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Lighthouse to Guide Our Use of Social Media as Psychiatrists and in Training

Spencer Kimball Hansen, M.D.

The lighthouse, built on a sure foundation, guides ships away from danger, offering both orientation and safety. In psychiatry, and medicine generally, what serves as our own metaphorical lighthouse? What can offer us orientation and safety as we navigate through our training and career? I submit a lighthouse we can look to as the Hippocratic Oath.

When did you last need guidance in your training? Consider, for example, the impact of social media on psychiatry. Has social media affected your training, and if so, how? Have ethics been challenged by clinicians and/or patients using social media? Who do you turn to for advice on how to safely use social media: Your attending? Your program director? Your peers? Your patients? I suggest we can always turn to the Hippocratic Oath for direction.

If, for instance, our use of social media violates any tenets of the Oath, then we should alter course immediately in order to “do no harm.” Consider Hippocrates’ words:

“I will ... never do harm to anyone
[I will keep] myself far from all intentional ill-doing and all seduction
All that may come to my knowledge ...
I will keep secret and never reveal ...
[M]ay I enjoy my life and practice my art, respected by all ... and in all times.”
(1)

Does how we are using social media align with the Oath we have all taken to “do no harm?”

When we question how to address the personal and interpersonal effects of social media on psychiatry, we will never

When we question how
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by remembering
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go wrong by remembering our pledge to the Hippocratic Oath. We must be warm, sympathetic, and understanding if we take to social media to portray events at work. If we berate a fellow resident on Facebook, will that do harm to our own morale, that of the other trainee, or the program where he/she is employed? Might our comments steer away future residents from certain training programs or from the field of psychiatry?

We must exercise judgment and respect patient privacy by keeping information protected and secure. Any engagement with patients via social media must be gentle and honest. Hippocrates also said: “In every house ... I will enter only for the good of my patient.” (1). When we enter the virtual “house” of social media, we must remember that anything we post may directly or indirectly affect our patients and must therefore be done with great care.

By leading a life in accordance with the Oath we have taken, we will be using a lighthouse in a profession designed to protect and secure our patients from the storms of their virtual and actual lives.

Various medical organizations stipulate the proper use of social media by physicians. The guidelines are numerous, diverse, and sometimes inconsistent with each other. If we all use the Hippocratic Oath to guide our use of social media, we will pave an ethical course.

As Guest Editor for this issue of the *Resident's Journal*, I am pleased to present the work of trainees writing about the impact of social media on psychiatry. Social media has implications for all of us and influences our patients on a daily basis. I hope this issue of the *Journal* will cause our readers to consider the many ways social media interacts with our patients and may be harnessed to modify our practice of psychiatry.

Dr. Hansen is a third-year resident in the Department of Psychiatry and Behavioral Sciences, Tulane School of Medicine, New Orleans, and Guest Editor for this issue of the *Residents' Journal*.

The author thanks Dr. Lannis L. Tynes for technical support and encouragement in this assignment as Guest Editor.

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The Virtual Blues: Facebook and Depression in Young Adults

Adrian Jacques H. Ambrose, M.D.

Social networking sites, which virtually connect individuals for social, personal, and professional reasons, are ubiquitous among online users, especially in the young adult population. The Pew Research Center estimated that approximately 87% of online young adults, aged 18–29, are Facebook users (1); similarly, approximately 90% of college students reported using Facebook (2, 3). Using its online social media platform, Facebook users share their demographic information and activities and interact with other “friends” (i.e., other Facebook users), who are often family members, friends, or co-workers. The high prevalence of young adult users has raised questions about Facebook’s effects on their mental health.

Nationally, major depressive disorder remains one of the most common mental illnesses, with an estimated lifetime prevalence of 16.2% among U.S. adults (4). According to a recent epidemiological report by the Substance Abuse and Mental Health Services Administration (SAMHSA), 6.6% of U.S. adults experienced at least one major depressive episode in 2014; however, when stratified by age, the young adult group, aged 18–25, had the highest prevalence of major depressive episode (9.3%) among all adults (5). In the young adult population, the relationship between Facebook, the most popular social networking site in the United States, and depression, the most common mental illness, remained unclear. Some studies have suggested a positive correlation between Facebook use and depression (2, 6–9); however, others have found no association (10, 11). The present article aims to review the current literature about Facebook and depression and offer a general frame-

work for clinicians to approach Facebook usage among young adults.

METHOD

The review articles were obtained from a comprehensive search using PubMed, Medline, and Google Scholar via the MeSH [medical subject headings] terms “young adults,” “internet,” “social media,” “depressive disorder/depression,” in combination with the keywords “Facebook,” “depression,” “young adult,” and “adolescent.” Pre-established selection criteria for reviewed papers were peer-reviewed, available full-text in English, and used Facebook as one of the primary research variables. Given the focus of isolating the effects of Facebook, articles discussing global social network in general terms were excluded. Protocol articles were also excluded.

RESULTS

Understanding Depressive Statements and Activities on Facebook

It can be difficult to ascertain whether depressive statements on Facebook indicate an ephemeral mood or, rather, a chronic state of clinically significant depression. Applying DSM-IV criteria, Moreno et al. (9) found that 25% of Facebook profiles made one or more depressive symptom references, and 2.5% made statements that met full criteria for major depressive disorder. In this cross-sectional study, the size of the user’s Facebook network (e.g., the number of Facebook friends) was not correlated with depressive symptom references.

The Facebook activities of a user may reveal major depressive disorder symptoms or prodromal depressive states (2, 6, 10–12). In a cross-sectional study,

Moreno et al. (2) demonstrated an association between depressive symptom references on users’ Facebook profiles and their Patient Health Questionnaire (PHQ-9) scores. Through self-reported scales, such as the Center for Epidemiologic Studies Depression (CES-D) and Beck Depression Inventory (BDI), users in a cross-sectional study with more depressive symptoms seemed to access more health information and tips related to depression (6). Additionally, users with more depressive symptoms appeared to use less Facebook features (e.g., messaging others, updating statuses, and commenting).

Characterizing Facebook Usage

Davila et al. (13) suggested that the nature of the social networking site activities mattered more than the frequency of usage. The negative quality of the Facebook activities (e.g., experiences of rejection, conflict, or exclusion) was associated with depressive symptoms over time; however, the act of using Facebook by itself was not correlated with depressive symptoms, as measured by BDI. It is noteworthy, however, that this cohort study examined Facebook usage as an aggregate with other social networking sites, such as MySpace. Along the same vein, the type of Facebook usage may affect the user’s mental health in real-time (14). In a mixed descriptive study, the user’s Facebook activities were codified as adaptive (e.g., seeking social support, receiving validation/positive feedbacks), maladaptive (e.g., rumination), or neutral (e.g., passive observation, changing profile pictures), depending on how their Facebook use correlated with their mood at the moment. Although a user’s mood was found to worsen with maladaptive activities, it is unclear whether

a user with a preceding negative mood (e.g., a depressed user) would be more likely to conduct maladaptive activities.

Facebook Use, Addiction, and Intrusion: Indirect Factors in Depression

Facebook users who spend more time on Facebook may be at risk for Facebook intrusion, defined as, “excessive involvement in Facebook, disrupting day-to-day activities and interpersonal relationships” (15). Błachnio et al. (15) found positive correlations between total time spent on Facebook and Facebook intrusion and between Facebook intrusion and depressive symptoms, as measured by CES-D (15). However, there was no statistical significance between total time spent and depressive symptoms. In line with this, Chen et al. (16) found a similar indirect effect between Facebook interactions and psychological distress and self-esteem secondary to communication overload. Both studies were cross-sectional.

In a cohort study, Kross et al. (17) found that Facebook usage led to a decline in self-reported life satisfaction. The users’ pre-existing moods did not affect the frequency of Facebook use. However, Koc et al. (8) found that college students with anxious or depressive symptoms were more likely to use Facebook excessively. In this cross-sectional study, users with excessive Facebook usage were more likely to report mood alterations and negative academic outcomes. Users with Facebook addiction were also found to have an increased risk of depressive, anxious, and somatic symptoms (7).

Facebook as a Call for Help

Online support interventions may be a possible route of interventions for users with concerning mental health status updates on Facebook (18). In a July 2016 Washington Post story (19), the author described how she contacted Facebook for guidance on what to do when encountering troubling status posts. A company representative referred her to Facebook’s mental health initiative that allows family and friends to tag troubling posts, at which time teams around

the world review the posts—prioritizing the most serious, like those threatening self-injury—and send help to the distressed party such as contact information for suicide hotlines or other suggestions for coping with difficult situations. In focus group discussions, college students have reported a general willingness to reach out to close friends or family members who post alarming mental status updates, such as depressive or suicidal statements. In a cross-sectional study, Whitehill et al. (20) found that one-third of participants’ Facebook profiles had depressive symptom references (e.g., “I feel hopeless,” “I feel like giving up”), as coded using DSM-IV; however, 44% of female users mentioned depressive symptoms compared with 17% of male users. All participants expressed hope of intervention on their behalf if they were to display depressive symptoms online. Student advisors and college health staffs may be able to utilize Facebook as an additional platform to encourage treatments and improve access to mental health care.

Contrary Evidence about Facebook and Depression

Using the PHQ-9, Jelenchick et al. (10) found no significant association between Facebook use and depression (10). Facebook usage in this cohort study was categorized as high use (i.e., greater than 2 hours daily), low use (i.e., less than 30 minutes daily), or average use (i.e., between 30 minutes and 2 hours daily). Only 8% of participants reported high use. It is noteworthy that the participants were permitted to use other social networking sites in addition to Facebook. Simoncic et al. (11) corroborated the lack

of association between Facebook use and depressive symptoms using the CES-D scale and the revised NEO Personality Inventory (NEO PI-R) (11). In this cross-sectional study, nearly one-quarter (22%) of participants reported using Facebook for at least 2 hours daily.

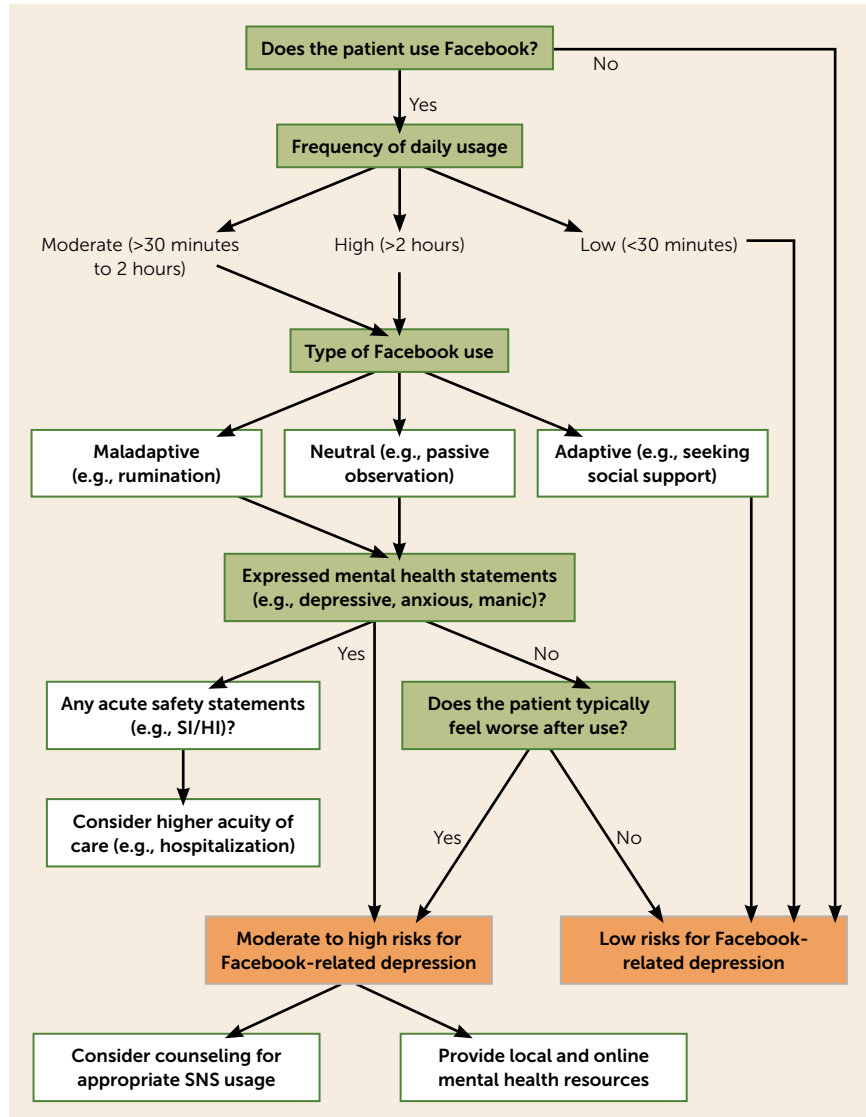
CONCLUSIONS

As the conflicting results of the reviewed studies have demonstrated, the relationship between Facebook and depression is still inconclusive. The effect of Facebook on the mental health status of young adults could be influenced by many factors, such as the frequency of use (e.g., the number of hours spent on Facebook) and the nature of the activity (e.g., updating a status versus arguing with a friend). Currently, the efficacy of Facebook as a diagnostic tool or method of intervention remains unclear. However, clinicians should be vigilant and regularly inquire about Facebook usage among young adults to monitor for prodromal depression or reports of risky Facebook behaviors (Figure 1). Moreover, inquiring about a young adult patient’s Facebook activities during a clinical encounter can provide a novel perspective of his or her possible mental health status. For example, a patient may be currently denying any suicidal thoughts, but if he or she has made suicidal statements on Facebook in the past, explicitly asking about these statements could provide an additional tool for diagnosis and treatment. Given the extremely high prevalence of Facebook users in this population, early screening or online intervention can be highly valuable.

KEY POINTS/CLINICAL PEARLS

- The majority of online young adults use Facebook, and young adults in the United States have the highest prevalence of major depressive episodes of all age groups.
- Although the current literature on Facebook and depression in young adults is somewhat mixed, clinicians should remain vigilant and regularly inquire about the Facebook use of their young adult patients.
- Further longitudinal research would be beneficial in understanding how Facebook can be used as an important tool in early screening and online intervention for depression in young adults.

FIGURE 1. General Framework for Clinical Screening of Facebook-Related Depression^a



^a SI=suicidal ideation; HI=homicidal ideation; SNS=social networking sites.

Limitations

The present review has some limitations that may restrain generalizability. The reviewed studies utilized a variety of psychometric tools (e.g., CES-D compared with PHQ-9) to evaluate depressive symptoms, which rendered direct comparisons difficult. The majority of participants in the reviewed studies were Caucasian, geographically homogenized, and in college or academic settings. Other limitations include the inability to isolate Facebook as the sole social networking site; the use of Twitter, Tumblr, or Instagram may also have mood-altering consequences. As Facebook is continuously updated, the user

experience may change based on available features at the time of each reviewed study. Finally, the ability to immediately post status updates on Facebook may inaccurately reflect the mood of study participants when they later report their feelings on psychometric surveys and diagnostic interviews. More longitudinal studies are indicated to better understand the holistic effects of Facebook and other social networking sites on the mental health of young adults.

Dr. Ambrose is a third-year resident in the Department of Psychiatry, Dartmouth Hitchcock Medical Center, Lebanon, N.H.

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The advertisement features a blue background with a faint image of a doctor's hands. At the top, the text 'ACADIA' is in small letters above the word 'physician' in a large, white, serif font. Below 'physician' is the phrase 'CAREER LINE' in a green, handwritten-style font. A white line diagram connects a central circle labeled 'CAREER' (with a building icon) to four other circles below it: 'EDUCATION' (with a caduceus icon), 'QUALITY' (with a heart icon), 'LEADERSHIP' (with a group of people icon), and 'GROWTH' (with an atom icon). Below the diagram, the text 'We have the following positions available:' is followed by a list of roles: 'Adolescent Psychiatrist | Adult Psychiatrist | General Psychiatrist | Geriatric Psychiatrist | Medical Director | Nurse Practitioner'. At the bottom, the website 'www.PhysicianCareerLine.com' is displayed in a green, bold font.

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Facebook Addiction: An Emerging Problem

Anindita Chakraborty, M.D.

As of July 2016, Facebook had more than 1.71 billion active users per month, with 1.1 billion log-ins every day (1). It has been estimated that the average American spends approximately 40 minutes per day on Facebook and that approximately 50% of 18–24 year-olds visit Facebook as soon as they wake up (1). The ubiquitous nature of Facebook has sparked a growing body of literature that suggests its addictive potential (2). The present article is a review of the literature on the emerging problem of compulsive Facebook use and its potential as an addictive disorder.

METHOD

A literature search was performed using PubMed and Google Scholar. The following search terms, as well as their derivatives, were entered: “Internet addiction,” “Facebook,” “social media,” “social networking sites,” “addiction,” “dependence,” and “addictive behavior.” The search on Internet addiction retrieved a large number of articles, and ultimately five were reviewed in depth. The search on Facebook and social media and addiction retrieved 58 articles, of which 25 were reviewed in depth. Fifteen of these articles focused on Facebook addiction.

ADDICTIVE BEHAVIOR ONLINE

The first attempts to study online addiction date back almost two decades, when Kimberly Young, one of the first researchers in the area, proposed diagnostic criteria for a phenomenon known as “Internet addiction” (3). Although not included in DSM-5, Internet addiction is thought to share some key traits with substance use disorder, such as tolerance, withdrawal, and negative repercussions (4). Today, Internet addiction is viewed as a spectrum of online addic-

tions, and compulsive Facebook use falls within that spectrum.

FACEBOOK ADDICTION

“Facebook addiction” is a term coined by researchers that is applied to individuals who engage in excessive, compulsive Facebook use for the purposes of mood alteration, with negative personal outcomes (5). In other words, a person with Facebook addiction may subjectively experience a loss of control while continuing to use Facebook excessively despite its detrimental effects on the individual’s life (6). However, excessive use may not be considered addictive unless it is compulsive; for example, one may spend long hours on Facebook for the purposes of work without being addicted (5). Because Facebook is currently the most popular social networking site, and empirical studies of Facebook use outweigh studies of other social networking sites (7), the present review focuses on the emerging problem of Facebook addiction.

Facebook allows users to create profiles and form connections with other users called “friends.” Friends may interact with each other by messaging and sharing photos, videos, or personal interests while traversing information about the activities of their friends and their friend’s friends. Users can enhance their profiles with a multitude of apps; for instance, users can play games, gamble, and generate polls, as well as integrate other social networking sites such as Twitter and Instagram. Facebook can also be used by professionals to market their services and connect with their audiences. Users are constantly notified of new online activity by a live news feed, which could encourage addiction by acting as classically conditioned cues on a variable interval reinforcement schedule (8).

As Facebook addiction is an emerging focus of study, current screening instruments have been designed based on measures of other behavioral addictions (5). Most of these scales are rooted in the six core components of addiction (9). For instance, the Bergen Facebook Addiction Scale is based on six items measured on a Likert scale, with each item reflecting a symptom of addictive behavior: 1) salience (“You spend a lot of time thinking about Facebook or planning how to use it”); 2) tolerance (“You feel an urge to use Facebook more and more”); 3) mood modification (“You use Facebook in order to forget about personal problems”); 4) relapse (“You have tried to cut down on the use of Facebook without success”); 5) withdrawal (“You become restless or troubled if you are prohibited from using Facebook”); and 6) conflict (“You use Facebook so much that it has had a negative impact on your job/studies”) (10). Although these scales have been independently psychometrically validated, factor analysis reveals inconsistencies in measurements, indicating lack of construct validity (5). This lack of consensus regarding the conceptualization and diagnosis of Facebook addiction is the main point of contention in this developing area of research.

PATHOPHYSIOLOGY

Addiction is associated with an imbalance between activity in two key brain systems: the impulsive amygdala-striatal system and the reflective inhibitory prefrontal brain system. In substance addiction, the amygdala-striatal system is hyperactive, resulting in intensified impulses for addictive behavior, whereas the prefrontal cortex is hypoactive, resulting in an inability to stop impulsive behaviors after they have been triggered (11). Turel et al. (12) examined the in-

involvement of these neural systems in Facebook addiction. Participants first completed a Facebook addiction questionnaire. Then, using a go/no-go paradigm with functional MRI, the researchers examined how these brain systems responded differently between Facebook signs and traffic signs and correlated addiction scores with brain activity. They found that both substance addiction and Facebook addiction were associated with hyperactivity in the amygdala-striatal system. However, Facebook addiction was not associated with alterations in prefrontal cortex activity, suggesting that individuals with Facebook addiction may have the capacity to stop their impulsive behavior (12). This pattern of hyperactive impulsivity and unchanged impulse inhibition is similar to that observed in Internet gaming addiction (13). Although this study is limited by its cross-sectional design, these findings suggest that Internet-based addictions and substance addiction have differing underlying pathophysiology.

RISK FACTORS

Facebook addiction is most commonly studied in college students and tends to have a female preponderance. Certain personality traits such as extraversion, narcissism, high levels of neuroticism, and lower levels of self-esteem correlate highly with compulsive Facebook use (10, 14). According to Caplan's social skill model, lonely, depressed individuals who develop preference for online means of interaction are prone to problematic Internet use (15). In line with this, researchers found a relationship between anxiety and depression and compulsive Facebook use (16), suggesting that individuals with poor psychosocial health may use Facebook as an escape from daily life. Moreover, Muench et al. (17) suggested that social insecurities, such as social comparison ("I feel that others have better lives than I do"), fear of missing out ("I feel I am missing out on enjoyable social interactions more than others"), and fear of negative social evaluation ("I worry about what other people think of me"), are associated with dysfunctional Facebook use. However,

KEY POINTS/CLINICAL PEARLS

- Facebook addiction is a behavioral addiction derived from Internet addiction that is characterized by excessive, compulsive use of Facebook.
- Risk factors of Facebook addiction include narcissism, extraversion, neuroticism, and social insecurity.
- Similar to other addictions, individuals with Facebook addiction can present with symptoms of tolerance, withdrawal, salience, conflict, and relapse.
- Treatment strategies for Facebook addiction include psychotherapy and pharmacotherapy to treat existing comorbidities.

there is no association between Facebook addiction items and the existence of positive offline social relationships, suggesting that Facebook addiction is driven primarily by social insecurity rather than a lack of positive social relationships (17).

CONSEQUENCES

When used in moderation, Facebook can facilitate relationships and improve self-esteem (18); however, maladaptive use can lead to negative life consequences. Facebook can be detrimental to academic performance, as Kirschner et al. (19) found that Facebook users have lower grade-point averages and spend fewer hours studying than non-Facebook users. Of those who reported that it had a negative effect on their academic performance, 74% stated that using Facebook to procrastinate made them feel like they were working (19). Compulsive Facebook use has also been shown to disrupt sleep. People scoring high on Facebook addiction scales report delayed bedtimes and rise times on both weekdays and weekends compared with people with lower Facebook addiction scores (10). The freedom of self-presentation can make Facebook users prone to presenting idealized versions of themselves online, and researchers have found that consuming large amounts of information about other people can elicit feelings of envy. That is, people who regularly use Facebook are more likely to agree that others have better lives than them and that life is unfair, whereas those who have a more active offline social life appear to have a more balanced view of other people's lives (20). Using the social

rank theory of depression, Tandoc et al. (21) argue that envy arising from competition for social status can make people vulnerable to depression. They found that feelings of envy triggered by using Facebook for surveillance predicted symptoms of depression, with surveillance referring to purposely consuming others' personal information (21). Furthermore, concerning romantic relationships, Elphinstone et al. (22) found a link between compulsive Facebook use and relationship dissatisfaction due to jealousy and surveillance behaviors.

TREATMENT

Currently, there are no specific treatment approaches for Facebook addiction, and therefore researchers suggest using strategies used to treat Internet addiction (6). Psychotherapeutic approaches include cognitive-behavioral therapy and multilevel counseling. In the former, clients are taught to cognitively restructure certain negative beliefs and catastrophic thinking, such as "everyone has better lives than I do." In the latter, clients are led through the stages of change using motivational interviewing while involving family and peers. Pharmacologic agents are generally chosen based on existing comorbidities, such as depression (6).

CONCLUSIONS

Facebook addiction is an emerging problem, and research on compulsive Facebook use is in an incipient stage. The majority of evidence is based on cross-sectional studies using self-reported data among populations confined to college

students. Thus, future research could employ more longitudinal study designs among more generalizable populations. Qualitative data may help in understanding users' expectations and symptoms on a day-to-day basis, and their empirical correlates can contribute to developing scales with construct validity. Until then, more research is needed to validate Facebook addiction as a clinically significant entity.

Dr. Chakraborty is a second-year resident in the Department of Psychiatry and Behavioral Neurosciences, Detroit Medical Center/Wayne State University, Detroit.

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Social Media and Web-Based Interventions as a Therapeutic Tool for Young Adults With Psychotic Disorders

Jihan A. Woods, M.D.

Instagram, Facebook, Twitter, and Snapchat represent a fraction of tools used by young adults to connect with the world. It is estimated that more than 90% of adolescents own or have access to a social media account (1). These forums are commonly used to solicit friendships, relationship advice, and even diagnose or inquire about diseases. Interestingly, people with psychotic symptoms have been demonstrated to use online social networking for establishing new relationships, maintaining relationships, and seeking online peer support (2). Thus, the Internet may be an avenue for therapeutic intervention for young adults with psychotic symptoms. In a cross-sectional descriptive survey of young adults with first-episode psychosis, participants were asked about their preferences regarding the use of technology for various types of mental health services. The top five technology-enabled services preferred by participants were medication information (96%), information on education, career, and employment (93%), decision-making tools pertaining to treatment and recovery (93%), reminders for appointments via text messaging (93%), and information about mental health, psychosis, and recovery in general (91%) (3).

Nonverbal communication is a critical feature of successful social interaction and interpersonal rapport (4). Patients with psychotic disorders may have difficulty forming and/or sustaining face-to-face relationships. They may pursue less intimate means of communication. A systematic review revealed that psychotic patients use the Internet more frequently than control groups for social networking and use social networking primarily for establishing new contacts,

re-connecting with people they had lost contact with, and finding/providing peer support (2). The interest and perceived need of treating psychosis with new technologies could prove to be an effective means to successfully treat patients with psychotic disorders.

The present case report is of a young man with first-episode psychosis whose social media profile revealed evidence of his mental deterioration.

CASE

“Mr. B” is a 23-year-old young man with a history of depression and anxiety. He was admitted voluntarily to the inpatient psychiatric unit after a failed attempt of suicide by hanging.

A chart review revealed that by age 18, the patient had progressive interpersonal difficulties resulting in profound social anxiety. He isolated from everyone, including family, and became depressed. One year prior to admission, he began using THC [tetrahydrocannabinol] and cocaine. He changed his name and exercised and dieted excessively, and he posted bizarre pictures and videos on social media.

While on the unit, the patient proudly provided his Instagram and YouTube handles so that he could show the treatment team his videos and pictures. The videos showed him dancing eccentrically to various types of music and talking about random and seemingly unconnected topics. He posted dozens of these videos within 1–2 months. The pictures of him suggested a depersonalized and disconnected gaze as he looked into the camera.

Initially, he resisted medication and grew more paranoid on the unit. Almost daily, he wrote multiple notes describing what he thought his treatment plan should be, and he requested printouts designed to educate him about recommended medications and his diagnosis of schizophrenia. After extensive psychoeducation, Mr. B agreed to start medication. By the time of his discharge, he displayed fair insight about his schizophrenia and showed good judgement by complying with treatment.

DISCUSSION

The above case is exemplary of a typical course in the development of schizophrenia. A slow, gradual prodromal phase preceded the patient's eventual psychotic state. His first episode of psychosis appears unique in that his online social media presence increased concurrently with his self-isolation. Similarly, a survey of adolescents and young adults ages 12–21 years old with psychotic disorders revealed that 67.5% of subjects noticed changes in their social media habits during symptom emergence, and 15% reported spending more time on social media (5).

During our care of the patient, he requested printed information daily about medications and schizophrenia. The patient, if given access to the Internet, would most likely have searched for the information by himself given his propensity to use social media. This raises the question: Can social media be used as a psychosocial instrument to improve the recovery process? A survey administered to 67 participants between the ages of 18 and 35 recruited from early intervention

KEY POINTS/CLINICAL PEARLS

- In recent years, the use of the Internet and social media has skyrocketed and is a potential conduit for therapeutic intervention for people with psychotic disorders.
- People with psychotic disorders such as schizophrenia typically struggle with face-to-face social interactions which may increase the likelihood of soliciting social connections online.
- Potential risks involved with social media and web-based interventions in the treatment of psychosis include misinformation, online bullying and lack of confidentiality and thus, psychoeducation by treating providers remains vital for patients and families.

psychosis programs expressed interest in using social media for receiving mental health-related services. YouTube was the most popular platform, with 85% of participants agreeing or strongly agreeing with the idea of using YouTube to obtain mental health information and support (3).

We know that for many patients psychosis and social withdrawal often present together. Social media platforms and web-based treatment interventions may help address social withdrawal by allowing patients with psychosis an indirect, less physically intrusive return to community, family, and peer interaction. Online technologies can deliver cost-effective, accessible, and time-unlimited support for patients who experience psychosis. A recent systematic review examined web-based interventions that included web-based psycho-education, moderated forums for patients and supporters, integrated web-based therapy, social networking, web-based cognitive-behavioral therapy, and virtual clinical monitoring for the treatment of schizophrenia-spectrum disorders (6). A majority of patients perceived web-based interventions as positive and useful, con-

tinuing to employ them during follow-up. There is a promising future for the use of online interventions in the treatment of psychotic disorders, as patients can build important therapeutic and peer support online.

It is important to identify risks and barriers associated with social media platforms and online interventions. Risks include lack of confidentiality, online bullying, and misinformation. Searching for information using search terms such as “I hear voices” and “Am I going crazy?” on popular modalities such as Google, Facebook, and Twitter could introduce patients to unmonitored chat forums that either stigmatize or normalize psychotic experiences (7). Barriers include lack of knowledge on how to search and utilize information on the Internet, as well as lack of interest, time, or resources (3).

In conclusion, there is little research on the efficacy of web-based interventions in the treatment of young people with first-episode psychosis or other psychotic disorders. The implementation of such interventions has exciting potential with the development of accessible, controlled, and safe online environments.

Dr. Woods is a fourth-year resident in the Department of Psychiatry, University of Texas Southwestern, Dallas.

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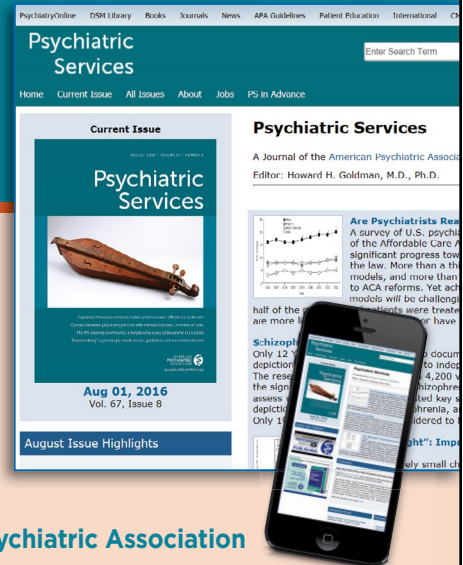
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Using Social Media to Identify Those With Mental Illness and Substance Use Disorders

Shawn E. McNeil, M.D.

The increasingly invasive nature of modern social media platforms presents a unique opportunity for identifying individuals at risk for mental illness. Social media allows individuals to create material and to choose with whom they wish to share it (1). Like scenes leaping to life from the pages of *A Midsummer Night's Dream*, the drama and passion in the lives of today's youths (and a growing number of adults) seem to jump from the edifices of their digital selves. These ideas, statements, links, and photographs sent out via social media comprise the digital persona of any given person.

Social media presents a unique platform for identifying and interacting with persons suffering from mental illness. Computer algorithms can scan online profiles, seeking out the digital signs and symptoms of mental health issues. For example, DrugAbuse.com examined over 3 million posts on the social media site Instagram that were related to various music festivals and examined them for references to drug use. It found that 43% of posts about the Electric Daisy Carnival contained references to ecstasy (methylenedioxymethamphetamine), and 82% of posts about Marley Fest contained references to marijuana (2). The direct correlation between music festival attendance and substance use disorder is a premature conclusion. However, the association may justify the use of targeted advertisements for substance use disorder treatment programs toward this population.

Crisis Text Line is a crisis intervention service that connects individuals struggling with problems such as suicidal ide-

We should seek
to understand the
significance of a
patient's interaction
with social media
when taking a
thorough history.

ation, addiction, sexual abuse, and eating disorders with counselors, who field their text messages and help them navigate difficult situations. Data from the millions of texts received reveal trends that could be used to predict the likelihood of certain behaviors among persons reaching out for professional help. Thirty percent of texts this service receives are about suicide and depression. Language used in the texts may correlate with certain behaviors such as substance abuse or self-injurious activity (3).

Although social media can be used to reach out to those with mental illness, we know that technology can also exacerbate crises. The "Werther effect," also referred to as "contagion," is a term describing the genesis of suicidal behavior spawned by media reports (4). This is an interesting phenomenon that should be addressed when clinicians are screening patients for suicide risk. Social media will affect the majority of our patients, such that we should hope to clarify its role as part of our social history taking.

As mental health clinicians, we need to be aware of the connection between social media and human behavior. Scientists should be able to harness the predictive potential of these technologies in identifying those most vulnerable. We should seek to understand the significance of a patient's interaction with social media when taking a thorough history. Future research should focus on the development of advanced algorithms that can efficiently identify the highest-risk individuals. Additionally, research into the effectiveness and appropriateness of various interventions should be done to guide clinicians and public health officials in finding the best way to engage these patients.

Dr. McNeil is a first-year child and adolescent psychiatry fellow in the Department of Psychiatry, LSU Health Sciences Center, Shreveport, La.

The author thanks Spencer Hansen, M.D., for insightful guidance on this commentary.

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Social Media and the Sexualization of Adolescent Girls

Stephanie V. Ng, M.D.

While concern about sexualization of adolescent girls is not new, social media has amplified age-old pressures for teenage girls to conform to certain sexualized narratives, as well as opened up new and uncharted ways for them to do so.

Within a developmental period in which peer relationships are paramount and teens seek to differentiate between the “in group” and “out-group,” social media is perfectly positioned to intensify and shape identity formation. A recent book by Nancy Jo Sales, *American Girls: Social Media and the Secret Lives of Teenagers*, provides a snapshot. Based on interviews with more than 200 adolescent girls, Sales concludes that social media often reinforces a culture of sexism and misogyny (1). Adolescent girls are subjected to unasked-for penis pictures, pressured to send nude photographs that then get disseminated to entire social networks (while failure to comply might lead to sexual rumors or other forms of shame), and compete with other girls to garner “likes” online, often by portraying themselves in sexualized ways or belittling other girls online (1).

Emerging empirical research also corroborates the notion that while sexualization of females is rewarded online (usually by males), females are also punished for these same displays and are quick to be labeled by other female peers as “sluts” or “skanks”(2). This perpetuates sexual double standards that reinforce gender stereotypes. A review of research on media and sexualization notes that the effects of social media on females is still in its infancy, but it is hypothesized that because social media features peers (rather than celebrities), exposure may generate even more social

For psychiatrists and other mental health workers, understanding adolescents’ use and perception of social media is an important component of understanding their world.

comparison and body shame than traditional media (3).

In examining the effects of sexualization of girls, the American Psychological Association Task Force on the Sexualization of Girls detailed a number of negative effects, including decreased cognitive functioning (e.g., impaired ability to concentrate), worsened physical and mental health (e.g., eating disorders, low self-esteem, depression), unrealistic expectations about sexuality, and reductionist beliefs of women as sexual objects (4).

For psychiatrists and other mental health workers, understanding adolescents’ use and perception of social media is an important component of understanding their world. A systematic review found that estimates of “sexting” (i.e., sending and/or receiving photos or texts of a sexual nature) among adolescents range from about 10% to 25% of adolescents sending sexts, while 15%–35% have received sexts (5). Social media

differs from more traditional forms of media in how easily accessible it is (often away from parent supervision) and how widely disseminated information can be, with limited ways of reversing course and little to no control over who is privy to it.

Awareness and social media literacy are important not only for professionals but also for parents of both genders. Families should be encouraged to have open conversations with their adolescents about their online activities and discuss issues like respect and gender and sexual identity, as well as collaborate with their children to balance safety and emotional well-being with healthy identity experimentation during adolescence.

Dr. Ng is a third-year resident in the Department of Psychiatry, Yale University, New Haven, Conn.

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2. **History of Psychiatry:** Provides a historical perspective on a topic relevant to psychiatry. Limited to 500 words and five references.
3. **Treatment in Psychiatry:** This article type begins with a brief, common clinical vignette and involves a description of the evaluation and management of a clinical scenario that house officers frequently encounter. This article type should also include 2–4 multiple choice questions based on the article's content. Limited to 1,500 words, 15 references, and one figure. This article type should also include a table of Key Points/Clinical Pearls with 3–4 teaching points.

4. **Clinical Case Conference:** A presentation and discussion of an unusual clinical event. Limited to 1,250 words, 10 references, and one figure. This article type should also include a table of Key Points/Clinical Pearls with 3–4 teaching points.
5. **Original Research:** Reports of novel observations and research. Limited to 1,250 words, 10 references, and two figures. This article type should also include a table of Key Points/Clinical Pearls with 3–4 teaching points.
6. **Review Article:** A clinically relevant review focused on educating the resident physician. Limited to 1,500 words, 20 references, and one figure. This article type should also include a table of Key Points/Clinical Pearls with 3–4 teaching points.
7. **Drug Review:** A review of a pharmacological agent that highlights mechanism of action, efficacy, side-effects and drug-interactions. Limited to 1,500 words, 20 references, and one figure. This article type should also include a table of Key Points/Clinical Pearls with 3–4 teaching points.

8. **Perspectives in Global Mental Health:** This article type should begin with a representative case or study on psychiatric health delivery internationally, rooted in scholarly projects that involve travel outside of the United States; a discussion of clinical issues and future directions for research or scholarly work should follow. Limited to 1,500 words and 20 references.
9. **Arts and Culture:** Creative, nonfiction pieces that represent the introspections of authors generally informed by a patient encounter, an unexpected cause of personal reflection and/or growth, or elements of personal experience in relation to one's culture that are relevant to the field of psychiatry. Limited to 500 words.
10. **Letters to the Editor:** Limited to 250 words (including 3 references) and three authors. Comments on articles published in the *Residents' Journal* will be considered for publication if received within 1 month of publication of the original article.
11. **Book and Movie Forum:** Book and movie reviews with a focus on their relevance to the field of psychiatry. Limited to 500 words and 3 references.

Upcoming Themes

If you have a submission related to the themes shown at right, contact the Section Editor listed below the topic.

Please note that we will consider articles outside of the theme.

If you are interested in serving as a **Guest Section Editor** for the *Residents' Journal*, please send your CV, and include your ideas for topics, to Katherine Pier, M.D., Editor-in-Chief (katherine.pier@mssm.edu).

Mental Health of Healthcare Providers

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