



## Podcast Transcript

### Social Media and Mental Health

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#### Guest: Erica S. Ramey, DNP, PMHNP-BC

Dr. Ramey is a psychiatric nurse practitioner and an associate professor of nursing. She completed her Doctor of Nursing practice at Vanderbilt University and completed her psychiatric nurse practitioner preparation at the University of Alabama at Birmingham. She has been in the mental-health field for 18 years. Her research and experience focus on child and adolescent mental-health, deprescribing, pre/peri/post-natal mental healthcare, and drug-gene compatibility.

#### Host: Candace Pierce: DNP, MSN, RN, CNE

Dr. Candace Pierce is a nurse leader committed to ensuring nurses are well prepared and offered abundant opportunities and resources to enhance their skills acquisition and confidence at the bedside. With 15 years in nursing, she has worked at the bedside, in management, and in nursing education. She has demonstrated expertise and scholarship in innovation and design thinking in healthcare and education, and collaborative efforts within and outside of healthcare. Scholarship endeavors include funded grants, publications, and presentations. As a leader, Dr. PIERCE: strives to empower others to create and deploy ideas and embrace their professional roles as leaders, change agents, and problem solvers. In her position as the Sr. Course Development Manager for Elite, she works as a project engineer with subject matter experts to develop evidence-based best practices in continuing education for nurses and other healthcare professionals.

## Episode 1: Social Media and Mental Health

### Transcript

Candace Pierce: Hello listeners. Welcome to our podcast series, *Social Media, How It Affects the Mental Health*. I'm Dr. Candace Pierce with Elite Learning by Colibri Healthcare, and you are listening to our elite learning podcast, where we share the most up-to-date education for healthcare professionals. Back with us to share her expertise and mental health is Dr. Erica Ramey. Erica, I am so glad to welcome you back.

Erica Ramey: I'm very glad to be back. Thanks for having me.

PIERCE: Well, thank you for taking time to join us for this discussion today. And this is a very interesting kind of on the newer side topic, social media. But we really started to kind of realize just how social media has become just an integral part of everyday life. But that impact of social media has such a huge hit on our mental health. It's complex, it's multifaceted. And it's just in that realization of how social media has seeped into our everyday life. Like everything we do from grocery shopping to communicating with our friends is mostly done on these phones and through social media. So as healthcare professionals, we really find ourselves in this place where we need the knowledge and the tools to successfully navigate this digital landscape and promote mental well-being. So, Erica, in this first episode, I was hoping we could really look at some various ways social media influences mental health, both positively and negatively, because I'm sure there's some positive in there as well to go along with all the negative that we hear about.

RAMEY: Yes, absolutely. And I'm glad you're starting off with it that way, because at least in my field, there's a lot of focus and attention on all of the negative aspects or negative things that can come from social media. But there are some positive things too. So, it isn't all bad, just like any other area. It's kind of how we curate it and how we use social media that can make it a good thing or a negative thing. Absolutely.

PIERCE: So, what are the most common ways social media really affects mental health?

RAMEY: So, we see a lot of things like doomscrolling. Doomscrolling is when you have maybe a minute and you're sitting there waiting for something, or there's not really something you need to be doing in that moment. People might automatically pick up their phone, open a social media app, and doomscroll. So, you're just mindlessly consuming content, whether it's just filling a gap, avoiding being alone with your thoughts, or not being mindful—which, of course, is our emphasis, always trying to be mindful. You're just sort of checking out or maybe avoiding what's going on in the real world by scrolling on your phone and engaging with content that is often not very real or, truthfully, is an ad trying to sell you something.

What we often see is people consuming this curated, not-real content and comparing themselves to it. That's probably going to be my theme for the day: social media is not real. What is being presented to you is curated and selected as an image someone wants to portray, but it is often not consistent with reality. Then we have people who see that and compare their reality with somebody else's highlights or best-picture lifestyle. We see a lot of comparison, which can cause people to feel negatively about the things they do have or the people in their lives. They may start to feel more down, stressed, or anxious. In terms of mental health in general, we see more depression and anxiety-type symptoms as a result of comparison on social media. That's just one example.

PIERCE: It's these unrealistic life expectations. And I think for me and you, we're probably pretty close to the same age, if not the same age. We're in the same time of life, but we know, and we understand what life was like before social media. And we understand that the filters aren't real. For the most part, we understand that a lot of those things aren't real. But at the same time, I still sometimes find myself looking at somebody being like, their makeup looks so good. Why can't I get mine to look, why doesn't mine look like this? And it's a filter. It's not real. How do I remind myself it's not real?

RAMEY: Well, and we're thinking about that again, as people who can remember before social media and before filters, but younger people, especially adolescent girls, for example, may not have that frame of reference there. So, when they see those images, really the mindset of, okay, well, this isn't real, clearly this is a filter, that's not always there. So, then the comparison can become even more problematic because there isn't that background or that kind of age and maturity there that can say, okay, remember, this is not real. This skincare product isn't gonna make your pores disappear, right? So that's why I like to remind my patients that most of what you see online in terms of those sorts of things, they're selling you something. And you shouldn't believe anything that is coming from someone who has a link to purchase a product, right? There's an ulterior motive there. Your skin's not perfect, your pores didn't disappear by trying to sell you this product. But it can be difficult and each age group kind of has different risks, if you will, with social media, different mental health risks especially. So again, with younger people and adolescents, our attention is a lot on comparison or feeling left out, thinking everybody's hanging out without them. And then of course, the ability to easily bully each other. That's quite a concern, especially in our adolescents. And then, you know, those of us a little bit older, we still look at risks for depression, anxiety related to comparison and those sorts of things. And then in our older adult population, it can actually be kind of positive because sometimes we see some networking or engagement that there may not otherwise be opportunities for. So, there's different kind of risks and benefits to social media, sort of depending on your season of life.

PIERCE: Yes, and I see a lot of, have, I don't know if I call them friends, but you know, they were like my parents' friends that were older and like I grew up with them. And if you're in

the South, you still call them your aunt, even though they're not. But I see a lot, yes, honorary, part of the family. And I see them, I hear from them often, like you'll post a picture on like a Facebook or something and they always have comments, like you can just — you can see that that's how they're filling their time with social media, but also staying caught up with you and with your family. And I do think that that's really sweet. I do think that's sweet for them. But what do we really consider social media?

RAMEY: That's a good question. And actually, something I looked up before we sat down to record this was like, how are we defining social media? So really if it's a platform that allows people to kind of engage with one another in an online setting, we're kind of considering that. So, when I'm talking about social media, I'm meaning things like Facebook and Instagram and maybe threads and maybe, I guess it's called X now and LinkedIn even. You've got some professional platforms and social media type things. So really kind of any kind of online platform where you're engaging with other people and sharing content and it kind of has that public messaging component as well.

PIERCE: So, the key is being able to interact with each other.

RAMEY: Yes, very much so. But not just interacting with each other because of course email and text messaging is not social media. So, it's that kind of public platform where we're sharing content that we've created or that we are resharing that someone else created and then engaging with each other in that kind of public way.

PIERCE: Good to know, because there's so many things where you can, I mean, what about dating apps? You, you put yourself out there and people are communicating with each other. And I've seen where people have been bullying through dating apps, you know. So, there are so many different areas that you have to be mindful of where you put yourself out there.

RAMEY: And I'm kind of glad that you brought that up because there is a different element and a different approach that people use to communication online than they would in person. And most of us are aware of that. There's a lot of things people feel very comfortable saying online — anonymously or not anonymously — that they would never say in public to your face. And for a while that was defended as being more authentic or an opportunity to really say what you mean. But that's not actually what we see. What we do see is just some projection and we can see people who maybe are upset about other things or feeling insecure themselves. And then instead of dealing with that in therapy, would...

PIERCE: So, what you're saying is I can see the red flags online before I might see them in person. Is that what you're saying? The red flags or the green flags? I think that's what

they're referring to these days.

RAMEY: Absolutely, absolutely. You can certainly see that. And people will say things that are really cruel and honestly not even really about the person that they're speaking to. It's more of a reflection of what they have going on internally. But as a content creator or someone who maybe posted something, it can then be detrimental to their mental health as they're reading comments that are often just unreasonably cruel or hurtful and just meant to make you feel bad. So, there's kind of risks on both sides. Seeing the comments of other people, projecting your feelings through negative comments, and then reading comments that maybe people wrote about you that really can cause some individuals' mental health to kind of spiral if they don't really know how to filter that and how to process that negative engagement.

PIERCE: And even too much positive sometimes, I think, can play a role in that. You have all this positive, and then all of a sudden, bam, you get hit with this negative, and you don't know how to process that. I don't know what to do with that information. At least I don't know what to do with it in a healthy way. So that, I think, really takes us to social media—that relationship between social media and self-esteem. Can you help us to connect those dots on more of a health level?

RAMEY: Well, social media is not good for your self-esteem. I think if we've seen anything consistently across the literature, really regardless of your age, with very few exceptions, social media is going to cause much more harm to your self-esteem and self-concept and just more generally your mental health. So, it's going to do you more harm than good, pretty much across the board. We see it as a little bit more detrimental in adolescents. And I think part of that is because they're still in that identity formation stage. So, they're a little bit more likely to not know how to manage or process that kind of negative feedback that we're talking about. But it's not good for your self-esteem. So, if you're on social media hoping to walk away feeling better, the literature consistently tells us that that's just not gonna be the case. You're going to leave or jump off that app, and you're gonna feel a little bit worse about yourself and your life.

PIERCE: I think that the way social media is set up too, it's set up to show you—like, they want you to come back. So, when they curate through that algorithm to get you to come back, to get you to feel like you need to come back.

RAMEY: Yes, yes. Because it's based on engagement, right? They don't make any money if you don't engage with them. Now, the tricky part of that is it's any engagement. So even if it's a video that is designed to just be offensive or infuriating or to say something that's clearly controversial, the content creator may not even believe what they're posting. But if they get a bunch of angry comments, it's still beneficial for them because that's engagement. So, the money is made off engagement—good or bad, true, or false. It doesn't

matter. It's about the clicks and the return visits and the comments. And it really doesn't matter about the content of any of that. So that's a red flag. That's a red flag.

PIERCE: Okay, so I'm gonna put it together. That's a really—that's a really big red flag. So, what we're saying is that the algorithm creates or curates this content, and the content is designed intentionally to maximize user engagement. But from the health perspective, it's at a potential psychological cost.

RAMEY: Absolutely. Absolutely. It is not there to help you. It's either there to engage you and get your time—or sell you something.

PIERCE: Yes.

RAMEY: Not to help you.

PIERCE: So, it's there to make money.

RAMEY: Yes, it is there to make money—not to take care of you, not to help you, not to make you a functional human being in society. It's just—it's not there. I feel like when social media started back when I was young, we started with Facebook. I remember when it was really just for college students. It felt like it because you had to put your college in.

RAMEY: That's exactly right.

PIERCE: And where you were, and then you were kind of in this bubble with your college students. And then just watching this expand and to get bigger and to now see—I don't know that I know anybody that is not on some type of social media platform. It is so, so big now. So, saying that, are we now seeing increases in suicide, increases in bullying, increases in anxiety and depression, you needing to seek out treatment? Are we seeing—are you seeing those?

RAMEY: Yes, and more than just the increase, we see the increase younger and younger. So, increasing in terms of suicide as the leading cause of death in younger and younger people. So previously, when we would not have seen it, with very few exceptions, in children as young as eight or nine or ten, we see an increase even in that population. The earlier—and you can, there's really some brilliant studies, and maybe I can provide those to be linked—but we can kind of see the introduction of the iPhone, which I have one, so I'm not slamming the iPhone. But right around the time we saw the introduction of the iPhone and the expansion of social media, we can kind of plot and we can adjust for other correlating factors. We can kind of plot the rise in increased mental health concerns in adolescents and then increased suicide—completed suicide—in that younger population. So, we really can kind of see how the trends with the iPhone and the increase in social

media contributed to the increase in mental health issues in younger people and then suicide risk and increasing suicide rates in younger people. It is.

PIERCE: That's really sad. Especially—I know you have young kids, and I have young kids—and seeing this world that they live in, and I have to remind my kids often, be careful what you say and be careful what you do, because things that end up on the internet are gonna be there forever. I never had to think about that. As a child, I could make mistakes, I could mess up. And it seems like today, kids who make mistakes—they make bad decisions. We all made bad decisions when we were young. You know, that's how we learned, last week, you know. But now, even today as an adult, we have to be careful with our—like, if I fell climbing up the steps at a football game, that's probably gonna end up online.

RAMEY: It's gonna be recorded, it's gonna be online, and people are gonna comment. Yes, why was she wearing those shoes? Why was she not at home with her children? Why was she—yes, absolutely, absolutely. And exactly—did she have—where are her kids? Yes, it's just kind of a free-for-all for cruelty. You mentioned something a second ago there, PIERCE, that I wanted to kind of circle back to. You mentioned maybe not even really knowing anybody that isn't on social media, and I wanted to kind of add there, because while our focus is social media, there are also individuals who really just consume a lot of news content. And that might be through a social media platform, or it may just be more like an engagement, you know, a news site. And from a mental health perspective, we have to be equally cautious with just consuming a lot of news content, because it can have very similar negative mental health effects and can contribute to increased anxiety and worry and irritability and sadness and hopelessness. So, it's not—it's not only social media as we think of it. It's—it's engaging with that online content too that, again, is selling you something. So, it's going to have headlines and things that are meant to be controversial. Clickbait would be the term, but controversial, or it's meant to stir up an emotion in you so that you'll engage with it. And that can be equally unhealthy in terms of things that you're consuming on.

PIERCE: Then that's a really good point too, because I find myself even just, you know, if the news is on the TV, do they ever cover anything good? There's so much negative.

RAMEY: No, it doesn't.

PIERCE: There's so much negativity in the news. And, you know, just remembering a time when you weren't bombarded with—I didn't know what was going on overseas because I didn't have the internet when I was a kid. You know, and today you are just hit with so much that it does become worrisome to you. Like it's the end of the world, you know, and you're like, do you know what, probably, this has been going on for years, but I didn't know that because I wasn't bombarded. I feel like it's a bombardment of all of this. And then my brain doesn't know how to filter it all. Like, what do I do with it? What do I do with this information?

So, looking back, even at what you're talking about with the news, cause you know, that could be leading to an addiction as well, where you're like, I constantly have to know, I constantly have to look at this. How do these platforms lead to addiction and what are the signs that you're heading in that direction or that you're already there? It's a really hard discussion, especially when you have kids. I know I have kids; you have kids that are younger and it's like, what decisions do I make around social media? How do I protect my kids? How do I keep them from being on the internet?

It's a lot to think about that we didn't have to think about when we were kids. And I do miss—I do wish my kids had—I see the benefit in it, but I also wish that it was a little bit more like when we were younger and you didn't have to worry about becoming a, what do they call it, viral? You didn't have to worry about becoming viral on the internet.

RAMEY: For your most embarrassing moment, right?

PIERCE: Yes.

RAMEY: Yes, absolutely.

PIERCE: Yes. All right. Well, we will be back for episode two. Thank you so much for joining us, Erica.

RAMEY: Yes, absolutely. Thanks.

## Episode 2: Social Media and Mental Health

### Transcript

PIERCE: Welcome back to the second episode in our social media youth series. I'm Dr. Candace Pierce with Elite Learning by Colibri Healthcare, and you are listening to our Elite Learning podcast where we share the most up-to-date education for healthcare professionals. So going back to our topic on social media, what we are seeing is how social media has just fundamentally transformed human interaction, communication, and psychological experiences, presenting both unprecedented challenges and some complex mental health implications that, as healthcare providers, we need to understand, and we need to know how to address.

And while it is true that digital platforms offer connectivity and a way to share information, they simultaneously create significant psychological risks that can profoundly impact individual and collective mental well-being. Back to join us for this discussion is Dr. Erica Ramey. She is back to share some actionable insights and tools that you can use to help



your patients and your family and even yourself in maintaining a healthy relationship with social media.

And Erica, there's something that we didn't really get to in episode one that I really wanted you to hit on before we jump into strategies. And I know that our brain doesn't necessarily stop developing until about age 25-ish, and we are seeing some emerging research suggesting that there are neurological changes in the brain reward systems from prolonged digital engagement. So, before we really jump into these strategies, can you walk us through how social media impacts age groups differently?

RAMEY: Absolutely. And we'll break it down a little bit by age, but it'll be similar to some of the things we talked about in episode one in terms of where we see some risk as well. So obviously, and as we might imagine, the greatest risk is in the youngest brain. As our brains are developing, we are more sensitive to input.

So, with children, we'll say kind of as young as that six-to-12 age group where, hopefully, they're not engaged with a lot of social media, but they very well may be. We know that the neurological changes that we might see can negatively affect their attention and impulse control. So, this could either look like worsening ADHD or it can look like ADHD-type symptoms in children who don't actually have ADHD. But we can just see kind of a dysregulation there with their attention and impulse control.

And we also see a negative impact on their social skills because if they're learning to socialize in a dysfunctional social setting, like social media, we can see really poor social skill development in that early stage. And then we see some dysfunction in the reward pathways with dopamine, like we talked about a little bit in the first episode.

Adolescents, so kind of thinking that 13-to-18-ish age group—which is where we do see a lot of people engaging with social media, getting their phones, and then getting... it's not really Facebook as much anymore, that's more our generation, but Instagram and the newer type things—there's more heightened dopamine sensitivity in this kind of adolescent brain. So again, we're looking at how that could affect impulse control.

And then in the adolescent population, we're also concerned with how social media affects emotional regulation and increases their anxiety and depression risk. So, we really see greater mental health risks in that adolescent population.

We kind of run into something in this age group where, you know, they tend to be more emotional. They are going through puberty and processing those heightened emotions anyway. And then there's issues with impulse control just as part of that age group. So, when they're exposing themselves to things that might be emotionally triggering, if you will, and we have poor impulse control, we see an increased risk for self-harm, suicidal thoughts, those sorts of things because of the neurological changes in that age group.

With young adults, so looking at, you know, 19-ish, we'll go all the way to like mid-twenties, mid-to-late twenties, where our brains are finishing developing. We will see a little bit more in terms of impacts on self-esteem and emotional well-being, but this is the age group where we see greater issues with sleep problems and sleep pattern changes and feeling just very overstimulated from social media content.

As we get a little bit older, the risk is different because our brain is essentially done developing at that point, and it just sort of starts dying, unfortunately. So, our older adults and that kind of, I mean, you know, if it's not growing, it's, it's, you know—let's reword that.

So, we've been on the upswing, brains developed, and we're on the other side of the cognitive development there at that point. If we're looking at like thirty to maybe more midlife, then we will see that the constant social media use can really reduce our attention span and our kind of working memory.

So, you might see what looks like adult-onset ADHD-type symptoms from connecting with social media and needing to pick up that phone and scroll, just kind of needing something constantly providing us with feedback. So, our attention span and working memory can decrease. And then we can see a little bit more stress in terms of work-life balance and comparison and that sort of thing.

Now, best for last. Our older adults, we actually see a little bit more positive neurological changes here because we can see some improvement in cognitive functioning just because of the engagement piece there. And then we can see some benefit in combating loneliness and isolation that an older adult might feel if they don't have a lot of other ways to engage and socialize with other people. So, we do see some benefit there in the older adult.

PIERCE: And that does make a lot of sense. It really does. I know that we're specifically talking about discussing social media, but as you were talking and going through some of these things, I was just thinking about video games, especially video games today where they have the headsets and they're interacting with other people. It almost seems like it could be the same as far as addiction and the dopamine hits. So, we are seeing addiction as well to video games, right?

RAMEY: Absolutely. Yes. It's the constant dopamine hits with video games, right? And then if you're adding in that social component, for many people, it can become a replacement for real-life in-person interaction.

And while in some ways that interaction might be better than no interaction, it's still not a substitute for in-person interaction. Video games are designed to kind of hit that dopamine and get you to come back, engage, and level up, and, you know, buy more skins and weapons. Again, engage and spend money, spend money, spend money, yes. And there's,

of course, that feedback loop that comes with playing those games. So certainly, video games can be very addictive.

PIERCE: And again, I know most of our social media platforms, I feel like when Facebook first came out, I really only looked at it on the computer, but now everything is basically on our phones. And, you know, I see a lot of people, they don't actually do, they're not doing anything on their phone, but their phone will be beside them. They'll pick it up, they'll unlock it, they'll look at it for a minute, and then they'll close it, put it back down. Is that the same as scrolling? I don't know, what is that? Is that an addiction? I just, I need to look at it. Like, I just need to make sure it's all there. Let me just check. So again, it can be that kind of like really quick, I want to make sure I'm not missing anything. Do I have any likes? Do I have any, you know, is there anything to engage? Correct. Is there a notification? And truthfully, if it's not during the workday and work-related, it doesn't really matter, but it's a habit at that point, right? So now we've just conditioned ourselves to need to check and to just make sure.

RAMEY: Did somebody like my post? Did somebody comment on my picture? And so just kind of checking to see is there gonna be some of that feedback. And it can be almost like a compulsion. I hate to say that and to use that word. I certainly don't use it lightly, but, you know, we keep it on us just in case, and then we kind of compulsively check or, like you mentioned, kind of open it and see if anything's there. It's not a healthy behavior. It is something we have kind of conditioned ourselves to do from chronic overuse of our phones, unfortunately. Okay, so now that you've walked us through what this looks like from a neurological standpoint, from the different age groups, let's jump into strategies. What are some effective strategies to help with reducing the negative impact of social media on our mental health?

So, I will look at this also from a, you know, a healthcare standpoint. The best, the best cure is prevention. So, let's start with that, right? Primary prevention. So, if you have children. Yes, right. No phone or flip phone. Unpopular opinion, right? So, we have children. I have a teenager. Granted, he's a boy and isn't all that interested in social media, but we have a hard no social media rule. And it's because I've looked at the evidence and I can't make the case for how there's any benefit right now for any of my children, oldest being fourteen, but for any of my children to have social media. And we'll revisit that as they care, and as we have conversations. He doesn't care much right now, but we're really pretty strict with that. The best thing I can do right now for my children is to prevent their exposure to social media to the extent that is reasonable and encourage engagement with real-life friends. So primary prevention is still gonna be my recommendation. If your kids don't have social media, please don't give them social media. Don't give in to the peer pressure. We know that it will worsen their mental health. So, let's just say whatever they're telling you, the data says this will be bad for them. So, let's start with that.

PIERCE: I think parents know, we know our children. We know, like I have one, my oldest is a teenager, and she's not really into it. She hasn't asked us for it. My middle daughter, though, I feel like she's going to come to us, and she's going to want it. But I also know that she is my feeler. She compares herself. She's a feeler. Like she feels so deeply. And then that's worrisome for me because we know, you know, the statistics on social media and how... Yes, and I do worry about her. So, we've kind of followed the same suit, but I wouldn't say I have a hard no social media. I have more of a, if you get, I will pay you money for every year that you are not on social media. Okay. And we can sign a contract when you turn fifteen, that's three years. Then it's all or nothing, though. If you get social, like if I find you on social media, if you go and get it behind my back and I find you, then you don't get any money. So, it's all or nothing. I'm still working it out. I still have some time. She's only ten and still navigating it, figuring it out. I told my oldest, like, you're my first. I'm learning with you.

RAMEY: Absolutely, and it is a little trickier because different children will care differently. My nine and 10-year-old son and daughter are much more likely to be interested in social media younger than my teenage son who just isn't. He just isn't. But I do want to caution parents, as a mental health provider who works with a lot of young people. If your kids have social media, you only know about part of the social media they have. So, once you open the door and you give parental approval to download that app, if you know they have Snapchat, they have the one they show you, and then they have the one they don't tell you about. Parents, your kids are hiding social media from you. If you've given them access to it, you aren't seeing all of it. So, I do want to caution parents with that. So, once you open the door, you're really opening the door to even things that you don't realize that you're consenting to. Primary prevention, hold off as long as possible on social media and just broad internet access. Parental controls as long as possible. Now, go ahead.

PIERCE: I will say that I find it hard with my high schooler because she's in some clubs, and they will talk through, and there's different types of social media, and one of the platforms that they like, there's Remind, there's GroupMe, but then I think there's another one called Discord or something like that. And Discord is the one that they have chosen to communicate through. And we're like, well, that falls under social media. Our daughter can't have that. So now we have to have that on, like my husband is carrying that on his phone in order to keep up with, just to try. So, it gets harder to try to be on top of it and to protect your kids, knowing what social media apps that they're on. It does get harder as they get older.

RAMEY: It does. I mean, it's certainly as a parent, it's certainly easier to just say, okay, you can have it. I mean, easy isn't best, right? So, it is a lot more work. Discord is one of those that, you know, there's some good, there's a lot of bad. So that's it. It's risky. So again, when we're opening that door, we're really essentially saying, you know, I'm giving consent for the world at large to have access to my child. And if you're not ready for that, then the answer just has to be no. So, it's hard, it's a lot more work. Your kids will be probably upset

with you, and you're gonna think, why am I doing this? But it's a choice, and it's much easier to make that choice early on and then kind of lax some things than to give access to social media and have to pull it back when there's problems. So primary prevention beats a ton of cure. So, if you're not there yet, don't. Hold off as long as possible. Now for, you know, adolescents and then those of us who are, you know, well into adulthood. So, let's say we're already on it, right? We already have it, right? So, I have social media personally. My spouse does not use social media, but he has a heavy news diet, I would say. You know, well, he likes, he, yes, and we do. And so, we detox. That's actually the perfect word to describe it. So, if you find that it has become habitual, like we talked about, just the chronic kind of picking it up and checking. If you find yourself already there or the doom scrolling at bedtime, just the constant need to check and log in, then a detox is a really great way to kind of reset. It's like a hard reset. Have you tried rebooting, right? It's the IT solution for that. And the detox can be taking a break from all social media, or it can be setting time limits on the ones that you find that you're maybe engaging with the most or you find to be the most problematic. So, if it's not one that you're really using very often, that may not be necessary. But if it's the same app that you find yourself kind of constantly checking in with, you may decide, no, I need kind of a total break. I need to step away for a day or two, or maybe I need to, maybe I wanna do a New Year's resolution where I'm gonna give myself a month off of social media. And then, you know, do it like a good trial, like you would with any new health habit. Give yourself time to establish new habits in that place. So, what would you do instead? Yes, for sure, grace. And I...

What you're trying to do is essentially you're gonna be replacing that habit. So, if you're in the habit of chronically checking your phone or scrolling before bedtime, you will find something to replace that time with. So, decide ahead of time, what would I like my healthy coping skill to be instead? What do I want to be doing before bed? Do I want to kind of make a list of things I wanna do tomorrow? Do I want to...

Connect and engage with my spouse? Do I wanna read a book? So, I can sleep a little bit better. So, decide what the replacement habit's gonna be going into it. Because otherwise, what you'll find, just like with any new habit, is if you try to eliminate this one thing and you don't have kind of a healthy replacement habit, you're gonna pick it back up. You're not very likely to be successful. So, make a plan going into it to be very intentional about that. But our phones also kind of tattle on us. I don't know, you, Candace, do you get a weekly report of your screen time?

PIERCE: Yes, and it'll break it down, kind of, you know, was it a game? I don't know, yes. Make it a competition. You know, who can have less screen time for the week? And maybe the other one has to buy lunch or something. But your phone is giving you that data.

RAMEY: Right, make it a competition. I had one minute less than you, so it looks like you're buying lunch.

PIERCE: Yes. Mm-hmm, mm-hmm. Yes. I try to hide it from my husband. Like, I don't know. I don't know how many. Yes.

RAMEY: That can be really, you know, for me, I get my screen time alert, I don't know, I think maybe Sunday, Sunday morning maybe. And it's a moment where I have to think, golly, that's an average per day that I spent not doing something meaningful. Essentially.

PIERCE: Yes. Well, and you're talking about the digital detox. Well, yes, I have an Apple Watch, and I realized how anxious I was getting and how stressed I was. You know, so last year I actually took my Apple Watch off so that I could disconnect from, you know, because you're constantly getting these alerts and these reminders and these things on my phone. And I actually saw my stress level go down. It was very helpful. And so now I just turned all of the notifications and things off because I do like tracking my heart, you know, my pulse and my health and all that stuff through it, my sleeping, but just being able to not be connected all the time lowered my stress.

RAMEY: Yes, I believe that. And I really like that you said that because one easy way to kind of cut back on your social media is to turn off badges and notifications. That way, when you do log in, it's because you're choosing, you know, okay, I've got a few minutes. I do want to kind of check in, see if family posted photos or what have you. But when we have the dings and the notifications and the little badge that tells you you have like three whatevers, the compulsion to check is gonna be that much stronger. So, if you're finding that you want to cut back, that's a great way to do that. Stop letting your apps tell you how to spend your time. So, turn all that off. If it's not critical, right? So, I need my work email to pop up, but I have that set to pop up during my working hours, right? So that, okay, I can make sure I'm getting important things like that, but my social media apps do not show up on my watch. They do not show up on my phone's home screen because that's really not important. So, you know, and then if you have a phone that allows you to kind of protect your sleep time as well and turn off notifications, I strongly encourage you to do that. But Candace, yes, that's a great tip. Stop letting it interrupt you and constantly tell you, you need to check this or see this. So, turn off as many notifications as possible, really, if they're not essential. That's a good idea. Right, yes.

PIERCE: Let your phone be your phone. Let it ring. So as healthcare professionals, how can we guide patients in setting healthy boundaries with social media? How do we even bring this up in conversation? Do we bring this up in conversation? Is this something we should be screening for these days?

RAMEY: Absolutely. So I actually had a conversation not too very long ago with a patient who was finding, she was really noticing that she felt worse about herself and more down. And she thought that she was doom scrolling because she was feeling down. But when we kind of circled back, it was like, well, you were feeling a little more indifferent or bored before you opened the app. And then now you're looking at, you're comparing people's

homes decorated for Christmas and the things that they're getting for their kids and their matching family pajamas. And then you're spending more, which then is creating more stress for you. So, we kind of could identify, OK, it looks like maybe if you took a break from these particular apps, you might spend less money, which could cause less stress for you financially and otherwise. And you might be less aware of what other people are doing and then not feel so bad about it. And so for her, we did recommend a detox. So, let's just take a full break, a full stop break. She did one month, her to give me 30 days, do one month, let's just disengage and let's see if you notice a difference, a beneficial difference. And for her, she saw improvements in sleep because she tended to scroll when she couldn't fall asleep or if she woke up during the night. And then she certainly noticed beneficial differences in her bank account. So, she did not realize the extent to which she was finding things on TikTok that were ads or scrolling and kind of trying to find some things on Amazon. So certainly, there are some benefits there. And that's an adult.

So, for my adults, I probably don't screen for it quite as much as I do adolescents. I talk to my adolescent patients a lot about social because the same things that can be positive like finding a community or a network that you identify with, while that can be positive, it can also create a community around some very unhealthy shared interest or commonalities, especially in young people. I have some patients that I kind of talk with about, you all may have this one thing in common, and now you're in a community that constantly talks about that and reinforces that and reminds you of that, absolutely. And what I see in practice, really that kind of circles around eating disorder type situations, which, you know, it's a community that may have been intended to be supportive, but then it actually can spiral into kind of reinforcing some of those behaviors. So, I talk a lot with my adolescents about what are you exposing yourself to? What kind of online communities do you have? And how are you engaging with social media? Because I do see the direct effects on their mental health, and probably should be doing better with adults, truthfully. But yes, as providers, we should be talking about that. We should be talking about that anytime our patients are expressing concerns of poor sleep, feeling more depressed, feeling low energy, feeling more disconnected from our family and our lives. And if they're complaining of worsening attention spans or impulse control, then let's talk about, well, have you conditioned yourself to be checking and opening tabs and switching? Have you created an environment in which your brain needs that kind of constant distraction just to feel normal? So yes, absolutely, early, and often.

PIERCE: Do we have, are there any digital wellness screenings that would be added into patient assessments that we already do?

RAMEY: That's a good question. I don't know about screening. There are a lot of apps that individuals can kind of download for themselves that will help them regulate their screen time and kind of track how often they're engaging with things. But that's a really good question, Candace. I probably should have found that for you.

PIERCE: Well, I was just thinking about that. Well, in primary care, you walk in and every time you go see your doctor, you have to fill out this form. And nowadays they're screening for mental health, such as suicide, they're screening for abuse. Is this something that we should be talking about that we add in? Are we screening for digital wellness these days? Because that could very well be, you know. If the screening for suicide or anxiety and depression is high, that could very well be a correlation that, well, we need to work on digital wellness.

RAMEY: Absolutely. And since you mentioned that I've got a couple here that I found. Some screening tools for social media use. There's a social media addiction scale, which looks for addiction-like symptoms. A social media disorder scale that looks for problematic social media use. Adolescents are kind of the target group for that. A problematic social media use scale. So yes, there's so many to answer your question.

PIERCE: But where maybe we need to start talking about how we add these to actual assessments. So as healthcare providers, if you're listening to this and you work in the hospital, you work in a clinic, maybe this is something that you need to bring to your physician to be like, maybe we need to start screening for this and we need to start working with our patients and with our families to help them with setting these healthy boundaries. And honestly, we need to work on it probably for ourselves too.

RAMEY: A lot of us didn't know what we were getting into when social media started.

PIERCE: No, no, we didn't, and we couldn't. It was new, and you know, now that we know a little bit more and we can kind of see some negative correlations, it's really hard to kind of put it back in the box. So that's sort of where we are right now. There's even a Facebook intrusion questionnaire. So, I might be taking some of these later today just to kind of see. How about that? Yes. This is interesting. Jeremy checking this out. Maybe we should start a campaign, you guys. Now I know that we've talked a lot about the negativity, but what are some tips that we could use to promote positive social media interactions?

RAMEY: I love that. So, look for positive social media groups or networks. So, kind of how I mentioned where sometimes we can find really kind of negative groups that reinforce negative things. We can also seek out more positive support groups or networks that can promote the healthy changes we're trying to make or promote positive mental health. So that would be kind of one way to do that. If you're finding a very strong negative reaction to a particular app or a particular type of social media, I'd encourage you to just disengage with that. So, either log off if it's something that is happening kind of repeatedly or unfollow people or accounts that are kind of constantly causing that controversy and leaving you feeling upset or angry or frustrated. It's not worth it. So, unfollow, just that doesn't even need to be a part of your life. It's not adding any value to your life. So, if you notice that what you're digesting from social media is leaving you feeling sick, just like we would in our regular diet, I would say let's eliminate that from our daily diet. Just cut it out.



PIERCE: Absolutely. Yes. Do you have some resources or some tools that maybe are available to help with managing social media use effectively?

RAMEY: So, there are apps that can kind of help with how you're using your screen time. Also, some social media, I'm thinking of like Instagram, for example, have some built-in wellness tools, but those are things more like, hey, you've been scrolling for a long time. Should probably, yes, should you still be here? Know TikTok does that as well. But there's apps like Moment and Offtime and Forest that offer some kind of screen time tracking to help you kind of see how you're spending your time. And that may be the best first step if you're not sure if you have a problem or not. Maybe, you know, the first step is, let's just kind of take inventory of how I'm spending my time. How am I using my phone? What social media am I engaging with? And kind of looking at that and saying, okay, is this something I'm comfortable with? Or is this something I would like to kind of decrease and make some positive changes with?

PIERCE: Yes, you know what we're finding with social media is so new. It's social media is not new, but the effects that we're seeing from social media, we're really starting to grasp just how detrimental it is. How maybe the last, what, five or 10 years where the data is really showing us really coming in to show just the negativity that comes with social media. And as we come to the end of this episode, I really just think it's important that we understand that social media represents just a complex psychological ecosystem with profound mental health implications. Yeah, these platforms are created like we were talking about to keep you coming back, to get you to stay, to make money for interactions, you know, they, and all of these create these intricate psychological risks that include dopamine-driven engagement, constant social comparison, as you were talking about before. And unfortunately, algorithms designed that will trigger your anxiety. And social isolation for kids, teens, and even adults.

So as healthcare providers, we have to be diligent in understanding these psychological mechanisms of social media. And we have to be on the forefront for developing comprehensive strategies to screen patients. Maybe that's our first step. We need to start screening patients for digital wellness. That's a hard word to say. We need to teach mindfulness. Social media consumption, setting those boundaries, recognizing those psychological vulnerabilities, especially starting with our children. And we need to learn what it means to implement digital boundaries. So, by understanding social media psychological mechanisms, we can help people to make a change towards transforming these platforms from potential mental health hazards into opportunities for supportive informed patient care. Yes, it's a lot to take in because, I mean, I have social media too.

My children don't have social media, but, you know, and we're seeing even personally, you can see how social media affects you. So it's just very eye-opening when you look at how it's affecting young, because look, even children, even babies, you know, you go to a restaurant and you see parents and I'm not saying this is bad parenting, but we're handing

them phones. We're handing them iPads. We're putting them in front of the TV and what is happening to their brains? We're really starting to see what the data shows. So, I thank you so much for just bringing this information to us today for this discussion. It was so insightful for even just myself and as a healthcare provider, but also as a parent. So, thank you for bringing this to our attention today.

RAMEY: Absolutely. Thank you for inviting me. This is an important topic, so I appreciate it.

PIERCE: Yes, and I don't see this topic going away anytime soon.

RAMEY: No, it'll grow. Yes, we'll be back.

PIERCE: Absolutely. We will. We'll have new information to share. So, to our listeners, I encourage you to explore many of the courses that we have available on [EliteLearning.com](https://www.elitelearning.com) to help you continue to grow in your careers and earn CEs.