Addressing Mental Health Consequences of Social Networking from the Social Services Perspective

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Abstract. Recently, scientists started to investigate the potential negative effects of Social Networking sites (SNs). In addition to their positive contribution to our lives, several studies demonstrated correlation between prolonged use of SNs and the occurrence of mental health conditions, such as, anxiety and depression. Their pervasive presence in individuals' lives and their psychological and social dynamics might affect people who are especially vulnerable. In this paper, we introduce an assessment tool designed for evaluating the impact of social media usage on individuals with mental health conditions, with a specific regard to teenagers. The tool, which was co-designed with therapists, consists of a short questionnaire that can be utilized to identify the presence of social media-related risks on mental health, and their severity.

Keywords: Social media · Assessment · Mental health · Baker Act

1 Introduction

The growth, power, and value of social networks have no predecessors in any other type of media: nowadays, they help billions of individuals connect, share, inform, and influence. Although there are clear advantages in social media [1], recent research studies started investigating the emotional downsides of social networking systems and their impact on people's mental health [2, 3, 4, 5], especially in regard to diverse populations [6]. This is especially relevant for teenagers, who inherently are a population at risk: According to statistics from 2015 [7], suicide is among leading causes of death for individuals between the ages of 10-24, in the United States and in other developed countries. Moreover, a report from the U.S. Centers for Disease Control and Prevention [8] showed that the suicide rate for teenage girls doubled from 2007, and in 2015 it reached its highest point in the last 40 years [7]. This trend reflects statistics of cyberbullying in social networking: a study about cruel behavior on social media revealed a shift from 27 to 87 percent in one year, only [1].

Indeed, social media has several advantages in enhancing the way people communicate, which in turn, has a positive impact on individuals' lives [9, 10, 11]. The authors of [1] show that one in three youth feel more accepted on social networks than they do in real life, which might be an argument in support of social media; nevertheless, it

demonstrates its power in influencing emotions, feelings, and behavior. In addition, smartphones contribute to radically changing every aspect of teenagers' lives, from lifestyle to the nature of their social interactions: the more they are drawn to social media via their smartphones, the more likely they may be to stay indoors and avoid physical activity. Consequently, nowadays individuals are safer than they have ever been from corporal damage standpoint; however, their mental health might be at risk [12].

Although there is no direct proven connection between social media and self-harm, cyberbullying, cyber harassment, being threatened, humiliated and embarrassed on social networking sites increase the risk of pro-suicide behavior [13]. Also, research revealed correlation between social media use and mental health conditions, such as symptoms of inattention, hyperactivity/impulsivity, ODD, anxiety, fear of missing out [5] and depression [2, 3, 4], with stronger effects associated with number of accounts on social media sites and longer time spent on the Internet [5]. Teenagers and middle- or high-school students are especially at risk, as demonstrated by [14], which explored dynamics, such as, unmet need for support, self-rated mental health, and reports of psychological distress and suicidal ideation. Specifically, the expression "Facebook depression" has been devised to represent a condition which teenagers and young adults spend too much time using social media sites [15]. This, in turn, is extremely relevant to self-harm, because the Center for Disease Control and Prevention (2016) reports that 90 percent of people who commit suicide have a mental health illness at the time of their death, with depression being the top risk factor [16, 17].

Moreover, recent reports showed three-fold increase in cyberbullying on social networking sites [18], and several studies linked digital harassment and violence (e.g., sexting) with suicide attempts [19, 20]. As a result, it is imperative that social services, parents, caregivers, and friends increase their awareness on how social media might affect mental health in individuals who are at risk. Unfortunately, topics regarding mental health are still stigmatized. Consequently, when people who suffer from a mental health diagnosis experience hate or violence to some extent on social media sites, they continue to use the Internet to escape the outside world, and alienation increases the risk for their mental health of being impacted by what they see and read.

Indeed, social services have always played a crucial role in implementing initiatives to address harmful behavior that can lead to suicide and prevent it from happening. Specifically, the State of Florida issued the Baker Act [21], a voluntary or involuntary examination of a person who is believed to have a mental health illness, or who shares that they have the intent to kill or harm themselves or someone else. However, according to therapists, currently there are no tools for measuring the causes of Baker Acts, in correlation to social media.

In this paper, we introduce an easy-to-use assessment tool that can be utilized to determine the impact of social media on vulnerable people. Our questionnaire was co-designed with therapists to help identify the presence, type, and severity of negative effects related to social networking, and to support defining countermeasures that can be implemented to prevent potentially harmful consequences. By understanding and addressing the dynamics behind these figures, health providers and families could offer

dedicated support for teenagers and people who are most vulnerable to the downsides of social networking and refer them to expert therapists.

2 Related work

In the state of Florida there are 105 Florida Department of Children and Families that are designated as Baker Act receiving facilities [22]. The Florida Baker Act law allows for emergency commitment if there is evidence of a) mental illness and b) harm to self, harm to others, and/or self-neglect [22]. There are three groups of individuals that can initiate emergency commitment and those are judges, mental health professional and law enforcement personnel. Baker Act receiving facilities have a process that is followed to complete a risk assessment, the tools they use may be different, but they all share the same goal and that is to measure the risk of the individual being committed. Some of the tools that may be incorporated into the comprehensive assessment are the Beck Depression Inventory, Suicide Ideation Survey, Scale for Suicide Ideation, Suicide Intent Scale, Beck Hopeless Scale and the Linehan Reasons for Living Inventory.

A study by the University of South Florida investigated the type of assessments completed at Baker Act facilities and found that the most commonly used assessments methods are the Beck Depression Inventory, Suicide Ideation Survey and Adult Suicide Ideation Survey [22]. They are primarily employed at Baker Act receiving facilities as an initial screening. The Beck's Depression Inventory Scale includes 21 questions and the participant can answer on a Likert scale from 0 to 3; at the end of the survey, depending on their score, subjects are able to identify how depress they are. As the tool was designed several years ago, its questions do not include social media use as a factor, though it is currently reported among the causes of depression in teenagers [2, 3, 4, 5]. According to National Action Alliance [23], the Suicide Ideation Survey (SIQ) was designed for school-aged youth to assess their risk of committing suicide. The questionnaire consists of four parts focusing on: likelihood of suicide, frequency of suicidal ideation over the last year, lifetime suicide ideations/attempts, and threat of suicide attempt. Like the Beck's Depression Inventory Scale, this questionnaire does not identify whether social media use is a trigger to suicide attempt or ideation. In comparison to the Suicide Ideation Survey, which is employed with school-aged youth, the Adult Suicide Ideation Questionnaire is similar, in the sense that it is used to assess the acuity and severity of suicidal ideations, without addressing their causes [24]. As a result, none of the top three tools administered at Baker Act receiving facilities assess whether social media use is a trigger and may have a correlation to self-harm and suicide attempt. Although there might be facilities that implement practices that address cyberbullying and other social media-related factors, their use is not reported in the literature or shared among multiple organizations operating under the Baker Act.

The authors of [25] designed a cyberbullying inventory tool (CBI/RCBI) to investigate the nature and extent of an experience involving exposure to cyberbullying dynamics. The CBI/RCBI tool consists of two items: (1) the cyberbullying form and (2) the victimization form. Each form includes 34 questions, which asks partakers to rate their experience on a four-point Likert scale. Typically, a short questionnaire would be

administered to youth in the age of 14-18 to understand their social media usage; then, based on the pre-test scores, they would be asked to participate in a focus group in which the CBI/RCBI would be provided. Although this tool may be helpful in investigating the extent of cyberbullying, it does not measure the probability of someone attempting or completing suicide due to being cyberbullied, or other forms of harm which result from using social networking, because the CBI/RCBI focuses on understanding the causes, rather than addressing the potential consequences and their severity. Also, this tool is not employed in Baker Act facilities.

Currently, the physical facility and the suicide hotline are the first points of contact for someone who has self-harm ideations, if they are open to help. The assessor addresses their mental health state by using a tool to measure the risks of attempting or completing suicide. A different system could be utilized depending on the facility and on the intervention unit. For instance, the Crisis Center of Tampa Bay utilizes the iCarol suicide assessment tool. Regardless of the instrument, the goal of the assessor is threefold: (1) identify the level of risk of suicide, (2) attempt to deter the situation, and (3) define a safety-plan for the caller, which may involve completing additional steps (e.g., visiting the physical facility or receiving a visit from the mental health services). If realized over the phone, the assessment mainly consists in asking the caller the following questions: (1) are you thinking of suicide? (2) have you thought about suicide in the last two months? (3) have you ever attempted to kill yourself? (4) have you ever been hospitalized for MH/Suicide? (5) is suicide in progress? The risk of self-injury is rated at the beginning of the call, so that the goal of the assessor before the call ends is to decrease the level of suicide risk. To this end, the assessment involves discussing and documenting reasons for dying and living. Therefore, the assessor must consider several factors, including the identifying the individual's motivation for suicide initiation, while having a conversation with the caller.

As a result, to our knowledge, there are no questionnaires that enable the Crisis Center of Tampa Bay to explore the likelihood of social media being a factor or trigger in their suicidal ideations, or they are not being utilized due to several different reasons. For instance, current inventories, such as, the CBI/RCBI, consist of multiple items and they are not suitable for providing the assessor with quick feedback to determine whether social media could be a risk factor or trigger to self-harm and/or suicide attempt.

3 Assessment tool design

In this paper, we introduce the Social Media Mental Health Risk Assessment (SMRA) tool (Figure 1), which provides assessors, therapists, and other professionals in mental health services, with a system for achieving a quick evaluation of whether social media plays a role in individuals' mental health conditions. The tool is designed to serve as a supplement to the assessment methods already being utilized at Baker Act facilities and in similar organizations. Typically, the SMRA instrument would be administered when subjects complete a bio-psychosocial assessment and when their traumatic history is

explored. In this context, the tool can be integrated in the assessment procedure to explore social media triggers that are not currently addressed. The goal of this tool is to assist therapist in identifying the presence, nature, and severity of social media-related risk in subjects. Specifically, the SMRA tool is designed provide insights on whether social media affects the individual and the extent to which it triggered them. Although it is especially created to assess the risk of using social media in youth/young adults who are referred as having mental health conditions, the tool can be utilized with any type of population, to identify potential negative effects related to the use of social network sites.

To this end, we reviewed available risk assessment methods and tools focusing on social media, and we analyzed their pros and cons with mental health professionals. Moreover, we conducted several interviews with therapists and we organized meetings with them to co-design the elements of the questionnaire with their help. Their support contributed to achieve an understanding of (1) the context of use, (2) the risk evaluation procedure and the protocols that can be implemented depending on the output of the assessment phase, and (3) the different aspects of risk that serve as indicators for further treatment. As a result, we aimed at designing a short inventory that can be utilized by an assessor during a call to guide their conversation and to identify strategies for preventing harm. Also, the questionnaire consists of five modular elements each addressing a specific dimension of risk (discussed in Section 4). The SMRA tool can be integrated with other methods and it can be utilized as an additional layer to achieve a more complete overview of an individual's mental health situation. Moreover, questions were organized into versatile items that can be modified by professionals and organizations to better represent the specific situations they are dealing with. Finally, the instrument is conceived to support Plan-Do-Check-Adjust (PCDA) protocols, and it can be utilized to elicit further intervention from therapists, family members and other stakeholders in mental health and in the community.

Several iterations of the tool were produced and evaluated by experts in the working group. Subsequently, the final version of the tool was sent to three licensed mental health therapists who provided additional feedback about the applicability of the SMRA tool to actual contexts and gave additional suggestions on how to improve the design of the questions.

The first therapist who reviewed the tool has one and a half year of experience in administering assessment at a Baker Act facility: they judged the instrument as appropriate, showed interest in integrating it in the process and provided availability for the validation phase. The second expert who reviewed the tool is a licensed clinical social worker who currently works in the mental health field; they especially appreciated the brevity of the tool and they indicated that the SMRA tool can be utilized effectively as a risk-specific interview checklist, in combination with other assessments required by Baker Act facilities. The third reviewer who commented on the tool is a licensed mental health counselor with over 35 years of experience in the mental health field: they proposed improvements to the design of the scale and gave positive feedback regarding its usefulness.

1) Your relationship with social media:

A) How many social media accounts do you have?	
B) How many hours per day do you spend on social media?	

2) Social media sites are a source of:

Use scale 1- 10 below: 1 being extremely comfortable and 10 being extremely stressful.

Comfort									Stress
1	2	3	4	5	6	7	8	9	10

For each of the questions below, circle the response that best characterizes how you feel about the statement, where: 1= Strongly Disagree, 2 = Disagree, 3 = Neither Agree nor Disagree, 4 = Agree and 5 = Strongly Agree

3) As a result of using social media sites:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
What others post negatively affects my mood	1	2	3	4	5
I look for affirmation or acceptance from others	1	2	3	4	5
I feel sad when people ignore my posts	1	2	3	4	5
I am teased, attacked, or threatened	1	2	3	4	5
I feel fearful or anxious	1	2	3	4	5
I feel sad or depressed	1	2	3	4	5
I feel the urge to hurt myself	1	2	3	4	5

4) How often do you experience the following while using social media:

	Never	Very rarely	Occa-sionally	Frequently	Very frequently
Getting directly engaged in arguments	1	2	3	4	5
Being ignored or excluded	1	2	3	4	5
Hate or people insulting you	1	2	3	4	5
Denigration via gossip or rumors about you	1	2	3	4	5
Cyberbullying	1	2	3	4	5
People embarrassing you with graphic material	1	2	3	4	5
Harassment	1	2	3	4	5
Online/Cyberstalking	1	2	3	4	5

5) If you have had any of these experiences:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I have been able to resolve them	1	2	3	4	5
I have received help about them	1	2	3	4	5
I am still experiencing them	1	2	3	4	5
I solved them, but they still have an impact on my feelings	1	2	3	4	5
I don't think I will be able to solve them	1	2	3	4	5

Fig. 1. The Social Media Mental Health Risk Assessment (SMRA) tool.

4 Risk assessment and treatment

In this Section, we describe the main components of the questionnaire in terms of analysis of the risk factors associated with the questions. The SMRA tool contains 5 sections and a total of 23 items that can be utilized to evaluate risk over five dimensions include:

occurrence, outcome, severity, cause, and status. Each risk dimension is utilized to address a specific aspect and contributes to formulating a risk profile for the individual. To this end, the total risk score r associated with social media use can be calculated as the sum of the specific risk factors (questions 2 to 4), multiplied by the number of hours spent on social media (question 1B), that is, $r = h * (r_{outcome} + (3 * r_{severity}) + (2 * r_{cause}) + r_{status})$. The formula takes into consideration the increasing gravity of the items listed in the questionnaire and the different weight (in terms of impact on mental health) of the topics discussed in the questions. Moreover, risk dimensions can be analyzed individually using the formulas described below.

4.1 Occurrence

The first question investigates the individual's relationship with social media, i.e., the number of accounts that they have, and the amount of time spent on SNs. The first part of question 1 enables the therapist to gage how many accounts the client has, if none; the supplemental tool does not need to be used. The latter element of the question is expressed in hours per day and it results in the h of the formula for calculating r. This originates from [14], which found a correlation between social media consumption time and mental health conditions. If the person being interviewed with the tool presented in this paper indicates that they spend several hours a day on social media, this should flag the therapist in relation to the risk associated with other dimensions. Even if the total risk factor resulting from the formula is low, responses indicating more than two hours a day should suggest the therapist to address how subjects spend their time online.

4.2 Outcome

The second question of the tool design allows the interviewee to rate whether social media sites are source of comfort or stress on a scale of 1-10. This is the perceived outcome $r_{outcome}$ of social media use, which considers the potential positive effect of social media on subjects. The higher the score that is indicated, the more likely the individual would benefit from speaking to a therapist regarding their stress level on social media.

4.3 Severity

Question 3 regards the severity of risk, which is directly associated with the type of harm that the client might inflict. The associated risk can be calculated as $r_{severity} = \sum_{i=0}^{7} i * q_i$. The therapist should give great concern to this area, as it indicates the direction that the subject might take because of an inappropriate use of social media or as a result of social media-related risk. A higher score indicates that social media is a cause of distress and the client might have suicidal ideations. Consequently, a safety-plan should be discussed. A lower score indicates that social media is not affecting the client's mood and there is limited physical risk or psychological risk. If the subject results in moderate score, then their risk is low to social media, however this should be addressed as the risk may increase with more frequent use of social media.

4.4 Cause

Question 4 focuses on the type of traumatic experience and the impact it may have on the individual, which can be utilized to initiate a root cause analysis of the problem and to suggest specific intervention measures. The associated risk can be calculated as $r_{cause} = \sum_{i=0}^{8} i * q_i$. It addresses a three-fold component: (1) whether the individual is a victim of cyberbullying, (2) the type of behavior experienced by the subject, and (3) the extent of the phenomenon. Based on the frequency that the individual indicates, the therapist can focus on this topic during therapy and provide specific resources on what to do when being bullied. The maximum score in this section is 40; however, even if a client has high scores on some of the items in this section, then they should not be released from Baker Act until a safety-plan is provided and discussed. If client is under 18, parents should be notified, and they should be part of their safety plan. Otherwise, the therapist should plan to incorporate cyberbullying risk in their treatment and provide suggestions on how to cope with emotions brought from others on social media sites.

4.5 Status

In question 5, the tool focuses on the status of the current problem, and it helps the therapist understand whether their client has had treatment or has spoken to anyone regarding their experience on social media. The associated risk can be calculated as $r_{status} = \sum_{i=0}^{5} i * q_i$. A high score on item 1 ("I have been able to resolve them") might result in initiating an insightful conversation about the issue that the individual experienced and solved in the past, whereas items 2 and 3 might require further investigation and support. If the tools suggest that the interviewee has not addressed any of the problems, then appropriate level of intervention should be suggested. To this end, therapy or natural supports (e.g., family members) should be incorporated into the treatment plan, because being able to speak to someone about these issues may decrease the risk of suicidal ideations. Also, item 5 ("I don't think I will be able to solve them") should require appropriate intervention, as it reveals individuals' discouragement in dealing with the issue. Furthermore, even if it is determined that no one has addressed any of the questions discussed in the tools, then prior to discharge from the Baker Act, the therapist assigned should provide resources, come up with a plausible solution and encourage natural support involvement to lower the risk of social media use in regard to mental health.

5 Conclusion and future work

In this paper, we introduced a Social Media Mental Health Risk Assessment (SMRA) tool and we documented its motivation and design. The SMRA tool consists of 5 questions and it constitutes a brief and easy-to-use inventory that is designed to evaluate the presence of social media-related risk for mental health. The questionnaire can be administered to a variety of populations, including people who are especially vulnerable, such as, teenagers, young adults, and individuals who are referred to or contact mental health service providers.

The tool takes into consideration several risk factors, such as, the probability of occurrence, the type of relationship with social media, the psychological component of risk, the potential cause of damage and the severity of the situation. Each factor is addressed by a specific question (and by its sub-items), which would improve the efficiency in administering the SMRA tool over the phone or during assessment interviews. Indeed, the instrument is designed to be integrated in a more comprehensive process: combined with established methods, it can be utilized as an initial screening to identify additional types of support and to implement risk assessment protocols that consider the specific type of risk.

The purpose of this paper was to introduce the tool and to share the work realized with therapists with the scientific community working on mental health, to receive feedback from therapists and experts and to foster the debate about the consequences of social media on mental health and their potential risks in different types of populations. In a future study, we will realize an observational study in which the tool will be administered by therapists to a small group of volunteers. The ultimate goal of this work is to promote the adoption of the SMRA tool in mental health services. In addition to supporting therapists, the tool can have a crucial role in increasing awareness on social media-related risks which, as reported by the literature, is an underestimated component in mental conditions.

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