Social Media and Kids: Considerations for Pediatricians

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In the last decade, use of Social Media (SM) platforms has skyrocketed. Since the pandemic, 95% of teens report active SM use. In spite of platform age restrictions, 40% of youth ages 8-12 are active on SM. Rates of depression and anxiety amongst youth have risen sharply in parallel to SM use.

Positives of SM use:

- Youth in crisis seek resources on SM.
- SM platforms give a space for creative expression, connection, and emotional support.
- Youth join like communities in which they feel a sense of belonging and peer connection.

Negatives of SM use:

- Screentime is associated with sleep disruption, which worsens depression.
- Social comparisons have a proven negative impact on self-esteem.
- Cyberbullying, eating disorder behaviors, and sexual exploration are mediated by SM.

SM and self-esteem:

- Passive scrolling of images (just looking at pictures, not actively communicating or engaging with peers) is associated with negative self-esteem.
- Watching images can lead to body dissatisfaction when youth compare themselves to others
- Educational campaigns on use of filters and AI have NOT been effective in mitigating negative effects.

Remember: SM isn't all bad! Unprecedented access to information about mental health raises awareness, educates, allows self-diagnoses, and destigmatizes MH conditions & treatment. Clinicians can also produce SM content to deliver expert-based health education.

AACAP's Guidance:

1. Protection: Advocate for privacy protections, adult control of SM, screen-access monitoring (i.e. screen time app).
2. Monitor: Minimize exposure to harmful content: cyberbullying, appearance comparisons, health misinformation, prejudice.
3. Collaborate: Advocate for collaborations between SM companies and childhood experts for developmental content guidance.
4. Teach: Open discussions with youth and families about SM contracts & screentime transparency.
5. Broadly: Lean into curiosity, provide psychoeducation, address true stressors, support patients where they are, and let patients teach YOU. Parentifying your patient may push them away. Use third party resources to build your expertise, such as: https://www.psychchild.com/clinicians.

References:

Use a social media contract (aka family media agreement) with your children. Example contract: https://www.commonsensemedia.org/sites/default/files/featured-content/files/common_sense_family_media_agreement.pdf