Social media: connecting us…

…or creating distance?

About us

Charlie Waller was a strong, funny, popular, good-looking and kind young man, with a close and loving family. To the outside world, he had everything to live for. Yet in 1997, at the age of 28, Charlie took his own life. He was suffering from depression.

In response to this tragedy, his family founded The Charlie Waller Trust, to open up the conversation around depression, and to ensure that young people are able to understand and look after their mental health and to spot the signs in others.

Charlie sits at the heart of our story, our vision and our purpose.

We're talking mental health

Our vision

A world where people understand and talk openly about mental health, where young people and those who support them are equipped to maintain and enhance their mental health and wellbeing, and have the confidence to seek help when they need it.

Evidence based training

Positive

We take a positive approach to mental health. We focus on prevention and early intervention, and recognise the importance of offering hope.

Proven

Our consultancy, training and resources are all based on sound clinical evidence.

Practical

We give people practical strategies and tools to care for their mental health, and to support others in doing so.

Charlie Waller Course Terms for online sessions

Course materials

By participating all participants agree that without prior written permission.

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Objectives for the session

Define

Problematic social media and smartphone use

Discuss

Our relationship with social media and technology

Do

Managing our own use of social media and technology

Teenagers struck by depression 'epidemic'

Third of middle-class girls suffering distress

Oliver Wright Policy Editor

The number of middle-class teenage girls suffering from anxiety or depression has surged in the past decade with more than a third now experiencing symptoms of "psychological distress".

A government study into the mental wellbeing of 30,000 teenagers, seen by *The Times*, found that girls were more than twice as likely as boys to suffer symptoms of mental ill health.

The proportion of girls with anxiety or depression has risen by 10 per cent in a decade. Those from more affluent and better-educated families had worse symptoms than those from less-advantaged backgrounds.

Experts said that the study provided the clearest evidence yet of a "slow-growing epidemic" of mental health issues in schools and called for a new strategy to reverse the trend. Some blamed the proliferation of social media in the past ten years, which prevents young people from "switching off" from the pressures of school and made them more insecure.

Others suggested that the global recession had put more pressure on young people to achieve, while reducing their confidence that they could control their own destinies.

The study, which was undertaken by the Department for Education and was one of the largest of its kind, involved in-depth interviews with thousands of children aged 14 or 15. It was based on a similar study carried out in 2005, allowing researchers to compare trends over time. It found that:

- Thirty-seven per cent of teenage girls had three or more symptoms of psychological distress, such as feeling unhappy, worthless, and unable to concentrate, compared with 15 per cent of boys. Instances of depression and anxiety in boys had fallen since 2005, but risen by about 10 per cent in girls.
- Both girls and boys from families whose parents were educated to degree level were 5 per cent more likely to experience symptoms of psychological distress than those who were not. Researchers said that some of the increase could be attributed to "pushy parents" and "peer pressure" but these factors were not wholly responsible.
- Since 2005 there had been a small but statistically significant change in young people's belief that they could influence their destiny. This was most evident in households where at least one parent was out of work.

At the same time, however, there had been a marked decline in so-called risky behaviour among teenagers. Thirty per cent admitted in 2005 to drinking, but that had fallen to 12 per cent last year. Drug-taking had also nearly halved and truancy reports fell from 21 per cent to 11 per cent.

The researchers said that they were

Continued on page 4, col 1

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Social media blamed for surge in teenage depression

Continued from page 1

most struck by the rise in depression and anxiety among the cohort, who will continue to be studied as they finish their education. "While girls were already displaying greater levels of psychological distress than boys in 2005," they wrote, "it is striking that their situation worsened between 2005-14."

The report also highlighted class distinctions. "There may be some ways in which having lower social status may be associated with lower levels of expectation for school success and lower levels of associated pressure," it said. "Another possible explanation is that young people from disadvantaged backgrounds may be more resilient in the face of [stress factors] associated with a more challenging economic and school environment."

Last year *The Times* published its Time to Mind manifesto, calling for an immediate "state of the nation" study to be carried out to see how many children were suffering psychological problems and of what kind. It also sought investment in early intervention services.

Marjorie Wallace, chief executive of the mental health charity Sane, said that the charity had been contacted by head teachers worried about their schools. "There definitely does seem to be something happening — it's a slow-growing epidemic," she said. "Over the period covered by the report we have seen a very disturbing change in admissions to hospital for self-harm in under-16s that have gone up by 52 per cent."

A government spokesman said: "We are putting a record £1.4 billion into transforming the dedicated mental health support to young people."

Leading article, page 27

Analysis

Life appears much better for today's teenagers than for those born only a decade earlier (Nicola Woolcock writes).

Teenage pregnancy rates, smoking and drinking are down. More than ever are going to university.

However, it may be this lack of risky behaviour and an innate ease with technology that is fuelling some mental health problems.

While no one would argue that heavy drinking and smoking or multiple sexual partners are good for mental health, they provided an outlet and a form of rebellion for previous generations.

If slip-ups for their parents were confined to hazy memories, now everything is recorded on social media.

Plus today's serious generation is working harder than ever at schools — particularly girls.

Sarah-Jayne Blakemore, a professor of cognitive neuroscience, told *The Times*: "It has been argued that risk-taking, in particular, is an important evolutionary behaviour."

Now, with all the pressure that comes with everything being recorded for posterity, something has to give — and that is often mental health.

Social Stress

The evidence is growing that too much social media can be bad for your health

A little over ten years ago Jack Dorsey, a co-founder of Twitter, sent the first tweet. Since then the world has grown used to hyper-condensed commentary at close to the speed of light. Twitter itself has been partially eclipsed by rivals and social media as a whole has proved irresistible, especially to teenagers. They have not all suffered for it, but many have. And it appears that middle-class girls are suffering disproportionately.

Correlation is not causation, but a new government study of changes in teenage mental health in Britain over the decade of social media's inexorable rise makes troubling reading. It shows a 10 per cent increase since 2005 in the number of girls aged 14 or 15 suffering from depression or anxiety. Girls are now twice as likely as boys to display symptoms of mental illness, and those whose parents have degrees are 15 per cent more likely to be mentally unwell than those from less educated backgrounds.

Apps on smartphones are not exclusively — or even conclusively — to blame. Experts also point the finger at pushy parents, exams and rising expectations as the cost of higher education grows and the competition for well-paying first jobs intensifies. However, the same experts do not hesitate to draw a link between the expanding epidemic of teenage mental illness and a 21st-century online social life that can seem impossible to switch off, or delete.

In some ways the study by the Department of Education is reassuring. Based on a similar 2005 survey, it allows for comparisons over an unusually long timespan and shows sharp falls in teenage drinking, drug-taking and truancy. It also shows a declining incidence of depression among young teenage boys, but its findings on girls demand a hard-headed response from public health officials as well as schools and parents.

Symptoms of psychological distress measured in the study include sleep lost to worry, inability to concentrate, inability to enjoy everyday activities and feelings of unhappiness and worthlessness. More than a third of girls experience at least three such symptoms compared with 15 per cent of boys. "The internet has played a huge part," the head of the mental health charity Sane told *The Times*. The technology means that whereas home used to offer relief, the pressures of school (to perform) and peers (to look good and be popular) are now unrelenting. This analysis echoes that of Natasha Devon, the former government champion of mental health in schools, who warned this year that teenagers increasingly "dip out of their online existence" for school and time with their families, rather than the other way round. Her remarks followed publication of another official survey showing that 56 per cent of teenagers spent more than three hours a day on social media sites.

Such concerns cannot be taken lightly. Self-harm by those aged below 16 has risen by 52 per cent in the period covered by the Department of Education's report. Teenagers who suffer mental illness are more likely to experience it again in later life.

If too much access to social media is part of the problem, limiting that access must be part of the solution. Researchers are split on whether schools should ban smartphones, but evidence suggests that those that do report better results. At the very least, headteachers should think hard before taking the path of least resistance, and parents should turn off the wi-fi at night.

Social media is doing very bad things to young people's mental health, experts warn

Jasper Hamill Thursday 20 Sep 2018 2:19 pm

50 SHARES

Social media is having a 'negative' effect on young people's mental health, according to new research by the Centre for Mental Health.

The charity has published a briefing paper which called for urgent research to help young men and women 'navigate the challenges of 21st century life'.

The report comes in the wake of research by Ofcom and the Information Commissioner's Office which found that 45% of UK adults had experienced some form of online harm.

Are sites like Facebook or Twitter making the younger generation anxious and unhappy? (Photo: Getty)

The Centre for Mental Health paper said: 'Evidence about the roles social media play in relation to our mental health is still emerging.

About us

Sarah Ashworth

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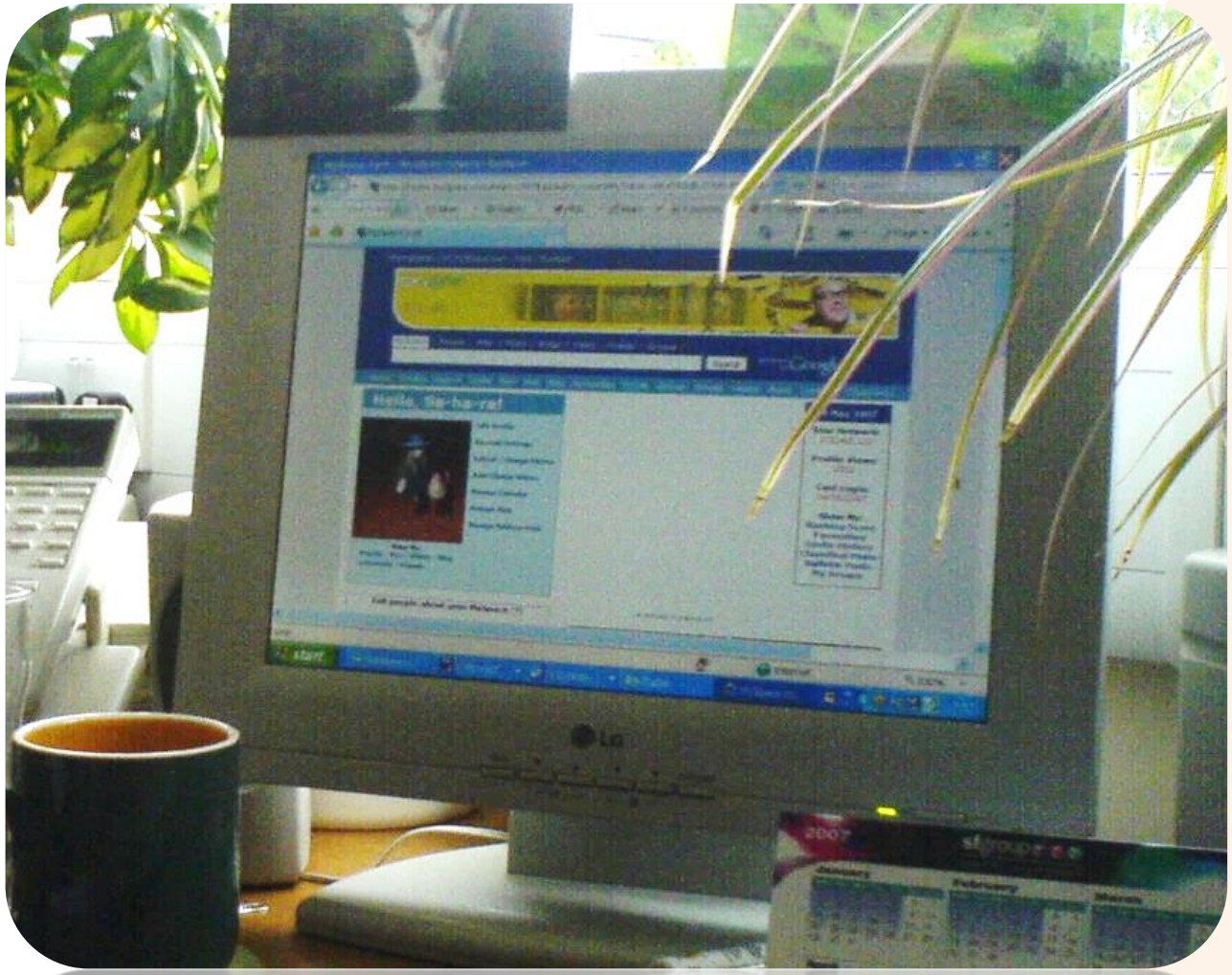


Technology:
Nomophobia

NO MObile **PH**one Pho**BIA**

Term used to describe a fear of being detached from mobile phone connectivity.
(Bhattacharya et al., 2019)

Technology:
Evolution

"The real problem of humanity is the following: we have Paleolithic emotions, mediaeval institutions and god-like technology"
(Edward O. Wilson, 2009)

Technoference

“Technoference (technological-interference) refers to incidents in which technology use interferes with interpersonal exchanges (Zayia et al., 2021)

Technoference...
(technological interference)

Children of parents who were most absorbed in their mobile devices were more likely to misbehave and 'act out' to get their parents' attention.
(Radesky et al., 2014)

Technoference...
(technological interference)

Technological interruptions between parents/caregivers and their children are associated with child problem behaviours, including whining, sulking, hyperactivity, irritability or becoming easily frustrated.
(McDaniel and Radesky, 2017)

Technoference...
(technological interference)

- Parental **technoference** was found to make adolescents feel depressed and anxious
  (Stockdale et al., 2018)
- Adolescents who perceived more **technoference** in parent–child relationships reported higher level of smartphone addiction.
  (Qiao and Liu, 2020)

Which is the correct answer?

Which is the correct answer?

What percentage of adolescents have 'problematic' smartphone use?

- **A:** 17%
- **B:** 39%
- **C:** 53%
- **D:** 65%

(Dougall et al., 2021)

Technology:
Problematic use

- 53.2% of adolescents with problematic smartphone use
  (Andrade et al, 2020)
- 59% of university students are 'smartphone addicts' and a significant relationship between smartphone addiction and depression, anxiety, sleep disturbance, smoking, and suicide was found.
  (Okasha, Saad and Ibrahim, 2021)

Addiction:
Different substances

- Alcohol use disorder in adolescents **5-6%**
- Cannabis dependence in adolescents **12-14%**
  (Hutchinson et al., 2020)
- Drug addiction in high school students **17%**
  (Raffee et al., 2021)

Technology:
'Addiction'

- Students at high risk of smartphone addiction are less likely to do well academically.
  (Hawi and Samaha, 2016; Chaudhury and Tripathy, 2018)
- The Smartphone Addiction Scale – Short Version was found to be a significant predictor of academic performance.
  (Ozer, 2020)

How about you?

How 'addicted' are you?

Items		Strongly disagree	Disagree	Weakly disagree	Weakly agree	Agree	Strongly agree
1	Missing planned work due to smartphone use	1	2	3	4	5	6
2	Having a hard time concentrating in class, while doing assignments, or while working due to smartphone use	1	2	3	4	5	6
3	Feeling pain in the wrists or at the back of the neck while using a smartphone	1	2	3	4	5	6
4	Won't be able to stand not having a smartphone	1	2	3	4	5	6
5	Feeling impatient and fretful when I am not holding my smartphone	1	2	3	4	5	6
6	Having my smartphone in my mind even when I am not using it	1	2	3	4	5	6
7	I will never give up using my smartphone even when my daily life is already greatly affected by it.	1	2	3	4	5	6
8	Constantly checking my smartphone so as not to miss conversations between other people on Twitter or Facebook	1	2	3	4	5	6
9	Using my smartphone longer than I had intended	1	2	3	4	5	6
10	The people around me tell me that I use my smartphone too much.	1	2	3	4	5	6

(Kwon et al, 2013)

Screen time

Technology:
Excessive Screen Time

- Compulsive internet use is linked with changes in brain structure associated with impaired short-term memory and poorer decision-making abilities.
  (Yuan et al. 2011)
- Children face increased social problems, loneliness, depression, anxiety, low self-esteem and heightened aggression as a result of excessive screen time.
  (Public Health England 2014)

Recommendations

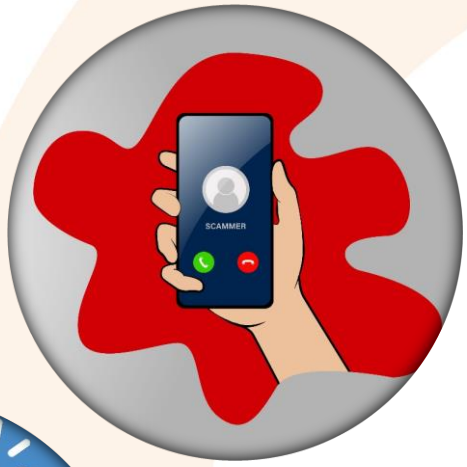
(Puzio, Makowska and Rymarczyk, 2022)

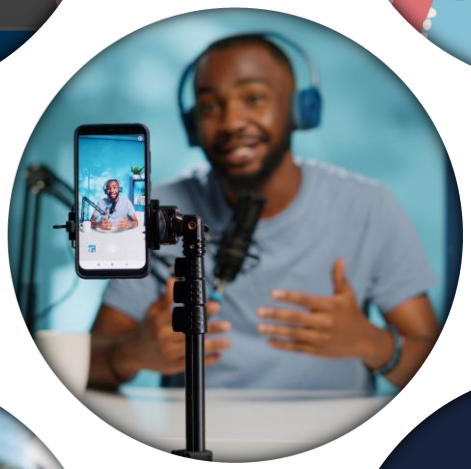
Age groups	Recommendations	
	American Academy of Pediatrics	World Health Organisation
0-24 months	≤18 months – no screen time except for video chatting 18–24 months – screen time still discouraged however if introduced, avoidance of solo media use is recommended	No screen time
24 months – 5 years	≤1 hour/day limits, avoid solo media use	≤1 hour/day limits
> 5 years	Emphasis on the patterns of use	Recommendations on adequate sleep and physical activity, less than 2 hours of recreational screen time

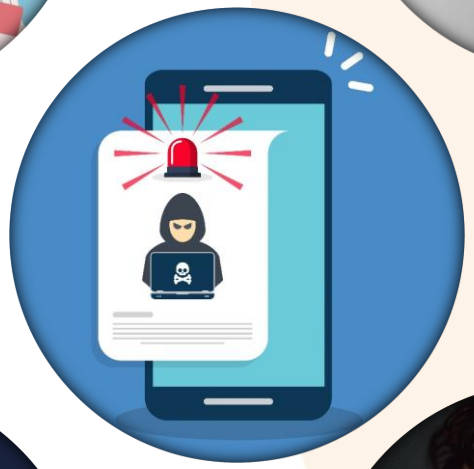
Technology:
Alternatives

- Face to face interaction
- Talking
- Telling stories
- Playing board games
- Reading
- Spending time outside
- What do you do?

Opportunities and threats







How do we manage your time online?

Trigger warning: expletive toward end of the video

https://vimeo.com/660684265/c2037d54e4

Managing problematic use

1. Set goals for smartphone use
2. Turn off smartphone at certain times of day
3. Don't take smartphone to bed
4. Replace smartphone use with other activities
5. Play "phone stack" when out with friends
6. Remove social media apps from phone
7. Set limits of phone checking
8. Accept 'fear of missing out' (FOMO)
   (Robinson, Smith and Segal, 2021)

Managing social media: What can help?

Actively comment and reply to others

- The more you look at posts of others without engaging with them, the more likely you are to compare themselves to others, leading to lower self-esteem.
- Passive scrolling removes the positive mood-boosting benefits that come from person-to-person interaction.
- Instead of passively giving "likes", try to comment and reply to others with positive messages.
- This can help foster connectivity to others.
  (Kaiser Permante, 2021)

Managing social media: What can help?

Start using the 'unfollow' button

- As you would avoid spending time with a 'toxic' friend in real life, it's suggested to stop spending time with a toxic social media friend.
- Even if they're a friend or family member in real life, using the unfollow button is recommended if following them results in negative feelings.
  (Kaiser Permante, 2021)

Managing social media: What can help?

Turn off push notifications

- Take control of your account and only check it when you feel like it.
- Turning off notifications is recommended as a healthy boundary to set with social media use.
- This may be particularly important if the person has been feeling lonely, anxious, or sad.

(Kaiser Permante, 2021)

How do we manage your time online?

For parents and carers on screen use

(Puzio, Makowska and Rymarczyk, 2022)

1	No screen time below 2 years of age (unless video-chatting with relatives) Limited in preschool children
2	Focus on: daily routines, family activities, physical activity and adequate sleep quality and quantity
3	House ground rules: • family media plan and/or media use plan for individual members if needed • screen-free zones e.g. bedrooms, dining rooms • screen-free time during daytime • no screens one hour before bedtime
4	Use a reliable source of information such as Common Sense Media (available at: www.commonsensemedia.org) to search for valuable and innocuous programmes, applications, movies and games
5	Consistent parenting practices and parental involvement in screen time Co-watch, co-view and co-browse with children Reteach and talk about the content
6	Obtain information on parental control means and privacy settings Review privacy settings with your children
7	Encourage active, educational and social ways of media use, e.g. e-reading, content creation, interactions with peers and relatives Discourage passive use
8	Pay attention to oppositional behaviours and negative emotions as they may indicate that the child encounters problems online
9	Pay attention to the ergonomic use of devices: take breaks for physical activity, avoid prolonged sitting position, promote neutral position of spine, avoid neck flexion and provide rest to eyes
10	Replace fat and sugar rich snacks with vegetables and water Avoid meal-time screen use

Screen time individual plan example

(Puzio, Makowska and Rymarczyk, 2022)

Screen-free time	• On the street • Doing homework • At school (except when needed for studying) • Mealtime • Car travels (except when long) • 1 hour before bedtime • Conversation
Screen-free places	• Bedroom • Dining room
How do I use screen devices?	• Co-watching • Co-playing • Co-browsing • Video-chat with relatives and friends • Visiting websites that were parent-approved (educational, creative, age adequate)
What do I do instead of screen time?	• Reading • Sleeping • Meeting friends • Hobby • Board games • Sports • Taking a walk
Responsibility online	• I respect privacy of others and myself • I report to my parents whenever I encounter violent or inadequate content
Safety matters	• I do not give any personal data (ex. address, photos, telephone number) • I do not engage in new relations on line unless my parents agree to them
1 hour physical activity per day minimum 9 hours sleep per day minimum	

Ten tips for a digitally healthy household

1. The younger the child the more support they'll need
2. Extra support may be needed at certain ages (e.g. 10-13 years)
3. Promote fun non-technological activities
4. Stay alert for any signs of inappropriate use of the digital world
5. Switch devices off at night and at least an hour before bed time
6. Work out some rules together
7. ...and then respect the rules yourself!
8. Be aware of the positives and the negatives
9. Have a regular family digital detox
10. Aim for digital resilience

Social media and teenagers

Young people's rising use of social media is a cause for concern for many adults. That's understandable - children now spend over three hours a day on their smartphones on average, so parents and carers need to understand the risks that come with screen time.

Media headlines frequently warn of social media's negative impact on children's wellbeing - yet this doesn't paint the whole picture. The many positives are all too often overlooked.

The online world isn't going away, and children cannot be shielded from it. The challenge - and opportunity - for us all is to make it as safe as possible for our young people.

Together, we can build **digitally healthy households,** practically and positively. Let's explore how.

- Understand the opportunities and threats
- How to become a digital role model
- Set comfortable boundaries
- Building your family's digital strategy
- Ten top tips for a digitally healthy household

https://charliewaller.org/mental-health-resources/mental-wellbeing/social-media-and-teenagers/

Getting help for yourself

- If you're finding it hard to manage your smartphone and online activity by yourself, get support
- Cognitive behavioural therapy can be helpful in stopping compulsive behaviours and developing more adaptive ways of coping with stress

Other resources

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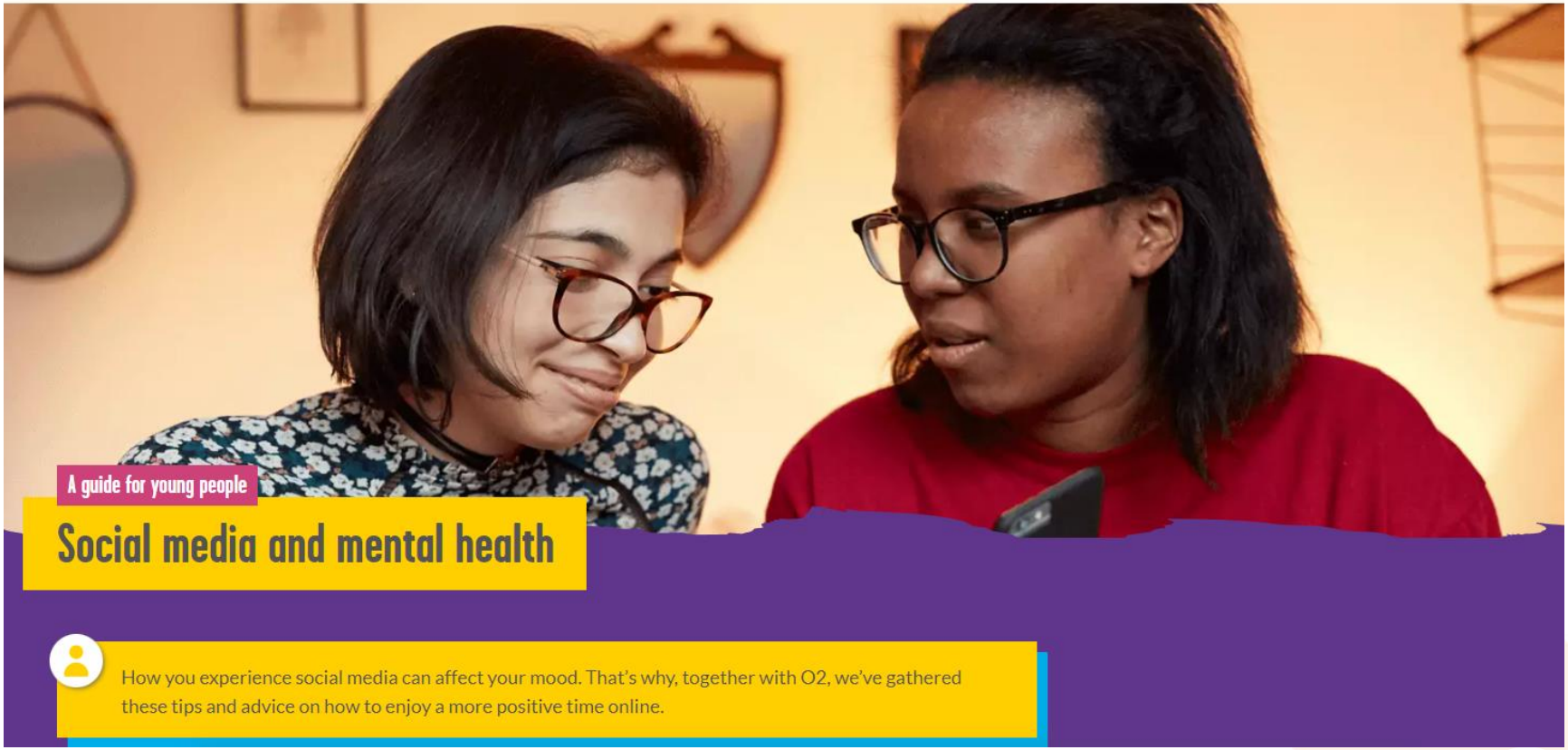
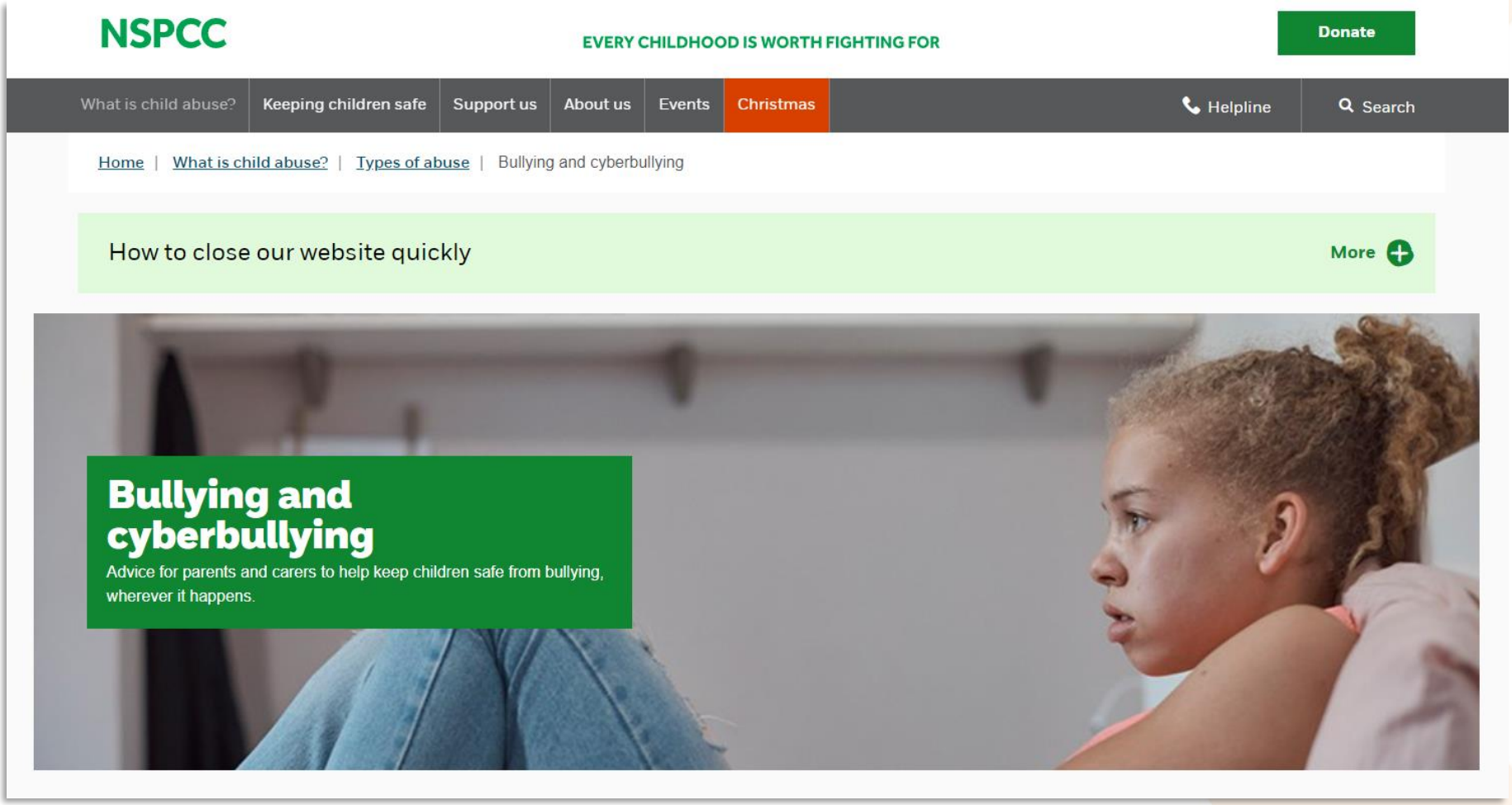


https://www.youngminds.org.uk/young-person/coping-with-life/social-media-and-mental-health/

Other resources

https://www.annafreud.org/on-my-mind/managing-social-media/

Other resources



https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/bullying-and-cyberbullying/

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Fundraise for us

Fundraising for us not only brings in money to help us continue our work – it also raises mental health awareness and what people can do to take care of their wellbeing.

Find out more
charliewaller.org/get-involved

Students Against Depression

Our Students Against Depression website is full of clinically based self-help information and activities for students experiencing depression, anxiety and other common mental health problems.

Find out more
studentsagainstdepression.org

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