

APA Resource Document

Social Media Use in Youth

Approved by the Joint Reference Committee, June 2026

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I.	Problem statement, scope of document	4
II.	Introduction.....	4
	Definitions	5
III.	Background.....	8
	Healthy social media use.....	8
	What is Problematic Social Media Use (PSMU)?	10
	Social Media Use in Young Adults	12
	Artificial Intelligence (AI), chatbots and digital companions.....	12
IV.	Prevention, Screening and Clinical Interventions	17
	Regulatory policies	17
	Policy examples.....	18
	Children’s Online Privacy Protection Act (COPPA) ⁵⁹	18
	Utah Social Media Regulation Act (2023) ⁶⁰	18
	California Age-Appropriate Design Code Act (CAADCA) ⁶¹	18
	Federal Example: Kids Online Safety Act (KOSA) ⁶² – Proposed	19
	Australia’s Online Safety Amendment (Social Media Minimum Age) Act ⁶⁴	19
	Cross-Context Conversation on Social Media Impacts.....	20
	Family-based/Parental Interventions.....	20
	Parental mediation strategies - Content monitoring	21
	Family media use plans	21
	Parent training and psychoeducation programs	21
	School-based interventions and prevention programs.....	22
V.	Screening.....	24
	Scales for providers / clinical encounter	24
	The Social Media Disorder Scale (SMDS)	24
	Bergen Social Media Addiction Scale–Short Form (BSMAS-SF)	25
	Internet Gaming Disorder Scale-Short Form (IGDS-SF9).....	25
	Psychotherapeutic Interventions	25

Mindfulness based therapy (MBT) 26

Self-compassion-based strategies 26

Cognitive Behavioral Therapy (CBT) 26

VI. Research and future directions 26

 Importance of youth involvement..... 26

 Center of Excellence Youth Advisory Panel (YAP) 26

 Youth Peer-to-Peer Curriculum and Log Off Movement..... 27

IX. Resources 27

X. References..... 29

I. Problem Statement, Scope of Document

The following document is intended as an informational resource for mental health providers working with youth who interact with the digital space, specifically social media. Increasingly, both in individual clinical practice and across the field, we are encountering challenges that are novel and continuously evolving. Social media, as a widely used tool, has introduced specific challenges related to social interactions, access to information, and potential negative effects on mental health. However, it also offers positive qualities, including increased connection, the creation of safe spaces, and opportunities for minoritized youth to find community.

This resource will guide providers through general concepts, relevant evidence, and practical clinical tools, including screeners and potential interventions, which may be available for use when working with youth who have access to social media. The focus is on identifying information and potential resources relevant to supporting healthy social media use.

II. Introduction

Social media use has become an integral part of adolescent life: Approximately 97% of U.S. teenagers report using at least one social media platform daily, with many spending several hours per day online.¹ The magnitude of social media exposure is shaping how young people connect, express themselves, learn, and form their sense of identity. When used with purpose, social media platforms can allow youth to foster creativity, express individuality, support emotional growth, and build social connections.²⁻⁴ They may also promote healthy identity exploration and support psychological needs for autonomy and relatedness, contributing to positive development and overall well-being.^{5,6}

Yet problematic excessive use of media, within the broader category of problematic excessive use of digital technology in general, is growing. A 2022 meta-analysis of 507 studies, largely conducted in Asia, Europe, and North America, estimated pooled global prevalence rates of 27% for smartphone “addiction”, 17% for social media “addiction”, 14% for internet “addiction”, and 6% for gaming “addiction”.⁷ None of the “addictions” referenced in the preceding sentence constitute a mental disorder formally recognized in the DSM-5-TR or ICD-11, but the terminology has been quoted in this Resource Document based on its use in the source material. Excessive social media use has also correlated with depression, cyberbullying, psychological problems, poor sleep, hyperactivity and inattention, body image issues, physical inactivity, visual problems, headaches, and dental caries.⁸

The evidence base and ongoing research on social media use in children, adolescents, and young adults need substantial improvement.⁹ A 2023 scoping review found few studies had a longitudinal design, comparison groups, structured assessments, or randomized controlled trials. And few focused on different youth and sociodemographic populations, particularly for low-income, equity-seeking, and underserved populations. Almost all examined associative and mediating rather than causal relationships. These limitations highlight the need for the cautious interpretation of existing findings and highlight an urgent call for more rigorous, longitudinal, and equitable research. For clinicians, school-based personnel, and parents, understanding both the opportunities and the challenges of social media use is essential to promoting healthy digital habits and supporting adolescent well-being.

Within this context, this document aims to provide an evidence-based overview of social media use among teens, highlight its impact on mental health and development, and offer practical strategies for assessment and intervention.

Definitions

Table 1 summarizes commonly used terms related to social media and digital use; however, many of these definitions remain in active development and are not yet standardized, reflecting ongoing conceptual fragmentation and variability in theoretical models, diagnostic frameworks, and measurement tools across the literature.

Algorithm	In the context of social media, an algorithm refers to a set of automated, computer-based rules and processes that determine what content users view, in what order, and how frequently. Social media algorithms analyze user behavior such as likes, comments, shares, time spent on posts, and interactions with other users, to personalize and prioritize user content. These algorithms are designed to maximize user engagement and keep users active on the platform by predicting and displaying content that they are most likely to find relevant or interesting. ^{10,11}
Detox (Digital Detox)	This term refers to the disconnection of an individual from devices or social media for a defined duration. According to research, avoiding social media can significantly benefit personal health and well-being. ¹²

Digital Dissociation	Digital dissociation is based on the known professional clinical psychological theory of dissociation: the mild, usually undetected or unconscious disconnection from aspects of one’s own thoughts, feelings, or identity. It can be associated with chronic or habitual, repetitive, and immersive digital behavior. ¹³
Digital Footprint	A digital footprint is the aggregated data derived from the digitally traceable behavior and online presence associated with an individual. ¹⁴ It can constitute an intrusion of privacy, particularly under current regulatory and technological conditions. ¹⁵
Digital Well-Being	Digital well-being is a subjective individual experience of an optimal balance between the benefits and drawbacks obtained from digital connectivity. This experiential state encompasses both affective and cognitive evaluations regarding the incorporation of digital connectivity into everyday life. People achieve digital well-being when experiencing maximal controlled pleasure and functional support, together with minimal loss of control and functional impairment. ¹⁶
Doomscrolling	This is the habit of scrolling through social media and news feeds wherein users obsessively seek depressing and negative information. ¹⁷
Engagement	Engagement on social media refers to the interactive behaviors users exhibit on digital platforms, including likes, comments, shares, direct messages, and participation in online communities. These behaviors reflect the frequency and depth of user involvement and are commonly used to assess social connectedness, influence, and the impact of online content on individual and community behavior. In clinical and research contexts, engagement is also considered for its effects on mental health, social support, and psychosocial functioning. ¹⁸
Infinite Scroll	Infinite scroll is a continuous content-loading design pattern that automatically loads new posts as users scroll, enabling prolonged engagement without explicit navigation. It is widely used on social media platforms to maximize user retention and time spent but can contribute to compulsive use, reduced self-regulation, and negative mental health outcomes. ¹⁹
Problematic Internet Use (PIU)	Problematic internet use (PIU) refers to excessive or poorly controlled preoccupations, urges, or behaviors regarding computer use and internet access that lead to impairment or distress. ^{20,21}

Parasocial Relationship	This is the one-sided, emotionally meaningful bond that a user forms with a digital persona (such as a social media influencer, virtual character, or AI agent) despite the absence of a reciprocal human relationship. In social media and AI contexts, these relationships are strengthened by perceived intimacy, consistency, and social contingency (i.e., the system appears to notice, respond to, or “engage” the user). ²²
Problematic Social Media Use (PSMU)	PSMU is defined as a persistent pattern of excessive or compulsive social media engagement characterized by impaired control, preoccupation, tolerance, withdrawal, and significant interference with daily functioning or well-being. ²³
Push Notifications	Push notifications are automated, real-time alerts or messages sent by applications or websites to a user’s device, even when the user is not actively engaging with the app or site. In the context of social media, push notifications are used to inform users about new messages, likes, comments, friend requests, trending topics, or other activity relevant to their interests or network. These notifications are designed to prompt immediate user attention and reengagement with the platform. Push notifications use behavioral cues to boost engagement, but too many can cause distraction, lead to digital overload, and harm focus and well-being. Studies link excessive notifications to higher stress, lower productivity, and mental health issues, especially in young people. ^{24,25}
Screen Time	<p>Research on child development and media use typically defines screen time as the duration an individual spends using or passively exposed to electronic screens such as televisions, computers, tablets, smartphones, video-game consoles, or other digital devices. Some studies distinguish between:</p> <p><i>Passive screen time:</i> e.g., watching television or videos, which requires little user interaction</p> <p><i>Active screen time:</i> e.g., interacting with a device (playing games, browsing, etc.), using interactive apps, or connecting with others.^{8,26}</p> <ul style="list-style-type: none"> ● The American Academy of Pediatrics (AAP) recommends minimizing or eliminating media exposure, other than video chatting, for children under the age of 18 months.

	<ul style="list-style-type: none"> • For children 2–5 years, limit screen use to about 1 hour/day of high-quality programming, ideally with parental involvement, and up to 3 hours on weekend days.²⁷ • For children under 5 years, the World Health Organization recommends limiting sedentary screen time: no screen time for infants under 1 year; for 1–4 years, no more than 1 hour/day (less is better), and encourage plenty of active play instead.²⁸ <p>For children, adolescents, and young adults, meta-analyses of prospective and longitudinal studies of depression associate shorter use (<u>less than</u> 3 hours/day) and purposeful engagement with better mood and psychological well-being.⁹</p>
Social Media Platform	<p>This refers to a website or internet medium that (a) permits a person to register as a user, establish an account, or create a profile for the purpose of creating, sharing, and viewing user-generated content through such an account or profile; (b) enables one or more users to generate content that other users of the medium can view; and (c) primarily serves as a medium for users to interact with content generated by other users of the medium.²⁹</p>

III. Background

Healthy Social Media Use

The U.S. Surgeon General’s 2023 Advisory titled “Social Media and Youth Mental Health” outlined not only the potential harms of social media use but also its potential benefits.³⁰ The social media environment may provide space for self-expression, formation and maintenance of friendships with more-diverse peer groups than might be otherwise available, and development of social connections. These positive benefits may not only be identity-affirming but may also buffer offline stressors experienced by youth from marginalized communities, including racial, ethnic, sexual, and gender minorities. One report described lower rates of anxiety and suicidal risk in LGBTQ youth, particularly those of color, who felt safe and understood in at least one online space.³¹ As such, social media use deserves some degree of encouragement and support.

The American Academy of Pediatrics’ Center of Excellence on Social Media and Youth Mental Health has provided tools, including the “5 Cs” (tailor to the child, incorporate educational or

high-quality content, consider how to foster calm without the use of devices, ensure media isn't crowding out other activities, and foster communication about media), which offer parental and provider guidance for media use that considers the child's developmental level (infancy, toddler and preschoolers, school-aged children, young teens, and older teens) and ways to foster healthy media habits.³² Beyond the use of video chats to build relationships with friends and family, screen time, including TV shows, or video, is not encouraged for children under the age of 18 months.

Case Vignette 1:

Sally, a 16-year-old girl, presents in the clinic, detailing anxiety that has worsened over the academic year. She reports experiencing bullying at school related to her interest in theater and feels increasingly isolated from peers. While she excels academically, she struggles, with limited in-person friendships, and describes significant anxiety in social situations.

Sally reports that one of her primary sources of support has been participating in a moderated online theater community accessed through social media. What began as following a few theater performers evolved into joining a structured youth group whose members share routines, discuss performances, and offer feedback. Sally notes that this group provides a sense of belonging and includes peers with similar interests and experiences. She has developed supportive relationships, two of which have carried into real-life interaction through a local theater workshop. She also uses online content to learn choreography and audition skills, increasing her confidence to resume her theater activities. She reports limiting her social media use to 1–2 hours per day, typically after completing her schoolwork.

Discussion: Why this is healthy use and what to watch out for

Sally's case illustrates how social media can function as a buffer rather than a risk, supporting identity formation, affirming peer networks, and reducing isolation, particularly for adolescents facing offline, real-life stressors.

Positive indicators in this case include:

- *Content tailored to interests (theater and performance skills)*
- *Moderated, prosocial online community with clear behavioral expectations*
- *Peer support and identity affirmation*
- *Translation of online connections to safe, real-world social engagement*
- *Limited, structured daily use, consistent with healthy media habits*

However, even beneficial use requires monitoring. Online peer groups may inadvertently reinforce withdrawal from in-person social interactions if they become a primary or exclusive source of connection, particularly in the context of bullying-related social avoidance.

Clinicians and caregivers should remain attentive to:

- *The impact of screen time on sleep, academics, or offline activities*
- *Exposure to harmful content or unmoderated groups*
- *Reliance on online interactions exclusively, hindering real-world social development*
- *Worsening anxiety and social comparison or the emergence of cyberbullying*
- *Shifts in mood or functioning associated with online engagement*

In Sally's situation, the protective aspects outweigh the risks, demonstrating how, with structure, moderation, and collaboration, social media can serve as a developmentally supportive tool for adolescents navigating anxiety, marginalization, or limited offline social networks.

What Is Problematic Social Media Use (PSMU)?

Studies have not found consistent global results on the impact of intense social media use on mental health. Meta-analyses and reviews show small, heterogeneous associations between social media use and mental health, with effect sizes varying by age, sex, platform, and measurement method.^{33,34} Even though the field is limited by cross-sectional designs, self-report bias, and lack of standardization, there are some common findings across regions and settings. A meta-analysis found that, across settings, youth with “intense SMU” (not problematic) report more friend support than less-active users. In contrast, youth with PSMU report lower life and school satisfaction, as well as reduced family support.³⁵ This further supports the importance of identifying youth with PSMU.

There is currently no consensus regarding the conceptualization and terminology for the clinical implications of social media use. The phrase “problematic social media use” is currently used in research and academic discussions to avoid pathologizing routine behaviors. Although features such as salience, mood modification, tolerance, withdrawal, conflict, relapse, deception, displacement, and conflict are commonly mentioned, PSMU does not constitute an official diagnosis in the DSM-5-TR or ICD-11.³⁶ Approaching PSMU as a potentially problematic condition highlights a pattern of social media engagement marked by diminished self-regulation and symptoms frequently observed in addictive behaviors, including salience, mood modification, tolerance, withdrawal, conflict, relapse, deception, and displacement.³⁶

Research has identified associations between PSMU and outcomes including psychological distress, somatic symptoms, lower academic performance, body image issues, disordered eating, and negative mood.³⁶ Adolescents with PSMU typically have diminished ability to regulate their SMU impulses, feel discomfort such as stress or anxiety when SMU is restricted, and have SMU constantly on their minds.³⁵

Strongly unequal environments intensify the differences between individuals at many levels (e.g., lifestyle, cultural values), weaken trust and social capital, and discourage cooperation. Increased salience of social status and weakening of social relationships are two pathways that help explain the higher rates of health and social problems, including PSMU.³⁵ Additional social factors

include social isolation and loneliness, which are linked to poorer mental health and greater vulnerability to PSMU; discrimination and marginalization, which increase stress and social exclusion; and parental and family dynamics.³⁷ The COVID-19 pandemic also amplified social inequalities and exacerbated social isolation, loneliness, and digital dependency.³⁷

Case Vignette 2

Sam, a 15-year-old adolescent, is referred to the clinic because he is experiencing escalating anxiety, social withdrawal, declining academic performance, and sleep disturbances. His parents report his excessive nighttime social media use, which is focused on anime fandom communities.

Sam spends 6–8 hours daily on social media platforms, primarily engaging in “yumeshipping” (from the Japanese yume, meaning “dream,” this is a fan-culture practice in which an individual imagines or creates a romantic relationship between themselves or a self-insert/original character and a fictional character). Over the past 6 months, Sam has reduced his in-person peer interactions, reports intense emotional reliance on the fictional relationship, and experiences distress when he’s unable to access fandom content. His anxiety worsens when his parents attempt to limit his screen time. There is no evidence of psychosis, but his fantasy engagement has become rigid and emotionally central.

Sam reports feeling “understood” and “emotionally safe” online, contrasting with his real-world peer anxiety. Within yumeshipping communities, he reports feeling emotionally validated through shared narratives, consistent responses, and parasocial or imagined relational dynamics that feel stable and nonjudgmental. In contrast, his in-person peer relationships are experienced as unpredictable and emotionally demanding, and are associated with heightened self-consciousness, fear of negative evaluation, and avoidance. Sam reports difficulty tolerating ambiguity in real-world relationships, whereas online interactions provide immediate emotional reinforcement and a sense of belonging without the perceived risks of conflict, rejection, or social failure.

Assessment:

The presentation raises concern for PSMU that is characterized by:

- *Loss of control*
- *Mood modification*
- *Functional impairment*

Yumeshipping itself is not inherently pathological, but in this case appears to function as an avoidant coping strategy and emotional substitute, aligning with addictive-like behavioral dimensions described in PSMU literature. Anxiety symptoms are likely bidirectionally reinforced by excessive social media engagement.

Social Media Use in Young Adults

Young adults or transitional-age youth (approximately 18-26 years old) constitute a specific population in psychiatry. Human brain development continues until about age 25, a period crucial for identity formation. Young adults may also have a greater likelihood of interacting with the mental health system. Many severe mental illnesses first present during this age range, a time of experimentation with substances, and they may be enrolling in college, where access to psychiatric services may be more readily available. Social media use among young adults is highly prevalent: 80% of adults aged 18-29 use Instagram and 50% use TikTok at least once a day.³⁸

Clinicians have long observed that patients may inquire about diagnoses or medications they have learned about through the media. Recently, increased access to mental health content and expansion of online communities related to mental health has decreased mental health stigma.³⁹ Youth often believe that the absence of a formal mental health diagnosis does not indicate a lack of underlying pathology. Instead, it may reflect decreased access to care, lower levels of privilege, or diagnostic gatekeeping.³⁹ With increased exposure to mental health related content, individuals can identify strongly with certain diagnoses, even if the online information is incorrect. Aragon-Guevara et al. reviewed the top 133 videos labeled #Autism on TikTok. These videos had 198.7 million views and 25.2 million likes. A review of video content found that only 27% contained accurate information; 41% were inaccurate and 32% overgeneralized.⁴⁰ Accurate, inaccurate, and overgeneralized videos obtained similar viewer engagement.⁴⁰ Evaluating mental health symptoms may require greater nuance, and conversations about the absence of a diagnosis should be approached carefully to preserve the therapeutic alliance.

More research needs to measure the impact of social media on young adults. What we already know underlines the importance of having conversations with young adult patients to promote healthy use of social media.

Artificial Intelligence (AI), Chatbots and Digital Companions

AI-mediated communication tools encompass a spectrum of digital technologies, including chatbots that provide rule-based responses, conversational agents capable of naturalistic multi-turn dialogue, digital companions designed to offer sustained relational engagement, and AI “friends” that simulate reciprocal emotional connection.^{41,42} These systems are now embedded across nearly every digital environment youth use: Social media platforms offer AI assistants and companion bots, gaming ecosystems integrate responsive nonplayer characters and AI-enhanced

social interactions, wellness apps include AI-guided mood support or coping prompts, and educational tools use conversational interfaces to facilitate tutoring, organization, and feedback.⁴³ Their rapid expansion matters because youth now encounter AI not as a separate technology but as an everyday social actor, sometimes indistinguishable from human interactions.⁴⁴ This shifts how young people form relationships, seek information, and express vulnerability, raising important developmental considerations affecting autonomy, identity formation, socioemotional learning, and the distinction between authentic and simulated interpersonal experiences.

Table 2. Types of Parasocial Relationships and AI

AI Design Approach	Relational Framing	Parasocial Risk	Developmental / Clinical Implications
Digital companions (xenomorphic or non-anthropomorphic AI)	Provide relational continuity (reliability, availability, and/or informational or emotional support) without claiming human identity	Lower risk of parasocial substitution; emotional bonds may form but are less likely to be mistaken for reciprocal human relationships	May support users in constrained contexts (e.g., access barriers, transitional support) while preserving the distinct value of human relationships, including doctor-patient and peer ties ⁴⁵
Anthropomorphic AI “friends”	Designed to simulate friendship through human-like language, affect, memory, and responsiveness	Higher likelihood of parasocial attachment, especially when AI is experienced as emotionally reciprocal	Increased risk of relationship substitution, dependency, or displacement of human social development; particularly salient for children and adolescents ⁴⁶
AI companions framed as “prosthetic” relationships	Positioned as supportive scaffolds, not replacements, for human connection	Parasocial bonds may be intentional but bounded	Potential benefit for individuals with persistent relational impairments, if explicitly designed to

			reinforce reality testing and human engagement rather than replace it ⁴⁷
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AI-mediated interactions intersect with key developmental processes in childhood and adolescence, shaping socioemotional learning, cognitive growth, and identity formation. Research shows that relational technologies can influence how youth understand themselves and others, particularly by offering highly responsive, anthropomorphic interactions that may feel safer or more predictable than experiences with human peers. Digital communication mediated by algorithms reduces social cues and strengthens similarity-based filtering, undermining shared intentionality and social understanding. Simultaneously, increased use of generative AI in communication and creativity may limit novelty and cultural innovation.⁴⁸

These tools can affect autonomy and self-concept by providing immediate validation or guidance, potentially reducing opportunities for developing frustration tolerance, negotiation, and real-world interpersonal skills. Developmental stage matters: Preteens, who are still consolidating social-cognitive skills, may be more likely to anthropomorphize AI; adolescents, who are exploring identity and belonging, may experience a stronger relational pull toward AI “friends”; and emerging adults may turn to AI for support during transitions requiring independence. Vulnerabilities are heightened for youth with social anxiety, neurodevelopmental conditions, or limited peer networks, as these groups may rely more heavily on AI-mediated relationships for comfort or connection, increasing the risk of relational substitution or overdependence.

Potential Benefits

- Immediate, low-stigma emotional support: AI chatbots can provide 24/7, stigma-free emotional support, with 92.7% of youth finding AI-generated mental health advice helpful and 65.5% using it at least monthly.⁴⁹
- Structured assistance for academic tasks, organization, and time management
- Opportunities for practicing social skills in low-risk contexts
- Personalization that may enhance engagement with wellness content
- Ability to surface evidence-based psychoeducation when well-designed
- When designed responsibly, social AI could replace harmful behaviors like doomscrolling with positive reinforcement for physical, social, and mental well-being.⁵⁰

Key Risks and Clinical Concerns

- Overreliance on simulated relationships; decreased motivation for reciprocal peer interactions⁵⁰
- Misinterpretation of AI responsiveness as genuine emotional intimacy
- Exacerbation of loneliness⁵⁰
- Sensitive emotional disclosures collected, stored, or used for algorithmic training
- Incorrect advice, especially on health, sexuality, identity questions, or crisis situations
- Variability between platforms in safety protocols and guardrails
- Manipulation and commercial influence; AI companions that nudge users toward specific content or purchases
- Design architecture that maximizes engagement rather than well-being.
- Differential performance with minoritized, multilingual, or culturally diverse youth; stereotyping or biased responses
- Suicide: If AI must be used, clinicians should actively oversee tools used for screening, monitoring, or psychoeducation within clearly defined, clinician-led workflows to ensure safety, prevent reinforcement of negative or suicidal thoughts, and preserve the therapeutic relationship.^{51,52} AI may fail to detect or appropriately respond to suicidal ideation, posing serious safety risks in crisis situations.⁵³

Guidance for Parents, Educators, and Clinicians

Practical Tools To Enhance Critical Thinking in Youth

Use a weekly “social media check-in” where youth share one positive, one confusing, and one concerning interaction they had with an AI tool on any platform.

Review AI chat histories together (when appropriate) to model how to evaluate accuracy, emotional tone, and safety cues.

Teach a simple “Ask–Check–Confirm” strategy: Ask what the AI is claiming, check whether it cites reliable sources, and confirm information with a trusted adult or reputable website.

Create a shared family or classroom “AI Safety Checklist” that includes privacy settings, limits on personal disclosure, and reminders about not relying on AI in emergencies.

Encourage youth to label AI encounters in real time (“This is a bot, not a peer”) to strengthen awareness and reduce over-identification with AI “friends.”

Parents, educators, and clinicians play critical roles in helping youth navigate AI-driven features embedded in social media. Productive engagement begins with open, nonjudgmental questions about how young people interact with AI tools on these platforms and how they perceive them, including as a “friend,” “helper,” or even “therapist.” Adults can promote digital literacy by

encouraging youth to question the accuracy of AI-generated content, reviewing privacy settings together, and offering simple explanations of how these systems operate. In clinical settings, AI use should be included in social media and technology assessments to clarify the function it serves, whether as a coping aid, a space for social rehearsal, a form of avoidance, or a substitute for difficult peer interactions. Safeguards include guiding families toward platforms with strong safety protocols, promoting healthy boundaries between AI and human relationships, and ensuring that youth know to seek human support during crises rather than relying on AI responses.

IV. Prevention, Screening, and Clinical Interventions

Regulatory Policies

In the context of youth mental health, interventions can target both the design of social media platforms and broader policy measures.⁵⁴

- **Platform recommendations** refer to changes or features implemented directly within social media applications (such as privacy controls, content moderation, or in-app mental health resources) to promote safer and healthier user experiences.⁵⁴
 - Enhanced privacy settings and user controls
 - Improved content moderation to reduce exposure to harmful material
 - In-app mental health resources and signposting to support services
 - Design changes to reduce addictive use patterns (e.g., time limits, usage reminders)
- **Policy recommendations** involve external regulations, guidelines, or educational initiatives aimed at shaping how social media is used and managed by young people.⁵⁴
 - Age-appropriate regulations and minimum age requirements
 - Digital literacy education that is integrated into school curricula
 - Mandatory reporting and rapid response to harmful or illegal content
 - Collaboration between managers of technology companies, educators, and health professionals

Numerous advocacy efforts and proposals have attempted to mitigate the risks of social media use. In May 2023, the Surgeon General’s Advisory “Social Media and Youth Mental Health” called for multilateral efforts to address the harmful effects of social media on youth mental health.³⁰ In June 2024, the Surgeon General proposed having prominent warning labels on social media platforms, with the intention of forewarning parents and families about the risks of social media use to adolescent mental health.⁵⁵ That same month, New York Governor Kathy Hochul signed legislation to combat addictive social media feeds and protect children online. Named the Stop Addictive Feeds Exploitation (SAFE) for Kids Act, the law requires social media companies to restrict addictive feeds on their platforms for users under the age of 18.⁵⁶

In September 2025, New York City public schools banned school day cell phone use.⁵⁷ In 2025, various states, including Arkansas, Louisiana, Nebraska, Oregon, and Virginia, enacted laws regulating children and teen access to social media.⁵⁸ Major federal bills aimed at improving children’s online safety and privacy including the Children and Teens’ Online Privacy Protection Act (COPPA 2.0) and the Kids Online Safety Act (KOSA) have been under consideration in the Senate and House of Representatives for years. State and federal legislation constitutes one important response to curtailing the potentially detrimental effects of social media use by youth.

Policy Examples

Discussion of the following legal policy examples in this section are provided for informational purposes only and do not constitute legal or regulatory advice. The laws and regulations discussed in this section are subject to change and may be under challenge and/or not currently be in effect.

Children Online Privacy Protection Act (COPPA)⁵⁹

COPPA is a federal law enacted in 1998 to protect the privacy of children under 13 years old online.

Key Provisions:

- **Parental Consent:** Requires operators of websites and online services directed to children under 13 or with actual knowledge they are collecting data from such children, including social media platforms, to obtain verifiable parental consent before collecting, using, or disclosing personal information from children under 13
- **Privacy Policy Requirements:** Mandates clear and comprehensive privacy policies describing data practices for children
- **Data Minimization:** Prohibits conditioning a child under 13’s participation in online activities on providing more personal information than is reasonably necessary
- **Enforcement:** Is enforced by the Federal Trade Commission (FTC), with civil penalties for non-compliance

Utah Social Media Regulation Act (2023)⁶⁰

Utah passed laws in 2023 to regulate minors' access to social media platforms.

Key Provisions:

- Parental Consent: Requires social media companies to obtain parental consent before minors can open accounts
- Curfews: Prohibits minors from accessing social media between 10:30 p.m. and 6:30 a.m. unless the restriction is overridden by a parent
- Age Verification: Mandates age verification for users in Utah
- Parental Access: Provides tools for parents to monitor and have oversight over their children's social media accounts and activity

California Age-Appropriate Design Code Act (CAADCA)⁶¹

The California Age-Appropriate Design Code Act (CAADCA), signed into law in 2022, is a prominent example of state-level policy aimed at regulating social media and online platforms to protect children's privacy and well-being.

Key Provisions:

- Default Privacy Settings: Requires online services likely to be accessed by children under 18 to configure privacy settings to the highest level by default
- Data Minimization: Prohibits the collection, sale, or sharing of children's personal information unless strictly necessary for the service
- Profiling Restrictions: Places restrictions upon the use of algorithms and profiling for targeted advertising or content recommendations to minors by default
- Nudging and Dark Patterns: Restricts use of design features (such as infinite scroll or push notifications) that encourage children to provide more personal data or undermine privacy protections
- Impact Assessments: Mandates regular risk assessments of platform features and their potential impact on children's health and safety

Federal Example: Kids Online Safety Act (KOSA)⁶² — Proposed

The Kids Online Safety Act (KOSA) is a proposed federal bill that would require social media platforms to implement safeguards for minors, including:

- Providing tools for parents to monitor and limit their children's use
- Restricting algorithmic recommendations for minors
- Requiring platforms to enable privacy settings by default for users under 16
- Has been described as featuring U.S. safety and privacy guidance that aligns with recognized international frameworks (e.g., EU, UK), with age-appropriate design: high privacy by default, data minimization, geolocation off, and protections against "nudge" techniques.⁶³

Australia's Online Safety Amendment (Social Media Minimum Age) Act⁶⁴

Australia became the first country to ban social media accounts for use by individuals under 16. The law requires platforms to take “reasonable steps” to verify age, without mandating specific technologies; fines can reach AUD 49.5 million for serious breaches. Other jurisdictions purportedly considering similar measures include Malaysia, Denmark, the European Union, and France, reflecting a global regulatory shift.

Supporters argue the ban protects children from harmful content, bullying, predation, and engagement-driven platform design that prioritizes profit over well-being. Opponents warn that bans may push youth to less-regulated online spaces, restrict expression, and raise privacy and data-security concerns due to age-verification methods.

- Age-verification technologies are imperfect, with error rates and potential for circumvention (e.g., through use of VPNs).
- Australia’s law includes privacy safeguards, such as restricting use of age-verification data, including to prevent it from being used for other purposes such as advertising.
- Policymakers worldwide are comparing bans with alternative approaches, including stronger moderation, safety-by-design requirements, parental controls, and regulatory models.

Cross-Context Conversation on Social Media Impacts

Open dialogue about social media use among families, schools, and communities is essential for helping young people navigate an increasingly complex digital landscape. There is now a range of practical tools to support such conversations. In families, open and ongoing discussions (rather than one-time warnings or purely restrictive rules) build trust and encourage adolescents to share both positive and challenging online experiences. Tools such as family media plans, conversation starters, and regular “tech check-ins” can make dialogue easier and more consistent. Parents can use structured guides from organizations like the American Academy of Pediatrics or Stanford Brainstorm or create their own agreements that outline expectations for privacy, communication, and digital citizenship.⁶⁵ Co-engagement strategies, such as co-viewing content, exploring new apps together, or using hypothetical “What would you do if...?” scenarios, help demystify digital life and give young people language for discussing difficult situations like cyberbullying or exposure to inappropriate content. These tools, paired with a nonjudgmental, curiosity-based tone, help youth feel safe enough to disclose concerns and collaborate on healthier patterns of technology use.

Schools and community settings can strengthen dialogue through structured programs and shared resources that normalize the challenges of growing up online. Schools can use digital literacy curricula, interactive workshops, or student-led panels to create space for open conversation. Simple tools such as classroom discussion protocols, anonymous question boxes, and role-play scenarios allow students to process online dilemmas safely and honestly. Teachers

and staff can benefit from professional development modules that equip them to respond empathetically and accurately when students raise concerns about social media.

Community organizations can expand the conversation by hosting multigenerational forums, using public awareness campaigns, or distributing evidence-based toolkits that help adults stay informed about new platforms and online risks. Digital well-being assessments, resource guides, and community conversation templates can guide these discussions and ensure consistency across settings. When families, schools, and communities use these tools collectively, they create a shared language and aligned expectations that empower young people to use social media safely, thoughtfully, and with greater resilience.

Family-Based/Parental Interventions

Family-based and parental interventions to address adolescent social media use include parental mediation, family media use plans, and structured parent training programs. These approaches are most effective when tailored to the adolescent’s developmental stage and family context.⁶⁶

From a preventive, family-based perspective, supportive parenting practices play a key role in promoting healthy social media use. Open communication, positive modeling of balanced technology habits, and a warm, structured family environment help prevent the development of problematic social media behaviors.^{67–69} Encouraging parents to involve adolescents in setting household rules, maintaining an open dialogue, and balancing supervision with autonomy can also reduce family conflict and support responsible, intentional engagement with social media.^{66,67} In contrast, inconsistent rule enforcement, parental “phubbing,” or using screens as rewards or punishments can increase adolescents’ risk for unhealthy patterns of use.^{68,70}

Guidelines from the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists recommend individualized family media use plans, consistent rules, and open communication to balance risks and benefits of social media.⁷¹ Programs that train parents in vigilant, adaptive mediation (combining active and restrictive approaches) have demonstrated reductions in adolescent problematic and unsafe internet use.⁷²

Parental Mediation Strategies — Content Monitoring

Overall, parental monitoring of youth social media use is associated with reduced problematic use and online risks, but research suggests that the effectiveness of specific strategies depends on the adolescent’s age and family context.

Evidence consistently links parental monitoring and limit-setting to lower screen time and less-PSMU among early adolescents.^{66,69} Strategies include setting clear rules about the amount, timing, and location of internet use, as well as active mediation (discussing content and online behaviors).⁷³ However, the impact of restrictive rules varies by age: Stricter rules are protective in pre- and early adolescence but may be counterproductive in older teens (ages greater than

15.7 years).⁶⁹ Reactive, impulsive restrictions (e.g., sudden bans) may increase problematic use, while proactive, communicated rules are more effective.^{67,68} Combining different mediation strategies and adapting them to each family's needs tend to have the most beneficial outcomes.^{66,74,75}

Family Media Use Plans

These plans, which involve collaboratively setting household rules, device-free zones, and screen-free times, have been shown in randomized trials to demonstrate parental engagement and reduce PSMU among adolescents.^{66,76}

Parent Training and Psychoeducation Programs

Parental Vigilant Care (PVC) and app-based cognitive-behavioral interventions have shown reductions in problematic internet and social media use and improvements in family climate, parental self-efficacy, and knowledge of adolescents' online activities. Compared to controls, parents in the PVC group reported lower parental helplessness, fewer parent-child conflicts, improved child functioning, better family climates, and greater knowledge of their children's online activities. Adolescents in the intervention group showed lower scores for problematic and unsafe internet use, with a gradual reduction in time spent online and use of unsafe sites during the intervention. App-based cognitive-behavioral interventions and other psychological treatments, as reviewed in Pérez-Wiesner et al. (2025), also show significant reductions in symptoms of problematic use of internet, social media, and gaming.⁷⁷ These interventions, which often include family therapy and executive function training, are associated with improved family functioning and parental efficacy.^{72,78}

School-based Interventions and Prevention Programs

Schools play a crucial role in interventions targeting PSMU among youth, as they provide a structured environment where educational and behavioral strategies can be consistently implemented.^{79,80} Table 3 includes some strategies used with their key components and reported effectiveness in recent literature:

Table 3

Intervention Type	Description	Target Group	Reported Effectiveness	Limitations
Behavioral Skills Training	Training in self-regulation, goal setting, and time management. (Workshops, role-play, self-monitoring tools)	Elementary, Middle	Moderate reduction in problematic use; improves self-control and time management	Requires sustained practice; may not generalize to all contexts; effect may diminish over time
Counseling/Support Groups	Group or individual counseling for students with problematic use	Middle, High	Targeted, moderate reduction in problematic use for at-risk students	Resource-intensive; limited scalability; relies on identification of at-risk students
Digital Detox Challenges	Structured periods of reduced or no screen use, often as a school-wide event	Elementary, Middle, High	Short-term reduction; effects often fade without ongoing support	Short-lived effects; may not address underlying drivers of use; sustainability is a challenge
Digital Literacy Education	Curriculum modules teaching responsible and balanced technology use	Elementary, Middle, High	Small to moderate reduction in problematic use and screen time; improves knowledge/attitudes	Limited long-term behavior change; requires reinforcement; impact on actual use is modest

Gamified Interventions	Use of games to teach digital balance and online safety	Elementary, Middle	Engaging; effective for short-term knowledge and behavior change; limited long-term impact	Novelty may wear off; limited evidence for sustained behavior change
Multicomponent Programs	Combination of education, behavioral skills, and parental involvement	Elementary, Middle	Most effective; sustained reduction in problematic use and screen time	Resource-intensive; harder to implement at scale; requires coordination across stakeholders
Parental Involvement Programs	Engaging parents through information sessions and take-home materials	Elementary, Middle	Enhanced effectiveness when combined with other interventions; supports sustained change	Dependent on parental engagement; less effective if parents are disengaged or lack resources
Peer-Led Interventions	Peer educators who deliver content and model healthy technology habits	Middle, High	Small reduction; promising for engagement and peer influence	Limited evidence; needs more rigorous evaluation; impact may be short-lived

Notes:

- Multicomponent programs (combining several strategies) showed the greatest effectiveness.⁸¹
- School interventions were generally more effective in younger children (elementary).

- Parental involvement enhanced outcomes, especially in elementary and middle school settings.⁸²

V. Screening

Scales For Providers/Clinical Encounters

Several screening instruments have been developed to assess PSMU in youth. These include the Social Media Disorder Scale (SMDS) and the Bergen Social Media Addiction Scale–Short Form (BSMAS-SF) which have demonstrated strong psychometric properties and are widely used for screening children and adolescents.

The Social Media Disorder Scale (SMDS)

The SMDS, developed based on DSM-5 criteria for Internet Gaming Disorder, is available in both self-report and parent-report versions (SMDS-P). A score above five on this nine-item self-report indicates a likely case of problematic social media use in youth. Tested in large cross-national validation studies, this threshold is consistent across more than 44 different countries, including Canada and European countries. Each item is scored with a yes or no, which makes it easy to use.³⁶

The parent-report version (SMDS-P) was created to address symptom denial that can reduce adolescent self-report accuracy.⁸³ A cutoff of 4 or more positive responses indicates a likely case. Two advantages of the SMDS are the availability of a short version and the possibility of an external parental rating.⁸⁴

Bergen Social Media Addiction Scale–Short Form (BSMAS-SF)

The BSMAS-SF is a six-item, five-point Likert-type questionnaire validated against structured clinical interviews to identify probable social media addiction in adolescents.⁸⁵ A total score of 24 or higher (the possible range is 6–30) has demonstrated robust clinical utility in large samples.

The BSMAS-SF is recommended for screening and epidemiological studies in youth, as well as for initial clinical assessment of problematic social media use. Validated across multiple countries and languages,⁸⁴ it is suitable for use in school-based settings, pediatric clinics, and research. The unidimensional scale is based on Griffiths' components model of addiction. Although it covers all six components of Griffiths' addiction model, recent research shows that the core items (mood

modification, relapse, withdrawal, and conflict) are more strongly linked to actual clinical problems with social media use than the peripheral items of salience and tolerance.⁸⁶

Internet Gaming Disorder Scale-Short Form (IGDS-SF9)

The IGDS-SF9 is a screening and assessment tool for disordered gaming behaviors with strong alignment to DSM-5 criteria and is practical for both research and clinical use. It was validated in multiple populations and languages with consistent findings of robust reliability, convergent validity, and criterion validity. Scores on the IGDS-SF9 correlate positively with time spent gaming, other gaming disorder measures, and psychological distress, and correlate negatively with quality of life and self-esteem.⁸⁷ Cutoff scores for a likely diagnosis vary by population, with studies suggesting thresholds ranging from 21 to 32 for a positive diagnosis, depending on the cultural context and clinical validation.⁸⁸

Psychotherapeutic Interventions

Psychotherapeutic approaches emphasize healthier social media engagement by helping adolescents replace maladaptive behaviors with structured goals, adaptive thinking, and stronger self-regulation. These interventions have gained recognition as effective strategies for addressing PSMU among adolescents. These approaches, which often incorporate cognitive-behavioral techniques, mindfulness practices, and family-based support, target the emotional and behavioral drivers of excessive digital engagement. By promoting healthier coping mechanisms and digital boundaries, therapy can significantly improve adolescents' psychological well-being and social functioning.⁶⁶

Mindfulness Based Therapy (MBT)

MBT is used to treat a wide range of psychological and behavioral conditions by fostering a non-judgmental, open awareness of present-moment experiences. It encourages individuals to observe their thoughts, emotions, and bodily sensations with curiosity and acceptance, promoting emotional regulation and cognitive flexibility.⁸⁹ Mindfulness-based interventions (MBIs) employ techniques such as breathing exercises, meditation, and grounding practices to enhance present-moment awareness. In the context of PSMU, these strategies help individuals cultivate intentionality by reflecting on the underlying motives driving their engagement. This approach has been shown to significantly reduce PSMU among adolescents while fostering improvements in mindful attention and emotional regulation.⁹⁰

Self-Compassion-Based Strategies

Self-compassion-based strategies offer a valuable therapeutic approach for addressing PSMU in adolescents. These interventions promote empathetic responses to emotional distress, encouraging youth to replace self-judgment with kindness and understanding. Research has

shown that self-compassion practices such as breathing exercises and compassionate self-talk can help adolescents identify and reframe the self-critical thoughts that are often triggered by social media engagement, fostering greater emotional resilience and psychological well-being.⁹¹

Cognitive Behavioral Therapy (CBT)

CBT has been widely used to treat problematic internet use.⁹² The intervention typically unfolds in three phases. The first focuses on behavior modification, helping individuals gradually reduce screen time and establish healthier digital routines. The second phase involves cognitive restructuring, targeting irrational beliefs and justifications that perpetuate excessive use. The final phase addresses underlying functional and psychological issues contributing to internet dependency, aiming to support long-term recovery, prevent relapse, and mitigate the severity of problematic internet use.⁹³

VI. Research and Future Directions

Importance of Youth Involvement

Center of Excellence (CoE) Youth Advisory Panel (YAP)

The Youth Advisory Panel is a national group of 20 diverse youth, ages 14 to 19, who provide direct input on social media and youth mental health initiatives to the American Academy of Pediatrics (AAP) Center of Excellence (CoE) on Social Media and Youth Mental Health.⁹⁴

Key Features:

- **Youth Leadership:** YAP members share their experiences and insights to guide the CoE's messaging, resources, and tools for teens, parents, teachers, and clinicians.
- **Content Creation:** The members advise on activities, create content, and provide feedback on policies, procedures, and educational materials.
- **Active Participation:** Members participate in external meetings, conferences, and outreach to ensure youth perspectives are included in all CoE activities.

Youth Peer-to-Peer Curriculum and Log Off Movement

Peer-to-peer education models empower older youth to lead classes for younger peers on social media, internet safety, and mental health.⁹⁵

Key Features:

- Youth-Led Classes: Older youth deliver sessions using evidence-based resources, fostering leadership and engagement.
- Log Off Movement: This is a youth-led organization promoting balanced social media use, offering resources, podcasts, and campaigns like “Forks Up, Phones Down” to encourage offline connection.
- Positive Outcomes: Research shows peer-led interventions can improve self-esteem and reduce social stress among youth leaders.

IX. Resources

1. Prevention, Screening and Clinical Interventions

- European Union. General Data Protection Regulations 2016/679 and 2018/1725. <https://gdpr.eu/> and <https://gdpr-info.eu/>
- UK Information Commissioner’s Office. (2021). Age-appropriate design code: A code of practice for online services. Information Commissioner’s Office. <https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/childrens-information/childrens-code-guidance-and-resources/age-appropriate-design-a-code-of-practice-for-online-services/>
- U.N. Committee on the Rights of the Child. (2021). General Comment No. 25 on children’s rights in relation to the digital environment. <https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-comment-no-25-2021-childrens-rights-relation>
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2 . AAP Center of Excellence on Social Media and Youth Mental Health

<https://www.aap.org/en/patient-care/media-and-children/center-of-excellence-on-social-media-and-youth-mental-health/>

- This is the AAP’s central hub for evidence-based resources, guidance, and research on the impact of social media and digital technology on youth mental health.

- The center offers clinical tools, policy statements, educational materials, and up-to-date research for pediatricians, families, and communities.
- It provides best practices for clinicians, recommendations for families, and advocacy resources to promote healthy digital habits and mitigate risks associated with social media use.
- The site is regularly updated with new findings, webinars, and practical toolkits for both prevention and intervention.

3 . AAP Family Media Use Plan

(<https://www.healthychildren.org/English/family-life/Media/Pages/How-to-Make-a-Family-Media-Use-Plan.aspx>)

- This interactive tool helps families create personalized plans to manage screen time and media use for children and adolescents.
- The plan guides families to set rules and expectations around device use, content, screen-free zones/times, sleep, and physical activity.
- It is designed to be flexible and developmentally appropriate, encouraging open family communication and shared decision-making.
- The tool is evidence-informed and aligns with AAP policy statements on healthy media use.

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