Recognizing Social Media-Related Depression

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Depression and anxiety in adolescents and young adults is reaching epidemic proportions. From 2005 to 2014, the overall prevalence of depression in adolescents aged 12 to 17 increased from 8.7% to 11.3% and from 2011 to 2018, rates of depression and anxiety in college students increased from 31.5% to 42.2% and 51.5% to 63.6% respectively. Psychological well-being, a closely related construct, decreased suddenly for adolescents around 2012 and has remained low since that time. These trends have been mirrored by a simultaneous increase since 2012 in smartphone adoption and screen-time, particularly social media usage, among American adolescents. The COVID-19 pandemic accelerated these trends: adults in April and May of 2020 were three times as likely to screen positive for depressive and anxiety disorders compared to the year prior. Today, social media is omnipresent in the lives of adolescents and adults. The Pew Research Center found that 84% of Americans aged 18-29 adults use at least one social media site and Piper Sandler Investment Research found that the average teen spends 12 hours per week on social media. Social media usage is a new and important consideration when dealing with and organizing efforts to combat rising depression and anxiety.

There is a growing body of literature investigating the relationship between mental health and social media usage. Social media usage is linked with higher levels of anxiety and depression in adolescents, and there are positive, significant correlations between use of social media and symptoms of anxiety and depression. There has also been research published specifically quantifying the relationship between social media usage and depression and anxiety among young adults. Time spent on social media was strongly and positively correlated with an increased risk of depression: Compared to a baseline of spending 0-30 minutes on social media, spending more than 30 minutes was associated with a 26% (31 to 60 minutes) and 84% (61 to 120 minutes) increase in risk of depression. Adults aged 19-32 who were using more than 60 minutes per day of social media were also found to have a 100%-268% increased risk of having anxiety.

Although there had been some concern within the literature that these associations should not be linked to causation, new research has been published establishing temporality of social media usage and depression as well as improvement in symptoms when social media usage is decreased. A recent study found that subjects with high baseline usage of social media had increased risk of developing depression but that subjects with baseline depression did not develop increased social media usage, establishing a temporal association of social media and depression, strengthening the argument for causation. Some proposed explanations for social media usage causing depression and anxiety include usage leading to upward social comparison, decrease in activities that are beneficial for mental health (such as exercise, face-to-face interactions, etc.), and decreased quality sleep. Of particular significance, new research has shown that limiting social media usage to just 30 minutes per day led to significant reductions in depression and anxiety.

Within professional health organizations, there has been research and introduction of policy to combat these mental health impacts of social media. The American Academy of Pediatricians recognizes “Facebook Depression” as a phenomenon and advises parents to talk to their children and adolescents about online use. In November of 2017, the American Medical Association took a step towards addressing the topic by adopting a policy addressing social media usage and its negative health impacts on mental health. The policy stated that: “Our AMA: (1) will collaborate with relevant professional organizations to: (a) support the development of continuing education programs to enhance physicians’ knowledge of the health impacts of social media usage; and (b) support the development of effective clinical tools and protocols for the identification, treatment, and referral of children, adolescents, and adults at risk for and experiencing health sequelae of social media usage; and (2) advocates for schools to provide safe and effective educational programs by which students can learn to identify and mitigate the onset of mental health sequelae of social media usage”.

Although this topic has begun to be addressed via such policy, as it stands today, there is no term in the literature for the mental health sequelae of social media usage discussed herein, nor are there any published clinical guidelines for safe social media usage. Giving the phenomenon a name allows professionals to directly address it, research it, treat it, and allows for specific discussions of it with patients. We propose the term Social Media Related Depression and Anxiety (SMRDA) to describe the phenomenon of negative mental health sequelae of social media usage.
Using the data from the aforementioned studies, we also present clinical guidelines to limit mental health sequelae of social media usage: No more than 30 minutes of social media usage per day. Although these guidelines are based on a number of studies, further research is needed to determine the most successful interventions to prevent SMRDA. The term SMRDA gives a label to the issue and helps raise awareness of it. The guidelines for social media presented are intended to serve as a first line, easily implementable, research-supported intervention for individuals suffering from depression and/or anxiety related to social media usage. Other potential interventions at the school- and community-level include sending home information on SMRDA and the proposed social media usage guidelines, holding educational sessions on SMRDA during school, or asking students to reflect on their social media usage during health class. At the physician level, asking about their social media usage could help patients reflect on the role of social media usage in their mood and anxiety states and increase openness to altering usage if it appears to be linked with low mood or heightened anxiety. With the ubiquity of social media usage, the challenge of dealing with SMRDA is of importance for physicians and healthcare providers, especially since children and adolescents are a vulnerable population. The proposed guidelines are easily implementable, likely cost-effective and could have significant, positive impacts on the overall health of children and adolescents.

Conflicts of Interest

Mr. Kamal and Mr. Malik have no conflicts of interest. Dr. Blumenshine owns common stock in Facebook.

References


