Instagram Isolation:

the multiplier effect of social media on pandemic related trauma

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Disclosure

I am a paid consultant to the Ohio Department of Health. I have no conflicts of interest related to this continuing education activity.

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Learning Objectives

• Recognize the temporal association between escalating adolescent emotional distress and prolonged social isolation during and following the Covid-19 pandemic.

• Discuss some beneficial and potentially harmful effects of involvement with social media by children and youth.

• Include anticipatory guidance about social media use during health maintenance visits.

• Apply trauma-informed strategies to parental counseling related to social media exposure by children and youth.
Organization

• Review of 2021 Ohio YRBS, with particular attention to youth suicide
• Consideration of the effects of social media (US Surgeon General, AAP)

• Discussion with Youth

• TIC Basics
• Recommendations for a trauma-informed response
2021 Ohio Youth Risk Behavior Survey/Youth Tobacco Survey:

Pandemic to Epidemic

https://odh.ohio.gov/know-our-programs/youth-risk-behavior-survey

Percentage of **high school students** who felt so sad or hopeless almost every day, two weeks or more in a row, that they stopped doing some usual activities during the 12 months before the survey.
Percentage of high school students who felt so sad or hopeless almost every day, two weeks or more in a row, that they stopped doing some usual activities during the 12 months before the survey, 2021.
Percentage of middle school students who felt so sad or hopeless almost every day, two weeks or more in a row, that they stopped doing some usual activities during the 12 months before the survey.
Percentage of middle school students who felt so sad or hopeless almost every day, two weeks or more in a row, that they stopped doing some usual activities, during the 12 months before the survey, 2021.
Percentage of high school students who seriously considered attempting suicide during the 12 months before the survey.
Percentage of high school students who attempted suicide one or more times during the 12 months before the survey.
Percentage of middle school students who attempted suicide one or more times during the 12 months before the survey.
Percentage of high school students who attempted suicide one or more times during the 12 months before the survey, 2021.
Percentage of middle school students who attempted suicide one or more times during the 12 months before the survey, 2021.
Risk: Youth Suicide

• **Individual Risk Factors**
  • Previous suicide attempt
  • History of depression and other mental illnesses
  • Serious illness such as chronic pain
  • Substance use
  • Current or prior history of adverse childhood experiences
  • Sense of hopelessness
  • Violence victimization and/or perpetration

• **Relationship Risk Factors**
  • Bullying
  • Family/loved one’s history of suicide
  • Loss of relationships
  • High conflict or violent relationships
  • Social isolation

• **Community Risk Factors**
  • Lack of access to healthcare
  • Suicide cluster in the community
  • Stress of acculturation
  • Community violence
  • Historical trauma
  • Discrimination

• **Societal Risk Factors**
  • Stigma associated with help-seeking and mental illness
  • Easy access to lethal means of suicide among people at risk
  • Unsafe media portrayals of suicide

https://www.cdc.gov/suicide/factors/index.html
Protective Factors: Youth Suicide

• **Individual Protective Factors**
  - Effective coping and problem-solving skills
  - Reasons for living (for example, family, friends, pets, etc.)
  - Strong sense of cultural identity

• **Relationship Protective Factors**
  - Support from partners, friends, and family
  - Feeling connected to others
  - Safe, Secure, Nurturing Relationships

• **Community Protective Factors**
  - Feeling connected to school, community, and other social institutions
  - Availability of consistent and high quality physical and behavioral healthcare

• **Societal Protective Factors**
  - Reduced access to lethal means of suicide among people at risk
  - Cultural, religious, or moral objections to suicide
Percentage of **high school students** who most of the time or always feel that they are able to talk to an adult in their family or another caring adult about their feelings, 2021.
Percentage of high school students who most of the time or always feel that they are able to talk to a friend about their feelings, 2021.
Percentage of high school students who strongly agree or agree that they feel close to people at their school, 2021.
Effect on intrafamilial adversity (ACEs)

• Over 42,000 Ohioans have died of Covid. Usual assumption, 1 in 4 adults were parents or caretakers, resulting in more than 10,000 children lost intimate family member

• Increased exposure to adult anxiety/depression, parental substance abuse, intimate partner violence

• From 2019 to 2020, drug overdose death rate increased 15% and alcohol sales increased 10%

• Increased risk of child abuse or neglect, particularly during school closures

Effect on community level adversity

• Pre-existing disparities amplified, exposed
• Job loss, economic stress, loss of health coverage
• Increased food and housing insecurity
• Social distancing and lack of broadband increased isolation, especially in Appalachian Ohio
• Misinformation, attacks on public health, lack of confidence in government
• Racism, racial reckoning (George Floyd was murdered in May 2020)
• Parents in families experiencing housing or food insecurity report high prevalence of child MEB symptoms, 44% and 56% respectively

Effect on educational achievement

- About 1 in 4 children chronically absent during 2020-2021
- During first two years, both English and math scores decreased
  - ½ half year lost in math and ¼ in reading
  - The gap between low-poverty and high-poverty schools increase by 20%
- Complicating recovery
  - Just in Ohio, 16,000 teacher have left the profession since 2020
  - Student to staff ratios of school nurses, counselors, and psychologists fall short
- *The percentage of children demonstrating kindergarten readiness decreased from 41.5% in 2017-18 to only 35.4% in 2022-23, while the share of students showing they need significant help increased from 22.4% to 30.1%.*

State of Ohio Schools 2023 A legacy of neglect — and how to overcome it. Policy Matters Ohio.
Effect on adolescent health

• Social Isolation
• Lower self esteem, more depression, increased solitary substance use (alcohol, cannabis)
• Increased incidence of eating disorders (ED visits)
• Decreased STI surveillance, increased diagnosis
• Decreased access to primary care, professional mental health care
• Nationally, 37.1% surveyed experienced poor mental health, 44.2% experienced persistent sadness, and nearly 20% thought about suicide. Connectedness to persons at school was strong protective factor.

Effect on social media use

- During early phase, internet usage in all age groups increased 70% from pre-pandemic
- Social media up over 60%
- Facebook and Instagram usage increased ~40% among adolescents and young adults
- 95% of teens (13-17) use social media
- More than 1/3 report almost constant use
- 10th graders average more than 3 hours/day
- 40% of pre-teens (8-12) use social media despite age requirements


Benefits and potential harms of social media

- Social support, connections with peers, particularly for marginalized groups such as LGBTQ or those with physical disabilities limiting activities
- May be identity confirming or a space for creativity
- May promote healthy socialization
- Gateway to professional care
- Online mental health care treatment programs
- Cyber-bullying, online harassment (especially teen girls and LGBTQ), body image
- Exposure to hate-based content, misinformation
- Patterns of excessive use
- “Problematic social media use” associated with depression, anxiety, inadequate sleep, and suicidal ideation

Panel Discussion
A trauma-informed response

<table>
<thead>
<tr>
<th>Toxic Stress</th>
<th>Trauma</th>
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<tbody>
<tr>
<td>• Toxic stress results from prolonged activation of bodily stress response in the absence of buffering factors</td>
<td>An event, series of events, or set of circumstances experienced as by an individual as physically or emotionally harmful and has lasting adverse effects on the person’s functioning and mental, physical, emotional or spiritual well-being.</td>
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<tr>
<td>• Toxic stress gives rise to lifelong impairments in physical and mental health</td>
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Trauma Informed Care

• An organizing principle for care delivery
• Based on the science of toxic stress and attachment theory (SSNRs)
• Is asset-driven rather than deficit-based
• Promotes relational health and family resilience

https://www.nctsn.org/
TIC Basics

- Realize
- Recognize
- Respond
- Resist Retraumatization
- Buffer secondary traumatic stress


Recommendations for Pediatricians

• Screen for depression, suicide risk, social drivers
• Has anything sad, bad, or scary happened since we last visited?
• Also ask about protective factors, connectedness, personal and family resilience
• Query media use, particularly cyberbullying and effect on self-esteem
• Promote media literacy, provide guidance about assessment of content
  • https://thinktv.pbslearningmedia.org/collection/newsandmedialiteracy/
  • https://www.commonsense.org/education/videos/5-essential-media-literacy-questions-for-kids
• Be ready to engage with mis-information
• Be particularly aware of sleep and use of technology in bedroom
Recommendations: Parents and Caretakers

• Talk with child regularly about what they are watching, on-line experiences
• Create family media plan
• Create tech-free zones
  • Limit use during meals
  • Prioritize face-to-face experiences
• Build family relationships
  • Encourage trusted relatives to interact on social media, friending agreements
  • Structure in-person visits
• Encourage pro-social use for support and health
• Model responsible behavior
• Watch for warning signs

Recommendations: Youth

• Reach out for help
• Take breaks, turn off notifications. Create boundaries to balance online and in-person activities, keep track of your time online
• Unfriend, block, mute. Choose groups that you identify with, provide positive support, and help you feel seen and appreciated
• Develop media literacy skills to detect opinion vs. fact
• Protect yourself and others
  • Don’t keep harassment or cyberbullying a secret
  • Don’t participate in online abuse
• Be cautious about provide personal information on social media
  • Privacy setting on, location enabling services off
  • If you are not sure, don’t post

Social Media and Youth Mental Health: The U.S. Surgeon General’s Advisory 2023
https://www.hhs.gov/surgeongeneral/priorities/youth-mental-health/social-media/index.html
The American Academy of Pediatrics
Center of Excellence
on Social Media and Youth Mental Health