Screen Time, Social Media, and Youth Mental Health

Evidence, Risks, and Clinical Implications

Cory Nielsen, DO

Assistant Professor of Psychiatry Creighton University School of Medicine-Phoenix

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Learning Objectives

1. Describe current evidence on the relationship between screen time, social media use, and youth mental health.
2. Identify key risks, mechanisms, and moderators that influence how digital media impacts adolescents.
3. Apply clinical strategies to assess and address problematic screen and social media use in youth.

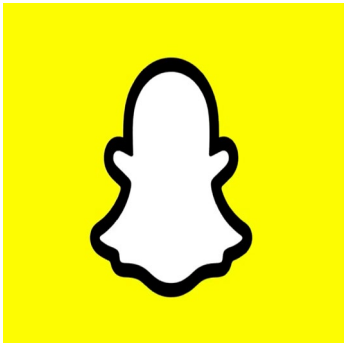
What is social media?

- Digital tools and interfaces that enable users to communicate, share information, express opinions and build communities
  - User-generated content (posts, photos, videos comments etc)
  - Profiles (personal or business identities)
  - Interaction/Engagement: Likes, shares, comments and direct messages
  - Networking: connects with friends, communities or audiences

Aichner et al., 2021

Platforms

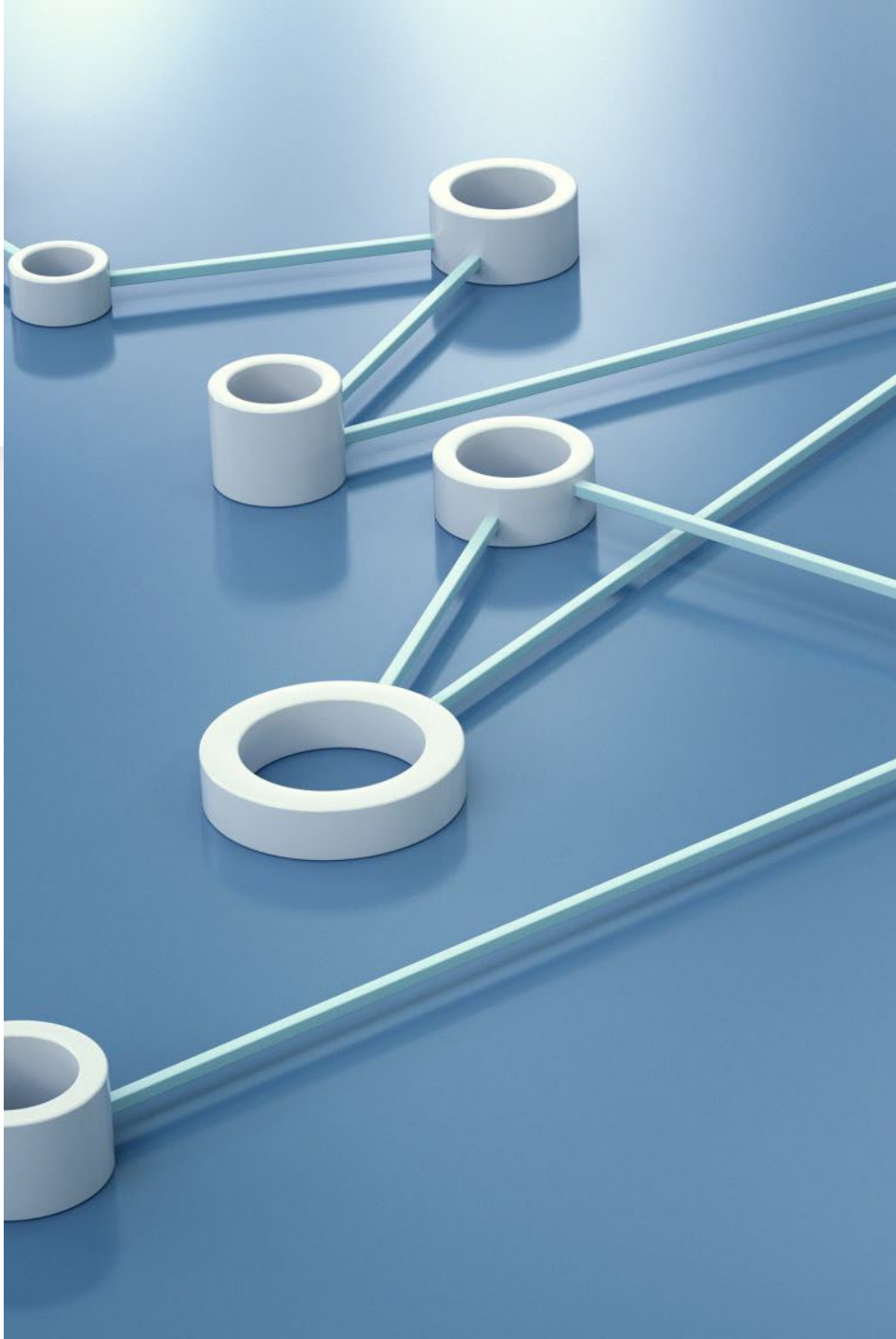
- Youtube
- Instagram
- Twitter/X
- Facebook
- Snapchat
- Tiktok



Other platforms?

The "algorithm" tools

- Engagement-based ranking/recommendation algorithms
- Infinite/endless scrolling
- Variable reward schedules
- Social validation metrics
- Autoplay
- Personalization/filter bubbles
- Push notification/urgency cues

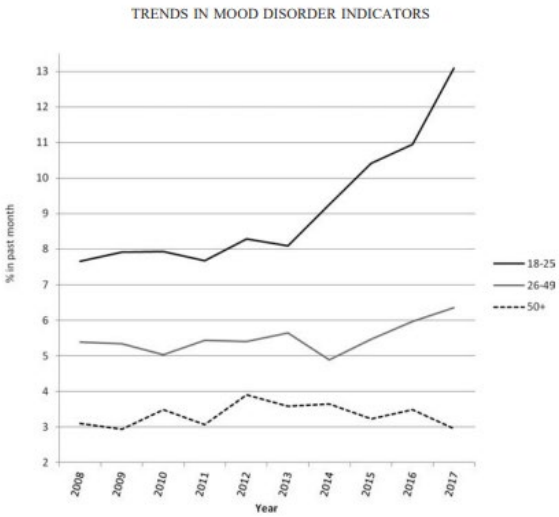


Social Media Use as Behavior

- Screen time: time on devices with screens(smartphones, tablets, computers, TV, gaming)
- Social media use: interacting with platforms (TikTok, Instagram, Snapchat, etc.)
- Active vs passive use: posting & interacting vs scrolling
- Problematic/compulsive use: loss of control, distress
- Who are you communicating with, how?
- What content do you see?

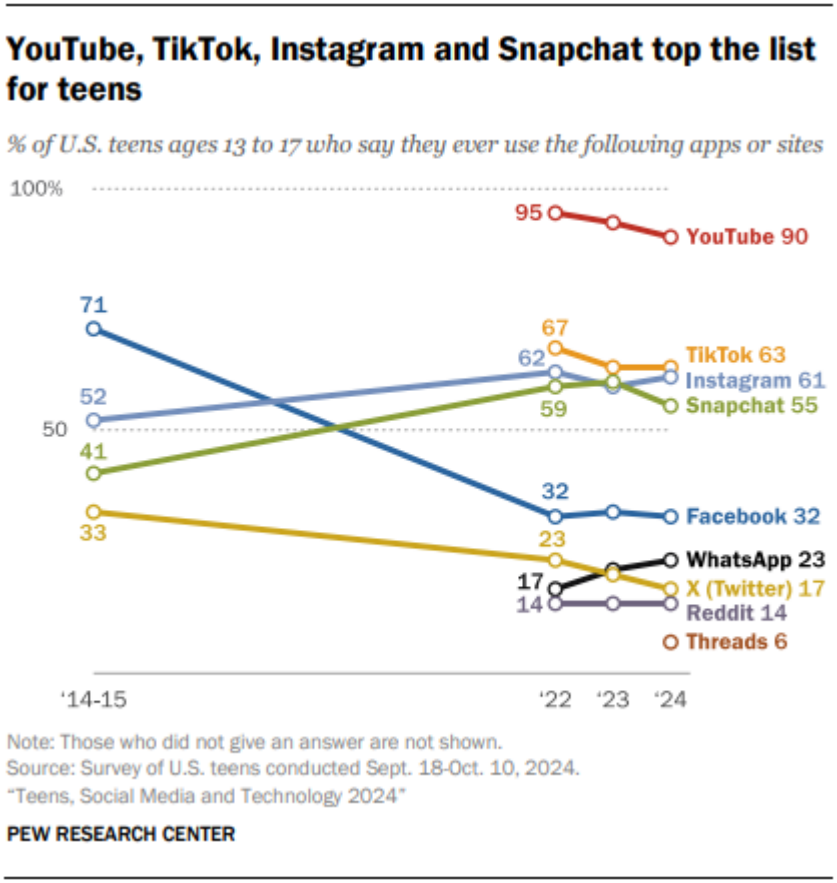
US Surgeon General's Advisory- May 2023

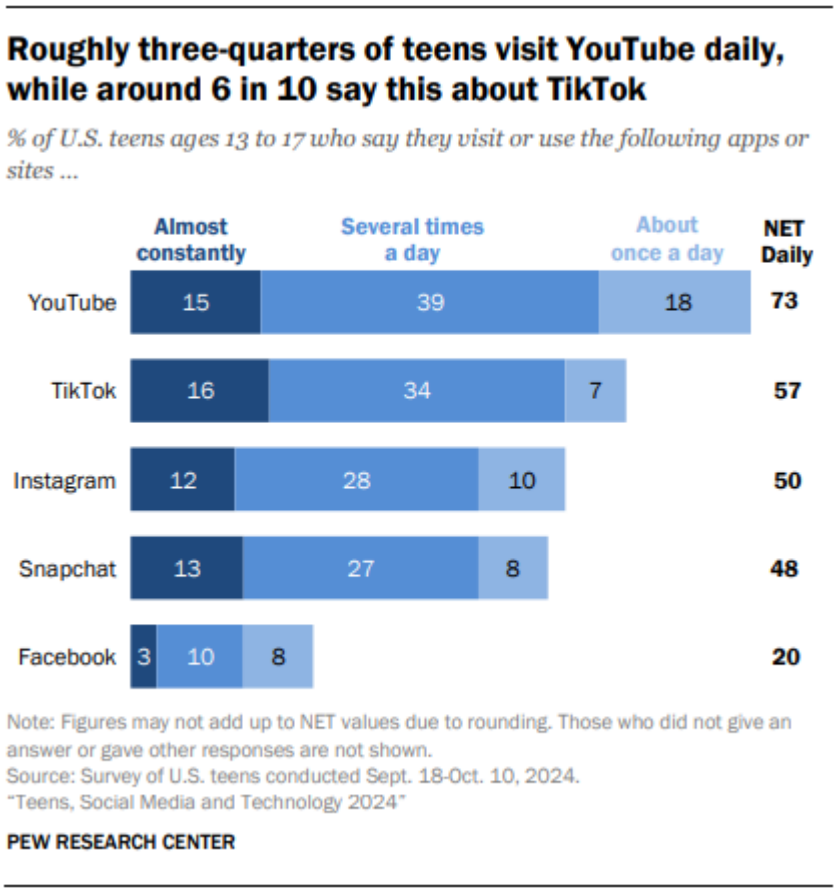
"Children are exposed to harmful content on social media, ranging from violent and sexual content, to bullying and harassment. And for too many children, social media use is compromising their sleep and valuable in-person time with family and friends. We are in the middle of a national youth mental health crisis, and I am concerned that social media is an important driver of that crisis – one that we must urgently address." Dr. Vivek Murthy



Office of the Surgeon General, 2023; Twenge et al., 2019

Adolescent Social Media Use





Faverio & Sidoti, 2024

Use of certain online platforms – like Instagram and TikTok – varies by age, race and ethnicity, and gender

% of U.S. teens ages 13 to 17 who say they ever use the following apps or sites

	YouTube	TikTok	Instagram	Snapchat	Facebook	WhatsApp	X (Twitter)	Reddit	Threads
U.S. teens	90	63	61	55	32	23	17	14	6
Boys	93	59	56	53	31	24	18	15	6
Girls	87	66	66	57	32	22	15	13	5
White	88	54	55	55	33	16	13	14	5
Black	93	79	75	57	38	22	24	12	5
Hispanic	92	74	66	55	29	34	20	12	8
Ages 13-14	87	55	43	44	23	17	9	11	3
15-17	92	68	72	63	37	27	22	16	7
Urban	90	70	65	55	36	31	24	10	6
Suburban	91	59	62	54	26	24	15	18	6
Rural	87	65	55	59	40	14	13	8	5
Household income									
<$30,000	94	73	63	58	45	28	21	12	7
$30K-$74,999	92	68	59	53	35	19	19	11	7
$75,000+	89	59	61	56	29	24	15	15	5
Rep/Lean Rep	87	52	56	54	33	19	15	11	4
Dem/Lean Dem	94	73	67	58	33	25	20	18	7

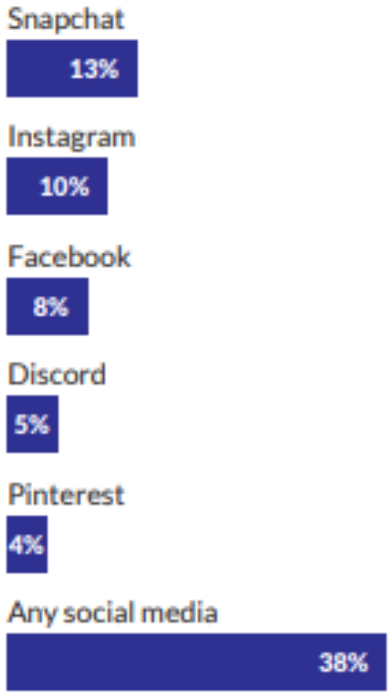
Note: Not all numerical differences between groups shown are statistically significant. White and Black teens include those who report being only one race and are not Hispanic. Hispanic teens are of any race. Those who did not give an answer are not shown.
Source: Survey of U.S. teens conducted Sept. 18-Oct. 10, 2024.
"Teens, Social Media and Technology 2024"

PEW RESEARCH CENTER

Faverio & Sidoti, 2024

FIGURE D. Top social media sites among tweens, 2021

Percent of all 8- to 12-year-olds who have ever used ...



Rideout, Peebles, Mann & Robb (2022)

Child and Adolescent Development

- Ages **8–18** represent a highly sensitive period of brain development.
- Risk-taking, emotional fluctuations, and onset of mental health challenges (e.g., depression) peak during this stage.
- Early adolescence: forming identity and self-worth, increasing vulnerability to peer influence and social comparison.
- **Frequent social media use** is linked to changes in:
  - **Amygdala** → emotional learning and behavior
  - **Prefrontal cortex** → impulse control and emotional regulation
  - May heighten sensitivity to **social rewards and punishments** and **emotional reactivity**.

Maza et al., 2023;
Crone & Konjin, 2018

What about the evidence?

- ???

Adolescent Brain Cognitive Development (ABCD) Study

The Adolescent Brain Cognitive Development (ABCD) Study tracks ~11,900 U.S. children (starting at ages 9–10) over multiple years to study brain development, health, behavior, environment, and technology use.

Launched 2015 by National Institutes of Health

Screen Use Patterns in Early Adolescence (ABCD Study)

- Baseline screen use (ages 9–10):
  - Average total: 3.99 hours/day across six media types.
  - Highest categories: TV/movies (1.31 h), video games (1.06 h), videos like YouTube (1.05 h).
- Pandemic increase:
  - Average daily recreational screen time rose to 7.7 hours/day during COVID-19.
- Social media prevalence:
  - 63.8% of 11–12-year-olds already had social media accounts, despite most platforms' 13+ age requirement.

Nagata et al., 2022;

Nagata et al., 2022;

Nagata et al., 2022

Sociodemographic Disparities & Usage Patterns (ABCD Study)

- Screen use and problematic behaviors vary by *sex, sexual orientation, gender identity, race/ethnicity, and socioeconomic status*.
  - Boys: more overall screen time, especially for video games and videos.
  - Girls: more time spent texting, using social media, and video chatting.
- **Problematic use:**
  - Boys show higher problematic video-game use.
  - Girls show higher problematic social media and mobile-phone use.

Nagata et al., 2022; Nagata et al., 2022; Nagata et al., 2022

Socioeconomic & Race/Ethnicity Disparities in Screen Use

- Lower household income and lower parental education remain correlated with **higher total screen use**, even after adjusting for sex and race.
- Youth from racial/ethnic minority groups (e.g. Black, Latine, Native American) report **higher problematic screen-use scores** across modalities (social media, video games, mobile phone) than White peers.
- Trajectory analyses (i.e. following youth over time) show that **screen use increases more rapidly** in minority youth, in lower parental education groups, and among youth reporting greater experiences of **discrimination or racism**.
  - Structural and neighborhood factors are hypothesized contributors: e.g. fewer safe outdoor recreation options, less access to organized extracurriculars in low-resourced or predominantly minority neighborhoods.

Nagata et al., 2022; Nagata et al., 2022; Nagata et al., 2022

What do parents say?

- Parental and media-parenting practices matter:
  - greater parental screen use, permissive rules (e.g. screens in bedroom), and family mealtime screen use are associated with greater adolescent use and problematic media behaviors.
- A majority of parents of adolescents say they are somewhat, very, or extremely worried that their child's use of social media could lead to problems
  - with anxiety or depression (53%)
  - lower self-esteem (54%)
  - being harassed or bullied by others (54%)
  - feeling pressured to act a certain way (59%)
  - exposure to explicit content (71%)

Nagata et al., 2025; Gelles-Watnick, 2022

Mood Anxiety

- UK Millennium Cohort Study (MCS) conducted among 14-year-olds (n = 10,904) found that greater social media use predicted
  - poor sleep
  - online harassment
  - poor body image
  - low self-esteem
  - higher depressive symptom scores
  - larger association for girls than boys.
- A longitudinal cohort study of U.S. adolescents aged 12–15 (n=6,595) that adjusted for baseline mental health status found that adolescents who spent more than **3 hours per day** on social media faced double the risk of experiencing poor mental health outcomes including symptoms of depression and anxiety.
- The roll-out of social platform was associated with an increase in depression (9% over baseline) and anxiety (12% over baseline) among college-aged youth (n = 359,827 observations).
  - The study's co-author also noted that when applied across the entirety of the U.S. college population, the introduction of the social media platform may have contributed to more than 300,000 new cases of depression.
- A small, randomized controlled trial in college-aged youth found that limiting social media use to 30 minutes daily over three weeks led to significant improvements in depression severity.
  - This effect was particularly large for those with high baseline levels of depression who saw an improvement in depression scores by more than 35%.

Kelly et al., 2019
Riehm et al., 2019;
Braghieri et al., 2022;
Allcott er al., 2020

Screen Use and Mental Health

- **General associations:** Higher total screen time and social media use linked:
  - **Depression**
  - **Anxiety**
  - **ADHD**
  - **Somatic problems**
  - **Mania**
- **Effect size:** Typically **small per hour**, but potentially large when multiplied by years of multi-hour exposure.

Nagata et al., 2024;
Nagata et al., 2023

Screen Use and Mental Health

From: Screen time and mental health: a prospective analysis of the Adolescent Brain Cognitive Development (ABCD) Study

	Depressive symptoms		Anxiety symptoms		Somatic symptoms		Attention-deficit/hyperactivity symptoms		Oppositional defiant symptoms		Conduct symptoms	
Model 1: Unadjusted	Coefficient (95% CI)	*p*	Coefficient (95% CI)	*p*	Coefficient (95% CI)	*p*	Coefficient (95% CI)	*p*	Coefficient (95% CI)	*p*	Coefficient (95% CI)	*p*
Total screen time	**0.18 (0.14, 0.22)**	**< 0.001**	**0.12 (0.06, 0.17)**	**< 0.001**	**0.10 (0.05, 0.14)**	**< 0.001**	**0.27 (0.22, 0.31)**	**< 0.001**	**0.21 (0.15, 0.27)**	**< 0.001**	**0.28 (0.21, 0.36)**	**< 0.001**
Television shows/movies	**0.32 (0.15, 0.48)**	**0.001**	0.19 (-0.02, 0.39)	0.428	0.17 (-0.003, 0.36)	0.055	**0.50 (0.32, 0.69)**	**< 0.001**	**0.43 (0.27, 0.57)**	**< 0.001**	**0.57 (0.32, 0.82)**	**< 0.001**
Videos (e.g. YouTube)	**0.50 (0.37, 0.64)**	**< 0.001**	**0.36 (0.22, 0.51)**	**< 0.001**	**0.34 (0.22, 0.47)**	**< 0.001**	**0.56 (0.46, 0.65)**	**< 0.001**	**0.42 (0.29, 0.55)**	**< 0.001**	**0.52 (0.41, 0.65)**	**< 0.001**
Video games	**0.48 (0.37, 0.60)**	**< 0.001**	**0.30 (0.16, 0.44)**	**< 0.001**	**0.19 (0.07, 0.32)**	**0.003**	**0.61 (0.50, 0.72)**	**< 0.001**	**0.48 (0.32, 0.63)**	**< 0.001**	**0.53 (0.38, 0.68)**	**< 0.001**
Texting	**0.22 (0.06, 0.37)**	**0.008**	0.04 (-0.15, 0.22)	0.690	0.18 (-0.19, 0.54)	0.331	**0.46 (0.27, 0.65)**	**< 0.001**	**0.38 (0.11, 0.66)**	**< 0.001**	**0.75 (0.37, 1.13)**	**< 0.001**
Video chat	**0.29 (0.07, 0.51)**	**0.012**	0.02 (-0.22, 0.28)	0.536	0.07 (-0.21, 0.36)	0.589	**0.51 (0.29, 0.74)**	**< 0.001**	**0.43 (0.07, 0.80)**	**0.023**	**0.80 (0.43, 1.17)**	**< 0.001**
Social media	**0.44 (0.24, 0.64)**	**< 0.001**	0.08 (-0.19, 0.37)	0.536	0.28 (-0.04, 0.60)	0.078	**0.68 (0.40, 0.96)**	**< 0.001**	**0.71 (0.44, 0.98)**	**< 0.001**	**1.15 (0.86, 1.46)**	**< 0.001**
Model 2: Adjusted for sociodemographic factors and baseline mental health												
Total screen time	**0.10 (0.06, 0.13)**	**< 0.001**	**0.05 (0.01, 0.09)**	**0.029**	**0.06 (0.01, 0.11)**	**0.026**	**0.06 (0.01, 0.10)**	**0.013**	**0.04 (0.01, 0.07)**	**0.011**	**0.07 (0.03, 0.10)**	**< 0.001**
Television shows/movies	**0.13 (0.01, 0.26)**	**0.036**	0.06 (-0.09, 0.21)	0.397	0.04 (-0.09, 0.16)	0.559	0.11 (-0.01, 0.24)	0.067	**0.10 (0.01, 0.19)**	**0.032**	0.11 (-0.01, 0.22)	0.063
Videos (e.g. YouTube)	**0.22 (0.13, 0.31)**	**< 0.001**	**0.17 (0.08, 0.25)**	**0.001**	**0.19 (0.09, 0.29)**	**0.001**	**0.09 (0.004, 0.17)**	**0.042**	0.07 (-0.02, 0.15)	0.114	**0.10 (0.02, 0.18)**	**0.018**
Video games	**0.20 (0.03, 0.37)**	**0.022**	0.08 (-0.02, 0.17)	0.099	0.13 (-0.001, 0.27)	0.05	**0.11 (0.05, 0.18)**	**0.001**	0.07 (-0.01, 0.15)	0.07	**0.10 (0.05, 0.16)**	**0.001**
Texting	**0.26 (0.09, 0.44)**	**0.005**	0.10 (-0.07, 0.27)	0.231	0.19 (-0.04, 0.42)	0.101	0.18 (-0.02, 0.39)	0.080	0.12 (-0.04, 0.28)	0.151	**0.33 (0.11, 0.56)**	**0.006**
Video chat	**0.35 (0.19, 0.51)**	**< 0.001**	0.12 (-0.06, 0.30)	0.189	0.05 (-0.21, 0.31)	0.683	**0.22 (0.03, 0.41)**	**0.022**	0.11 (-0.09, 0.33)	0.246	**0.35 (0.14, 0.57)**	**0.002**
Social media	0.14 (-0.09, 0.33)	0.230	0.004 (-0.24, 0.25)	0.971	0.11 (-0.16, 0.38)	0.421	0.04 (-0.31, 0.39)	0.805	0.07 (-0.19, 0.33)	0.617	0.22 (-0.02, 0.47)	0.071

Models represent the abbreviated outputs from mixed effects models examining associations between screen time and its subtypes (independent variable at baseline) and mental health symptoms (dependent variable at one- and two-year follow-up based on the Child Behavior Checklist [CBCL]). Propensity weights from the ABCD Study were applied based on the American Community Survey from the US Census

Model 1 is unadjusted

Model 2 includes random effects adjusted for age, race/ethnicity, household income, parent education, study site, baseline CBCL score, and date of CBCL administration

Nagata et al., 2024

Eating Disorder

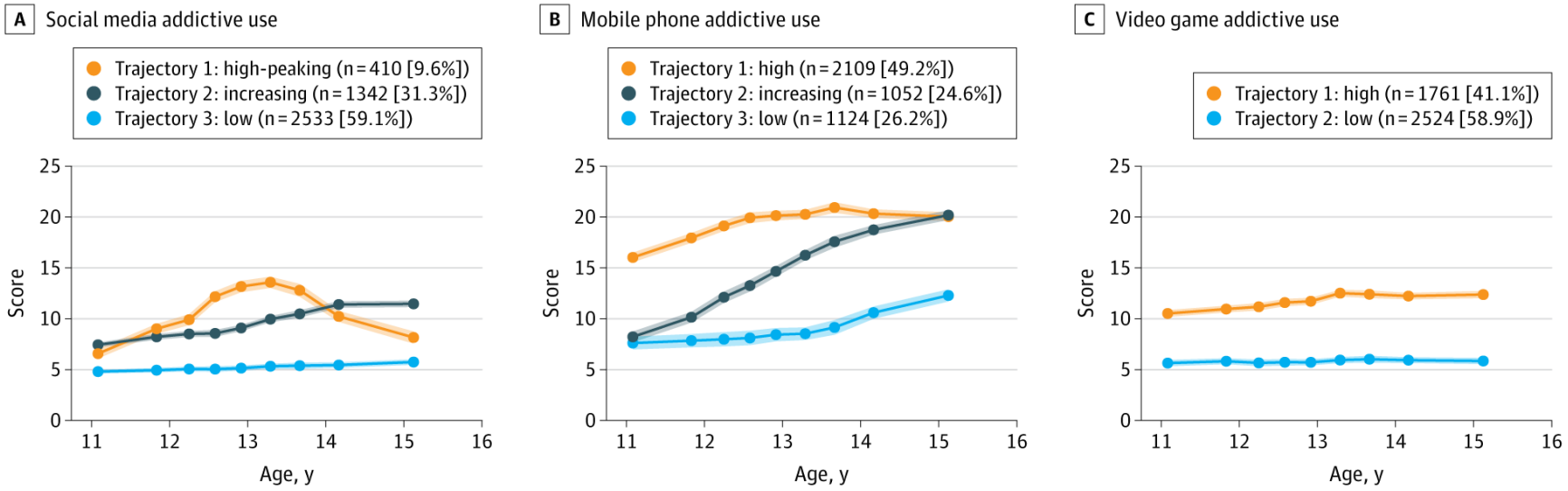
- **Binge-eating symptoms:**
  - Each additional hour of screen/social media use increased odds of **eating-disorder symptoms 2 years later**.
  - **Binge-eating disorder (BED)** more likely with higher social media time.
  - **Depressive symptoms** partially mediate the link between screen time and BED.
- **Mechanism:** Social comparison and exposure to idealized body imagery heighten body dissatisfaction and maladaptive behaviors.

Chu et al., 2024

Suicidality

- Higher total screen time correlates with **greater odds of suicidal behaviors**.
- Proposed mechanisms:
  - **Indirect:** increased cyberbullying exposure, sleep disruption, and social comparison.
  - **Direct:** reinforcing negative mood and maladaptive coping patterns online.

Chu et al. 2023



In a national sample of 4,285 U.S. youth (ages 10–15) from the ABCD Study, researchers found that **addictive patterns of screen use**—not total time online—were linked to worse mental health and higher suicide risk.

- Youth showing **high or increasing addictive use** of **social media**, **mobile phones**, or **video games** had **2–3 times higher risk** of suicidal behaviors and **higher internalizing/externalizing symptoms** compared to low-use groups.

Xiao et al., 2025

Screen Use and Substance Use

- **Social media and alcohol:**
  - Problematic social media use associated with **positive alcohol expectancies**.
  - Each hour increase in social media → **1.31× higher risk** of alcohol experimentation.
- **Cannabis and nicotine:**
  - Higher total screen time linked to greater odds of experimentation with **cannabis and nicotine**.
  - **Social media, texting, and video chatting** are the main drivers.
- **Public-health implication:**
  - Early (< 14 years) substance initiation increases lifetime SUD risk, underscoring the need to shield youth from substance-related media content.

Nagata et al., 2024;
Hendriks et al., 2018

Screen Use and Sleep

- **Prevalence:** 63% of early adolescents have a TV or internet-connected device in their bedroom.
- **Associations:** Bedtime screen use → difficulty falling/staying asleep and overall sleep disturbance.
- **Mechanisms:**
  - Blue-light exposure suppresses melatonin.
  - Cognitive/emotional arousal from screen content.
  - Notifications interrupt sleep.
  - Weakens link between bedroom environment and rest.
- **Prospective findings:** Associations persist even after controlling for baseline sleep problems.

Nagata et al., 2023;
Nagata et al., 2024

Association Between Portable Screen-Based Media Device Access or Use and Sleep Outcomes

- This systematic review and meta-analysis show strong and consistent evidence of an association between access to or the use of devices
  - Reduced Sleep Quantity (OR 2.17)
  - Reduced Sleep Quality (OR 1.46)
  - Increase daytime sleepiness (OR 2.72)
- Of note, children who had access to but did not use also demonstrated inadequate sleep quantity, quality and daytime sleepiness

Carter et al., 2016

Early Adolescent Online Risks

- **Online Dating**
  - *Prevalence:* 0.4% of 11–12-year-olds have used a dating app (despite 18+ limits).
  - *Sex Differences:* Boys 3× more likely than girls to report use.
  - *Sexual Minority Disparities:* Sexual minority youth have 13× higher odds of use vs. heterosexual peers.
- **Cyberbullying**
  - *Prevalence:* 9.6% of 11–12-year-olds report victimization.
  - Victimization correlates with **earlier substance use initiation** as a coping response to distress.
  - Both victimization and perpetration correlate with **disordered-eating symptoms**.

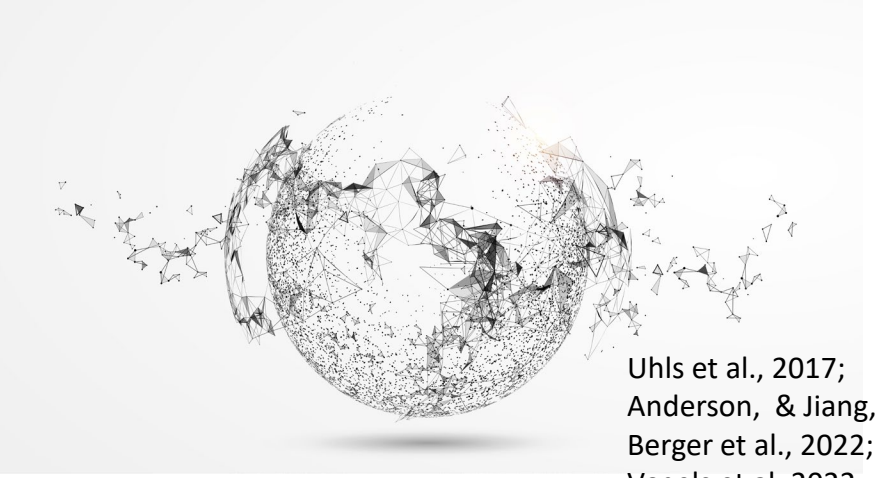
Nagata et al., 2022;
Nagata et al., 2024

Cardiometabolic Health and BMI

- **BMI:**
  - Every extra hour of daily screen time → +0.22 BMI percentile after 1 year (ages 9–10).
  - 4 h/day screen users → significantly higher overweight/obesity risk.
- **Mechanisms:**
  - Physical inactivity (displacement of exercise or sleep).
  - Poorer diet quality and mindless snacking during screen use.
  - Exposure to unhealthy food advertising.
- **Cardiovascular markers:**
  - Low screen time + high physical activity → lower diastolic BP, higher HDL cholesterol.
  - High screen time → unfavorable cardiometabolic profile.

Benefits of Social Media

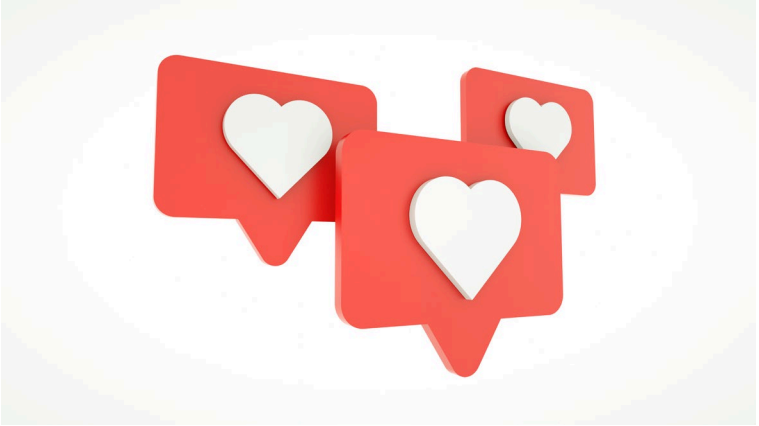
- Builds community and connection around shared identities, abilities, and interests
- Enables self-expression and access to supportive information
- Fosters friendships and social connections beyond offline environments
- Provides diverse peer interactions and social support
- Offers stress-buffering effects, especially for marginalized youth (racial, ethnic, sexual, gender minorities)
- Supports mental health and well-being through identity development and peer connection (e.g., LGBTQIA+ youth)
- Can promote help-seeking behaviors via digital mental health interventions
- Majority of teens say social media helps them feel:
  - More accepted (58%)
  - Supported in tough times (67%)
  - Creative (71%)
  - Connected to friends (80%)



Uhls et al., 2017;
Anderson, & Jiang, 2018;
Berger et al., 2022;
Vogels et al. 2022

Mechanisms / Mediators

- Sleep disruption: blue light, bedtime use
- Displacement: less activity, socializing, hobbies
- Physical inactivity: sedentary behavior → poor mood
- Cyberbullying, social comparison, FOMO
- Compulsive and additive use patterns
- Content exposure (harassment, idealized images, sexually explicit content etc.)



Moderators & Individual Differences

- Age/developmental stage: younger teens more vulnerable
- Sex/gender: stronger effects in girls
- Baseline mental health status
- Type of use (active vs passive)
- - Social support, family environment
- - Quality of content matters

Saleem, Young, & Yousuf (2024)

Effect Sizes & Practical Significance

- Most effects are small and heterogeneous
- Some argue too weak to be of societal relevance
- But may be clinically meaningful for at-risk youth
- Distinguishing causality vs correlation remains difficult

Known Knowledge Gaps

- How do in-person vs. digital social interactions differ in terms of the impact on health, and what are the unique contributions of social media behavior to social connectedness, social isolation, and mental health symptoms?
- What are the potential pathways through which social media may cause harm to children's and adolescents' mental health and well-being? For example:
  - » How does social comparison affect one's sense of life satisfaction and in-person relationships?
  - » How does the use of social media, including specific designs and features, relate to dopamine pathways involved in motivation, reward, and addiction?
- What type of content, and at what frequency and intensity, generates the most harm? Through which modes of social media access (e.g., smartphone, computer) and design features? For which users and why? What are the beneficial effects of social media? For whom are the benefits greatest? In what ways, and under what circumstances?
- What individual-, community-, and societal-level factors may protect youth from the negative effects of social media?
- What types of strategies and approaches are effective in protecting the mental health and well-being of children and adolescents on social media (e.g., programs, policies, design features, interventions, norms)?
- How does social media use interact with a person's developmental stage for measuring risk of mental health impact?

Clinical Implications: Screening & Assessment

- Ask about screen/device/social media habits
- Integrate into psychosocial history
- Assess timing, duration, compulsivity
- Screen for sleep problems, mood symptoms
- Identify red flags (functional impairment, worsening mood)
- Using Motivational Interviewing to Discuss Family habits

Sample Questions

Screening and Usage Patterns

Goal: Understand how much, how often, and why the patient uses social media.

- “Which social media platforms do you use most often?”
- “About how many hours per day do you spend on them?”
- “What times of day do you usually go online?”
- “Do you ever lose track of time while using social media?”
- “How do you usually feel before and after using social media?”

Sample Questions

Content and Engagement

Goal: Explore what kind of content they engage with and how interactive their use is.

- “What kinds of posts, videos, or accounts do you follow?”
- “Do you mostly post your own content, or do you mainly scroll through others’ posts?”
- “How do you decide what to share or comment on?”
- “Have you ever regretted posting something online?”

Sample Questions

Emotional and Psychological Impact

Goal: Identify links to mood, self-esteem, anxiety, or social comparison.

- “Do you notice your mood changing after using social media?”
- “Do you ever compare yourself to others online?”
- “Has social media ever made you feel left out, anxious, or inadequate?”
- “Does it ever make you feel connected or supported?”
- “Have you experienced sleep problems related to late-night scrolling?”

Sample Questions

Safety and Risk Behaviors
Goal: Screen for online risks, cyberbullying, exploitation, or exposure to harmful content.

- “Have you ever been bullied, harassed, or threatened online?”
- “Do you know everyone you talk to online personally?”
- “Have you ever been pressured to share personal photos or information?”
- “Do you see posts about self-harm, suicide, or dangerous behaviors?”
- “How do you handle upsetting or inappropriate content?”

Sample Questions

Social Relationships and Offline Balance

Goal: Assess the impact on real-life functioning and relationships.

- “How does social media affect your friendships or family relationships?”
- “Do you spend less time doing things offline because of being online?”
- “Do people close to you ever express concern about your social media use?”
- “Do you feel more connected to others online or in person?”

Sample Questions

Identity, Privacy, and Self-Presentation

Goal: Understand how patients construct their identity online.

- “Do you feel like yourself when you’re online?”
- “Do you ever feel pressure to look or act a certain way on social media?”
- “How do you decide what parts of your life to share?”
- “Are you comfortable with your privacy settings and who sees your posts?”

Sample Questions

Clinical Context and Formulation

Goal: Integrate findings into the psychiatric formulation.

- “How might your social media use relate to your mood, anxiety, or relationships?”
- “Have you ever taken a break from social media? How did it feel?”
- “Would you like help finding a healthier balance?”

Summary of the American Psychological Association's Recommendations from their 2023 Health Advisory on Social Media Use in Adolescence

A. U**sing social media is not inherently beneficial or harmful to young people.** Adolescents' lives online both reflect and impact their offline lives. In most cases, the effects of social media are dependent on adolescents' own personal and psychological characteristics and social circumstances—intersecting with the specific content, features, or functions that are afforded within many social media platforms. In other words, the effects of social media likely depend on what teens can do and see online, teens' preexisting strengths or vulnerabilities, and the contexts in which they grow up.[3]

B. Adolescents' experiences online are affected by both **1) how they shape their own social media experiences** (e.g., they choose whom to like and follow); and 2) **both visible and unknown features built into social media platforms**.

C. Not all findings apply equally to all youth. Scientific findings offer one piece of information that can be used along with knowledge of specific youths' strengths, weaknesses, and context to make decisions that are tailored for each teen, family, and community.[4]

D. Adolescent development is gradual and continuous, beginning with biological and neurological changes occurring before puberty is observable (i.e., approximately beginning at 10 years of age), and lasting at least until dramatic changes in youths' social environment (e.g., peer, family, and school context) and neurological changes have completed (i.e., until approximately 25 years of age).[5] Age-appropriate use of social media should be based on each adolescent's level of maturity (e.g., self-regulation skills, intellectual development, comprehension of risks) and home environment.[6] **Because adolescents mature at different rates, and because there are no data available to indicate that children become unaffected by the potential risks and opportunities posed by social media usage at a specific age, research is in development to specify a single time or age point for many of these recommendations**. In general, p**otential risks are likely to be greater in early adolescence**—a period of greater biological, social, and psychological transitions, than in late adolescence and early adulthood.[7,8]

E. As researchers have found with the internet more broadly, racism (i.e., often reflecting perspectives of those building technology) is built into social media platforms. For example, algorithms (i.e., a set of mathematical instructions that direct users' everyday experiences down to the posts that they see) can often have centuries of racist policy and discrimination encoded.[9] Social media can become an incubator, providing community and training that fuel racist hate.[10] The resulting potential impact is far reaching, including physical violence offline, as well as threats to well-being.[11]

F. These recommendations are based on psychological science and related disciplines at the time of this writing **(April 2023**). Collectively, these studies were conducted with thousands of adolescents who completed standardized assessments of social, behavioral, psychological, and/or neurological functioning, and also reported (or were observed) engaging with specific social media functions or content. However, these studies do have limitations. First, findings suggesting causal associations are rare, as the data required to make cause-and-effect conclusions are challenging to collect and/or may be available within technology companies, but have not been made accessible to independent scientists. Second, long-term (i.e., multiyear) longitudinal research often is unavailable; thus, the associations between adolescents' social media use and long-term outcomes (i.e., into adulthood) are largely unknown. Third, relatively few studies have been conducted with marginalized populations of youth, including those from marginalized racial, ethnic, sexual, gender, socioeconomic backgrounds, those who are differently abled, and/or youth with chronic developmental or health conditions.

Clinical Guidance

- **Limit parental screen use around children** and model healthy screen use behaviors.
- **Keep mealtimes screen free** to encourage mindful eating. Screen use during meals has been associated with overeating, distracted eating, and weight gain/obesity.
- **Avoid using screens around bedtime** and keep screens out of the bedroom. Leaving notifications on or on silent or vibrate was associated with less sleep compared to turning the phone off completely.
- **Minimize using screens as a disciplinary tool to control behavior**. Taking away screens as punishment for bad behavior was associated with greater screen time and engagement with age-inappropriate media.
- **Monitor screen use** and keep track of how much time children spend on screens.
- **Set screen time limits** and encourage screen-free activities.
- **Develop an individualized Family Media Plan** that considers children's developmental stages, what electronic devices are in the household, and the family's needs for communication and schoolwork on electronic devices. To do this, families can have regular and open conversations with adolescents about screen use.

Nagata et al., 2025

American Academy of Pediatrics 0-5 age recommendations

- For children younger than 18 months, discourage use of screen media other than video chatting.
- For parents of children 18-24 months who want to introduce digital media, select high-quality programming/apps (see resources) and use media together with children.
- For children 2-5 years, limit screen use to one hour a day of high-quality programming, and co-view with children.
- Avoid using media as the only way to calm a child.
- Keep bedrooms, mealtimes and parent-child playtimes screen-free for all. Stop using screens an hour before bedtime and remove devices from bedrooms before bedtime.
- Avoid fast-paced programs, apps with lots of distracting content and violent content.

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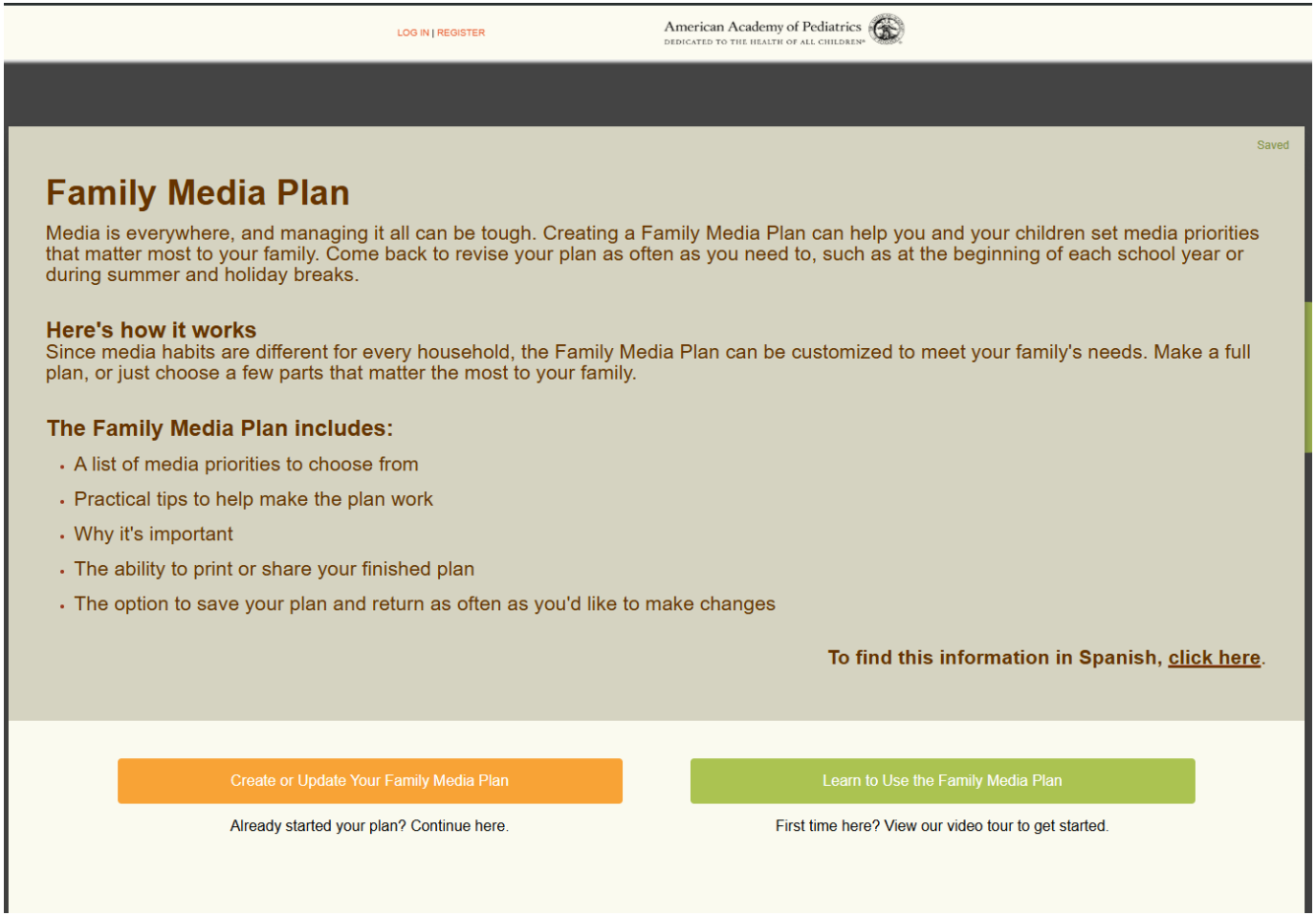
American Academy of Pediatrics: Media Use Plan



The 5 Cs of Media Use

- 1. Child: Who is your child/adolescent, their unique strengths and challenges? How does this shape their media use and how they react to it?
- 2. Content: What content is high-quality and worth our time? How does negative content affect our thoughts and emotions?
- 3. Calm: How does your child calm down strong emotions and settle down for sleep?
- 4. Crowding Out: When we use media for too long, what does it get in the way of?
- 5. Communication: Regularly talking about your family's digital experiences, supporting critical thinking and problem-solving.

The 5 Cs of Media Use

CENTER OF EXCELLENCE Social Media and Youth Mental Health | American Academy of Pediatrics

OLDER TEENS: 15-17 YEARS

The older teen years are a time of increasing independence, building a sense of self, and intense peer group involvement. Media use can be one way that teens explore themselves and others as a healthy and normal part of adolescent development, communication, and peer relationships. This can also be a time in which peer relationships endure rocky times and challenging situations, some of which can be amplified by communicating online. Teens often want to feel a sense of power and control at this age, which can lead to more arguments with caregivers. However, they still need you to be a reliable, consistent, and understanding presence in their lives. For some teens, this phase is when they start to have more realistic visions of their future, which can lead to feeling nervous, excited or disappointed about their future options, sometimes all in the same day! Monitor media use, enjoy movies and shows together, have open-minded and caring conversations, and check in on device and/or social media habits. Give increasing independence as teens show responsibility.

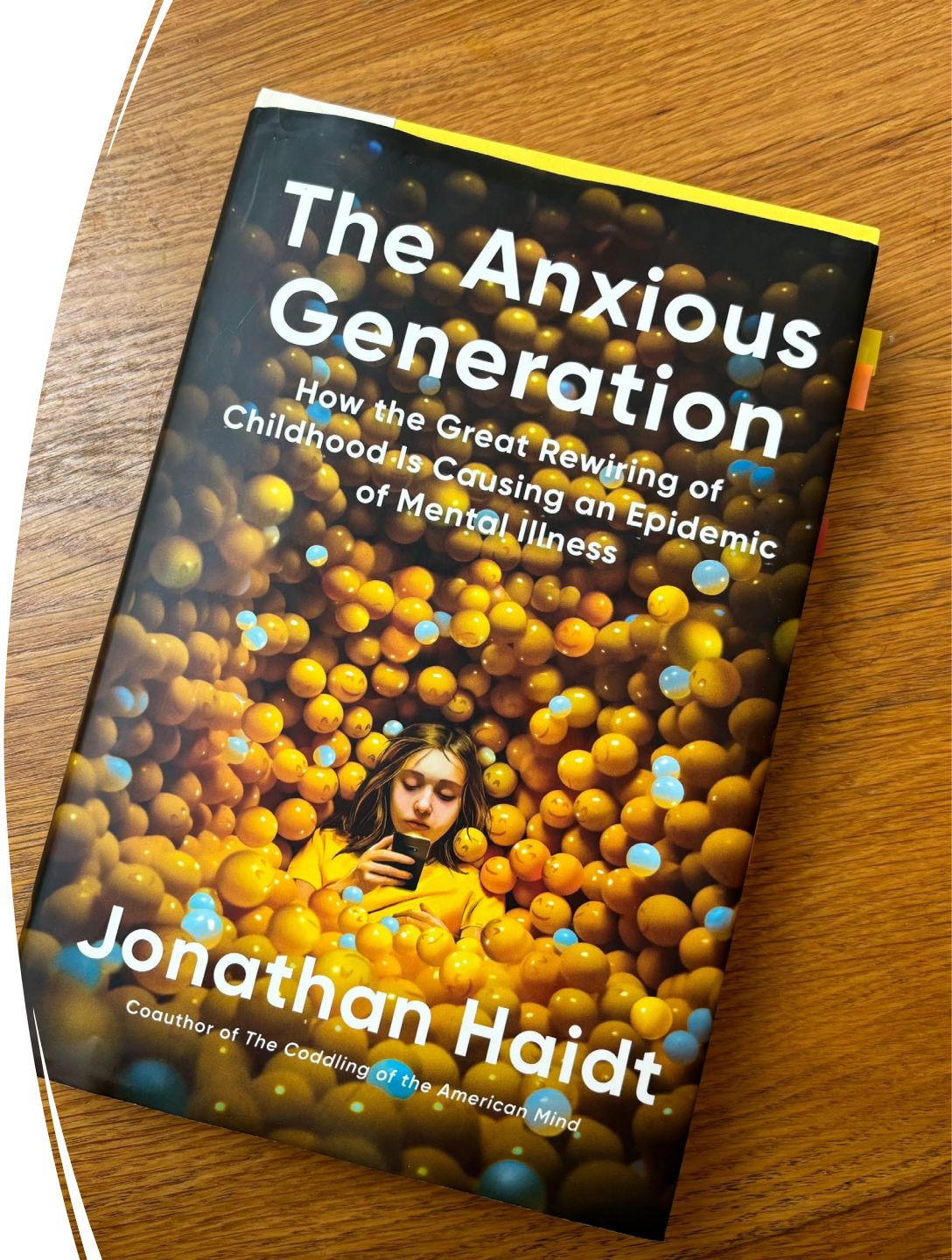
ASK YOURSELF THE 5 Cs	WHAT YOU CAN DO
Child *Who is your child, how do they react to media, and what are their motivations for using it?*	Make sure your teen knows that you want to understand them. Parents can support their teens by checking in on how they are feeling, how things are going with friends, and whether they want to share any challenges or successes. If your child shares a recent conflict with friends, listen and ask questions to support them, such as "How did you feel?" or "What did you learn from that?". Avoid overly simplistic solutions, such as "Well let's take your phone away then". If your child made a mistake in a situation, help them understand that you support them, that everyone makes mistakes, and it is a valuable learning opportunity. Support their personal reflections about their online and offline relationships and experiences.
Content *What is worth their attention?*	The teen years are also a time in which youth have more choices and independence around the media content they choose. Teens may get exposed to content that is quite different than what they had seen as a child, and they may be unsure of how to think about it. On social media, content by other users is generally unrated/unreviewed, so it can range from silly to dangerous. Social media algorithms (programmed rules that decide how content is sorted and recommended to users) decide what shows up in feeds, for better or worse. Help your child process and think through experiences with outrageous, false, or mean videos. As teens are becoming more independent, help them develop digital literacy skills, talk about viral challenges and other more risky behaviors. Encourage them to have more control over the content that they see on their feeds by managing their algorithms using the "I'm not interested" button, word-based content filters, and/or turning off algorithm recommended content.
Calm *How do they calm down emotions or go to sleep?*	Parents can support their children by helping them to develop healthy calming strategies like talking to trusted friends/family, mind-body exercises, immersing themself in experiences that they find helpful and thought-expanding (reading or music or art), taking a walk, creating their own content, playing with pets, or engaging in volunteer work to help others. If teens have depression or anxiety symptoms and struggle to use coping strategies, consider therapy. AVOID: Having phones and

Resources

- American Academy of Pediatrics – Center of Excellence on Social Media and Youth Mental Health
- American Academy of Child and Adolescent Psychiatry- Screen Media Resource Center
- Healthychildren.org Family Media Plan
- CommonSenseMedia.org

Anxious Generation by Jonathan Haidt

1. No smartphones before high school (age 14)
2. No social media before 16
3. Phone-free schools
4. More independence, free play, and responsibility in the real world



Policy & Institutional Implications

Australia's Teen Social Media Ban December Start Date Looms

Get caught up.

Various social media apps. *Photographer: Anna Barclay/Getty Images*

Arizona Gov. Katie Hobbs signs school cell phone restrictions into law

Madeleine Parrish
Arizona Republic

April 14, 2025, 5:16 p.m. MT

Arizona has become the latest state to enact a law limiting student cell phone use at school.

Gov. Katie Hobbs on April 14 signed House Bill 2484, which requires school districts and charter schools to "limit the use of wireless communication devices by students during the school day."

Questions & Discussion

- ???

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