

Bethel University

Spark

---

All Electronic Theses and Dissertations

---

2021

# The Educational Impact That Social Media Has on School Age Children's Mental Health and Educational Experiences

Kasondra Janc  
*Bethel University*

Follow this and additional works at: <https://spark.bethel.edu/etd>



Part of the [Special Education and Teaching Commons](#)

---

## Recommended Citation

Janc, K. (2021). *The Educational Impact That Social Media Has on School Age Children's Mental Health and Educational Experiences* [Master's thesis, Bethel University]. Spark Repository.  
<https://spark.bethel.edu/etd/323>

This Master's thesis is brought to you for free and open access by Spark. It has been accepted for inclusion in All Electronic Theses and Dissertations by an authorized administrator of Spark.

THE EDUCATIONAL IMPACT THAT SOCIAL MEDIA HAS  
ON SCHOOL AGE CHILDREN'S MENTAL HEALTH  
AND EDUCATIONAL EXPERIENCES

A MASTER'S THESIS SUBMITTED  
TO BETHEL UNIVERSITY  
FACULTY

BY  
KASONDRA R. P. JANC

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF  
MASTER OF ARTS

MAY 2021

THE EDUCATIONAL IMPACT THAT SOCIAL MEDIA HAS  
ON SCHOOL AGE CHILDREN'S MENTAL HEALTH  
AND EDUCATIONAL EXPERIENCES

BY

KASONDRA R. P. JANC

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF MASTER OF ARTS

APPROVED

ADVISOR: CHARLES S. STRAND, ED.S.

PROGRAM DIRECTOR: KATIE BONAWITZ, ED.D.

MAY 2021

## **Acknowledgments**

I would like to thank everyone in my life who has made a meaningful impact on helping me reach my dreams of becoming a teacher and achieving my Master's degree. A special thanks to my parents for pushing, and believing in me. I would like to dedicate this to my Grandfather Joseph Janc. He believed I could do anything, and taught me the importance of education. I would never have made it this far without him. Thank you everyone for prayers, love and support throughout my educational journey.

## Abstract

Studies have shown that school involvement and the policies that they have created can impact adolescents' mental health. Social media is one of the most widely used online platforms and a reason why school-aged children want cell-phones, tablets and computers. There are several types of social media platforms, both online, on the TV, and advertisements posted on online and on billboards. However, the lack of power over the social media world is cause for concern. If school age students have access to social media twenty-four seven, and many school districts are turning a blind eye to it, this is unacceptable. An explanation for adolescent social media dependency could be the concurrent rise in social media. In addition to being less likely to interact face-to-face, those who use social media frequently are also more likely to be involved with cyber-bullying, which has been linked to depression, self-harm, and suicidal thoughts. Bullying can also be linked to depression and anxiety and schools need to create policies to protect their students. "Bullying policies can *upstream* interventions that provide a foundation for *downstream* interventions." In other words, policies are systems-level interventions that typically require more targeted intervention programs, practices, and services at the organizational, group, and individual levels. There are studies with information that show substance use, violent behavior, and unsafe sexual behavior are also all associated with suicidal behavior. This partially shows the relationship between bullying depressive behaviors and suicidal tendencies. Overall, mental health is a concern among our children and we need to understand why.

## Table of Contents

|  |    |
|--|----|
| Title Page   | 1  |
| Signature Page   | 2  |
| Acknowledgements   | 3  |
| Abstract   | 4  |
| Table of Contents  | 5  |
| Chapter I: Introduction                                      | 7  |
| Introduction of Topic  | 7  |
| Key Points to be Discussed in Thesis                         | 6  |
| Thesis Question  | 10 |
| Chapter II: Literature Review                                | 11 |
| Research Process   | 11 |
| Anxiety and Depression                                       | 12 |
| School Involvement/Higher Expectations/Environmental Factors | 12 |
| Social Media Factor  | 17 |
| Cyber Bullying/Bullying Factor                               | 21 |
| Chapter III: Summary and Conclusions                         | 30 |
| Summary  | 30 |
| Professional Application                                     | 31 |

|                                  |    |
|----------------------------------|----|
| Limitations of Research          | 32 |
| Implications for Future Research | 33 |
| Conclusions                      | 34 |
| References                       | 35 |
| Tables and Graphs                | 40 |

## CHAPTER I: INTRODUCTION

Anxiety and depression impact our school age children's well-being: Other factors that are impacting school age children's mental health include: social media, cyber bullying/bullying, school involvement/environmental/higher expectations.

The reason why this researcher has chosen the topic of what is impacting school age children's mental health is because of the increase of school age children's suicide rates, and the personal impact this writer has experienced related to the topic. This topic is increasingly important as mental health across the country is a large area of concern.

Mental Health among school-aged children can be described as serious changes in the way children typically learn, behave, or handle their emotions, causing distress and problems getting through the day (Perou, 2013, p.5-8). Children who are diagnosed with mental health disorders are commonly diagnosed with attention-deficit/hyperactivity disorder (ADHD), anxiety, and behavior disorders (Danielson, 2018). According to the graph representing the Surveillance period/indicators of children ending up in the emergency room for mental health concerns aged 0-18 the average 100,000 per week across the United States (Leeb, 2020). What is causing this high number of children ending up in the emergency room for mental health?

Bullying and cyberbullying is a public health concern among youth in the United States. In 2015, approximately 1 in 5 students ages 12-18 reported being bullied at school during the school year, translating to millions of youth being impacted across the country (Knack, 2015, p. 215–236). Bullying and Cyberbullying is considered a form of aggressive behavior that can negatively affect a child's development, social functioning, mental and physical health and educational performance (Knack, 2015, p. 215–236). This can be traumatizing for children and cause lifelong last effects. Another study finds that children who were bullied frequently when



they were 8 years old were more likely to develop a psychiatric disorder that needed treatment as an adult, compared with kids who were not bullied (JAMA Psychiatry, December, 2010).

Bullying and cyberbullying is not the only cause for school aged children social media, environmental/higher expectations which can lead to self-harm and/or suicide. Self-harm and suicide are large public health problems in adolescents related to self-harm being high in the teenage years and suicide being the second most common cause of death in children 18 and under in the world (Keith, 2012, p. 1-5). It is important to point out that effects of social media and environmental effects are the leading causes of self-harm and suicide in school-age children.

Child and family adversity, maladaptive parenting, and parental divorce are associated with self-harm. Case control studies reinforce the independent contribution of exposure to childhood adversity and serious suicide attempts in adolescence (Keith, 2012, p. 1-5). It is important to recognize that there is a connection between school age children's mental health and social media, cyber bullying/bullying, self-harm/suicide, environmental/higher expectations are all contributing connecting factors. Social media is intertwined in almost every aspect of adolescents' lives. It has now become relevant that social media usage in children is reported that 40% of adolescent girls and over 20% of adolescent boys report using social media for 3 or more hours per day (Anderson, 2018). There is a connection between social media and sleep deprivation is very prevalent in 10-18-year olds.

Children who spend three or more hours a day on social media are 28% more likely to get less than seven hours of sleep according to Lenhard (2015) who wrote *Teens, Social Media Technology Overview*. Lack of sleep shows a connection to environmental effects which can have negative effects on children's ability to think, react and regulate their emotions (Lenhard, 2015). Social media, environmental factors/ higher expectations, bullying/cyberbullying and self-

harm/suicide are greatly impacted by the effects of each other working together in all aspects of children's lives. If a child is diagnosed with a mental disorder, there are legal regulations in place to help support the child throughout their schools' years.

In June of 1997 the Education for all Handicapped Children's act became the Individuals with Disabilities Act (IDEA). IDEA according to American Psychological Association and the Disability Rights Education (2008), emphasized on providing all students with disabilities a free appropriate public education that meets their unique needs, and prepares them for adulthood. "Prior to IDEA, over 4 million children with disabilities were denied appropriate access to public education" (IDEA Amendments, 1997). Unfortunately, many children with disabilities were denied entry into public schools altogether, those who were in public schools were placed in segregated classrooms, or in regular general education classrooms with appropriate support for their special needs (Katsiyannis et al., 2001, p. 324-334).

IDEA requires public schools to provide special education and related services to all eligible students, however, not every child who struggles in school qualifies. In order for a child to be covered, their school's performance must be "adversely affected" by a disability in one of the 13 categories provided in the law (Yell et al., 1998). Within the 13 categories there is a disability category called emotional disturbance. This area focuses on a variety of various mental health issues. Some of these areas include: anxiety disorder, schizophrenia, bipolar disorder, obsessive-compulsive disorder, and depression (Yell et al., 1998). Another category that can cover mental health disorders is "other health impairment" (OHD). OHD is an umbrella term that covers a wide range of disorders/conditions that covers areas of limitation of a child's strength, energy, or alertness (Katsiyannis et al., 2001, p. 324-334). An example of something that could follow under this category would be Attention Deficit/Hyperactivity Disorder (ADHD), which

impacts attention and executive functioning skills. Overall mental health is a concern among those who have a categorized disability and those who go undiagnosed. This writer's goal is to point out what the impacts are that are leading to mental health rising in school aged children.

### **Thesis Question**

What is impacting school age children's mental health: School Involvement/Environmental/Higher Expectations, Social Media, & Cyber Bullying/Bullying?

## CHAPTER II: LITERATURE REVIEW

This thesis writer used various search engines and resources in this thesis including textbooks, Bethel Library, google, scholarly articles, center disease control and prevention, national center for mental health and other sources.

Many factors are contributing to the rise of anxiety and depression in school age children and in return causing higher levels of injuries behavior to self and others. The behavioral, emotional and mental development of school age children, and their understanding of what they see on social media, movies, TV and other forms of public communication can alter the way they see themselves and peers around them. Included in this is the bullying that our school age children become involved in. In person or cyberbullying has grown rapidly as technology has made it easier for humans to know every aspect of someone's life at any given moment. Other factors included in the following: biological and environmental, school involvement, and social and emotional development related to self-harm and suicide.

School age children are living in a very recent large epidemic of teen suicides, cybering bullying, and social media influences. Olson (2015), a researcher with the Center for Suicide prevention stated in his research related to Teen Suicide,

“Young people who die by suicide have been more scrutinized, studied and talked about in this generation (generation millennial, X) than any other population group. The reasons school age suicide is on the rise correlates directly to anxiety and depression starting at younger and younger age. One of the most recent research hot topics is that the media is involved in tragedies that happen daily with our school age children" (Olson, 2015, p. 6).

Looking at several research articles that focused on social media, suicide, bullying and environmental factors, will help us better understand how they all work together to impact our school age children's mental health.

### **School Involvement/Higher Expectations/Environmental**

Technology is forever changing and growing with no end in sight. The access to technology is making access to the internet and social media right at our fingertips. The evidence of cell phones, laptops and tablets being readily available for almost anyone is heavily growing. School districts are turning to give students laptops and tablets that they can use in school and take home. Parents are giving students cell phones at a young age. The access students have to the internet leads to their access to social media, and what is happening outside in this world 24/7. This non-stop access to social media at the young age could prove to have a negative impact. How is social media affecting students academically and socially in school and how is this related to anxiety and depression?

As researchers, educators, parents and classroom teachers work to improve the correlations of anxiety and depression in students, it has become evident that students are finding new ways to express themselves through social media, good or bad. Social media is impacting every growing demographic that is connecting with students at younger and younger ages. A study done by three professors at the University of Maryland: Ahn et al., (2011) looked at social media accesses in schools and policy controversies that school's districts have about the use of social media in their schools. There is an understanding that social media is not going anywhere especially as technology counties grow. This study looked at schools AUP's and what

information school districts had out there to the public about social media policies, or lack thereof policies in some districts.

This study looked at 99 of the largest school's districts in the United States. These 99 districts were located in 26 states, and the sample groups per district range from 47,448 to 981,690. Five of the districts have been praised for their effort and show of policies in their AUP in relation to integrating social media and new technology into their districts.

For each AUPS it was reviewed and coded to create a more comprehensive outlook when combining the AUPS information from different districts. Some AUPS had disciplinary actions for student misbehavior with technology, where others had no mention of social media or technology use in them. There were three main themes of the codes that this study focused the first one focused on codes that largely showed up across a majority of AUPS. An example of this are statements about disciplinary actions with closely related policy strategies. The second one focused on information, media and Literacy Goals. This particular one looked at "How did school districts justify their motivations to provide technology access to students in their policies?" (Johnson, 2017, p. 5). The third one is focused on social media. It particularly looks at "How did school districts frame social media use (if at all) in their policies?" (Johnson, 2017, p. 5). The goal was to identify similarities and particular differences in the framing of the districts AUPS and the issues that are showing in relation to the differences.

The results showed that 18% of the school districts in their sample groups made explicit mention of information or media literacy goals. This is very low compared to what they thought it would be with was at about 45%. In several AUPS, it was stated that, "the vital responsibility of teachers and educators to promote information or media literacy" (Johnson, 2017, p. 9). There was a difference of philosophies dealing with technology access within the district's different

AUPS. They found that in 50% of the districts in the sample group saw access to technology as a privilege not a right. This was found to be interesting and something that they were not specifically looking for or thought it was even a common issue. They found that in only 30% of the districts was there any mention of social media and tools that could be used with certain restrictions. In 14% of the school's districts they banned social media entirely. The issue that arose is that social media is not going away. School districts need to collaborate and not be blindsided to the fact that social media and technology is not going anywhere, and is growing rapidly.

It is unacceptable for school age students to have constant access to social media, and many school districts are turning a blind eye to it. The safety, welling being of our school age children is the most important item of concern school districts need to have. According to June Ahn (2011) a researcher at University of Maryland, College Park, College of Information Studies and College of Education:

“Teenagers are among the most prolific users of social network sites (SNS). Emerging studies find that youth spend a considerable portion of their daily life interacting through social media. Subsequently, questions and controversies emerge about the effects SNS have on adolescent development” (Ahn et al., 2011, p. 10).

The amount of times, we as humans, spend on social media is ever growing. If the use of social media is ever growing, that means safety needs to become parents and school's priority, to help our school aged students understand the power the internet can have before it is too late. How involved schools are in pre-teaching school age student's social media safety could possibly help protect them from potential issues with adolescent mental health.

The group called the National Association of Schoolmaster Union of Women Teacher (NASUWT) issued a state by General Secretary Chris Keates, related to the Educational Policy Insinuates report on Social Media and Children's Mental Health, "The NASUWT has been at the forefront of highlighting the risks and implications for children and young people of the increasing use of social media" (NASUWT, 2017, p. 3). Though the NASUWT reported that social media can have many positive impacts for you people; it also has found there is a serious problem of young people using social media to harass and abuse teachers and students.

"NASUWT research has found that 72% of teachers believe that social media pressures are creating or contributing to mental health issues in pupils. Teachers report that online bullying is common among their students and that pupils routinely use social media to share sexual or offensive images, videos and messages" (NASUWT, 2017, p. 4).

Teachers have a role to play in teaching and helping students understand the safety of social media. The state of New York has education laws in place that address this topic for school aged students.

New York state Legislature passed Section 814 of Article 17 in State Education Law, "entitled to course of study in internet safety." Lawrence Paska a coordinator of Technology Policy at New York State Education Department (NYSED). This law has roles and responsibilities that local school districts and the NYSED must comply with. They both must develop a curriculum that promotes safe and responsible internet use and have the flexibility to meet broader visions and policies that support transforming education practice through the integration of new technology. New York put this law in place because of the data that support the increase of concern for the student safety on the internet. When someone goes online



everything they search, post, comment and overall do can be found and used against them, even if you delete it.

Research and studies have shown that school involvements and plans they have created can have impacts on adolescents' mental health. Mental health problems are on the rise among adolescents and young adults, and higher expectations may be a driver behind the increase. Higher expectations put on adolescents draw on the National Survey on Drug Use and Health, the researchers of study assessed data of 212,913 adolescents aged 12 to 17 from 2005 through 2017 and 398,967 adults aged 18 and older from 2008 through 2017. Between 2008 and 2017, the number of adults that experienced serious psychological distress in the last month increased among most age groups, with the largest increases seen among younger adults aged 18-25 (71%). Notably, rates of serious psychological distress increased by 78% among adults aged 20-21 during the time period. Meanwhile, there was a decline among adults aged 65 and older (Twenge et al., 2005-2017).

A likely explanation could be the concurrent rise in social media, they said. In addition to being less likely to interact face-to-face, those who use social media frequently are also more likely to be involved with cyber-bullying, which has been linked to depression, self-harm, and suicidal thoughts. "The increase in adolescent major depressive episodes began after 2011, concurrent with the increased ownership of smartphones and a concomitant increase in digital media time in this age group," explained the researchers (Twenge et al., 2005-2017). Research demonstrates that, "parental criticism rather than expectations led to negative mental health outcomes, others found that high parental expectations were related to psychological distress through the way they were communicated to the child (Eur J Spec Needs Educ, 2016, p. 535-552). Research has also shown, "the quality of the parent-child relationship should be considered

when assessing the link between parental expectations and child mental health” (Int J Adolesc Youth, 2015, p. 69-85). It is important to point out that schools need to look at their systems within their districts to change the rises in mental health within schools.

According to the U.S. Department of Health and Human Services “one in five children and adolescents experience a mental health problem during their school years” (2016, National Association of School Psychologists p.1-3). The U.S. Department of Health and Human Services point out that of those one in 5 students there are estimates that up to 60% of students are not receiving the treatment they need due to stigma and lack of access to services (National Association of School Psychologists, 2016, p.1-3). Schools are lacking funding, and availability of mental health support within their district to keep up with the need of services for the number of students they have. It is important to realize there is a link between school involvement, higher expectations that parents have and the impact on social media and technology has on mental health.

### **Social Media**

Social media is one of the most widely used reasons school-aged children want cell-phones, tablets and computers. There are several types of social media platforms, both online, on the TV, and advertisements posted on online and on billboards. According to Anderson M. and Jiang J. who wrote “Teens, social media and technology” (2018, p. 3-6). YouTube is the most widely used social media platform to communicate with friends and family for those aged 13-17 and 18-24. Looking at Graph A2 there are five main social media platforms that children ages 13-17 use: snapchat, Instagram, Facebook, Twitter and YouTube (Anderson & Jiang, 2018, p. 3-6). The access to social media is at the fingertips of schools aged students who have access to technology and the internet.

According to Szwedo et al., (2012), nearly 90% of 16-24-year old's use the internet for social networking. Increased time on social media has had dramatic effects on student's behavior, including fewer risky social activities and more mental health symptoms. If social media replaces negative activities or isolation, it can be positive. If it replaces face-to-face interaction or exercise, it can be negative (Szwedo, 2012, p. 3). The activity of young people on social media largely mirrors their lives in the physical world: children and teenagers navigate the streams of their social networks, establishing new relationships, strengthening existing ones, and sometimes minimizing or ending them (Orben & Przybylski, 2019, p.173-182).

According to Michelle O'Reilly and several others who wrote "Potential of social media in promoting mental health in adolescents" (Volume 34, Issue 5, October 2019, p.918-991). Social media appears to have the potential to promote positive mental health. Next, adolescents frequently utilize social media and the internet to seek information about mental health (O'Reilly, 2019, p.918-991). Lastly, there are benefits and challenges to using social media in this way, which then conclude that despite challenges of using social media and the risks, social media does offer a useful way of educating and reaching adolescents to promote mental wellbeing (O'Reilly, 2019, p.918-991).

Overall mental health, and physical well-being is being impacted by social media use. Research believes one of the problems associated with mental and physical health is the disruption in sleep and poor sleep which can lead to anxiety and depression (Anderson & Jiang, 2018 p. 6-10). These are the ways that social media can disrupt sleep: students may stay up late online, the light from the screen can disrupt the circadian rhythm, and last many students wake up many times throughout the night to check their phones/respond to messages (Anderson & Jiang, 2018 p. 6-10). School ages students report that they use social media at night because they

believe they will miss out on potential social interactions online, which could negatively impact their in-person social interactions (Anderson & Jiang, 2018 p. 3-6). They also have reported the following, “their peers expect them to be online and available at night. There is a social norm to respond to messages quickly, and they don’t want to violate that norm by sleeping through their messages” (Anderson & Jiang, 2018 p. 3-6). Many school age children sleep with their phones near them, which can reflect what the adults in their lives are doing as well.

Another area that can affect school age children overall health related to social media is how it can affect their feelings. Many school aged children get depressed and/or have poor body image when they begin relating themselves to what they are seeing from others online (Weinstein E, 2017 p.10-15). Social media gives messages to children as a way to ‘see’ and be ‘seen’ by peers. It is important to recognize that children are different from adults in how they respond to their peers, especially on social media. “The characteristic heightened emotional responsibility of adolescence is also noteworthy: for teen social media users, even seemingly mundane networked experiences may exert meaningful influences on well-being” (Weinstein E, 2017 p.10-15). Social media is not only affecting overall health, it is causing deeping mental health concerns and an increase in suicide rates in teens.

In November 2016, there was an article in The New York Times about a report in the Centers for Disease Control and Prevention’s information that looked at death rates among children and adolescents (Tavernise, 2016). Within this article it stated that for the first time, the rate of adolescent suicides surpassed the rate of deaths from car accidents. “The number [of suicides] is an extreme data point in an accumulating body of evidence that young adolescents are suffering from a range of health problems associated with the country’s rapidly changing culture” (Tavernise, 2016). This culture that school-aged students are living in revolves around

social networking, which in return means that an entire school can witness someone else's embarrassment in real time on their phones. Now, school age students have continual access to social media avenues; those pressures do not end when a child comes home in the afternoon (Tavernise, 2016, para. 3).

In a study in a high school student population they found a statistically significant positive correlation between depressive symptoms and time spent on Social media (Pantic et al., 2012, 24:90-93). In this student the depression symptoms were quantified using the Beck Depression Inventory (BDI-II). However, this study also showed that there was no correlation detected between BDI score and time spent watching television (Pantic et al., 2012, 24:90-93). Mental health in school age students is showing a direct correlation to the ever-growing social media platform.

Social media has grown tremendously in the last century, and Facebook is still one of the more popular social media sites. This study was published on the relationship between Facebook use and subjective well-being in young adults by (Kross, 2013). Kross's research was based on text messaging the participants five times per day for 2 weeks in order to evaluate their mood, feeling of loneliness, social interactions, and social Facebook use (Kross, 2013). "This approach was combined with the application of a conventional set of questionnaires, such as the Beck Depression Inventory, Rosenberg Self-Esteem Scale, Social Provision Scale, and Revised UCLA Loneliness Scale" (Kross, 2013). The results showed there are correlations because social networking and an increase in depressive signs and symptoms. A newer idea is surfacing related to social media and mental health: it is called "Social Media Addiction."

Social media addiction is supported by the amount of time students are on social media which results in neglect to their social functioning skills with family and friends' offline. (La

Barbera, 2009, 144:33–36). In 2012, Andreassen et al. developed the Facebook Addiction Scale, a scoring system initially based on a total of 18 items, testing features of addiction such as salience, mood modification, tolerance, withdrawal, conflict, and relapse (Andreassen, 2012, 110:501–517). The study completed with this questionnaire and others (such as Addictive Tendencies Scale, Online Sociability Scale) sampled 423 students. In this study it showed high reliability related to the impact of social media on students' mental health (Andreassen, 2012, 110:501–517). Wolniczack in 2013 adapted The Internet Addiction Questionnaire in order to relate it to the social media network Facebook. The author also tested the sleep quality of Facebook users using the Pittsburgh Sleep Quality Index. The results showed that Facebook dependence may be related to poor quality of sleep and depression (Wolniczak , 2013). Social media is growing rapidly, and is affecting the over-wellbeing of students. Social media is turning bullying into cyberbullying where peers have consistent access to contact each other.

### **Cyber Bullying/ Bullying**

Bullying was defined by the Centers for Disease Control and Department of Education in 2014 as “Unwanted aggressive behavior; observed or perceived power imbalance; and repetition of behaviors or high likelihood of repetitions” and became the first federal uniform definition of it. The current definition according to Gladden et al., (2014), who wrote “*Bullying surveillance among youths: Uniform definitions for public health and recommended data elements, Version 1.0*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention and US Department of Education;” currently defines two modes and four types by which youth can bully or can bully others. The two modes of bullying are: direct (e.g. bullying that occurs in the presences of a target youth) and indirect ( e.g., bullying not directly

communicated to a targeted youth, such as rumors, or anonymous notes.) The types of bullying are: physical, verbal, relational, and damage to property (Gladden et al., 2014, p. 7-9).

A study done by B.J Litwiller and A.M.J Bruash in 2013 Called “Cyber Bullying and Physical Bullying in Adolescent Suicide: The Role of Violent Behavior and Substance Use.” This study focused on the impact of bullying in all forms on the mental health and safety of adolescents is of particular interest, especially in the wake of new methods of bullying that victimize youths through technology. This study examined the relationship between victimization from both physical and cyberbullying and adolescent suicidal behavior. Litwiller and Bruash (2013) described “Violent behavior, substance use, and unsafe sexual behavior” that were tested as “mediators between two forms of bullying, cyber and physical, and suicidal behavior” (2013, p. 7). Data were taken from a large risk-behavior screening study with a sample of 4,693 public high school students (mean age = 16.11, 47 % female). The study’s findings showed that both physical bullying and cyberbullying are associated with substance use, violent behavior, unsafe sexual behavior, and suicidal behavior. Important information gathered showed that substance use, violent behavior, and unsafe sexual behavior are also all associated with suicidal behavior, and partially show the relationships between bullying suicidal behavior. The student should there be a direct association of each risk behavior with suicidal behavior also underscores the importance of reducing risk behaviors. The role of violence and substance use as mediating behaviors explains how risk behaviors can increase an adolescent’s likelihood of suicidal behavior through habituation to physical pain and psychological anxiety (Litwiller & Bruash, 2013). Therefore, the link of bullying and cyberbullying to mental health in adolescents should be at all time high concern for parents, schools, and community. Another aspect to cyberbullying is the link to which is social media.

Cyberbullying's biggest platform for young people is social media. According to group of psychologists (Smith et al., 2008) in the Journal of Child Psychology and Psychiatry cyberbullying is the following: an aggressive, intentional act carried out by a group or individual, using electronic forms of contact, repeatedly and overtime against a victim who cannot easily defend him or herself. The victims of cyberbullying can have various negative emotional feelings such as anxiety, depression, loneliness, anger, and sadness. The person who is being cyberbullied has the option to create a fake name, or fake social media account in order to target and bully the victim without the victim ever knowing who is really behind it. According to the National Crime Prevention Council and Harris Interactive, 40% of the American adolescent population have been victims of cyberbullying. That is nearly half of our young people who are already going through physical and emotional changes, and now have to figure out how to negotiate through the negative impact that cyberbullying has on them.

Social media has this large platform open for cyberbullying, and young people are learning at a very young age how to be a part of the platform in both a positive and negative way. Shirley, Liang, and Angelica who are scientists who compared cyberbullying perpetration on social media between primary and secondary school students looked at the behavior which causes the school-age student to become cyberbullies. The theory they focused on is the theory of reasoned action (TRA) which can be used to look at people's behavioral intentions (to bully someone) , which then can predict their likelihood of them engaging in that behavior. There are two beliefs that are tied to this theory: behavioral and normative beliefs. Normative beliefs look at how the subjective norms going on at the time influence the behavioral intention of the person bullying. Behavioral beliefs are focusing on the individual's attitude towards a certain behavior. These researchers point out that what our people see from friends, family, social media and other



outlets impacts how they react and what their beliefs are. If someone's attitude towards a certain behavior such as cyberbullying is positive than it is more likely that a person will perform that behavior. This applies to both bullying and cyberbullying. The question that arises for many is what is the difference between bullying and cyberbullying.

Smith et al., (2008 ) in an article on Cyberbullying focused on the difference between bullying and cyberbullying. The main strength of the study was focused on the difference between bullying and cyberbullying and uses surveys to gather information to show the different characteristics of cyberbullying compared to traditional bullying. This study focuses on cyberbullying with the use of mobile phones and the internet on the rise, and the impact it has on secondary school students. The study is not like other studies that focus primarily on the text message and email bullying. This study looks into the many different ways of cyberbullying and how it is being transmitted to our students. It is also vital to understand the difference between traditional bullying and cyberbullying and how fast the world of cyberbullying is growing.

This study was focused on two focus groups, each group given a different survey. The first focus group was made up of 92 students ages 11-16-year-olds, from 14 different schools. The second focus group was made up of 533 students ages 11-16, from 5 different schools. Both surveys looked at the difference between cyberbullying inside and outside of the school and the different media and technology avenues cyberbullying can happen on.

The results revealed several different aspects to review. The first two focus groups showed that cyberbully online is not happening as frequent as bullying in person and cyberbullying is reported to be more outside of school than inside of school. This puts pressure on the parents to moderate what their children are doing. In the second focus group, instant messaging bullying was more preventive compared to the first focus group where phone call and

text message was most prevalent for bullies. In both focus groups, it showed that messaging, texting and phone call bullying was comparable to traditional bullying. However, video clips and pictures used for bullying, even though not found often, have a much more negative impact on the students who were bullied that way. Finally, focus group one found that cyberbullying was done by one or a few students in the same age group. Focus group two found that there were more cyber victims than cyberbullies.

The study did offer recommendations to help secondary students change the way of cyberbullying. They could block/avoid messages, telling someone, find coping strategies to best fit their needs and find support groups of other cyber victims to help them. The study overall showed that cyberbullying is on the rise and just as present as traditional bullying and it needs to be addressed and looked at.

Through the world of electronics, the internet is at our fingertips all the time. It is an ever-revolving door, and there is still the traditional sense of bullying happening regularly in our schools. There is a difference between cyberbullying & bullying. Cyberbullying can happen anywhere, anytime, and go viral quickly because it is done behind a screen. Traditional bullying is face to face and the person being bullied knows who is doing it. According to Khanis from the American University of Beirut, Department of Education (2015) "Being bullied is thus a common stressful life experience, affecting 13% of children and adolescents during the school year" (Khanis, 2015, p.5-7). The author reported that school-age children are being bullied by their fellow peers which more often than not leads to depression and anxiety in the child being bullied and the person who is bullying.

Khanis (2015) completed a study on bullying among school-aged children in Beirut. This study focused on the prevalence of bullying at schools in Beirut and looked at the difference

children have within their family and sociodemographic, to see what correlation between them and bullying had. It is important to remember that bullying involves a power dynamic: the person who is looking to be a bully, search for someone who they identify as physical, psychologically, or socially weaker than them. This search can be empowering for the bully, and at the beginning stages of the behavior, they may have a false sense that the behavior they are doing is acceptable because of how it makes them feel.

There are other causes for bullying and cyberbullying that are very prevalent within the school, and on social media. Landstedt & Persson (2014) wrote “Bullying, cyberbullying, and mental health in young people” (p. 393-399). They completed a study on in-real-life (IRL) bullying, cyberbullying and the relationship between these types of bullying and mental health among those 13-16-year old’s in Sweden. The student researched 1,214 13-16-year-old students in northern Sweden, out of those 1, 214 81.9% participated in the study (Landstedt, 2014, p. 393-399). The results showed that the combination of in-real-life experiences and cyberbullying were the most common type of bullying (Landstedt, 2014 p.393-399). The most common areas students reported in this study were that they felt there was a non-supportive school environment (Landstedt, 2014, p. 393-399). Cyberbullying can be seen as an extension of in-real-life bullying. In this study it proved that a combination of in-real-life bullying and cyberbullying can be particularly negative for mental health in school aged children. Some inventions the researchers suggested were that “Interventions should focus on improved school environment and body image as well as anti-violence programmers. Gender aspects of bullying need to be acknowledged” (Landstedt, 2014, p. 393-399). Students can be openly honest about bullying and cyberbullying and there needs to be strong stance taken in their environments to make positive changes to ensure strong self-confidence and less bullying.

According to the Center for Disease and Control and Prevention (CDC 2018)

Bullying is a common phenomenon in US schools. In the CDC report it stated that one in five high school students reported being bullied on school grounds in the twelve-month period prior to being surveyed. The students' bullied reported being higher for female students (22 percent) than male students (16 percent). A 2018 report from the National Center for Education Statistics found higher rates among students who were being bullied to be in middle school students (30 percent of sixth graders and 25 percent of eighth graders) than older students (15 percent of eleventh graders and 12 percent of twelfth graders). Many schools have created bullying policy and interventions which is important because they can influence students, teachers, and administrators' behaviors as well as school organizational practices.

School bullying policies typically prohibited behaviors related to threatening and harassing other students, retaliating against students, and physically fighting (van Noorden, 2015, p. 637–657). It is important to understand that perspectives can vary on how to address bullying in schools, therefore it is important for schools to create policies and procedures for bullying that are clear and concrete for everyone to understand. There are intervention strategies such as suspension, expelling, and meeting with parents of the students who are bullied that are listed in many policy plans for schools around the United States (van Noorden, 2015, p. 637–657). In the United States it is important to understand that addressing bullying emerged in 1999 following the Columbine High School shootings. These policies have spread due to increased awareness and concern about student violence and school safety (Birkland & Lawrence, 2009, p. 1405–1425). The United States established a K–12 education policy, which includes school bullying policy that can be established at the federal, state, and local levels (Mead, 2009, p. 286–2959).

It is important to point out that policies can *promote* positive behaviors by explicitly stating positive behavioral expectations for students. Schools should have policies in place that guide organizational practices, and establish procedures and tools related to bullying that promote school-safety for all students and staff. “Bullying policies can *upstream* interventions that provide a foundation for *downstream* interventions. In other words, policies are systems-level interventions that typically require more targeted intervention programs, practices, and services at the organizational, group, and individual levels” (McKinlay, 1998, p. 369–379). For example, if a state and/or district adopts a bullying policy; then the policy applies to all schools within the state or district. This gives school districts a way to provide training to all school employees on bullying prevention strategies, integrating bullying awareness and other recourses that the state will provide and the district will provide. The way that policy is designed is important because the content influences a cascade of actions throughout school systems, which may result in positive or negative outcomes (McKinlay, 1998, p. 369–379). For example, if there was a bullying policy that required schools to provide counseling services and positive behavioral reinforcement to students who were bullies is considered different than a policy that requires schools to suspend or expel students who have carried out multiple acts of bullying (McKinlay, 1998, p. 369–379). When looking at policies research has shown that when they are overly harsh and punitive (e.g., “three strikes and you’re out” policies or “zero-tolerance” policies) they become ineffective at reducing aggression or improving school safety (American Psychological Association Zero Tolerance Task Force, 2008, p. 852–862).

Knowing this information is important, and the school bullying policies are made and revised using evidence-based strategies. Schools policies and procedures are only the beginning to addressing the bullying and now cyberbullying world. Schools have to begin to look at what

policies and producers they put in place that encourage students to be mindful of what they say on social media. There needs to be a connection between understanding what you say online, can be tracked and follows you forever.

## CHAPTER III: DISCUSSION AND CONCLUSIONS

### Summary of Literature

Research and studies have shown that school involvements and plans they have created can have impacts on adolescents' mental health. It was pointed out through research in 2016 that out of 1 in 5 students there is an estimate that up to 60% of students are not receiving the treatment they need due to stigma and lack of access to services. Mental health problems are on the rise among adolescents and young adults, and higher expectations with the school system can be a driver behind the increase. Schools all over the United States are lacking funding and available trained mental health providers with their district and community to serve their students' needs consistently.

School districts are providing tablets and laptops to students that they are able to use at home. Parents are giving students cell phones at a young age. This gives children internet access to social media, and what is happening outside in this world 24/7. Technology does not give students the tools they need to be able sift through the good, bad and ugly of the social networking world. Social media has this large platform open for cyberbullying, and young people are learning at a very young age how to be a part of the platform in both a positive and negative way. It is important to remember that bullying and cyberbullying involves a power dynamic. Cyberbullying's biggest platform for young people is social media.

A study completed in 2013 showed that both physical bullying and cyberbullying are associated with substance use, violent behavior, unsafe sexual behavior, and suicidal behavior. Cyberbullying is less frequent than traditional bullying, and cyberbullying is reported to be more outside of school than inside of school which is affected by the environment. Mental Health among school-aged children can be affected by community, environment, school, social media

and bullying/cyberbullying which shows in children in many ways. For example, serious changes in the way children typically learn, behave, or handle their emotions can factor into distress and problems. As an educator, it is important that I take a stance within my school and community to be able to provide children with the support they desperately need. Schools have created bullying policies and interventions, which is important because they can influence student, teacher, and administrator behaviors as well as school organizational practices. If this is done then it gives school districts a way to provide training to all school employees on bullying prevention strategies, integrating bullying/cyber bullying awareness. Overall mental health in school age children has many ways to be affected in a negative way. It is important we pay attention to our children, and have open discussions about mental health and well-being.

### **Professional Application**

Mental health is something that I am very passionate about because I not only battle my own mental health every day, when I was school aged student bullying was very prevalent. Social media, texting, and wide access internet access started when I was in middle school. However, the wide use of social media, and access to anything on the internet at our fingertips has grown a lot in the last decade. When I chose to become a special education teacher, I also made the choice to recognize mental health and be able to offer a wide variety of support related to mental health.

One of the most impactful people you can be in a child's life is a parent or teacher. When I chose to become a teacher, I learned quickly that the information that is going to stay with my students the most is when I show them that I care, love and respect them. It starts with teaching



a growth mindset, and being open to your students to understand that we all are in this journey together. One thing I learned recently while writing this thesis was the role that schools have in understanding students' mental health is far from perfect, and the education systems need to change their focus.

I have witnessed firsthand my students struggle within the classroom, battling with themselves, and having a lot of self-doubt. I had a student express how much trauma and pain they were in, and not being able to escape their own brain. This same student did not know or understand the amount of support we have within our school and in the community to help him through this difficult time. Every day I remind my students that we care about them and we can be there safe place to talk whenever they need to. This has worked wonders within the classroom. Many times, when students are struggling with the behaviors they will request to go their safe place. Words are powerful, our children are listening.

### **Limitations of Research**

In schools, communities, and within the home there is limited research that puts all three into one study related to mental health in children. There is limited research that has been done related to social media and its negative impact on mental health in school-aged children. Evidence that is emerging from cross-sectional and longitudinal studies can show that social media may be the cause for depression and anxiety; however, it may show that depression and anxiety are causing children to turn to social media.

Limitations of research is related to how data is collected in studies for bullying, cyberbullying and social media. Many of the studies included in this research report that they used self-reporting assessments and measures which could be unreliable. Children may not be able to identify their feelings or needs because they do not understand what anxiety and

depression is. Those who have participated in the studies could show a positive self-esteem by over or under reporting their experiences. This could directly or indirectly relate to social desirability bias, information bias, and reporting bias. There was a limitation related to studies focusing on Facebook only for social media and cyberbullying which can cause bias and limit the accurate depiction of how much children use social media.

### **Implications of Future Research**

In future research it will be important for researchers to look at the impacts of constant connection to social media at the fingertips of younger students. In the ever-growing life of technology, younger children are given access to the internet, and ways to communicate as early as two years old. When children come to kindergarten, their knowledge of social media and how to work phones and computers far surpasses their needs for social skills that can only be learned within in person interactions.

I also believe that social media, bullying/cyberbullying and environment/higher expectations play a larger role in children's self-esteem. There is a lot of creditable research out there to identify how bullying and the environment can negatively affect self-esteem. In the same lines there is credible research that backs how environment can positively impact self-esteem. However, as the environment has changed the access to the internet, social media, online gaming could have a lasting effect on self-esteem that children cannot escape from due to consistency. For example, Facebook and mental health can be related in terms of Facebook usage (the amount of time spent on it) causing lower self-esteem and physical well-being. This could also mean that people with low self-esteem use Facebook more often in search for something to increase their self-esteem. This can make it difficult for researchers to determine if mental health is causing the

effect of social media usage being high, or if social media usage is causing the mental health to be high.

In the future, researchers who consider using the same individuals repeatedly over time to help designs determine the effects of schools/environments/higher expectations, social media, and bullying/cyberbullying may have on mental health. I would also like to see a variety of participants used in the same studies which differ by race, social economics stance, and geographic locations. In the future there needs to be a connection between the different impacts that cyberbullying can have on children that they in-person bullying may not and vice versa. Lastly, high expectations on students are increasing year by year, and there are not enough creditable studies out there showing the impact that has on children who are expected to finish a year of college before graduating high school, versus children who are not expected to do that. This can vary by environment, family, and school involvement.

## **Conclusion**

Social media is rapidly growing and our understanding of how it relates to mental health in children is increasingly challenging. Schools do not have the ability to monitor social media, and parents are sometimes unaware of what their children are posting. This many time results in cyberbullying. Schools have policies and procedures in place to attempt to control bullying with schools. Schools need to work together with their district and state to collectively come up with policies that can support students, and teach bullies that what they did is wrong. Student's mental health needs to be top priority for schools and parents because not every child is going to tell you they need help. Social media guidelines should look at blocking and banning children from their websites when they bully, and report when they see signs of mental health. We all need to work together to help our children

## References

- Ahn, J., Bivona, L. K. and DiScala, J. (2011), Social media access in K-12 schools: Intractable policy controversies in an evolving world. *Proc. Am. Soc. Info. Sci. Tech.*, 48: 1–10. doi:10.1002/meet.2011.14504801044
- Ahn, J. (2011), The effect of social network sites on adolescents' social and academic development: Current theories and controversies. *J. Am. Soc. Inf. Sci.*, 62: 1435–1445. doi:10.1002/asi.21540
- Almond, L. (2008). *School violence / lucinda almond*, book editor. Detroit: Detroit : Greenhaven Press.
- American Psychological Association Zero Tolerance Task Force. (2008). Are zero tolerance policies effective in the schools? An evidentiary review and recommendations. *American Psychologist*, 63, 852–862. doi:10.1037/0003-066X.63.9.852
- Anderson M, Jiang J. Teens, social media & technology 2018. Pew Research Center. 2018; 31:2018.
- Andreassen CS, Torsheim T, Brunborg GS, et al. . Development of a Facebook Addiction Scale. *Psychological Reports* 2012; 110:501–517
- Birkland, T. A., & Lawrence, R. G. (2009). Media framing and policy change after Columbine. *American Behavioral Scientist*, 52, 1405–1425. doi:10.1177/0002764209332555
- Boys bullied at school risk depression in middle age.(clinical digest)(brief article). (2009). *Nursing Standard*, 23(28), 17. doi:10.7748/ns.23.28.17.s22
- Danielson ML, Bitsko RH, Ghandour RM, Holbrook JR, Blumberg SJ. Prevalence of parent-reported ADHD diagnosis and associated treatment among U.S. children and adolescents, 2016. *Journal of Clinical Child and Adolescent Psychology*. Published online before print January 24, 2018.
- Disability Rights Education and Defense Fund. (2008). A guide for California parents: Special education due process meeting and the resolution meeting. Retrieved from [http://www.dredf.org/special\\_education/dueprocess.pdf](http://www.dredf.org/special_education/dueprocess.pdf)
- Dr. Patti M. Valkenburg, Jochen Peter, and Alexander P. Schouten. *CyberPsychology & Behavior*. October 2006, 9(5): 584-590. <https://doi.org/10.1089/cpb.2006.9.584>
- Elizabeth M Seabrook, Margaret L Kern, Nikki S Rickard  
Emotional well-being and discrepancies between child and parent educational expectations and aspirations in middle and high school *Eur J Spec Needs Educ*, 31 (2016), pp. 535-552
- Fardouly, J., Magson, N., Johnco, C., Oar, E., & Rapee, R. (2018). Parental control of the time preadolescents spend on social media: Links with preadolescents' social media appearance

comparisons and mental health. *Journal of Youth and Adolescence*, 47(7), 1456-1468.  
doi:10.1007/s10964-018-0870-1

Galanti, M.R., Hultin, H., Dalman, C. *et al.* School environment and mental health in early adolescence - a longitudinal study in Sweden (KUPOL). *BMC Psychiatry* 16, 243 (2016).  
<https://doi.org/10.1186/s12888-016-0919-1>

Gentile, D. A., Coyne, S., & Walsh, D. A. (2011). In Gentile D. A. (Ed.), *Media violence, physical aggression, and relational aggression in school age children: A short-term longitudinal study* doi:10.1002/ab.20380

Gladden, R. M., Vivolo-Kantor, A. M., Hamburger, M. E., & Lumpkin, C. D. (2014). Gladden, R. M., Vivolo-Kantor, A. M., Hamburger, M. E., & Lumpkin, C. D. (2014). *Bullying surveillance among youths: Uniform definitions for public health and recommended data elements, Version 1.0*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention and US Department of Education. *Bullying surveillance among youths: Uniform definitions for public health and recommended data elements, Version 1.0*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention and US Department of Education

Hawton, K., Saunders, K. E., & O'Connor, R. C. (2021, June 23). Self-harm and suicide in adolescents. Retrieved March 19, 2021, from [https://medecin-ado.org/addeo\\_content/documents\\_annexes/self-harmandsuicideinadohawtonlancet2012.pdf](https://medecin-ado.org/addeo_content/documents_annexes/self-harmandsuicideinadohawtonlancet2012.pdf)

Hawton, K. (2006). In Evans E., Rodham K. (Eds.), *By their own young hand deliberate self harm and suicidal ideas in adolescents / keith hawton and karen rodham with emma evans*. London: London : Jessica Kingsley.

Ho, S. S., Chen, L., & Ng, A. P. Y. (2017). Comparing cyberbullying perpetration on social media between primary and secondary school students. *Computers & Education*, 109, 74-84. doi:10.1016/j.compedu.2017.02.004

Individuals with Disability Education Act Amendments of 1997 [IDEA].(1997)

*Int J Adolesc Youth*, 20 (2015), pp. 69-85

*JMIR Mental Health*. 2016 Oct-Dec; 3(4): e50. Published online 2016 Nov 23. doi: 10.2196/mental.5842

Katsiyannis, A., Yell, M., & Bradley, R. (2001). Reflections on the 25th anniversary of the individuals with disabilities education act. *Remedial and Special Education*, 22, 324-334.  
Khamis, V. (2015). Bullying among school-age children in the greater beirut area: Risk and protective factors. *Child Abuse & Neglect*, 39(1), 137-146. doi:10.1016/j.chiabu.2014.08.005

Knack, J. M., Gomez, H. L., & Jensen-Campbell, L. A. (2011). *Bullying and its long-term health implications*. In G. MacDonald & L. A. Jensen-Campbell (Eds.), *Social pain: Neuropsychological and health implications of loss and exclusion* (p. 215–236). American Psychological Association. <https://doi.org/10.1037/12351-010>

Kross E, Verduyn P, Demiralp E, et al. . Facebook use predicts declines in subjective well-being in young adults. *PloS One* 2013; 8:e69841.

Landstedt, E., & Persson, S. (2014). Bullying, cyberbullying, and mental health in young people. *Scandinavian Journal of Public Health*, 42(4), 393–399. <https://doi.org/10.1177/1403494814525004>

La Barbera D, La Paglia F, Valsavoia R. Social network and addiction. *Studies in Health Technology & Informatics* 2009; 144:33–36

Leeb RT, Bitsko RH, Radhakrishnan L, Martinez P, Njai R, Holland KM. Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1675–1680. DOI: <http://dx.doi.org/10.15585/mmwr.mm6945a3>

Lenhart, A. (2015). Teens, Social Media Technology Overview. Pew Internet and American Life Project. Retrieved from <http://www.pewinternet.org/2015/04/09/teens-social-media-technology-2015/>

Litwiller, B.J. & Brausch, A.M. *J Youth Adolescence* (2013) 42: 675. <https://doi.org/10.1007/s10964-013-9925-5>

McKinlay, J. B. (1998). Paradigmatic obstacles to improving the health of populations: Implications for health policy. *Salud Pública de México*, 40, 369–379. doi:10.1590/S0036-36341998000400010

Mead, J. F. (2009). The role of law in educational policy formation, implementation and research. In G. Sykes, D. Plank, & B. Schneider (Eds.), *Handbook of education policy research*, (pp. 286–295). Washington, DC: Routledge.

Michelle O’Reilly, Nisha Dogra, Jason Hughes, Paul Reilly, Riya George, Natasha Whiteman, Potential of social media in promoting mental health in adolescents, *Health Promotion International*, Volume 34, Issue 5, October 2019, Pages 981–991, <https://doi.org/10.1093/heapro/day056>

Michelle O’Reilly (2020) Social media and adolescent mental health: the good, the bad and the ugly, *Journal of Mental Health*, 29:2, 200-206, DOI: [10.1080/09638237.2020.1714007](https://doi.org/10.1080/09638237.2020.1714007)  
NASUWT comments on social media & children's mental health report (2017). . Washington, D.C.:

- Orben A, Przybylski AK. The association between adolescent well-being and digital technology use. *Nat Hum Behav.* 2019;3(2):173-182. doi:10.1038/s41562-018-0506-1
- Pantic I, Damjanovic A, Todorovic J, et al. . Association between online social networking and depression in high school students: behavioral physiology viewpoint. *Psychiatria Danubina* 2012; 24:90–93
- Perou R, Bitsko RH, Blumberg SJ, Pastor P, Ghandour RM, Gfroerer JC, Hedden SL, Crosby AE, Visser SN, Schieve LA, Parks SE, Hall JE, Brody D, Simile CM, Thompson WW, Baio J, Avenevoli S, Kogan MD, Huang LN. Mental health surveillance among children – United States, 2005—2011. *MMWR* 2013;62(Suppl; May 16, 2013):1-35.
- Pew Research Center. Teens, social media & technology. 2018. [https://www.pewinternet.org/wp-content/uploads/sites/9/2018/05/PI\\_2018.05.31\\_TeensTech\\_FINAL.pdf](https://www.pewinternet.org/wp-content/uploads/sites/9/2018/05/PI_2018.05.31_TeensTech_FINAL.pdf). Accessed April 11, 2019.
- Pranjić, N., & Bajraktarević, A. (2010). Depression and suicide ideation among secondary school adolescents involved in school bullying. *Primary Health Care Research & Development*, 11(4), 349-362. doi:10.1017/S1463423610000307
- Rigby, K., & Bortolozzo, G. (2013). How schoolchildren’s acceptance of self and others relate to their attitudes to victims of bullying. *Social Psychology of Education*, 16(2), 181-197. doi:10.1007/s11218-013-9213-y
- Robert S. Tokunaga, Following you home from school: A critical review and synthesis of research on cyberbullying victimization, *Computers in Human Behavior*, Volume 26, Issue 3, 2010, Pages 277-287, ISSN 0747-5632, <https://doi.org/10.1016/j.chb.2009.11.014>.
- Ruth N. Bolton, A. Parasuraman, Ankie Hoefnagels, Nanne Migchels, Sertan Kabadayi, Thorsten Gruber, Yuliya Komarova Loureiro, David Solnet, (2013) "Understanding Generation Y and their use of social media: a review and research agenda", *Journal of Service Management*, Vol. 24 Issue: 3, pp.245-267, <https://doi.org/10.1108/09564231311326987>
- S. McCoy, B. Maitre, D. Watson, J. Banks Schmidt C. W. (2007). Environmental connections: a deeper look into mental illness. *Environmental health perspectives*, 115(8), A404–A410. <https://doi.org/10.1289/ehp.115-a404>
- Smith, P. K., Mahdavi, J., Carvalho, M., Fisher, S., Russell, S. and Tippett, N. (2008), Cyberbullying: its nature and impact in secondary school pupils. *Journal of Child Psychology and Psychiatry*, 49: 376–385. doi:10.1111/j.1469-7610.2007.01846.x
- Stack, S. (2005), Suicide in the Media: A Quantitative Review of Studies Based on Nonfictional Stories. *Suicide and Life-Threatening Behavior*, 35: 121–133. doi:10.1521/suli.35.2.121.62877

Szwedo, D. E., Mikami, A. Y., & Allen, J. P. (2012). Social Networking Site Use Predicts Changes in Young Adults' Psychological Adjustment. *Journal of Research on Adolescence*, 22(3), 453–466. <http://doi.org/10.1111/j.1532-7795.2012.00788.x>

Twenge J, Cooper A, Joiner T, Duffy M, Binau S. Age, period, and cohort trends in mood disorder indicators and suicide-related outcomes in a nationally representative dataset, 2005-2017 [published online March 14, 2019]. *J Abnorm Psychol*. doi: 10.1037/abn0000410.

Weinstein E. Influences of Social Media Use on Adolescent Psychosocial Well-Being:(Doctoral dissertation). 2017.

van Noorden, T. H., Haselager, G. J., Cillessen, A. H., & Bukowski, W. M. (2015). Empathy and involvement in bullying in children and adolescents: A systematic review. *Journal of Youth and Adolescence*, 44, 637–657. doi:10.1007/s10964-014-0135-6

Won H-H, Myung W, Song G-Y, Lee W-H, Kim J-W, Carroll BJ, et al. (2013) Predicting National Suicide Numbers with Social Media Data. *PLoS ONE* 8(4) e61809. <https://doi.org/10.1371/journal.pone.0061809>

Yell, M., Rogers, D., & Rogers, E. (1998). The legal history of special education: What a long strange trip it's been. *Remedial and Special Education*, 19, 219-228.

Young, R., Sweeting, H., & Ellaway, A. (2011). Do schools differ in suicide risk? the influence of school and neighbourhood on attempted suicide, suicidal ideation and self-harm among secondary school pupils.(research article)(report). *BMC Public Health*, 11, 874.



## List of Tables and Graphs

Graph A1

| Surveillance period/indicators                            | 2019           |                |               |               | 2020           |                |                |               |
|---|----------------|----------------|---------------|---------------|----------------|----------------|----------------|---------------|
|   | Age group, yrs |                |               |               | Age group, yrs |                |                |               |
|   | All <18        | 0–4            | 5–11          | 12–17         | All <18        | 0–4            | 5–11           | 12–17         |
| <b>Weeks 1–42§</b>  |                |                |               |               |                |                |                |               |
| <b>Average weekly total ED visits</b>                     | <b>265,863</b> | <b>110,002</b> | <b>81,133</b> | <b>74,728</b> | <b>199,782</b> | <b>78,742</b>  | <b>59,660</b>  | <b>61,380</b> |
| <b>Average weekly mental health–related ED visits</b>     | <b>3,025</b>   | <b>80</b>      | <b>625</b>    | <b>2,320</b>  | <b>2,872</b>   | <b>54</b>      | <b>522</b>     | <b>2,296</b>  |
| <b>Mental health–related ED visits per 100,000 visits</b> | <b>1,130</b>   | <b>73</b>      | <b>762</b>    | <b>3,084</b>  | <b>1,539</b>   | <b>75</b>      | <b>919</b>     | <b>3,863</b>  |
| <b>Weeks 1–11¶</b>  |                |                |               |               |                |                |                |               |
| <b>Average weekly total ED visits</b>                     | <b>274,736</b> | <b>118,926</b> | <b>83,924</b> | <b>71,886</b> | <b>342,740</b> | <b>143,789</b> | <b>107,049</b> | <b>91,902</b> |
| <b>Average weekly mental health–related ED visits</b>     | <b>2,876</b>   | <b>82</b>      | <b>594</b>    | <b>2,200</b>  | <b>3,974</b>   | <b>80</b>      | <b>821</b>     | <b>3,073</b>  |

|   |                |                |               |               |                |               |               |               |
|---|----------------|----------------|---------------|---------------|----------------|---------------|---------------|---------------|
| <b>Mental health–related ED visits per 100,000 visits</b> | <b>1,044</b>   | <b>69</b>      | <b>707</b>    | <b>30,45</b>  | <b>1,162</b>   | <b>56</b>     | <b>769</b>    | <b>3,333</b>  |
| <b>Weeks 12–42**</b>                                      |                |                |               |               |                |               |               |               |
| <b>Average weekly total ED visits</b>                     | <b>262,714</b> | <b>106,835</b> | <b>80,143</b> | <b>75,736</b> | <b>149,055</b> | <b>55,661</b> | <b>42,844</b> | <b>50,550</b> |
| <b>Average weekly mental health–related ED visits</b>     | <b>3,078</b>   | <b>79</b>      | <b>635</b>    | <b>2,363</b>  | <b>2,481</b>   | <b>45</b>     | <b>416</b>    | <b>2,020</b>  |
| <b>Mental health–related ED visits per 100,000 visits</b> | <b>1,161</b>   | <b>75</b>      | <b>782</b>    | <b>3,098</b>  | <b>1,673</b>   | <b>81</b>     | <b>972</b>    | <b>4,051</b>  |

\* Average proportion of ED visits for children’s mental health = (average number of ED visits for children’s mental health/average total number of ED visits for the same age or sex population [e.g., children aged 18 years]) x 100,000. All numbers have been rounded to the nearest whole number.

† Mental health–related ED visits were defined using NSSP’s Syndrome Definition (SD) Subcommittee community-developed syndrome definition for mental health conditions likely to increase in ED frequency during and after natural or human-caused disaster events. This syndrome definition attempts to leverage only mental health conditions and presentations that showed increases in visit frequency after select disasters in the United States. There are no disaster-related terms inherent to this query. The query has been added to NSSP BioSense Platform Electronic Surveillance System for the Early Notification of Community-based Epidemics as a Chief Complaint and Discharge Diagnosis category. .

§ Weeks 1–42 in 2019 correspond to December 30, 2018–October 19, 2019; weeks 1–42 in 2020 correspond to December 29, 2019–October 17, 2020.

¶ Weeks 1–11 in 2019 correspond to December 30, 2018–March 16, 2019; weeks 1–11 in 2020 correspond to December 29, 2019–March 14, 2020.

**\*\* Weeks 12–42 in 2019 correspond to March 17–October 19, 2019; weeks 12–42 in 2020 correspond to March 15–October 17, 2020.**

## Graph A2

| Social Media Platform | % of 13-17-year old's using | % of 18-24-year old's using |
|-----------------------|-----------------------------|-----------------------------|
| Snapchat              | 69                          | 78                          |
| Instagram             | 72                          | 71                          |
| Facebook              | 51                          | 80                          |
| Twitter               | 32                          | 45                          |
| YouTube               | 85                          | 94                          |

Anderson M, Jiang J. Teens, social media & technology 2018. Pew Research Center. 2018; 31:2018.'