THE IMPACT OF SOCIAL MEDIA ON MENTAL HEALTH: A MIXED-METHODS RESEARCH OF SERVICE PROVIDERS’ AWARENESS

Sarah Nichole Koehler

Bobbie Rose Parrell

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THE IMPACT OF SOCIAL MEDIA ON MENTAL HEALTH: A MIXED-METHODS
RESEARCH OF SERVICE PROVIDERS' AWARENESS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Sarah Nichole Koehler
Bobbie Rose Parrell
June 2020
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Approved by:

Dr. Rigaud Joseph, Faculty Supervisor, Social Work
Dr. Armando Barragán, MSW Research Coordinator
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ABSTRACT

The relationship between heavy use of social media and an increase in mental health disorders has long been established. However, there is a gap in the literature regarding mental health practitioners/providers’ responses to this issue. This mixed-methods research embraced two theoretical perspectives—Ecological Model and Generalist Intervention Model—toward determining the extent to which mental health practitioners/providers assess for the impact of heightened use of social media on mental health. Qualitative and quantitative data were collected from 95 mental health practitioners (N = 95) via Qualtrics. Non-parametric tests and descriptive statistics showed that prior training, agency’s values, and credentials impact mental health practitioners’ responses to social media use and its impact on mental health. Meanwhile, qualitative findings pinpointed low self-esteem, increased depression, and increased anxiety as three psychiatric conditions associated with uncontrolled use of social media. Implications of these findings for theory, research, social work practice, and social work education were discussed.

Keywords: heightened social media use, mental health, ecological model, generalist practice model, mixed-methods research, social work practice
ACKNOWLEDGMENTS

The researchers would like to acknowledge and extend our deepest appreciation for the support provided by Dr. Armando Barragán, Dr. Rigaud Joseph, and all others who have provided extra encouragement throughout this research project over the past two years. Additionally, each researcher would like to extend gratitude to one another for continuously pushing, encouraging growth, and for the dedicated time spent on this project. Last but not least, the researchers would like to acknowledge our amazing cohort who consistently provided laughs in hard times, encouragement in low times, and smiles along the way.
DEDICATION

I would like to dedicate this research to the inner child that lives in all of us. The one that says, “Go dance through the meadow” and is silenced by the voice that says, “But you don’t know what’s in there. That can be dangerous”. In the meadow is where there is freedom, joy, and growth. I’m so thankful for everyone that strengthened the voice of my inner child and has taught me about the beauty of dancing in the meadow.

“You make me STRONG and BRAVE.” -Psalm 138:3

Sarah Koehler

I would like to dedicate this research paper to my family, friends, and loved ones. A special acknowledgment to my significant other, Donnie, for always providing words of encouragement and laughter during stressful times. I would like to also dedicate this research to the graduating class of 2020 and MSW cohort for persevering through the many changes and challenges our last quarter brought. We did it!

“Don’t use social media to impress people; use it to impact people.” -Dave Willis

Bobbie Parrell


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CHAPTER ONE
PROBLEM FORMULATION

Introduction

With the continuing technological advancements, social media—also known as social networking—has become the most popular form of communication and interaction between people of all ages throughout the world. Social media (SM) is a way to communicate and share content through various technological platforms (Kaplan & Haenlein, 2010) such as Facebook, Instagram, Twitter, Snapchat, Tumblr, etc. Research on the growing popularity of social media use has found that nearly 8 in 10 Americans use social media, which amounts to a total population basis of 68% on Facebook, 21% on Twitter, 25% on Pinterest, and 26% on Instagram (Greenwood et al, 2018). Statistics show that the extent of time people spend on social media sites amount to significantly high rates. On average, 28% of the time spent using the internet is for social media interaction (Huang, 2018).

There are some benefits associated with social media use. These include—but are not limited to—awareness and destigmatizing mental health, additional access to resources, and a platform for individuals to relate to one another regarding their mental health symptoms while using the apps (Lattie et al., 2019). Social media can also serve as a positive outlet to reduce the potential barriers individuals of all backgrounds face when living with a mental health diagnosis (Andrews et al., 2018). However, the literature contains several studies
that link social media use with several psychiatric disorders, including depressive symptoms, anxiety, and low self-esteem (Lin et al., 2016; Pantic, 2014). Users of social media may experience bullying, shaming, negative responses to their posts. These users may also experience discomfort due to comparison of their self-image and life satisfaction to other users (Belluomini, 2015). Additionally, negative social media behaviors can cause isolation, depression, and mood changes based on negative content users see while scrolling (Belluomini, 2015).

With an increase in the use of social media over the last decade, it is important to assess any impact social media might have on mental health. There is as yet is little action implemented by the mental health professionals regarding the implications of social media for mental health. Additionally, there has been minimal research done regarding the knowledge and preparedness of mental health clinicians to address the impact of heavy social media use on the clients' mental health.

Social media’s impact on mental health complicates social service delivery on the micro level due to the significant growth of mental health symptoms. As more individuals are presenting with anxiety, depression, low self-esteem, etc. due to their social media use, increased service providers are needed. Mental health service providers need to be aware of social media’s impact on mental health to better serve individuals affected by this issue. There is also a need for further training on how to assess for social media use and the potential impacts
on mental health. Having an increased understanding of the impacts of social media use will lead to more efficient and effective treatment for clients.

Purpose of the Study

The purpose of this study is to explore mental health practitioners’ awareness/knowledge of the possible impacts heightened social media use can have on clients’ mental health. This study also explored how that knowledge/awareness (or lack thereof) influences the therapeutic process. This study addressed the following four questions:

1) Is there a difference in the level of social media contents in assessments and therapeutic sessions between agencies that are proactive on the impact of heavy use of social media and those that are not?

2) What is the level of awareness about the negative impact of heavy use of social media on mental health among mental health practitioners?

3) How do mental health practitioners who completed some training on social media compare to their non-trained counterparts with regard to knowledge about the impact of social media on mental health?

4) What is the proportion of mental health practitioners who believe in a monotonic correlation between heavy use of social media and adverse mental health consequences?
Significance of the Project for Mental Health Practice

The proposed study is essential due to the limited number of research studies conducted on how mental health practitioners are responding to increased social media use and the impact on mental health. The observation of a technological society has brought to question what the impacts of high social media use are on a client’s mental health. As society evolves into a digital culture, mental health practitioners need to be prepared to screen clients for possible negative side effects of heavy social media.

The findings of this study will have implications for the field of social services by identifying gaps in service provision, assessment, and treatment planning with respect to social media’s impact on mental health. The findings may lead to updates in a clinician’s approach to assessing the client’s concerns and developing a treatment plan to address treatment goals. Although this study’s main emphasis is on the micro-level (interaction between clinicians and clients), the findings may contribute to social service provision on a macro level by updating service accessibility and policies regarding social media outlets.
CHAPTER TWO
LITERATURE REVIEW

Introduction

This chapter will serve as an overview and examination of prior research conducted on heavy social media use and its impact on mental health. The subsections in this chapter will include the prevalence of social media usage, lack of social media use recognizable as a mental health diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM), mental health education through social media, and current treatment gaps. The final subsection will examine system theory and integrative theory, which is relevant to the research topic.

Social Media Impact on Mental Health

The Mental Health of America (2018) has estimated that over 44 million American adults have a mental health condition. The statistics of youths experiencing mental health conditions, such as major depressive disorder, continues to rise in high rates yearly (Mental Health of America, 2018). Mental health in the United States continues to increase, and the amount of time Americans spend using social media is also on the rise. To reiterate, on average, Americans spend 28% of the time using the internet for social media interaction (Huang, 2018). Multiple studies have found social media use as a contributing link to various mental health symptoms associated with depression, anxiety, low
self-esteem, and negative well-being (Ashford, 2017; Hardy & Castonguay, 2018; Hussain & Griffiths, 2018). These studies find that social media has a direct impact on mental health and well-being through the pure nature of content and interaction found while using social media sites. Although most studies find that youth populations are at most risk, adults are also associated with high mental health symptoms related to social media use.

Ashford (2017) found that individuals may experience feelings of social isolation, depression, insecurity, jealousy, and poor self-esteem while using social media. Some individuals develop cognitive distortions when comparing their lives to other users’ content, which may lead to feelings of sadness and depression (Ashford, 2017). Some examples include comparing users’ number of likes and followers, feeling left out for not being invited to events, and comparing grandiosity pictures to one’s photos. As a result, social media has a higher rate of affecting vulnerable populations, like those who suffer from mental health diagnosis and have the potential to cause mental health symptoms to surface.

Meanwhile, with social media being universal, access to anyone around the world has become unlimited. While social media has brought new ways of communication, new opportunities for bullying have also emerged, such as cyberbullying. Cyberbullying can have immense negative impacts through users taking cyberbullying so far that the victim commits suicide. Lowry et al.’s (2016) work highlighted the real dangers and negative outcomes of cyberbullying: 13-year-old, Megan, was cyberbullied on social media by a catfished “cute boy” who
turned out to be an adult female named Lori. Lori, impersonating a fake boy named Josh created a strong friendship with Megan. The friendship ended when Josh called her names, such as "liar and slut" online. Megan committed suicide after receiving the last message, "you are a bad person, and everyone hates you," "the world would be a better place without you."

While cyberbullying has been found to mostly affect adolescents (Gannett, 2013), research shows that adults can be impacted by this phenomenon as well. Using social media, Kowalski (2017) conducted a study of cyberbullying in the workplace and found that out of 3,666 participants, 30% report being victimized and cyberbullied in the workplace.

Social Media and Mental Health Education

Mental health access and engagement is one of the main barriers mental health practitioners run into when trying to reach vulnerable at-risk populations who suffer from mental health diagnosis. Research demonstrates that these barriers attribute to a lack of knowledge about symptoms and features of the illnesses and avoidance in seeking treatment due to individual and public stigma and discrimination (Henderson et al., 2013). While social media may impact mental health for some individuals negatively, there are specific ways mental health practitioners are utilizing social media platforms to address these barriers in access to mental health care. Social media is a potentially useful tool used by practitioners to engage and access unreachable populations to bring mental
health awareness, education, and support to those suffering from severe mental health illnesses (Naslund & Riefer, 2018).

Using Twitter as an online platform, Naslund et al. (2017) conducted a survey on people’s preferences on receiving education and tools to deal with mental health symptoms through social media. The results of the survey indicated that 85% of respondents favored receiving mental health programs through social media, 72% for understanding health and welfare, and 90% prefer turning to social media to gain new ways to cope with mental health symptoms. Additionally, mental health practitioners can utilize social media to raise awareness about risks such as privacy, safety, cyberbullying, stigma, and discrimination (Naslund et al., 2017). Grove (2019) also found that social media could serve as a tool by family members seeking information to gain more education about a loved one mental illness.

Diagnostic and Statistical Manual Void for Diagnosis and Treatment

As previously demonstrated, there has been a significant increase in social media use and the negative effects on an individual’s mental health. Although the extent of this problem has only been studied within the last decade, there is evidence that heavy social media use, or social media addiction, is a prevalent mental disorder that requires treatment (King et al., 2011; 2012; Pantic, 2014; Young, 2009). The most updated version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) does not recognize social media addiction as a diagnosis. This creates a barrier in service provision as there are no criteria
in the DSM-5 to help guide mental practitioners in treating symptoms of heightened social media use. Yet, there is a section in the DSM-5 regarding conditions for further study which includes internet gaming disorder, with several proposed symptoms that are argued to fit that of social media addiction (Ashford, 2017; Fairburn et al., 2019; Gregory, 2019). Some of these proposed symptoms include constant thinking about internet games, irritability, anxiety or sadness when limited access to internet games, and using internet games as a way to escape from difficult emotions (DSM, 2013). Griffiths and Szabo (2013) explained that internet addiction is not merely being addicted to the internet, but rather, different online tasks which can include social media.

Several researchers have found that due to the lack of a standardized approach and definition of the problem, research that has occurred regarding the prevalence and treatment of the problem may be skewed (King et al., 2012). There is a push for the inclusion of a diagnosis or common language in the DSM-5 regarding social media addiction (King et al., 2012; Young, 2009). The inconsistent language in the DSM-5 is a hindrance to treatment because a clinician may neglect asking questions regarding social media use or experience difficulty differentiating normal and healthy social media use versus compulsive and addictive social media use (King et al., 2012; Young, 2009).
Theories Guiding Conceptualization

**Ecological Model**

This research embraced the Ecological Model as guiding framework. Urie Bronfenbrenner developed the Ecological Model in 1979. In this model, Bronfenbrenner identified five systems that affect an individual’s behavior throughout the lifespan: microsystem, mesosystem, exosystem, macrosystem, and chronosystem. The microsystem pertains to factors at the individual level; the mesosystem relates to factors at the family/school level; the exosystem deals with community factors such as workplace and neighborhood; the macrosystem explains factors such policy, and social media (Bronfenbrenner, 1979). Bronfenbrenner’s Ecological Model is popularly known in social work as the Person-in-Environment Perspective or Systems Theory.

Utilizing a Systems Theory approach in mental health can provide important information about an individual’s emotions and motivations as related to system dynamics. This perspective provides insights into how individual's behaviors are shaped by the larger social context or system of social media. This theory will guide the research by looking at social media as part of a system that can influence mental health symptoms and behaviors. This theory may explain why there is a correlation found in heavy social media use and mental health.

Analyzing the Systems perspective through mental health practitioners, this theory explains the importance of understanding the influencing factors social systems can have on individuals. Using the Systems theory in the
treatment of mental health requires that an individual be looked at holistically with consideration of the complexities that make up the world around him/her. When providing mental health treatment, the mental health practitioner needs to complete an assessment that determines the presenting problem, which includes cause for treatment, when symptoms began, what are possible influencers of the symptoms, and other factors. For this study, Systems theory addresses the need for practitioners to assess for all potential causes of mental health symptoms, including the use of social media.

**Generalist Intervention Model**

Another framework guiding this research is the Generalist Intervention Model (GIM). The GIM was developed over decades of social work practice dating back to the formation of social work. The model focuses on evaluating environmental stressors through the micro, mezzo, and macro levels while providing intervention to help clients return to homeostasis and improve overall well-being (Ebear et al., 2008). Thus, this model places importance on mental health practitioners’ ability to think critically about the environment and systems closest to a client to gain a deeper knowledge and understanding of how those systems or environments may be involved in the identified issue or concern.

The model focuses on seven key areas of intervention for mental health practitioners to support and guide clients in obtaining problem-solving skills while protecting the client’s right to self-determination such as engagement, assessment, planning, intervention, evaluation, and treatment. This model may
provide insight into the impacts of heavy social media use on mental health and provides mental health practitioners deeper knowledge and understanding of its effects on mental health when applying this model in assessment and treatment. This perspective encourages clinicians to consider the client’s environment and social influences, such as social media, and explore the client’s mental health. This theory provides a strong framework for mental health practitioners to evaluate a client's amount of social media use and its effects on mental health symptoms or behaviors the client may be exhibiting. Lastly, using this perspective as a conceptual guide to this research project will allow the researchers to consider what environmental impact and social factors are influencing clinicians’ assessment and treatment of individuals with mental health concerns that may become a result of social media use. In other words, the GIM itself can serve as an assessment-based tool for mental health practitioners to gain insight and knowledge of social media impact on the clients’ mental health.

Critical Analysis of the Theories Guiding This Research

The researchers used Joseph & MacGowan's Theory of Evolution Scale (TES) to assess the quality of the theories in this research. The TES assesses theories through nine separate criteria: coherence, conceptuality, conceptual clarity, philosophical assumptions, historical roots, testability, empirical support, boundaries, interactions between people and their environment, and human agency within the environment (Joseph & MacGowan, 2019). The TES includes a rating scale of 1-5 (1 being the lowest and five being the highest) with a total
score ranging from 9 to 45. The scoring scale ranges from 1-10= Poor; 10-19= Fair; 20-29= Good; and 30-45= Excellent.

Under the lenses of the TES, both the Systems Theory and the GIM produced an excellent quality score, in the shape of 35 and 41, respectively. Table 1 details the scoring for both the Systems Theory and the GIM under the TES. Hence, this research relies on high-quality theories to assess mental practitioners’ knowledge about the impact of social media on mental health.

Summary
The correlation between an increase in mental health symptoms and increased social media use has been proven in the literature. These mental health symptoms include—but are not limited to—isolation, insecurity, poor self-esteem, anxiety, and depression. Although there have been many studies supporting the negative impact of social media, there are also benefits. Because of the universal access to social media, mental health providers can use social media as a medium to provide mental health education and treatment. However, certain barriers exist for treatment because there is not enough research done to include a diagnosis into the DSM-5. While negative impacts and benefits exist with the increased use of social media, there requires a response by mental health professionals. This study will use Systems Theory and The Generalist Intervention Model as the framework to assess how/if mental health providers are considering the impact of social media on the client’s mental health in the assessment and treatment phases of mental health treatment.
Table 1. Critical Analysis of Study Theoretical Perspectives with Joseph and MacGowan’s (2019) Theory Evolution Scale (TES)

<table>
<thead>
<tr>
<th>Item</th>
<th>Criteria</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The theory has coherence.</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>The theory has conceptual clarity.</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>The theory clearly outlines and explains its philosophical assumptions.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>The theory describes its historical roots in connection with previous research.</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>The theory can be tested and proven false via observational and experimental methods.</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>The theory has been critically tested and validated through empirical evidence.</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>The theory explains its boundaries or limitations.</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>The theory accounts for the systems within which individuals interact with people around them.</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td>The theory recognizes humans as active agents within their environment.</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Overall score</td>
<td>35</td>
</tr>
</tbody>
</table>

**Theory quality based on overall TES score:** Excellent for both theoretical perspectives

*Systems Perspective
**Generalist Intervention Model
CHAPTER THREE

METHOD

Introduction

This provides a detailed account of the methods and steps taken regarding how this study was conducted. Specifically, this chapter focuses on the design of the study, sampling methods, instrument construction, data collection procedures, protection of human subjects, research hypotheses, and data analysis.

Study Design

The researchers used a mixed-methods approach toward assessing whether mental health providers are aware of social media’s impact on mental health. The quantitative portion of the study was descriptive in design, while the qualitative piece pertained to the Grounded Theory methodology. This mixed-method survey subjected participants to both open and closed questions, allowing them to contribute their thoughts, instead of limiting them to a specific range of answers. With the limited research regarding mental health practitioner’s response to the increase of mental health symptoms, the mixed-methods design provided a platform to identify barriers, insight, and possibly future feedback for mental health education. A limitation of this research design is that with mixed-method surveys, some participants may not have provided as much information in the open-ended questions, as that required more effort and time. The
researchers have limited the number of qualitative questions to help mitigate this limitation.

Sampling

This study used non-probability sampling, including both purposive sampling and snowball sampling of mental health practitioners that are completing assessments and treatment of individuals that have mental health symptoms. The researchers approached mental health practitioners within their network, who then approached other practitioners within their network. Additionally, the researchers will solicited participants through a social media group called “The Life of Social Work” within the network of Facebook. Selection criteria included area of expertise, populations served, level of education, and age. All participants must be 18 or older. The final sample consisted of 95 participants. Demographic characteristics of the participants are provided in the “Results” section.

Data Collection and Instruments

Given the exploratory nature of the study, the researchers developed a survey to collect demographic characteristics and information pertaining to the purpose of the study. The survey quantitatively and qualitatively assessed for (1) practitioners’ knowledge about the impact of social media on mental health, (2) practitioners’ belief about the impact social media has on mental health, (3) the incorporation level of social media contents in assessment, and (4) the
incorporation level of social media contents in therapeutic sessions. The questionnaire encompassed relevant open-ended, closed-ended, and fill-in-the-blank questions. Please see Appendix A for the complete list of questions on this study. The survey was administered during the Winter 2020 Quarter, between January and March.

**Procedures**

Researchers collected survey data for this research through Qualtrics. The surveys were targeted to reach the specific population of mental health practitioners who work closely with individuals suffering from mental health diagnoses and symptoms to understand better the impact that social media has on mental health. Surveys were administered through a social media group called "The Life of Social Work" within the network of Facebook. This Facebook group consists of over 12k mental health practitioners all over the United States and some in other countries such as Canada and Europe regions. Survey participation of these group members provided a great deal of information on the perceptions and current assessment process on heavy social media use on the national, state, and local levels. The researchers also utilized professional contacts through known networks and by current employment and past professors within the social service field. The researchers requested that the survey participants recruit other mental health practitioners to complete the online survey by utilizing a snowball technique to gather more data.
Protection of Human Subjects

The Institutional Review Board of California State University San Bernardino approved this study in Fall 2019. The researchers made the protection of human subjects the centerpiece of this researcher. The online survey contained a disclaimer about the voluntary nature of participation in the study and the appropriate steps the research team will take to preserve of the confidential of the data. Additionally, participants were fully informed on the parameters of the research study and reasons for conducting the specific research before participation. The survey was solicited by a Facebook post with a provided link to the research or through an email link to voluntary participants. Demographic information was limited to non-identifiable data, so there was no possibility of researchers to identify participants. Nonetheless, a disclaimer of general information collection such as age, sex, current position, and years in the field was collected but remained confidential (please see Appendix B for information about the informed consent used for this study). The researchers stored all completed surveys on a password/fingerprint protected computer. Only the research team has had access to the data. The researchers will destroy the files one year after the completion of the study.

Study Variables

Dependent Variables

This study had four dependent variables. The first of the dependent variables was practitioners’ knowledge about the impact of social media on
mental health. The following question captured this variable: On a scale from 0-10 (not at all knowledgeable to extremely knowledgeable) where do you rate your knowledge about social media impact on mental health? The second dependent variable was a binary one that measures practitioners’ belief about the impact of social media on mental health. A nominal one as well, the dependent variable looked at the incorporation level of social media contents in assessment. Participants were asked, “do you incorporate social media use during mental health assessments?” in which participants were able to answer “yes” or “no”. The final dependent variable measured incorporation level of social media contents in therapeutic sessions using the following scaling question, “On a scale of 0-10 (0 rating meaning never and 10 rating meaning always), how often does the topic of social media arise during individual sessions?”

**Independent Variables/Predictors**

There were eight categorical predictors in this research: race/ethnicity, gender, age, region, education, experience, training, and value. For the independent variable of race/ethnicity, the researchers divided participants between Whites and non-Whites (the latter group includes Asian Americans, African Americans, bi-racial individuals, and Hispanics). Gender reflected participants who reported being male or female. Regarding age, participants were divided into two groups: 18 to 34 and 35 or older. Education discriminated between board certified/licensed practitioners and non-licensed practitioners. Respondent with Under 5 years of experience were compared to those with 5
years of experience or more. When considering a participant’s history of training, participants were able to answer a simple “yes” or “no” if participants had received training regarding social media’s impact on mental health. The final independent variable is value. This variable considers the value an agency places on incorporating social media use into mental health assessment and treatment. Participants were asked to answer “yes” or “no” in response to whether or not the agency valued integrating social media use into mental health practices.

Hypothesis

To answer the questions in this study, the researchers formulated the following hypotheses:

- **Hypothesis I:** *The proportion of mental health practitioners who believe in a monotonic correlation between heavy use of social media and adverse mental health consequences will be superior or equal to 75 percent.*

- **Hypothesis II:** *There will be a high level of awareness (at least 75 percent) about the negative impact of heavy use of social media on mental health among mental health practitioners.*

- **Hypothesis III:** *Mental health practitioners who completed some training on social media will have greater knowledge about the impact of social media on mental health as opposed to their non-trained counterparts.*
• Hypothesis IV: There will be a statistically significant difference in the level of social media contents in assessments between agencies that are proactive on the impact of heavy use of social media and those that are not.

• Hypothesis V: There will be a statistically significant difference in the level of social media contents in treatment between agencies that are proactive on the impact of heavy use of social media and those that are not.

Data Analysis

For the quantitative portion of this mixed-methods study, the researchers analyzed the data through IBM SPSS 26.0. Due to the non-normal distribution of the data, the researchers ran two non-parametric tests: Man-Whitney U Test and Spearman Correlation Test. These tests measured allowed the researchers to validate or refute the study hypotheses. For its qualitative portion, this study used thematic analysis, a process through which participants’ answers are coded and then clustered based on similarity to form themes.
CHAPTER FOUR

RESULTS

Frequency Distributions

Table 2 presents the demographics for the 95 participants of this study. Findings within this table show that three quarters of the participants identified as White, leaving a quarter of the participants non-White. A majority of the participants of this study were female, with very few male respondents. With regard to age group, two-thirds of the participants were between 18 and 34 years old. Participants that were licensed made up one-third of the responses, whereas two-thirds of participants were non-licensed. A little less of a quarter of the participants lived in California while a little more than three-quarters resided outside of California. A little more than a quarter of participants have received training on the impact social media has on mental health. Finally, a quarter of participants agreed that their agency values the integration of social media and mental health. For further breakdown, refer to Table 2:
Table 2. Frequency Distributions of Study Variables (N = 95)

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
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<tr>
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<td><strong>Gender</strong></td>
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<td>18-34</td>
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<td>67.4</td>
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<tr>
<td>35 and over</td>
<td>31</td>
<td>32.6</td>
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<td><strong>Education</strong></td>
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<td></td>
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<td>Licensed Clinicians</td>
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<tr>
<td>Non-Licensed Clinicians</td>
<td>63</td>
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<td><strong>Years in Practice</strong></td>
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<tr>
<td>5 years of experience or more</td>
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<td>Less than 5 years of experience</td>
<td>47</td>
<td>49.5</td>
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<td></td>
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<tr>
<td>Inside California</td>
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</tr>
<tr>
<td>Outside California</td>
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<td></td>
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<tr>
<td>No</td>
<td>73</td>
<td>76.8</td>
</tr>
</tbody>
</table>
Presentation of the Findings

Quantitative Findings

Hypothesis I. Due to the increased mental health symptoms associated with heightened social media use, the researchers hypothesized that the proportion of mental health practitioners who believe in a monotonic correlation between heavy use of social media and adverse mental health consequences would be superior or equal to 75 percent. Figure 1 details that all 95 participants answered “yes” when asked about their belief regarding social media’s impact on mental health, proving Hypothesis I to be true.

Figure 1. Belief of Social Media Impact on Mental Health
Hypothesis II. Similar to yet different form Hypothesis I, Hypothesis II predicted a high level of awareness (at least 75 percent) about the negative impact of heavy use of social media on mental health among mental health practitioners. Figure 1 details how participants rated their level of awareness about the negative impact heavy use of social media has on mental health. Slightly half of the participants rated themselves to have minimal/somewhat knowledge, while the other half are average/very knowledgeable. The majority of respondents (around two-thirds) identified as having moderate knowledge of the impact social media has on mental health, whereas less than one-fourth of participants rated themselves as very knowledgeable and the remaining respondents rated themselves as minimal. Hence, Hypothesis II was not supported.

Figure 2. Knowledge of Social Media Impact on Mental Health
Hypothesis III. Table 3 details the findings for the Mann-Whitney Test with respect to the relationship between mental health practitioner’s prior training and the knowledge mental health practitioners have regarding the impact social media has on mental health. As indicated in Table 3, there was a statistically significant difference in the amount of knowledge about social media’s impact on mental health when comparing mental health practitioners who completed some training on social media to their non-trained counterparts ($Z = -3.353, p < .001$). The size of the relationship between prior training and knowledge was moderate ($r = .34$). In other words, prior training explained 12 percent of the variance in the dependent variable ($r^2 = .12$). Hence, Hypothesis III was supported.

Since Mann-Whitney U Test does not allow the simultaneous analysis of variables, the researchers ran separate tests to control for the other predictors. As exhibited in Table 3, only education yielded a statistically significant relationship with the dependent variable [knowledge a mental health practitioner had about social media having an impact on an individual’s mental health] ($Z = -2.469, p < .014$). The strength of the relationship between the level of education and social media knowledge was minimal to moderate ($r = .25$). This also means that education explained 6 percent of the variance in the dependent variable ($r^2 = .06$).
Table 3. Knowledge of Social Media Impact on Mental Health

<table>
<thead>
<tr>
<th>Variables</th>
<th>2-tailed α*</th>
<th>Z-Score</th>
<th>r</th>
<th>$r^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>.125</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>.948</td>
<td>-.065</td>
<td></td>
<td></td>
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<tr>
<td>Age</td>
<td>.473</td>
<td>-.717</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>.014</td>
<td>-2.469</td>
<td>.25</td>
<td>.06</td>
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<tr>
<td>Years in practice</td>
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<tr>
<td>Region of practice</td>
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<td></td>
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<tr>
<td>Prior training</td>
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<td>.34</td>
<td>.12</td>
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<tr>
<td>Agency values</td>
<td>.198</td>
<td>-1.289</td>
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<td></td>
</tr>
</tbody>
</table>

*Alpha level ($p < .05$)

Asymptotic significance results for variables in Mann-Whitney U Test ($N = 95$)

Hypothesis IV. Table 4 details the findings for the Mann-Whitney Test with respect to the relationship between an agency social media culture/value and integration of social media contents in assessment. As indicated in Table 4, there was a statistically significant difference in the level of social media contents in assessments between agencies that are proactive on the impact of heavy use of social media and those that are not ($Z = -5.035$, $p < .000$). This was a strong correlation ($r = .52$). This result indicates that the predictor “agency value” by itself explained 27 percent of the variance of the dependent variable [integration of social media contents in assessments] ($r^2 = .27$). Thus, Hypothesis IV was supported.
In this model, the other predictors did not correlate with the dependent variable, except for “prior training” (Z= -2.300, p < .021). The relationship between the two variables was small to moderate (r = .24). Hence, in terms of contribution, prior training explained 6 percent of the variable in integration of social media contents in assessment (r^2 = .06). In sum, the total contribution of the variables in the model (agency value and prior training) was 33 percent (r^2 = .33). In other, there was a 67% coefficient of alienation (unexplained variance) in this model.

Table 4. Integration of Social Media Topic in Assessment

<table>
<thead>
<tr>
<th>Variables</th>
<th>Z-tailed α*</th>
<th>Z-Score</th>
<th>r</th>
<th>r^2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
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<td>-.322</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
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<td>-1.313</td>
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<tr>
<td>Age</td>
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<td></td>
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<tr>
<td>Education</td>
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<td>-1.006</td>
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<td></td>
</tr>
<tr>
<td>Years in practice</td>
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<td>-1.373</td>
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<td></td>
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<tr>
<td>Region of practice</td>
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<td>-.920</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior training</td>
<td>.021</td>
<td>-2.300</td>
<td>.24</td>
<td>.06</td>
</tr>
<tr>
<td>Agency values</td>
<td>.000</td>
<td>-5.035</td>
<td>.52</td>
<td>.27</td>
</tr>
</tbody>
</table>

*Alpha level (p < .05)
Asymptotic significance results for variables in Mann-Whitney U Test (N = 95)

Hypothesis V. Table 5 details the findings for the Mann-Whitney Test with respect to the relationship between an agency social media culture/value and
integration of social media contents in treatment. As indicated in Table 5, there
was a statistically significant difference in the level of social media contents
during treatment between agencies that are proactive on the impact of heavy use
of social media and those that are not (Z = -4.385, \( p < .001 \)).

Alternatively, the researchers ran the Spearman Correlation Test
(Spearman’s Rho) to evaluate the relationship between an agency social media
value and integration of social media contents in treatment. There was enough
evidence to suggest a positive correlation between an agency’s social media
culture/value and integration of social media contents in treatment \( r_s (93) = .50, p \)< .001. This was a strong difference \( r = .50 \). The coefficient of determination \( (r^2) \)
revealed that agency social media value explains 20-25 percent of the variance
in the integration of social media contents in treatment. Hence, Hypothesis V was
supported.

Again, prior training correlated with the dependent variable [integration of
social media contents in treatment] \( (Z = -3.099, p < .002) \). This was a moderate
correlation \( (r = .32) \) that explains 10 percent in the variable of the dependent
variable \( (r^2 = .10) \). The other predictors—race, gender, age, education, years of
practice had no statistically significant relationships with the dependent variable
(integration of social media contents in treatment). Therefore, the whole model
explained 30-35 percent of the variance in the dependent variable. In other
words, 65 to 70 percent of the variance in the dependent variable remains
unexplained.
Table 5. Integration of Social Media Topic in Treatment

<table>
<thead>
<tr>
<th>Variables</th>
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<th>Z-Score</th>
<th>r</th>
<th>r²</th>
</tr>
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<td></td>
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<tr>
<td>Gender</td>
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<td>Agency social media values</td>
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<td>.20</td>
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</table>

*Alpha level (p < .05)

Asymptotic significance results for variables in Mann-Whitney U Test (N = 95)

Qualitative Findings

From the responses from participants, two main themes emerged from the data. Each major theme had subthemes which are detailed in Table 6.

Participants reported that increased social media use can have both negative and positive impacts on an individual's mental health. The subthemes that emerged for negative impacts are low self-esteem, depression, and anxiety. The subtheme that emerged from the positive responses was social support/connection.
Table 6. Major Beliefs of Social Media’s Impact on Mental Health

<table>
<thead>
<tr>
<th>1) Negative Impacts</th>
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<tbody>
<tr>
<td>a. Low Self-esteem</td>
</tr>
<tr>
<td>b. Increased Depression</td>
</tr>
<tr>
<td>c. Increased Anxiety</td>
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</table>

<table>
<thead>
<tr>
<th>2) Positive Impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Increased Social Support/Connectedness</td>
</tr>
</tbody>
</table>

The first subtheme that emerged from the data was low self-esteem as a result of heightened social media use. Over one-third of participants mentioned that individuals that engage in high levels of social media use tend to have lower self-esteem. Participants identified low self-esteem as: individuals comparing their lives to others on social media, increased levels of body shame, unrealistic expectations for one’s life, and not feeling adequate enough. Additionally, participants included the idea of seeking approval by frequently checking their social media posts and desiring a certain number of likes/responses to posts in order to feel validated. Participants reported:

- Participant #20: Body image, relationships, misrepresentation and distorted view of what a perfect life is. This can have a negative impact on mental health (self-esteem)
- Participant #34: Comparing the highlights of others’ lives to your regular daily life/routine can cause depression. Always feeling connected/monitored and/or expected to “keep up” with others can cause anxiety
• Participant #40: Impacts on self-image and self-worth, either because of comparison to others' content or because of a drive for external validation through likes/comments

• Participant #52: Social media is based on ideals. If all we're seeing on social media is the very best of what people want to portray, that can negatively affect how we see our own lives which are definitely not always picture perfect

The second subtheme that emerged from the data that falls within the negative impacts of social media use on mental health was depression. The result of low self-esteem and negative self-image can lead to higher rates of depression, as discovered in the responses of participants. Participants gave examples of how social media can impact an individual's mental health by increasing depressive symptoms such as: isolation, suicide ideation, and loneliness. These symptoms all correspond with criteria required for the DSM-5 diagnosis of depression. Additionally, many respondents included that cyberbullying can play a large part in increased depressive symptoms, like suicidal ideation. Participants reported:

• Participant #22: Increase isolation, depressive symptoms, increase suicide ideation

• Participant #43: Feelings of isolation, loneliness, social anxiety, potential other phobias, cyberbullying affecting mental health
• Participant #75. I have seen many stories and worked with many clients that have committed suicide, attempted or had SI because of social media bullying and so on

The final major subtheme that emerged from that data that falls within the negative impacts of social media on mental health was anxiety. A quarter of participants identified anxiety as a key response to heightened social media use. Respondents used the following terms while describing anxiety: social anxiety, isolation, increased distractions, difficulty sleeping and increased phobias. Respondents noted that increased feelings of anxiety can be attributed to comparative thinking, assessing one's life based on that of others, and a constant need to check one’s social media accounts. Participants reported:

• Participant #21: It tends to increase anxiety, depression, and loneliness. It increases comparative thinking
• Participant #43: Feelings of isolation, loneliness, social anxiety, potential other phobias, cyberbullying affecting mental health

Although the majority of responses received were exemplifying the negative impacts social media has on mental health, several mental health practitioners identified positive components of social media use. The key subtheme recognized was social support/connectedness. Respondents stressed the impact of an individual’s social media use was dependent on each individual’s situation. Participants urged that individuals that had healthy
boundaries while using social media can see many positive outcomes. Additionally, participants emphasized the community and support systems that can be gained through social media are not constrained to geographical locations and allows users to connect with people with similar circumstances, beliefs or needs. Participants reported:

- Participant #7: Creating community, esp. for people who feel isolated due to things like disability, not knowing people with shared experiences IRL (in real life)
- Participant #35: I believe seeing positive things can improve ones mental health. When social media is used to connect people in a positive way it would improve mental health and decrease isolation
- Participant #50: In some ways it is helpful in providing a support system to those with mental health related concerns
- Participant #65: Social media allows individuals to connect instantly, regardless of distance. This may be beneficial for keeping relationships with those when no longer living close

Overall, the qualitative findings of this research study conclude that all mental health practitioners that participated in this study believe that mental health is impacted by social media use. A large percentage of participants identified the negative impacts social media has on mental health, such as: lower self-esteem, depression and anxiety. There were several respondents that
identified positive impacts social media use can have on mental health, with the main theme being social support and connectedness.
CHAPTER FIVE
DISCUSSION

Overview

The purpose of this study was to explore mental health practitioners’ knowledge, assessment and treatment for social media’s impact on mental health. Given the technological advancements of the 21st century, individuals are engaging in increased social media use as the main form of communication with peers and family. Considering the impact that researchers are finding, the need for knowledge about social media’s negative impacts is crucial in how mental health practitioners assess and treat mental health symptoms and the modalities agencies use across the globe. This study used a mixed methods survey which was distributed using online platforms and snowball sampling. 95 mental health practitioners from around the globe responded to both qualitative and quantitative portions. For the quantitative data, the researchers used nonparametric methods and descriptive statistics to test the study hypotheses. Overall, the study hypotheses (one excepted) were supported. The data indicated that practitioners with higher levels of education and trainings about social media had more knowledge about the impact social media has on mental health. Additionally, the data suggested that agencies that value the integration of social media and mental health, often had questions regarding mental health on assessment forms and more frequently had the topic of social media use arise during assessment and treatment.
The qualitative findings for this research indicated that practitioners have seen both positive and negative impacts on individual’s mental health due to social media use. Common themes that surfaced regarding negative impacts included: low self-esteem, higher rates of depression, and anxiety. Practitioners described the positive impacts of social media use being increased social support and connectedness.

Consistency with Previous Research

The findings of this research are consistent with previous studies in the field, mainly those that highlight the impact of heightened use of social media has on mental health (Ashford, 2017; Hardy & Castonguay, 2018; Hussain & Griffiths, 2018). In fact, findings in this research indicate that depression, anxiety and self-esteem are mental health disorders associated with heavy consumption of social media. These findings are similar to the ones found in the existing literature (Ashford, 2017; Hardy & Castonguay, 2018; Hussain & Griffiths, 2018).

Meanwhile, previous research indicates that individuals of diverse backgrounds may have positive experiences using social media due to the reduction of barriers by increased access to mental health treatment as well as connection with individuals with similar needs or backgrounds (Andrews et al., 2018; Henderson et al., 2013; Naslund & Riefer, 2018; Naslund et al., 2017; Grove, 2019; Lattie et al., 2019). This study did not find a correlation to participants’ responses regarding increased access to mental health treatment. However, the current research study found that mental health practitioners
believe social media use can have a positive impact on mental health by increasing social support and connection of individuals that may otherwise have difficulty connecting with others.

Implications

Implications for Theory

This research used Systems theory and Generalist Interventions Model (GIM) to guide and conceptualize the ideas found in the data. Systems theory acknowledges the impact different systems have on the development of an individual. Different systems include family, technology, and environment. As identified in Systems Theory perspective, an individual’s behavior can be impacted by the direct and indirect involvement with the micro, mezzo, and macro systems that surround them (Bronfenbrenner, 1979). Thus, social media has been identified as a system that can impact symptoms associated with mental health. The findings of this research illustrate support for Systems Theory as 100% of participants agreed that social media impacts an individual’s mental health.

Additionally, by directly addressing two main tenets in the GIM (assessment and intervention/treatment), this study also has implications for this model. The goal of the GIM is to guide practitioners toward identifying different stressors in a client’s system while providing interventions that address mental health symptoms and help improve overall well-being. This is accomplished by the completion of a thorough bio-psycho-social-spiritual assessment and
appropriate therapeutic techniques during mental health treatment. The outcome of effective treatment is dependent on the needs identified in the assessment. The results in this research reveal that when agencies value the integration of social media and mental health, there is more incorporation in assessment and treatment.

**Implications for Research**

Although there are several studies completed about the impact social media can have on mental health, the literature is limited regarding the specific actions mental health practitioners should take in response to increased mental health symptoms related to social media use. The current research study made a significant contribution to the literature by exploring an under-researched area. The main discovery of this research was the correlation between an agency’s values and integration of social media content in assessment and treatment planning. Moreover, this research contributes to the importance of mental health practitioners staying current and proactive in expanding their knowledge about the systems that impact an individual’s well-being, such as technological advances like social media. Finally, this research brings awareness to the significance of including questions and exploration of social media use on assessment forms and in mental health treatment.

**Implications for Social Work Practice**

The findings of this study hold significant implications for social work practice at all levels of intervention: micro (individuals), mezzo (family systems),
and macro. (mental health/social service organizations). The findings of this study identified significant themes while evaluating mental health practitioners' knowledge of social media impact on mental health. The themes showed that a limited number of mental health agencies are incorporating social media screening during the assessment phase of treatment, in addition to identifying mental health practitioners' need for more training on the negative and positive impacts of social media use. These findings identified gaps in social work service provision, assessment, and treatment.

The implications for micro social work practice focus on service provision on the individual level of treatment with clients. This implication will directly impact the area of evaluation through the person-in-environment approach, where mental health professionals screen individuals for social media use in the biopsychosocial assessment phase. This incorporation of social media screening in assessment can ensure that individuals affected by this issue are identified and provided treatment accordingly. Additionally, when a practitioner is trained and knowledgeable about mental health impact due to social media, practitioners can provide individuals with effective treatment intervention and modalities such as Cognitive Behavioral Therapy (CBT) to address symptoms of depression, self-esteem, and anxiety through reframing techniques.

The implications for social work practice on the mezzo system of the family can include providing psychoeducation about both the negative and positive impacts social media can have on mental health. Providing education
about social media impacts on mental health may offer family systems new ways of addressing the overuse of social media. Furthermore, social media can be utilized in positive ways for family systems to identify education about mental health diagnosis, treatment, and management for family members.

The implications for social work on the macro setting of mental health/social work level are the need for agencies to provide more training on social media impact on mental health. These pieces of training will directly impact social work practice by providing more knowledge, awareness, and inclusion of social media into the field of practice. Additionally, incorporation of social media use in the General Intervention Model (GIM) on assessment forms will ensure that the topic of social media addressed as a potential contributing factor to mental health symptoms. Furthermore, social work practice implications on the macro level include the need to for social workers and mental health practitioners to advocate for the inclusion of social media as a diagnosis in the Diagnostic Statistical Manual (DSM-5) to guarantee widespread acceptance of social media impact on mental health in the service field.

In effect, statistics show that nearly 8 in 10 Americans use social media, which amounts to a total population basis of 68% on Facebook, 21% on Twitter, 25% on Pinterest, and 26% on Instagram (Greenwood, Perrin & Duggan, 2018). The social work profession prides itself on completing a full biopsychosocial assessment to gather all information and systems of clients in a holistic approach. With this standard in mind and the amount of Americans using
social media, the appropriate incorporation of social media into the field of social work should appear as an essential area of growth in the field.

**Implications for Social Work Education**

This study has implications for social work education. In fact, social work curriculum developers and social work educators can ensure that students understand the impact of social media on mental health and identify ways to assess and address social media-related issues. This can be achieved through seminars, trainings, and classroom discussions about the signs and symptoms associated with heightened social media use. In other words, social work education can expand students’ knowledge about different systems that impact an individual, including social media, and educate on effective treatment options to address mental health symptoms associated with social media use.

Incorporating social media content into social work curricula is important, as many social work students, once completing their education, work in mental health settings. These students can address the gap in service provision exposed in this study with a balanced curriculum that accounts for the impact of social media. Form a macro aspect of social work education, faculty can encourage students to advocate and lobby for changes in the DSM-5 as well as safer ways the government and technology giants can protect consumers of social media.
Limitations and Recommendations

Although every effort was made to address any limitations, this study was not exempt from shortcomings. The biggest limitation in this study was the relatively small sample size (n = 95); however, the sample size is considered decent due to the exploratory nature of the research. Additionally, the non-parametric method was not the strongest data analysis approach. Yet, this was the appropriate approach for this study, considering the non-normal distribution of the data. Furthermore, due to the cross-sectional nature of this study, there was a lack of observation over time. The lack of randomization also rules out any inferential interpretation of the findings. This was just a correlation study. Finally, this research did not include all the possible predictors, as a large proportion of the variance of the key dependent variables are still unexplained. Therefore, based on the aforementioned limitations, the results should be interpreted with caution.

Future research should attempt to address the shortcomings of this study. Researchers who desire to expand or duplicate this research should incorporate a stronger method for participant recruitment as well as using a longitudinal approach to observe participants’ responses overtime. A greater sample size and stronger data analysis method can help address internal validity issues this research is possibly guilty of. Future research can build on this study’s findings by exploring what barriers agencies are experiencing integrating social media use in mental health treatment. The goal of future research should be about
producing generalizable knowledge. In the meantime, the findings in this study constitute a fulcrum through which scholars and researchers can inform themselves on mental health providers' behaviors vis-à-vis the inclusion of social media content in assessment and treatment planning.
APPENDIX A:

SURVEY
**Demographic Information**

1. Age ___________
2. Gender
   - Male
   - Female
   - Other, please specify: __________________________________________________________
3. Ethnicity
   - Asian
   - Black/African American
   - Hawaiian/Pacific Islander
   - Hispanic/Latino
   - Indian/Alaskan
   - White/Caucasian
   - Prefer not to say
   - Other, please specify: _______________________________________________________
4. Level of Education
   - Some College
   - Bachelor’s Degree (include major) ____________________________________________
   - Master’s Degree (include major) ____________________________________________
   - License (include title) ______________________________________________________
   - Doctorate (include title) ____________________________________________________
5. Time in Practice (in years) _________________________________________________
6. Area of Practice (City, State) _______________________________________________
**Survey Questions**

7. How knowledgeable are you about social media impact on mental health?

8. On a scale of 0-10, where do you rate your knowledge about social media impact on mental health?

<table>
<thead>
<tr>
<th>Not at all knowledgeable</th>
<th>Extremely knowledgeable</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>

9. Do you believe that social media can have an impact on an individual's mental health?

- Yes
- No

10. Regarding the previous question, if you answered yes, what impact can social media have on mental health? If you answered no, enter N/A.

11. Have you ever attended trainings regarding the impact of social media use on mental health?

- Yes
- No

12. Has your agency ever provided training regarding the impact of social media use on mental health?

- Yes
- No

13. Do you incorporate social media use during your mental health assessments?

- Yes
- No

14. On a scale of 0-10, how much do you incorporate social media use during your mental health assessments?

| Not at all | Always | 0 1 2 3 4 5 6 7 8 9 10 |
15. Does your agency value the integration of social media impact in mental health assessment?

○ Yes
○ No

16. On a scale of 0-10, how much does your agency value the integration of social media impact during mental health assessment?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>

17. Does your agency’s assessment form include any questions regarding social media use?

○ Yes
○ No

18. On a scale of 0-10, how often does the topic of social media use arise during individual sessions?

<table>
<thead>
<tr>
<th>Never</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>

19. What would you recommend for agencies to do to **assess** the impact of social media use on clients?

20. What would you recommend for agencies to do to **treat/address** the impact of social media use on clients?

Developed by: Sarah N. Koehler and Bobbie R. Parrell, Advanced Year MSW Candidates
APPENDIX B:

INFORMED CONSENT
INFORMED CONSENT

The study in which you are being asked to participate is designed to examine if mental health practitioners are assessing for social media use when addressing mental health symptoms. The study is being conducted by Bobbie Parrell and Sarah Koehler, graduate students, under the supervision of Dr. Joseph Rigaud, Assistant Professor in the School of Social Work at California State University, San Bernadino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to examine if mental health practitioners are assessing for social media use when addressing mental health symptoms.

DESCRIPTION: Participants will be asked a few questions regarding any training received about the impact of social media on an individual's mental health, personal ideas about the impact of social media on an individual's mental health and if assessment forms are inquiring about client's social media use.

PARTICIPATION: Your participation in the study is completely voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential and data will be reported in group form only.

DURATION: It will take 10 to 30 minutes to complete the survey.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to participating in this study.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Joseph at (909) 537-5507

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (http://scholarworks.lib.csusb.edu) at California State University, San Bernardino after July 2020.

I agree to have this interview be audio recorded: _____ YES _____ NO

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

Place an X mark here Date

The California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • SAN BERNARDINO • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus
APPENDIX C:

INSTITUTIONAL REVIEW BOARD APPROVAL
December 14, 2019

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2020-116

Bobbie Parrell Rigaud Joseph, Sarah Koehler
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Bobbie Parrell Rigaud Joseph, Sarah Koehler

Your application to use human subjects, titled “Mental Health Practitioners Assessment of Social Media’s Impact on Mental Health” has been reviewed and approved by the Chair of the Institutional Review Board (IRB) of California State University, San Bernardino has determined that your application meets the requirements for exemption from IRB review Federal requirements under 45 CFR 46. As the researcher under the exempt category you do not have to follow the requirements under 45 CFR 46 which requires annual renewal and documentation of written informed consent which are not required for the exempt category. However, exempt status still requires you to attain consent from participants before conducting your research as needed. Please ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.

The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval notice does not replace any departmental or additional approvals which may be required.

Your responsibilities as the researcher/investigator reporting to the IRB Committee the following three requirements highlighted below. Please note failure of the investigator to notify the IRB of the below requirements may result in disciplinary action.

- Submit a protocol modification (change) form if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before implemented in your study to ensure the risk level to participants has not increased,
- If any unanticipated/adverse events are experienced by subjects during your research, and
- Submit a study closure through the Cayuse IRB submission system when your study has ended.
REFERENCES


https://doi.org/10.1111/eip.12496

Naslund, J., & Riefer, M. (2018, May 23). Engagement and recovery:


ASSIGNED RESPONSIBILITIES

The researchers Sarah Koehler and Bobbie Parrell completed this project wholeheartedly and collaboratively. Each researcher equally voiced opinions and ideas which made this research possible. Sarah and Bobbie both have high levels of interest in the research topic, which made communication and group work successful. Additionally, researchers provided and welcomed mutual feedback that helped contribute to the final result of this project. Collaborative effort to complete each section is as follows:

• Introduction
• Literature Review
• Methods
• Results
• Conclusion

Both Sarah Koehler and Bobbie Parrell contributed to the formatting, editing, and revisions process throughout the preparation of this paper for submission.