimates and measures of association used Taylor series linearization. Prevalence ratios were calculated using logistic regression with predicted marginals. Estimates were considered statistically significant if the aPR 95% CIs did not include 1.0 or *p* value was <0.05 . All analyses were conducted in SAS-callable SUDAAN (version 11.0.3; RTI International) using sample weights to account for complex survey design and nonresponse.

[Top](#)

Results

Overall, 77.0% of U.S. high school students reported using social media at least several times a day (i.e., frequent social media use) ([Table 3](#)). Frequent social media use was more prevalent among female students compared with male students (81.8% versus 72.9%). Heterosexual students reported higher prevalence of frequent social media use than lesbian or gay students (79.2% versus 67.7%). Lesbian or gay students also reported lower prevalence of frequent social media use than students who identified as bisexual (82.2%), questioning (82.6%), or described their sexual identity in some other way (78.8%). AI/AN students had lower prevalence of frequent social media use (53.0%) than Asian, Black, White, Hispanic, or multiracial students.

Students who reported frequent social media use were more likely to be bullied at school and electronically bullied compared with less frequent social media users ([Table 4](#)). Frequent social media users also were more likely to report persistent feelings of sadness or hopelessness. Frequent social media use was associated with having seriously considered attempting suicide and having made a suicide plan.

In sex-stratified analysis, female students who reported frequent social media use were more likely to experience bullying victimization at school and electronically compared with less frequent female social media users ([Table 5](#)). Female students

who reported frequent social media use were also more likely to report persistent feelings of sadness or hopelessness and having seriously considered attempting suicide. Among male students, frequent social media users were more likely to experience bullying victimization electronically. Male students who frequently used social media also were more likely to report persistent feelings of sadness or hopelessness and having seriously considered attempting suicide.

In sexual identity–stratified analyses, students who identified as lesbian or gay, bisexual, questioning, or described their identity in some other way (LGBQ+) and who reported frequent social media use were more likely to experience bullying victimization electronically and persistent feelings of sadness or hopelessness than less frequent LGBQ+ social media users ([Table 6](#)). Among heterosexual students, both unadjusted and adjusted analyses found that those who were frequent social media users were more likely than less frequent social media users to experience all observed health behaviors and experiences except for attempted suicide.

[Top](#)

Discussion

This report provides the first national prevalence estimate of social media use from a representative sample of U.S. high school students. Findings suggest that most high school students use social media, and that a substantial majority (77.0%) use social media frequently (i.e., at least several times a day) ([Table 1](#)). Frequent social media use was largely consistent across demographic characteristics, highlighting the widespread presence of social media during adolescence. Therefore, it remains critical to strengthen collective understanding of potential risks and benefits of social media use for adolescent health and development, and in turn, understand how to create safe digital environments and help youths develop and maintain healthy digital practices that minimize harm ([1](#)).

Certain differences in students' social media use by sex, racial and ethnic identity, and sexual identity were observed. In alignment with previous literature, female students reported higher prevalence of frequent social media use than male students ([6](#)). AI/AN students reported less frequent social media use compared with those of other racial and ethnic identities, which might reflect differences in broadband Internet access between rural and tribal communities and other communities in the United States ([10](#)). Lesbian and gay students reported less frequent social media use compared with peers of other sexual identities. This finding contrasts with certain previous literature indicating that lesbian, gay, and bisexual youths might spend more time engaging with identity-affirming communities online, often through social media ([8](#)). Further research is needed to understand nuances of social media use among youths and the impact of social media on health and well-being for different youth populations.

Consistent with previous research, frequent social media users were more likely to experience bullying victimization ([5](#)). Previous research has demonstrated evidence of overlap between in-person and electronic bullying contexts, with perpetrators of in-person bullying more likely to perpetrate electronic bullying, and victims of in-person bullying more likely to experience electronic bullying victimization and engage in bullying perpetration ([11](#)). Such interplay between in-person and electronic bullying environments might explain the finding of higher prevalence of bullying at school among frequent versus less frequent social media users. However, additional research is needed to better understand this phenomenon and the compounding impact of bullying victimization across multiple contexts on adolescents' short- and long-term thriving ([11](#)).

Associations between frequent social media use and bullying victimization differed by sex and sexual identity. Female students who reported frequent social media use were more susceptible to bullying victimization compared with less frequent female social media users. This might reflect the types of victimization (e.g., relational and psychological) commonly experienced by adolescent girls ([12](#)), which are suited to digital environments that reduce barriers to conflict (e.g., anonymity and proximity). Among LGBQ+ students, frequent social media users were more likely to experience electronic bullying victimization than less frequent social media users yet demonstrated no significant differences in bullying victimization at school. In contrast, heterosexual students who used social media frequently were more likely to experience both types of bullying victimization compared with heterosexual students who used social media less often. One possible explanation is that LGBQ+ students who use social media frequently have greater exposure to online discrimination or stigma-based bullying victimization beyond school networks ([7,8](#)). Therefore, frequent and less frequent social media users could share similar experiences of bullying in at-school networks but different experiences electronically. Further research is needed to understand variations in at-school and electronic networks for youths of different identities and how overlap between at-school and electronic networks might influence bullying victimization.

In alignment with existing research, findings in this report support associations between adolescent social media use and mental health; specifically, frequent social media users were more likely to report persistent feelings of sadness or hopelessness (3). Adjusted stratified analyses demonstrated consistent associations across groups, conveying a shared risk for poor mental health among students who are frequent social media users. However, literature also suggests that certain groups are more vulnerable to the potential negative mental health impacts of social media than others (e.g., adolescent girls) (6). In this study, approximately half of female students and one third of LGBQ+ students who frequently used social media reported persistent feelings of sadness or hopelessness, respectively. Findings warrant more rigorous analyses inclusive of multiple mental health indicators to better understand differential impact of frequent social media use by sex, sexual identity, and other key demographic characteristics.

Overall, frequent social media users were more likely to report having seriously considered attempting suicide and having made a suicide plan. No significant differences in reports of attempted suicide by frequency of social media use were observed, perhaps because of the rarity of this behavior in the sample. These findings mirror broader inconsistencies in the literature (4,13). Certain researchers posit that the relation between social media use and suicide risk is more complex and indirect than a dose-response phenomenon (4,13). For example, differences in how adolescents are exposed to suicide-related content have been demonstrated to influence suicide risk. More interactive and proximate exposures via online discussion forums or suicide clusters might increase risk compared with passive media consumption (4,14). In addition, analyses did not describe indirect pathways (e.g., through online victimization or reduced sleep quality) through which frequent social media use might influence mental health and suicide risk, or protective factors (e.g., connectedness to others) that might buffer the negative impacts of frequent social media use on mental health and suicide risk (4). Because of persistent concerns about the impact of social media on youth mental health (1), additional research is needed to better understand how such pathways might moderate the relation between frequent social media use and suicide risk.

In stratified analyses, associations between frequent social media use and suicide risk diminished, except for heterosexual students. This group might be a factor in the small, significant association between social media use and making a suicide plan observed in the overall sample. Findings suggest that heterosexual students might be more vulnerable to negative impacts of social media on suicide risk. This is surprising because of high prevalence of suicide risk among LGBQ+ students in the sample, but also suggests that social media might not be the most influential factor of suicide risk for LGBQ+ students. Emerging literature has found that social media can be protective for youths who identify as LGBTQ+ by connecting them with affirming communities, support networks, and resources online (8) and might even reduce suicide risk for certain youths (4). More research is needed to understand potential protective effects of positive connections made through safe and supportive social media environments and their associations with bullying victimization, suicide risk, and mental health.

[Top](#)

Limitations





General limitations of the YRBS are available in the overview report of this supplement (9). Findings in this report are subject to at least six additional limitations. First, YRBS data are cross-sectional; causality and directionality of associations between frequent social media use and health behaviors and experiences cannot be established. Second, YRBS examples of social media were not exhaustive; students might engage in other online platforms that were not considered in responses to the social media item. Third, differences between social media nonusers and infrequent users might be masked. Responses to the social media item were dichotomized to ensure sufficient statistical power, and respondents who selected “I do not use social media” were grouped with less frequent social media users (Table 1). Fourth, to maintain consistency in recall period across health behaviors and experiences, analyses only included one mental health indicator; students reporting on other indicators of poor mental health might have been missed. Fifth, sexual identities were dichotomized into two broad categories in stratified analysis because of sample size limitations. Because of significantly lower prevalence of frequent social media use among lesbian and gay students, combining them with students of other sexual identities might have hidden possible stronger effects or differences for other identities. Finally, with the availability of social media, bullying victimization at school can occur in person or electronically; similarly, electronic bullying can happen at school or elsewhere. Therefore, the two bullying victimization measures (i.e., at school and electronically) might not be mutually exclusive because these two pathways of bullying might overlap.

[Top](#)

Future Directions

Findings from this study highlight key areas for future research and practice regarding youth social media use and related

health behaviors and experiences. This study identified important differences in frequent social media use and its impact on bullying victimization, persistent feelings of sadness and hopelessness, and suicide risk by sex and sexual identity; however, consensus is lacking about how best to measure social media use (3,4). Future research that identifies how different social media measures (e.g., frequency of use, passive versus active use, and addiction to use) might differentially describe social media and related health outcomes is important to further understanding of potential risks and benefits of youth social media use. In addition, these findings warrant additional exploration of the differential association of social media use with bullying, mental health, and suicide risk by racial and ethnic identity of youths along with more detailed analyses of differences by sexual identity and gender identity. Investigating such associations among frequent social media users might increase understanding about which students are more vulnerable to the negative impacts of frequent social media use. Future research exploring the pathways through which social media use might lead to poor mental health and suicide risk, including through cyberbullying and victimization, also is needed.

Improved understanding of youths' social media use and related health outcomes can strengthen cross-sectoral endeavors to create safer digital environments, such as consumer safety policies, media literacy education and standards, and platform-based protections for youths online (1). This understanding might also help empower youths and families to make informed decisions about social media use and online behaviors that reduce risk for negative health outcomes, including bullying victimization, poor mental health, and suicide (1). School-based interventions that address bullying and suicide prevention have been proven to be effective (15,16). Strengthening youths' health-enhancing skills, creating protective environments, and promoting connections to positive adults and peers through programs such as What Works in Schools (<https://www.cdc.gov/healthyyouth/whatworks/index.htm>) can help reduce risk for multiple forms of violence and suicide (17). CDC's Community Violence Prevention Resource for Action (https://www.cdc.gov/violence-prevention/media/pdf/resources-for-action/CV-Prevention-Resource-for-Action_508.pdf ) and Suicide Prevention Resource for Action (<https://www.cdc.gov/suicide/resources/prevention.html>) contain strategies based on the best available evidence to reduce community violence, including youth violence and bullying, and suicide. StopBullying.gov (<https://www.stopbullying.gov/prevention/how-to-prevent-bullying> ) provides steps that schools, youths, and their families can take to prevent bullying, including setting clear behavioral expectations and promoting empathy, self-awareness, and self-regulation skills. The U.S. Surgeon General's Advisory on Social Media and Youth Mental Health (<https://www.hhs.gov/surgeongeneral/priorities/youth-mental-health/social-media/index.html#action> ) and American Academy of Pediatrics' Center of Excellence on Social Media and Youth Mental Health (<https://www.aap.org/en/patient-care/media-and-children/center-of-excellence-on-social-media-and-youth-mental-health> ) provide recommendations on ways youths and families can reduce risk for harm from social media use (e.g., developing family media plans to promote healthy social media use). More research is needed to rigorously test and evaluate interventions that incorporate evidence-based prevention strategies among youths who use social media, particularly those at increased risk for harms associated with frequent social media use.

[Top](#)

Conclusion

Overall, approximately three fourths of U.S. high school students reported using social media at least several times a day. Frequent social media use among students was associated with higher prevalence of bullying victimization at school and electronically, persistent feelings of sadness and hopelessness, having seriously considered attempting suicide, and having made a suicide plan. Associations between frequent social media use and these health behaviors and experiences differed by sex and sexual identity. Although additional research is needed to understand precisely how social media use differentially affects adolescent risk for bullying victimization, poor mental health, and suicide, existing evidence-based prevention strategies can be used by families, schools, and communities to promote adolescent mental health and prevent injury and violence.

[Top](#)

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[Top](#)

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[Top](#)

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Top

Conflicts of Interest





















All authors have completed and submitted the International Committee of Medical Journal Editors form for disclosure of potential conflicts of interest. No potential conflicts of interest were disclosed.

Top

* 45 C.F.R. part 46.114; 21 C.F.R. part 56.114.

Top

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Top

TABLE 1. Unweighted percentages for social media use item by response options — Youth Risk Behavior Survey, United States, 2023*



Response option	No. (%)
How often do you use social media?	
Less frequent social media use	3,331 (23.0)
1. I do not use social media	1,082 (7.6)
2. A few times a month	406 (2.9)
3. About once a week	231 (1.6)
4. A few times a week	708 (4.8)
5. About once a day	904 (6.1)
Frequent social media use	11,872 (77.0)
6. Several times a day	5,888 (40.1)
7. About once an hour	1,181 (7.4)
8. More than once an hour	4,803 (29.5)
Missing	4,900 (—)

* N = 20,103 respondents.

Top

TABLE 2. Questions, response options, and analytic coding for frequency of social media use, bullying victimization, persistent feelings of sadness or hopelessness, and suicide risk among high school students — Youth Risk Behavior Survey, United States, 2023




Variable	Question	Response option	Analytic coding

Variable	Question	Response option	Analytic coding
Frequency of social media use	How often do you use social media*?	I do not use social media, a few times a month, about once a week, about once a day, several times a day, about once an hour, or more than once an hour	≥several times a day (frequent social media use) versus
Bullied at school	During the past 12 months, have you ever been bullied on school property?	Yes or no	Yes versus no
Electronically bullied	During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)	Yes or no	Yes versus no
Persistent feelings of sadness or hopelessness	During the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks or more in a row that you stopped doing some usual activities?	Yes or no	Yes versus no
Seriously considered attempting suicide	During the past 12 months, did you ever seriously consider attempting suicide?	Yes or no	Yes versus no
Made a suicide plan	During the past 12 months, did you make a plan about how you would attempt suicide?	Yes or no	Yes versus no
Attempted suicide	During the past 12 months, how many times did you actually attempt suicide?	0 times, 1 time, 2 or 3 times, 4 or 5 times, or ≥6 times	≥1 time versus 0 times

* The 2023 National Youth Risk Behavior Survey questionnaire describes social media “such as Instagram, TikTok, Snapchat, and Twitter.”

[Top](#)

TABLE 3. Prevalence of frequent social media use among high school students, overall and by selected demographic characteristics — Youth Risk Behavior Survey, United States, 2023*			
Characteristic	Frequent social media use (n = 11,872) [†]	Chi-square test p value [¶]	
	% (95% CI) [§]		
Overall	77.0 (73.5–80.1)	—	
Sex**	—	0.0000	
Female	81.8 (77.6–85.3)	—	
Male	72.9 (69.8–75.8)	—	

Characteristic	Frequent social media use (n = 11,872) [†]	Chi-square test p value [¶]
	% (95% CI) [§]	
Race and ethnicity ^{††}	—	0.4503
American Indian or Alaska Native ^{§§}	53.0 (33.7–71.5)	—
Asian	75.8 (68.1–82.1)	—
Black or African American	78.7 (75.8–81.2)	—
Native Hawaiian or other Pacific Islander	75.8 (63.1–85.2)	—
White	76.7 (72.9–80.0)	—
Hispanic or Latino	78.0 (71.6–83.2)	—
Multiracial	76.3 (69.3–82.2)	—
Age, yrs	—	0.4937
≤14	74.5 (68.9–79.4)	—
15	76.1 (72.7–79.1)	—
16	77.0 (72.6–80.9)	—
17	79.1 (74.3–83.1)	—
≥18	77.1 (73.2–80.6)	—
Sexual identity	—	0.0587
Heterosexual (straight) ^{¶¶}	79.2 (77.2–81.1)	—
Lesbian or gay ^{***}	67.7 (57.8–76.3)	—
Bisexual	82.2 (79.3–84.9)	—
Questioning	82.6 (76.2–87.6)	—
Described identity in some other way	78.8 (70.7–85.2)	—

* N = 20,103 respondents. The total number of students answering each question varied. Data might be missing because 1) the question did not appear in that student’s questionnaire, 2) the student did not answer the question, or 3) the response was set to missing because of an out-of-range response or logical inconsistency. Percentages in each category are calculated on the known data. A total of 15,203 students responded to the social media item.

[†] Unweighted.

[§] Weighted.

[¶] Chi-square tests were applied to examine the bivariate relations between demographic characteristics and frequency of social media use. Statistical significance is defined as p<0.05 for the chi-square test.

^{**} Female students significantly differed from male students for prevalence of using of social media at least several times a day based on *t*-test with Taylor series linearization (p<0.05).

^{††} Persons of Hispanic or Latino origin might be of any race but are categorized as Hispanic; all racial groups are non-

Hispanic.

§§ American Indian or Alaska Native students significantly differed from Asian, Black or African American, White, Hispanic or Latino, and multiracial students for prevalence of using social media at least several times a day based on *t*-test with Taylor series linearization (*p*<0.05).

¶¶ Heterosexual (straight) students significantly differed from lesbian or gay students for prevalence of using social media at least several times a day based on *t*-test with Taylor series linearization (*p*<0.05).

*** Lesbian or gay students significantly differed from bisexual and questioning students and students who described identity in some other way for prevalence of using social media at least several times a day based on *t*-test with Taylor series linearization (*p*<0.05).

[Top](#)

TABLE 4. Prevalence estimates, unadjusted, and adjusted prevalence ratios for bullying victimization, mental health, and suicide risk among high school students, stratified by frequency of social media use — Youth Risk Behavior Survey, United States, 2023*				
Health behavior and experience (past 12 months)	Frequent social media use		PR [†] (95% CI)	aPR [§] (95% CI)
	Yes	No		
	% (95%CI)	% (95%CI)		
Bullying victimization				
Bullied at school	19.9 (18.3–21.4)	19.0 (12.9–27.1)	1.05 (0.72–1.52)	1.31 (1.12–1.53) [¶]
Electronically bullied	17.0 (15.7–18.4)	15.9 (8.1–28.7)	1.07 (0.57–2.02)	1.54 (1.26–1.88) [¶]
Mental health				
Persistent feelings of sadness or hopelessness	42.6 (40.4–44.8)	31.9 (25.3–39.3)	1.33 (1.07–1.65) [¶]	1.35 (1.23–1.47) [¶]
Suicide risk				
Seriously considered attempting suicide	20.2 (18.8–21.8)	18.7 (12.8–26.6)	1.08 (0.75–1.55)	1.21 (1.06–1.37) [¶]
Made a suicide plan	16.6 (15.1–18.2)	17.5 (10.3–27.9)	0.95 (0.58–1.55)	1.16 (1.00–1.35) [¶]
Attempted suicide	9.5 (8.4–10.8)	9.5 (6.6–13.5)	1.00 (0.70–1.43)	1.11 (0.89–1.39)

Abbreviations: aPR = adjusted prevalence ratio; PR = prevalence ratio.

* N = 20,103 respondents. The total number of students answering each question varied. Data might be missing because 1) the question did not appear in that student’s questionnaire, 2) the student did not answer the question, or 3) the response was set to missing because of an out-of-range response or logical inconsistency. Percentages in each category are calculated on the known data. A total of 15,203 students responded to the social media item.

[†] Logistic regression models estimated health behaviors and experiences between those who did and did not use social media at least several times a day.


[§] Adjusted for age, race and ethnicity, sex, and sexual identity estimated health behaviors and experiences behaviors between those who did and did not use social media at least several times a day.

[¶] Estimates were considered statistically significant if the 95% CIs did not include 1.0. Certain statistically significant aPRs

have 95% CIs that include 1.0 because of rounding.

[Top](#)

TABLE 5. Prevalence estimates and unadjusted and adjusted prevalence ratios for bullying victimization, mental health, and suicide risk among high school students, by frequency of social media use and sex — Youth Risk Behavior Survey, United States, 2023*



Health behavior and experience (past 12 months)	Frequent social media use							
	Female				Male			
	Yes	No	PR [†] (95% CI)	aPR [§] (95% CI)	Yes	No	PR [¶] (95% CI)	aPR ^{**} (95% CI)
	% (95% CI)	% (95% CI)			% (95% CI)	% (95% CI)		
Bullying victimization								
Bullied at school	23.0 (21.0–25.2)	19.5 (12.3–29.4)	1.18 (0.76–1.84)	1.54 (1.19–1.98) ^{††}	16.6 (14.9–18.4)	18.3 (12.3–26.3)	0.90 (0.61–1.35)	1.17 (0.93–1.47)
Electronically bullied	21.5 (19.7–23.5)	20.0 (10.0–36.1)	1.08 (0.57–2.04)	1.66 (1.31–2.09) ^{††}	12.2 (10.7–13.8)	13.0 (6.6–24.0)	0.94 (0.48–1.85)	1.48 (1.09–2.00) ^{††}
Mental health								
Persistent feelings of sadness or hopelessness	55.1 (52.3–57.9)	44.4 (37.0–52.1)	1.24 (1.05–1.46)	1.32 (1.20–1.46) ^{††}	29.5 (27.8–31.3)	24.0 (17.8–31.5)	1.23 (0.92–1.64)	1.41 (1.20–1.67) ^{††}
Suicide risk								
Seriously considered attempting suicide	26.4 (24.4–28.5)	26.8 (18.4–37.2)	0.98 (0.70–1.39)	1.18 (1.00–1.39) ^{††}	13.9 (12.2–15.8)	13.6 (9.10–19.8)	1.02 (0.69–1.52)	1.25 (1.04–1.49) ^{††}
Made a suicide plan	21.5 (19.5–23.7)	22.7 (13.4–35.8)	0.95 (0.58–1.54)	1.24 (0.96–1.59)	11.5 (10.3–12.8)	14.1 (8.3–23.0)	0.81 (0.49–1.34)	1.10 (0.90–1.33)
Attempted suicide	12.5 (11.0–14.2)	13.5 (9.0–19.8)	0.92 (0.63–1.36)	1.16 (0.85–1.57)	6.3 (5.1–7.7)	6.6 (4.6–9.2)	0.96 (0.68–1.35)	1.03 (0.77–1.39)

Abbreviations: PR = prevalence ratio; aPR = adjusted prevalence ratio.

* N = 20,103 respondents. The total number of students answering each question varied. Data might be missing because 1) the question did not appear in that student’s questionnaire, 2) the student did not answer the question, or 3) the response was set to missing because of an out-of-range response or logical inconsistency. Percentages in each category are calculated on the known data. A total of 15,203 students responded to the social media question.

† Logistic regression models estimated health behaviors and experiences between those who did and did not use social media at least several times a day, among female students.

§ Adjusted for age, race and ethnicity, and sexual identity estimated health behaviors and experiences between those who did and did not use social media at least several times a day, among female students.

[†] Logistic regression models estimated health behaviors and experiences between those who did and did not use social media at least several times a day, among male students.

** Adjusted for age, race and ethnicity, and sexual identity estimated health behaviors and experiences between those who did and did not use social media at least several times a day, among male students.

^{††} Estimates were considered statistically significant if the 95% CIs did not include 1.0. Certain statistically significant aPRs have 95% CIs that include 1.0 because of rounding.

[Top](#)

TABLE 6. Prevalence estimates and unadjusted and adjusted prevalence ratios for bullying victimization, mental health, and suicide risk among high school students, by frequency of social media use and sexual identity — Youth Risk Behavior Survey, United States, 2023*								
Health behavior and experience (past 12 months)	Frequent social media use							
	LGBQ+				Heterosexual (straight)			
	Yes	No	PR†	aPR§	Yes	No	PR¶	aPR**
	% (95%CI)	% (95%CI)			% (95%CI)	% (95%CI)		
Bullying victimization								
Bullied at school	29.4 (25.5–33.5)	27.2 (21.8–33.5)	1.08 (0.86–1.35)	1.25 (0.96–1.63)	16.8 (15.4–18.4)	12.2 (10.3–14.5)	1.37 (1.15–1.65)††	1.33 (1.12–1.58)††
Electronically bullied	25.5 (21.9–29.4)	18.6 (14.3–23.7)	1.37 (1.03–1.82)††	1.50 (1.14–1.99)††	14.4 (13.2–15.7)	8.6 (6.8–10.8)	1.67 (1.32–2.12)††	1.55 (1.24–1.94)††
Mental health								
Persistent feelings of sadness or hopelessness	68.6 (65.5–71.6)	52.9 (45.5–60.3)	1.30 (1.13–1.49)††	1.23 (1.06–1.44)††	34.4 (32.4–36.4)	22.3 (19.3–25.5)	1.54 (1.36–1.76)††	1.42 (1.27–1.60)††
Suicide risk								
Seriously considered attempting suicide	40.4 (37.3–43.7)	35.3 (30.5–40.4)	1.15 (0.99–1.32)	1.09 (0.93–1.28)	13.9 (12.7–15.1)	10.0 (7.9–12.5)	1.39 (1.12–1.73)††	1.33 (1.08–1.64)††
Made a suicide plan	32.4 (29.3–35.6)	31.1 (25.6–37.2)	1.04 (0.86–1.25)	1.00 (0.81–1.22)	11.7 (10.6–13.0)	8.2 (6.4–10.4)	1.43 (1.12–1.83)††	1.37 (1.07–1.75)††
Attempted suicide	19.4 (16.7–22.4)	18.7 (14.6–23.7)	1.04 (0.77–1.40)	1.00 (0.71–1.41)	6.3 (5.5–7.2)	5.0 (3.2–7.8)	1.25 (0.79–1.96)	1.24 (0.88–1.76)

Abbreviations: aPR = adjusted prevalence ratio LGBQ+ = lesbian or gay, bisexual, questioning, or described identity in some other way; PR = prevalence ratio.

* N = 20,103 respondents. The total number of students answering each question varied. Data might be missing because 1) the question did not appear in that student’s questionnaire, 2) the student did not answer the question, or 3) the response was set to missing because of an out-of-range response or logical inconsistency. Percentages in each category are calculated on the known data. A total of 15,203 students responded to the social media question.

[†] Logistic regression models estimated health behaviors and experiences between those who did and did not use social media at least several times a day, among LGBTQ+ students.

[§] Adjusted for age, race and ethnicity, and sex estimated health behaviors and experiences between those who did and did not use social media at least several times a day, among LGBTQ+ students.

[¶] Logistic models estimated health behaviors and experiences between those who did and did not use social media at least several times a day, among heterosexual students.

^{**} Adjusted for age, race and ethnicity, and sex estimated health behaviors and experiences between those who did and did not use social media at least several times a day, among heterosexual students.

^{††} Estimates were considered statistically significant if the 95% CIs did not include 1.0. Certain statistically significant aPRs have 95% CIs that include 1.0 because of rounding.

[Top](#)

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Social Media Mental Health Statistics By Negative Effects, Self-Esteem, Impact, and Cyberbullying

Joseph D'Souza

17–22 minutes



Rohan Jambhale

Senior Editor | Joined Feb 2022 | 



Rohan Jambhale is a senior editor at Smartphone Thoughts. He specializes in digital marketing, SEO,..... | [See full bio](#)

Table of Contents [[hide](#)]

- [Introduction](#)
- [Editor's Choice](#)
- [Different Social Media Platforms and their uses](#)
- [General Social Media Mental Health Statistics](#)
- [Social Media And Teens Statistics](#)
- [Tips For Managing Social Media Use](#)

- [How Common Is Mental Illness?](#)
- [Negative Effects Of Social Media On Mental Health](#)
- [Social Media Mental Health And Self-Esteem Statistics](#)
- [Social Media Mental Health And Parental Concerns](#)
- [Impact Of Social Media On Children's Mental Health](#)
- [Cyberbullying And Its Consequences](#)
- [Conclusion](#)

Social Media Mental Health Statistics



Introduction

Social Media Mental Health Statistics: Social media has many uses, but it often causes the most harm to younger users. Teens face significant mental health issues due to social media, and the COVID-19 pandemic made things worse by increasing screen time and social media use. This created more opportunities for teens to encounter online problems, worsening the situation.

Teens also use social media to find communities and interest groups,

watch live streams, and support good causes. It's important to US teens that they feel welcome and safe online. Despite some problems, social media offers many chances for connection and entertainment. We shall shed more light on the [Social Media Mental Health](#) Statistics through this article.

Editor's Choice

- Social Media [Mental Health Statistics](#) stated that almost **87%** of teens say they have been cyberbullied on social media.
- People who spend over **2 hours** a day on social media are **2.7 times** more likely to be diagnosed with depression.
- **58%** of American adults who use social media feel it harms their mental health.
- Social media use is linked to a **70%** increase in self-reported depression symptoms among teens.
- **41%** of Gen Z users say social media makes them feel anxious, sad, or depressed.
- Spending too much time on [social media raises the risk](#) of developing eating disorders by **2.2 times**.
- **50%** of people aged **14-24** say Instagram makes them more anxious.
- Using social media is associated with a **9%** increase in major depressive episodes over six years.
- Social Media Mental Health Statistics state that almost **71%** of people use social media to escape from real-life problems.
- People who use seven or more [social media platforms](#) are three times more likely to feel anxious.

- **23%** of teens think social media has mostly negative effects on their lives.
- Social media use is linked to a **40%** higher risk of sleep problems.
- **60%** of social media users say it negatively affects their self-esteem.
- Teens who spend five or more hours a day on screens are **71%** more likely to have suicide risk factors.
- **48%** of teens who use electronic devices for five or more hours a day have at least one suicide risk factor.

Different Social Media Platforms and their uses

- YouTube (95%) allows users to share videos on various topics, such as music, cooking, makeup tutorials, and vlogs (video blogs).
- TikTok (67%) is a platform for creating short videos from 15 to 60 seconds, mostly for entertainment and comedy but also for informative content. Influencers on TikTok attract followers by sharing quick tips and advice and promoting themselves.
- Instagram (62%) features a 24-hour “stories” option and permanent photo and video posts. Unless an account is set to “private,” anyone can see these posts. Instagram is popular for sharing vacation videos, daily life, and interests in art, cooking, and more.
- Snapchat (59%) lets users share photos that disappear after being viewed and “stories” that vanish after 24 hours. These stories let users share experiences with their followers through photos or videos.
- Facebook (32%) is used for sharing photos, videos, articles, personal information, and chatting with friends.
- These platforms are commonly used to stay in touch with friends and are

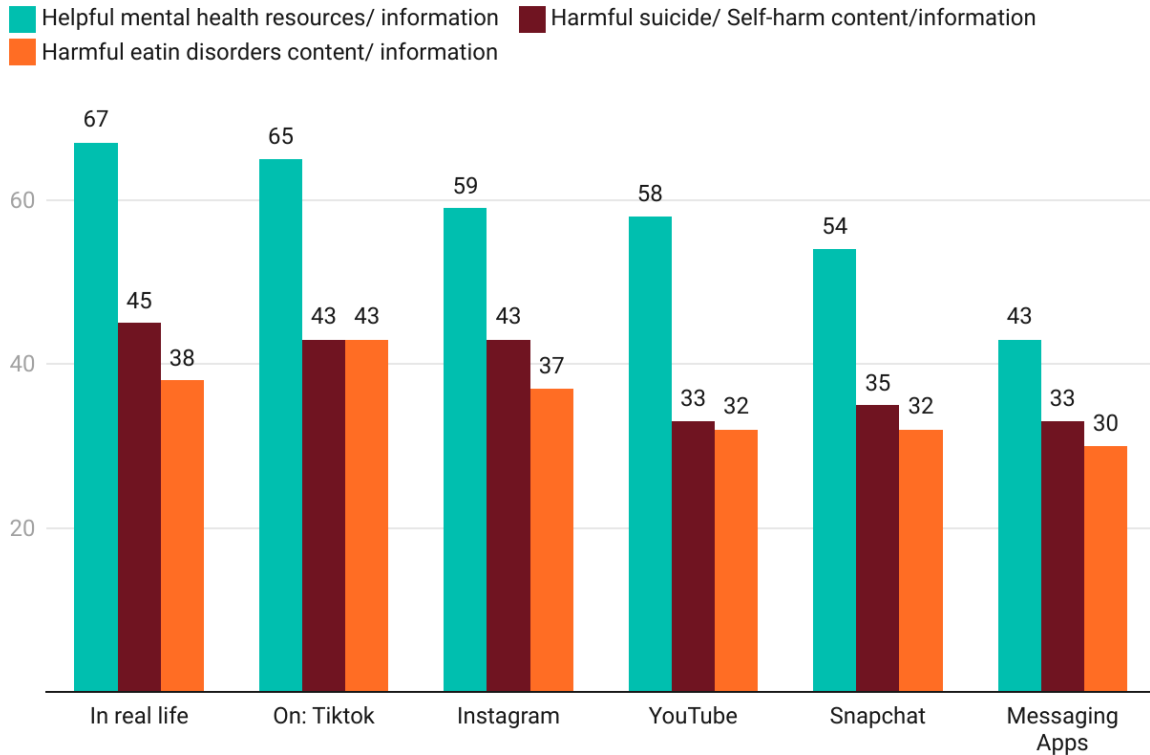
popular for news and celebrity updates.

Social Media Platform	% of 13-14 years old using	% of 15-17 years old using
Facebook	23	39
Snapchat	51	65
Instagram	45	73
TikTok	61	71
YouTube	94	95

- Nearly 71% of social media users think it's important to take breaks from it.
- 45% of people on social media feel overwhelmed by the amount of information they see.
- Roughly 24% of teenagers believe social media mostly has a negative impact on their lives.
- 70% of teenagers check social media several times a day.
- Around 59% of adults say social media affects their mental health.

Mental Health And Social Media: What Message Prevails?

Share of U.S. girls who report having bad exposure to the following experience at least monthly (in %)



Source: ElectrolQ

Electro IQ

(Reference: *statista.com*)

- Nearly 41% of women on social media feel pressured to present themselves a certain way.
- 63% of people on social media feel lonely.
- 37% of social media users experience FOMO (fear of missing out).
- Social Media Mental Health Statistics stated that almost 63% of parents think social media harms their children's mental health.
- Almost 32% of teenagers report being cyberbullied.
- 40% of social media users feel anxious or depressed after using it.
- Around 60% of people on social media feel they need to take a break from it.

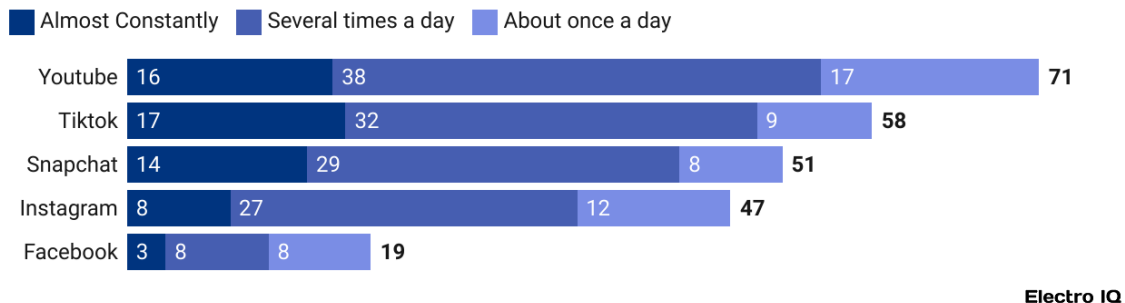
- 70% of teenagers think social media platforms don't do enough to stop cyberbullying.
- Approximately 42% of social media users feel more insecure about their appearance after using it.
- Near 37% of social media users are negatively affected by political discussions online.

Social Media And Teens Statistics

- 41% of teens who use social media the most rate their mental health as poor or very poor, as per Social Media Mental Health Statistics.
- This is higher than the 23% of teens who use social media the least. For instance, 10% of heavy social media users have had thoughts of suicide or self-harm in the past year, compared to 5% of light users.

Amount Teens Say They Use Apps And Websites

Survey of 1,453 U.S. teens ages 13 to 17 conducted Sept. 26 to Oct. 23, 2023



Source: ElectroIQ

(Reference: [axios.com](https://www.axios.com))

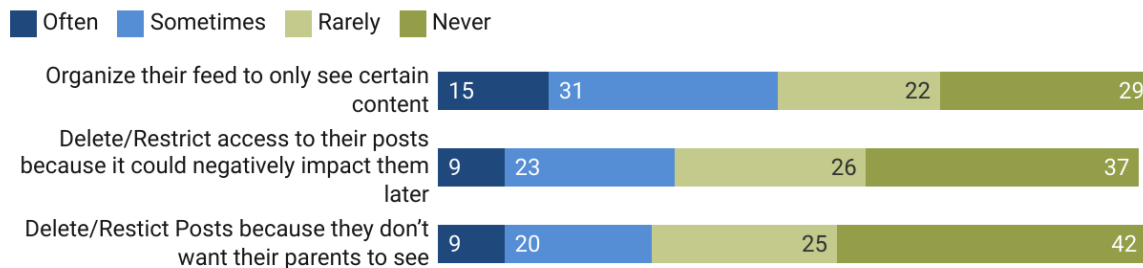
- Additionally, 17% of heavy users feel poor about their body image, while only 6% of light users feel the same.
- On average, US teens spend 4.8 hours each day on seven popular social media apps.
- YouTube, TikTok, and Instagram make up 87% of their [social media](#)

[time](#).

- Specifically, 37% of teens use these apps for five or more hours a day, 14% use them for 4 to less than 5 hours, 26% use them for 2 to less than 4 hours, and 23% use them for less than 2 hours a day.

Among Teens, Deleting Or Restricting Their Social Media Posts In Relatively uncommon

% of U.S. teens who say they ever do the following on social media



Source: ElectroIQ

Electro IQ

(Reference: [pewresearch.org](https://www.pewresearch.org))

	Often	Sometimes	Rarely	Never
Organize their feed only to see certain content	15	31	22	29
Delete/Restrict access to their posts because it could negatively impact them later	9	23	26	37
Delete/Restrict posts because they don't want their parents to see	9	20	25	42

- 60% of high-frequency social media users with low parental supervision and weak family relationships report poor mental health.
- This compares to 25% of high-frequency users who have strong parental supervision and good family relationships.

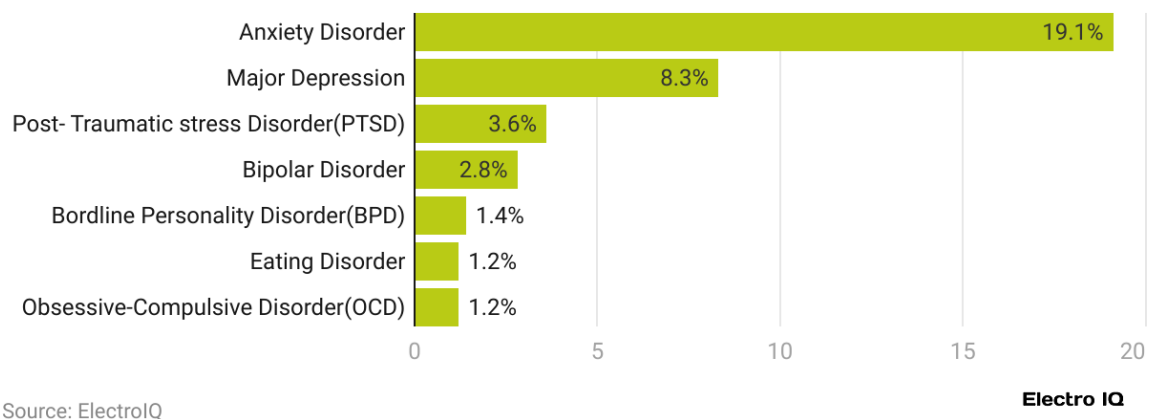
- Moreover, 22% of high users with low-income family relationships and monitoring have thoughts of suicide or self-harm, compared to 2% of high users with strong family support.
- Strong family relationships and monitoring help reduce mental health issues, even among teens with high social media use.
- Set a time each night after which you won't check your phone. Charge your phone in another room while you sleep.
- Use an alarm clock instead of your phone to wake up, and you won't have to use your phone first thing in the morning.
- Pick one day a week to take a break from social media and focus on other activities.
- Turn off your notifications for a few hours each day, and consider using "Airplane" mode or "Do Not Disturb" to minimize distractions.
- Set specific times for checking your notifications instead of constantly checking throughout the day.
- Take breaks from apps that negatively affect your body image or self-esteem. Try using apps designed to improve your well-being, like meditation apps.
- Use apps that track your usage and block other apps to help you become more aware of your screen time and encourage you to engage in other activities.
- Develop a habit of placing your phone near the door when you get home. Doing this with friends or family can help you stay committed. Plan regular in-person hangouts with friends instead of just interacting online.
- Consider changing your phone's display to grayscale. This makes your phone less appealing and might help you ignore it more easily.

- Seek help if you experience online harassment or abuse. Talk to trusted people like family members, friends, teachers, or counselors, and check resources on how to report cyberbullying.

How Common Is Mental Illness?

- 13% of people worldwide have mental health issues.
- In the US, 1 in 5 adults deal with mental illness each year, and 1 in 20 face serious mental health problems annually.

The Most Common Forms Of Mental Illness

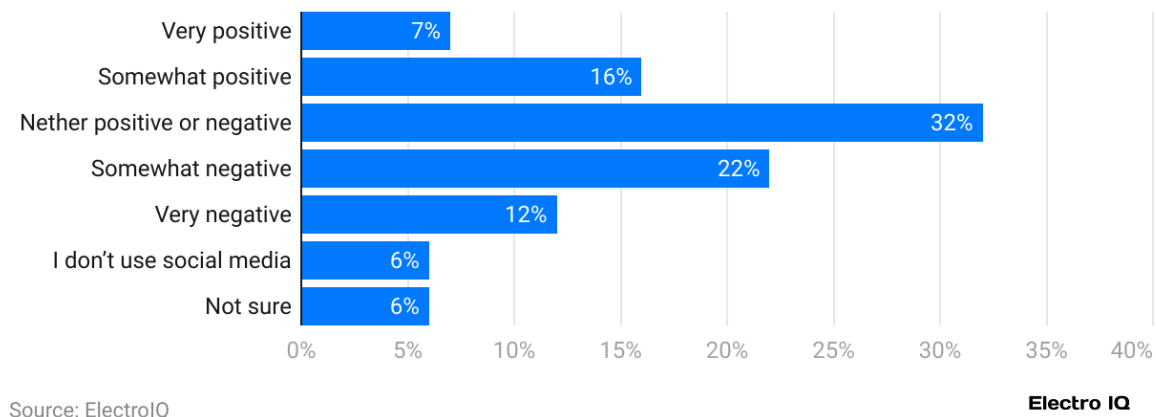


(Reference: usa.edu)

- 1 in 6 children in the US, aged 6 to 17, experience a mental health disorder each year.
- The COVID-19 pandemic has impacted the mental health of 59% of people in the US.
- Globally, 970 million people have mental health or substance abuse disorders.
- Social Media Mental Health Statistics state that almost 284 million people around the world suffer from anxiety.
- Mental illness affects more women (11.9%) than men (9.3%).

- People with mental health disorders generally have a lower life expectancy, losing an average of 10.1 years.
- Mental disorders account for about 14.3% of global deaths, which is roughly 8 million deaths each year.
- 48% of young adults say social media harms their relationships.
- Almost 37% of teens feel pressured to post content that will be popular and get likes.
- 56% of social media users feel anxious when comparing themselves to their friends.
- Nearly 42% of social media users have felt envious of other people's life experiences.
- 64% of people say social media increases their feelings of loneliness, as stated by Social Media Mental Health Statistics.
- Around 36% of UK adults believe social media worsens their stress levels.
- 61% of adults feel lonelier because of the pandemic, and social media use makes it worse.

Share of Adults in The United States on Whether Social Media has More of a Positive or Negative Effect on Their Own Mental Health as of March 2024



(Reference: *statista.com*)

In a survey conducted in March 2024 in the United States:

- 32% of adults said social media didn't affect their mental health, either positively or negatively.
- 7% felt that social media had a very positive impact on their mental health.
- 12% thought social media had a very negative effect on their mental health.
- 22% of people said social media hurt their mental health.

Almost 62% of adults think social media hurts society.

- 37% of social media users feel pressured to create a perfect online image.
- Social Media Mental Health Statistics stated that almost 60% of people using social media say it negatively affects their self-esteem.
- 65% of adults feel overwhelmed by the amount of information on social media.

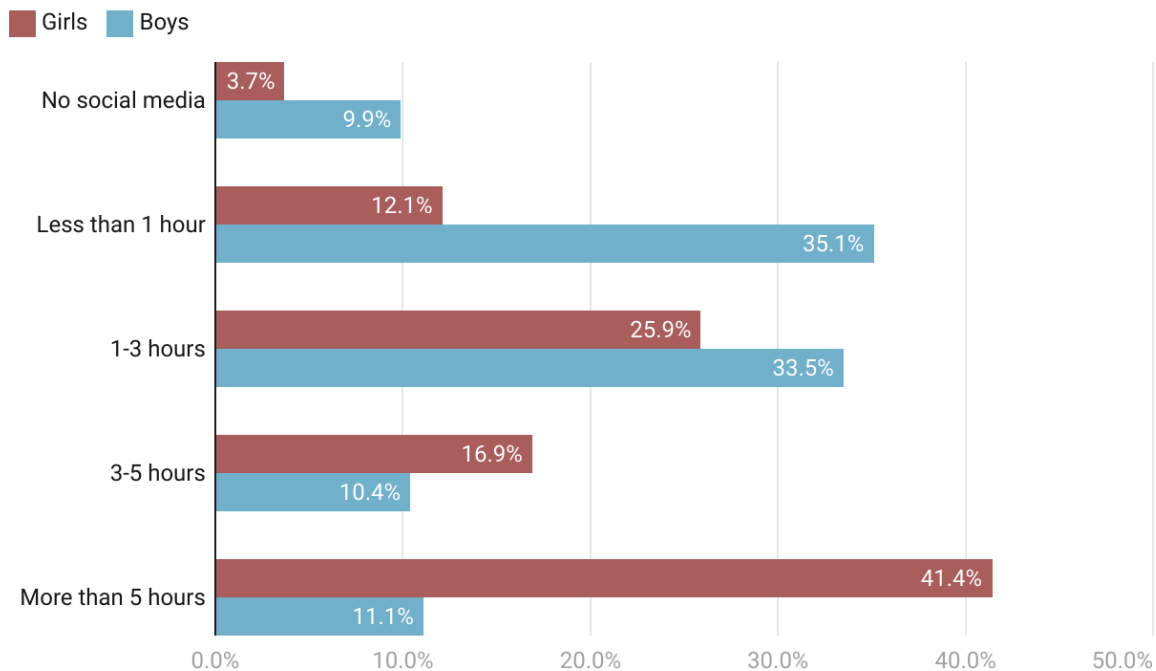
- 55% of social media users think others portray an overly positive image of their lives.
- Social Media Mental Health Statistics stated that almost 38% of adults using social media feel lonely when compared to others.
- 52% of teens using social media have deleted posts to avoid negative feedback.

Social Media Mental Health And Self-Esteem Statistics

- 60% of people say social media hurts their self-esteem.
- 42% of people feel jealous or left out when using social media.
- 56% of social media users feel excluded when they see photos of friends at events they weren't invited to.

Low Self Esteem And Social Media Use

Teens who say they have low self esteem by how much they use social media



Source: ElectroIQ

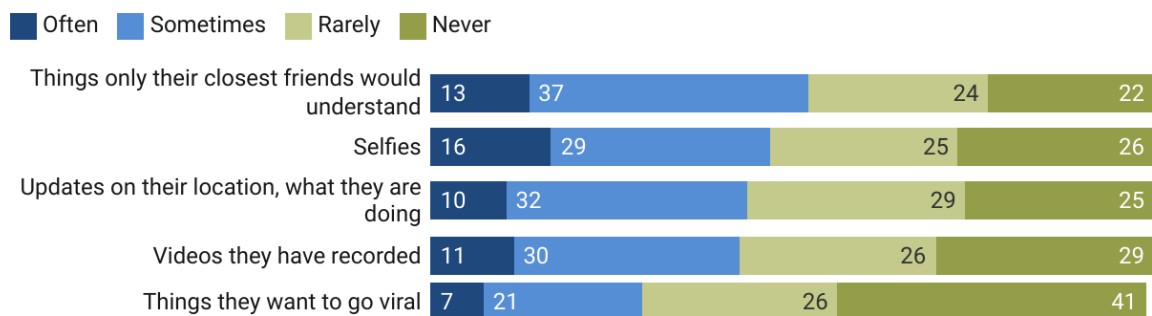
Electro IQ

(Reference: *medium.com*)

- 62% of people feel their own life and achievements are lacking when they compare themselves to others on social media.
- Using social media is linked to a 60% higher risk of developing low self-esteem.
- 39% of social media users feel envious of others’ seemingly perfect lives.
- Social Media Mental Health Statistics stated that roughly 52% of social media users feel worse about their own life after viewing friends’ posts.
- 43% of teenagers feel pressured to post content that will get likes and comments.
- Social media use is associated with a 40% higher risk of developing narcissistic traits.

Roughly Half Of Teens At Least Sometimes Post Selfies And Things Only Their Closest Friends Would Understand,, But Relatively Few Say They Do This Often

% of U.S. teens who say they _ post the following things on social media



Source: ElectrolQ

Electro IQ

(Reference: [pewresearch.org](https://www.pewresearch.org))

	Often	Sometime	Rarely	Never
Things only their closest friends would understand	13	37	24	22
Selfies	16	29	25	26

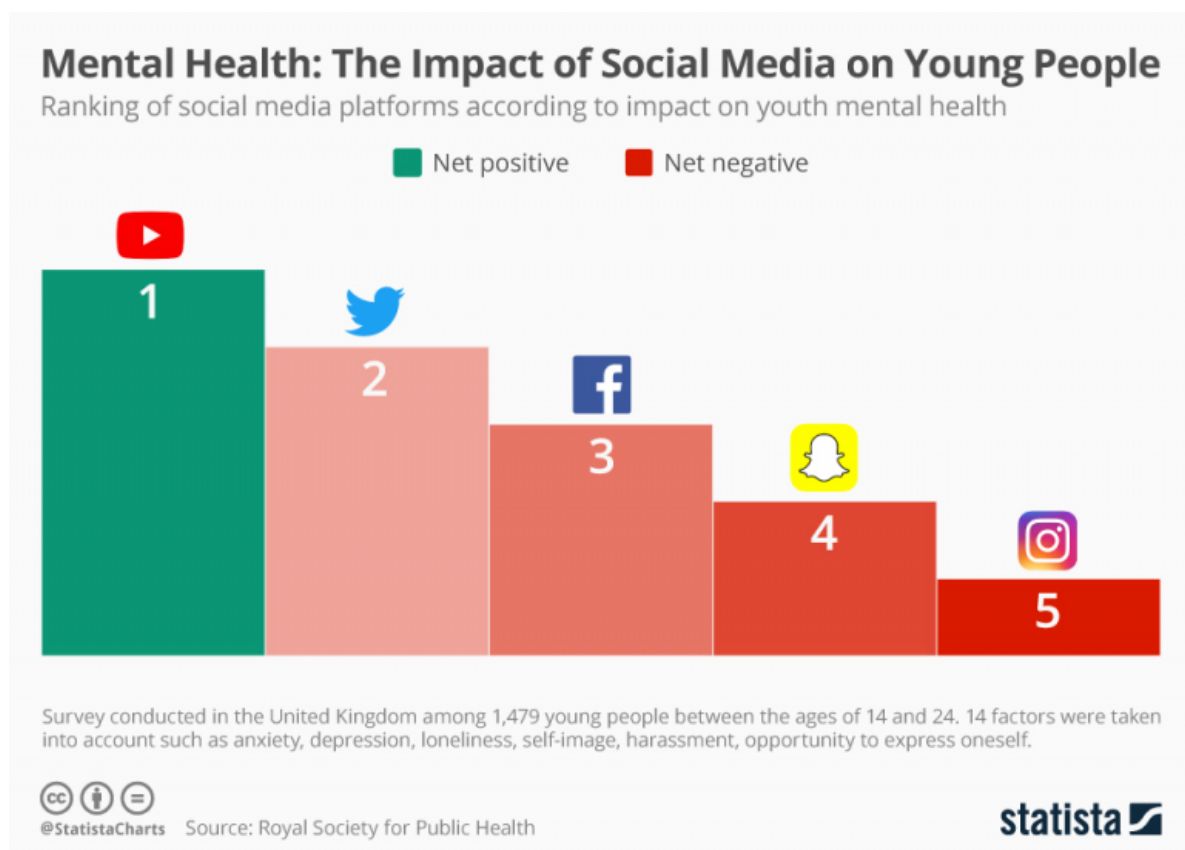
Updates on their location, what they're doing	10	32	29	25
Videos they've recorded	11	30	26	29
Things they want to go viral	7	21	26	41

- Social media use is connected to a 30% higher risk of developing perfectionism.
- Social media use is linked to a 25% higher risk of developing imposter syndrome.
- 53% of social media users feel upset when their posts don't get as many likes or comments as they hoped.

Social Media Mental Health And Parental Concerns

- A 2023 survey showed that most US parents think social media is partly responsible for the rise in teenage depression.
- Instagram is the platform they are most worried about, followed by Snapchat and TikTok.
- As of June 2020, 58% of parents said social media use causes their teens not to get enough sleep.
- Parents are also concerned that social media makes their teens seek too much approval or attention and experience bullying.
- Additionally, 17% of parents believe social media makes their teens feel angry, and 15% think it makes them feel depressed.
- Almost 71% of Gen Z and 61% of Millennials say social media impacts their well-being.

- Nearly 40% of social media users report negative effects on their mental health.
- 39% of social media users feel worse about their own lives after seeing other people's posts.
- Around 29% of social media users have felt depressed because of social media.
- Social Media Mental Health Statistics stated that almost 57% of social media users have taken a break from these platforms to protect their mental health.



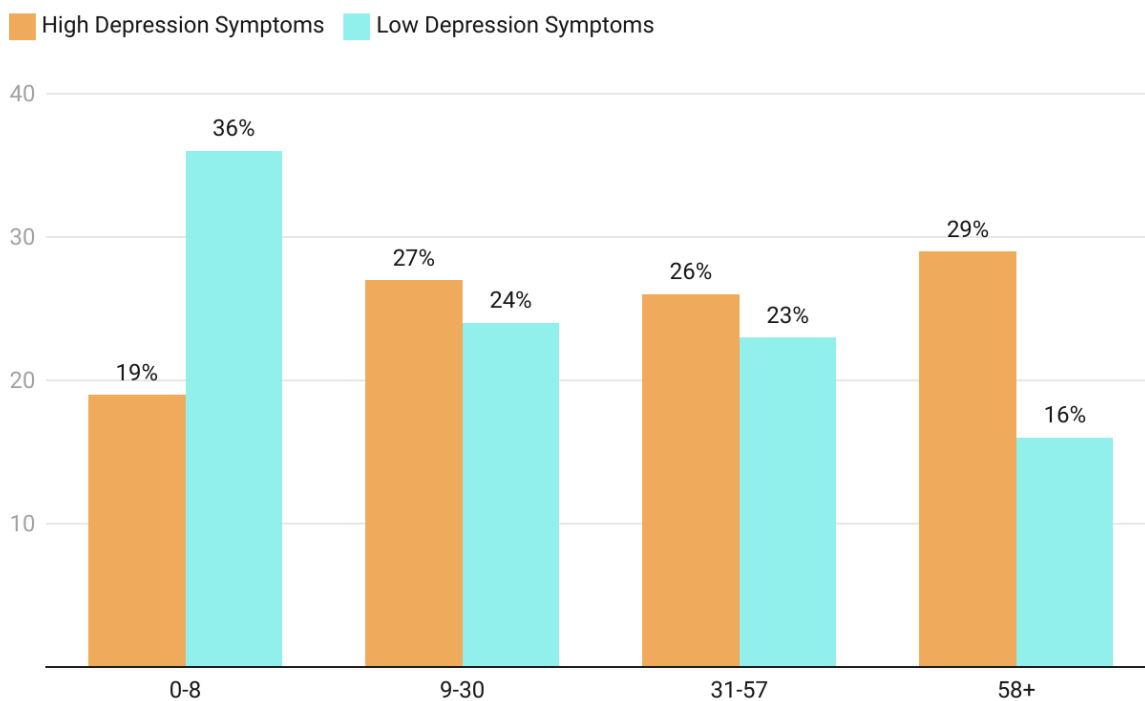
(Source: *statista.com*)

- 75% of teenagers in the US have set up social media accounts.
- Almost 58% of US teens say social media makes them feel anxious.
- 47% of American adults feel lonely, as per Social Media Mental Health Statistics.

- 46% of teens have seen false or misleading information about mental health on social media.
- As per Social Media Mental Health Statistics, almost 28% of teenagers have experienced depression related to social media.
- 41% of social media users have removed tags from photos to avoid negative judgment.
- 53% of teenagers worry about their appearance in photos posted online.

Social Media And Depression

Depressed individuals used social media more often



Source: ElectroIQ

Electro IQ

(Reference: clearvuehealth.com)

- In the above chart, we can see the Social Media and Depression Statistics in various age groups.

Age Group	High Depression Symptoms	Low Depression Symptoms
0-8	19%	36%
9-30	27%	24%
31-57	26%	23%
58+	29%	16%

0-8	19%	36%
9-30	27%	24%
31-57	26%	23%
58+	29%	16%

- Nearly 29% of social media users say online conflicts have affected their mental health.
- 76% of female social media users worry about body image from comparing themselves to others online.
- 41% of social media users report having sleep problems linked to social media use.

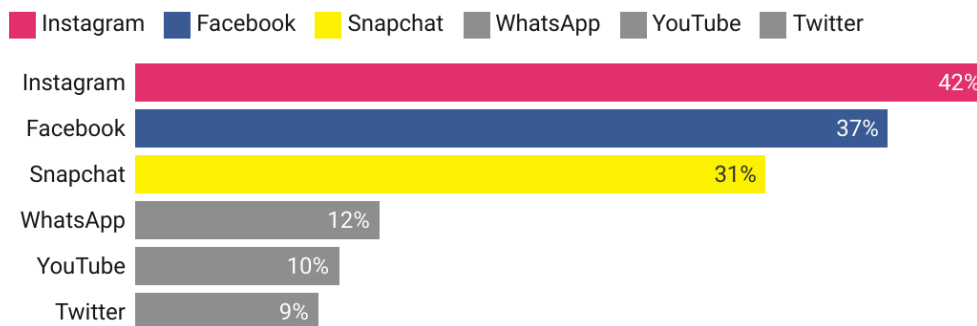
Cyberbullying And Its Consequences

- Cyberbullying is when people use online platforms, like social media, to bully or threaten others.
- It's a widespread problem among kids and teenagers. Studies show that almost 34% of children have been cyberbullied at some time, and 10% have been targeted in the past 30 days.
- The effects of cyberbullying go beyond just causing emotional pain, as per Social Media Mental Health Statistics.
- Teenagers who are cyberbullied are more likely to develop mental health problems like depression, anxiety, low self-esteem, and suicidal thoughts.
- Additionally, it can lead to school difficulties, drug use, and feelings of loneliness.

Consequences	Description
Loneliness	Victims often feel isolated from their peers, leading to feelings of loneliness.
Substance Use	There's a significant association between cyberbullying and substance use.
Academic Problems	Victims may experience difficulties in concentrating, leading to poor academic performance.
Mental Health Issues	Increased risk of depression, anxiety, low self-esteem, and suicidal thoughts.

Cyberbullying In Social Media

Share of social media platforms where cyberbullying occurs the most: Instagram, facebook, snapchat, whatsapp, youtube and twitter



Source: ElectroIQ

Electro IQ

(Reference: *firstsiteguide.com*)

- There are clear differences between genders when it comes to cyberbullying. Girls are more likely to be affected than boys.
- Approximately 36.4% of girls have faced cyberbullying, compared to 31.4% of boys. These differences might be because boys and girls use and experience social media in different ways.

Conclusion

Well, everyone, we've had quite a look at social media, and the numbers are clear. Whether you're into TikTok, a big fan of Facebook, or scroll casually, it's obvious that social media has a strong grip on us. From the excitement of staying connected to the risks of too much use, [social media addiction](#) is a real issue with both ups and downs. As we navigate this fast-changing digital world, it's important to find a balance between our online and offline lives. So, take breaks, breathe deeply, and maybe even put down your phone for a bit. We have shed enough light on the Social Media Mental Health Statistics through this article.

Sources

FAQ.

Has social media improved mental health?

Social media has a big impact on mental health. It can help people feel more connected, boost self-esteem, and make them feel like they belong. But it can also create stress, pressure people to compare themselves to others and lead to feelings of sadness and loneliness. It's important to use social media carefully to avoid these problems.

How does social media affect the brain?


Research indicates that people who use social media excessively often perform worse on mental tasks than those who use it less. This may be because social media demands a lot of attention, making it harder for heavy users to focus and avoid distractions.



[Joseph D'Souza](#)

Joseph D'Souza founded ElectrolQ in 2010 as a personal project to share his insights and experiences with tech gadgets. Over time, it has grown into a well-regarded tech blog, known for its in-depth smartphone reviews and app-related statistics. Joseph is dedicated to providing detailed, well-researched content, including statistics, facts, charts, and graphs, all verified by experts. His goal is to make technological innovations and scientific discoveries easy to understand for everyone. ElectrolQ is now a top source for tech news, appreciated by both tech enthusiasts and beginners.

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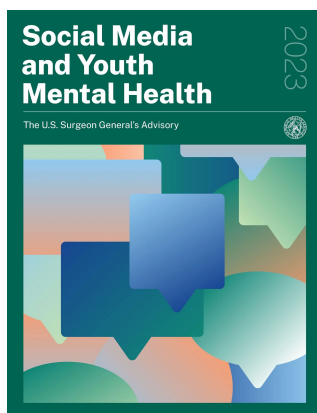
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Social Media and Youth Mental Health

Content Warning: This page contains references to self-harm and suicide.



This Advisory describes the current evidence on the impacts of social media on the mental health of children and adolescents. It states that we cannot conclude social media is sufficiently safe for children and adolescents and outlines immediate steps we can take to mitigate the risk of harm to children and adolescents.

Download advisory [PDF, 1.03 MB] </sites/default/files/sg-youth-mental-health-social-media-advisory.pdf>

Download short summary [PDF, 616 KB] </sites/default/files/sg-youth-mental-health-social-media-summary.pdf>

Key Takeaways from the Advisory

A Surgeon General's Advisory uses the best available science to shed light on major public health challenges and suggest possible solutions.

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Social media use by young people is nearly universal

Up to 95% of young people aged 13-17 report using a social media platform. Nearly two thirds of teenagers report using social media every day and one third report using social media “almost constantly.”^{1, 2}

1. Vogels et al., 2022. <<https://www.pewresearch.org/internet/2022/08/10/teens-social-media-and-technology-2022/>>
2. Rideout et al., 2022. [PDF] <https://www.common sense media.org/sites/default/files/research/report/8-18-census-integrated-report-final-web_0.pdf>

Social media presents a meaningful risk of harm to youth, while also providing benefits

The types of use and content children and adolescents are exposed to pose mental health concerns. Children and adolescents who spend more than 3 hours a day on social media face double the risk of mental health problems including experiencing symptoms of depression and anxiety.³ This is concerning as a recent survey showed that teenagers spend an average of 3.5 hours a day on social media.⁴ And when asked about the impact of social media on their body image, 46% of adolescents aged 13-17 said social media makes them feel worse.⁵

3. Riehm et al., 2019. <<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2749480>>
4. Miech et al., 2022. <<https://www.icpsr.umich.edu/web/nahdap/studies/38502/versions/v1>>
5. Bickham et al., 2022. [PDF] <https://digitalwellnesslab.org/wp-content/uploads/pulse-survey_adolescent-attitudes-effects-and-experiences.pdf>

We cannot conclude that social media is sufficiently safe for children and adolescents

We have gaps in our full understanding of the mental health impacts posed by social media but at this point cannot conclude it is sufficiently safe for children and adolescents. We must better understand the answers to key questions, such as, which types of content are most harmful and what factors can protect young people from the negative effects of social media.

We can take immediate actions to make social

media safer for youth

The Surgeon General's Advisory on Social Media and Youth Mental Health [PDF, 1.03 MB] [/sites/default/files/sg-youth-mental-health-social-media-advisory.pdf](https://www.hhs.gov/sites/default/files/sg-youth-mental-health-social-media-advisory.pdf)

calls for engaging in a multifaceted effort to maximize the benefits and reduce the risk of harm posed by social media with actions suggested for groups including: children and adolescents, policymakers, technology companies, researchers, and families.

How can we take action?

At a moment when we are experiencing a national youth mental health crisis, now is the time to act swiftly and decisively to protect children and adolescents from risk of harm.

Ways to act based on your role

What children and adolescents can do:

1. Reach out for help. If you or someone you know is being negatively affected by social media, reach out to a trusted friend or adult for help. If you or someone you know is experiencing a mental health crisis, call or text 988 for immediate help.
2. Create boundaries to help balance online and offline activities.
3. Develop protective strategies and healthy practices for your own social media use. See this Tip Sheet on Social Media Use and Mental Health <https://engage.youth.gov/resources/tip-sheet-social-media-use-and-mental-health> for healthy social media use created for and by young people.
4. Be selective with what you post and share online and with whom, as it is often public and can be stored permanently.

5. Protect yourself and others from cyberbullying or other forms of online harassment and abuse:
 - a. If you or someone you know is the victim of cyberbullying or other forms of online harassment and abuse, don't keep it a secret.
 - b. Protect others by not taking part in online harassment or abuse. Avoid forwarding or sharing messages or images, tell others to stop, and report offensive content.

What parents and caregivers can do:

1. Create a family media plan to help establish healthy technology boundaries at home—including social media use. For information on creating a family media plan, visit www.healthychildren.org/English/fmp/Pages/MediaPlan.aspx <<https://www.healthychildren.org/english/fmp/pages/mediaplan.aspx>>.
2. Create tech-free zones and encourage children and adolescents to foster in-person friendships.
3. Model responsible social media behavior.
4. Teach children and adolescents about technology and empower them to be responsible online participants at the appropriate age.
5. Report cyberbullying and online abuse and exploitation.
6. Work with other parents to help establish shared norms and practices and to support programs and policies around healthy social media use.

What technology companies can do:

1. Conduct and facilitate transparent and independent assessments of the impact of social media products and services on children and adolescents.
2. Prioritize user health and safety in the design and development of social media products and services.
3. Design, develop, and evaluate platforms, products, and tools that foster safe and healthy online environments for youth.

4. Share data relevant to the health impact of platforms and strategies employed to ensure safety and well-being with independent researchers and the public in a manner that is timely and protects privacy.
5. Create effective and timely systems and processes to adjudicate requests and complaints from young people, families, educators, and others to address online abuse, harmful content and interactions, and other threats to children's and adolescents' health and safety.

What policymakers can do:

1. Strengthen protections to ensure greater safety for children and adolescents interacting with all social media platforms, by:
 - a. Developing age-appropriate health and safety standards for technology platforms.
 - b. Require a higher standard of data privacy for children and adolescents.
 - c. Pursue policies that further limit access—in ways that minimize the risk of harm—to social media for all children and adolescents.
2. Ensure technology companies share data relevant to the health impact of their platforms with independent researchers and the public in a manner that is timely, sufficiently detailed, and protects privacy.
3. Support the development, implementation, and evaluation of digital and media literacy curricula in schools and within academic standards.
4. Support increased funding for future research on the benefits and harms of social media use.
5. Engage with international partners working to protect children and adolescents against online harm to their health and safety.

What researchers can do:

1. Establish the impact of social media on youth mental health as a research priority and develop a shared research agenda.
2. Develop and establish standardized definitions and measures for social media and mental health outcomes that are regularly evaluated and applied across research contexts.

3. Evaluate best practices for healthy social media use in collaboration with experts including healthcare providers, parents, and youth.
4. Enhance research coordination and collaboration.

Additional Resources

Expert perspectives on the Advisory [PDF, 297 KB] <https://www.hhs.gov/sites/default/files/sg-youth-mental-health-social-media-expert-quotes.pdf>

This document captures what experts are saying about the Surgeon General's Advisory on Social Media and Youth Mental Health.

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AAP's Center of Excellence on Social Media and Youth Mental Health [https://www.aap.org/en/patient-care/](https://www.aap.org/en/patient-care/media-and-children/center-of-excellence-on-social-media-and-youth-mental-health/)

[media-and-children/center-of-excellence-on-social-media-and-youth-mental-health/](https://www.aap.org/en/patient-care/media-and-children/center-of-excellence-on-social-media-and-youth-mental-health/)

#:~:text=what%20we%20do,protect%20youth%20mental%20health%20online>

American Academy of Pediatrics

Learn more about the benefits and risks of social media use and get your questions answered by experts.

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Social media use can be positive for mental health and well-being | Harvard T.H. Chan School of Public Health

By Staff Writer

4–5 minutes



January 6, 2020—[Mesfin Awoke Bekalu](#), research scientist in the [Lee Kum Sheung Center for Health and Happiness](#) at Harvard T.H. Chan School of Public Health, discusses a new [study](#) he co-authored on associations between social media use and [mental health](#) and well-being.

What is healthy vs. potentially problematic social media use?

Our study has brought preliminary evidence to answer this question.

Using a nationally representative sample, we assessed the association of two dimensions of social media use—how much it’s routinely used and how emotionally connected users are to the platforms—with three health-related outcomes: social well-being, positive mental health, and self-rated health.

We found that routine social media use—for example, using social media as part of everyday routine and responding to content that others share—is positively associated with all three health outcomes.

Emotional connection to social media—for example, checking apps excessively out of fear of missing out, being disappointed about or feeling disconnected from friends when not logged into social media—is negatively associated with all three outcomes.

In more general terms, these findings suggest that as long as we are mindful users, routine use may not in itself be a problem. Indeed, it could be beneficial.

For those with unhealthy social media use, behavioral interventions may help. For example, programs that develop “effortful control” skills—the ability to self-regulate behavior—have been widely shown to be useful in dealing with problematic Internet and social media use.

We’re used to hearing that social media use is harmful to mental health and well-being, particularly for young people. Did it surprise you to find that it can have positive effects?

The findings go against what some might expect, which is intriguing. We know that having a strong social network is associated with positive mental health and well-being. Routine social media use may compensate for diminishing face-to-face social interactions in people’s busy lives. Social media may provide individuals with a platform that overcomes barriers of distance and time, allowing them to connect and

reconnect with others and thereby expand and strengthen their in-person networks and interactions. Indeed, there is some empirical evidence supporting this.

On the other hand, a growing body of research has demonstrated that social media use is negatively associated with mental health and well-being, particularly among young people—for example, it may contribute to increased risk of depression and anxiety symptoms.

Our findings suggest that the ways that people are using social media may have more of an impact on their mental health and well-being than just the frequency and duration of their use.

What disparities did you find in the ways that social media use benefits and harms certain populations? What concerns does this raise?

My co-authors [Rachel McCloud](#), [Vish Viswanath](#), and I found that the benefits and harms associated with social media use varied across demographic, socioeconomic, and racial population sub-groups. Specifically, while the benefits were generally associated with younger age, better education, and being white, the harms were associated with older age, less education, and being a racial minority. Indeed, these findings are consistent with the body of work on communication inequalities and health disparities that our lab, the [Viswanath lab](#), has documented over the past 15 or so years. We know that education, income, race, and ethnicity influence people's access to, and ability to act on, health information from media, including the Internet. The concern is that social media may perpetuate those differences.

— [Amy Roeder](#)

Last Updated