

The Stanford Social Media Safety Plan: Proposing a New Approach for Youth and Social Media Use

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The Stanford Social Media Safety Plan: Proposing a New Approach for Youth and Social Media Use

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Abstract

Background: We propose the [Anonymized] Social Media Safety Plan as a user-friendly, collaborative, and effective tool to mitigate the imminent dangers and risks to mental health that are associated with social media use by children, adolescents, and young adults. This tool is informed and inspired by suicide safety plans as part of suicide safety planning (SSP), which have long shaped the standard of care for psychiatric discharges from inpatient units, emergency rooms, and comprehensive psychiatric emergency programs (CPEPs), as well as longitudinal outpatient care following occurrences of suicidal ideation or suicide attempts. In many systems including those of the Veterans Health Administration (VHA) where we first encountered them early in the course of our clinical training, they constitute an absolute requirement prior to discharge of the patient. Our social media safety plan is to be used proactively, in times of normalcy as well as crisis. While parental controls for digital devices and online platforms, official legal age requirements for online accounts, and individual parenting approaches abound, there is a dearth of practical tools that youth, families, schools, and communities can use to shape and alter social media use parameters, rules, and habits. Furthermore, providers in psychiatry, child and adolescent psychiatry, and mental health at large are often confronted with behaviors and issues related to social media use during already time and resource-limited appointments, providing a massive opportunity for interventions that are harm reduction-oriented and easy to disseminate. While it has not yet been studied in a clinical trial, we have piloted its use with patients and families, worked on revisions and potential distinct versions of it, and presented it to larger audiences at mental health and technology conferences over the past year. The responses and feedback we have received, as well as reported anecdotal experiences with using it, have been overwhelmingly positive.

Objective: See above.

Methods: See article.

Results: See article.

Conclusions: An already unfolding child and adolescent mental health epidemic in the US has been aggravated and deepened partly by way of easy access to social media (and digital-screen time) with inadequate safeguards and monitoring in place. Legal regulation of tech companies and their social media platforms remains controversial to some extent—we believe it is necessary. Yet social media's impacts and related interventions require a multitiered biopsychosocial and cultural approach: at the level of the individual child, the family, the school, the state, the market, and the nation. At the level of youth and their parents or caregivers, practical tools are desperately needed. We propose the Stanford Brainstorm Social Media Safety Plan as one such significant tool. Clinical Trial: N/A

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Introduction: Social Media and American Youth

In May of 2023, the Surgeon General's Advisory on Social Media and Youth Mental Health sounded the alarm for urgent efforts to address the "harm [of social media] to the mental health and well-being of children and adolescents" (Murthy 2023). It advocated for multilateral interventions to address the impact of social media on the development, mental health, and overall well-being of American youth. In June of 2024, he called for warning labels to be featured on social media platforms in order to inform parents and families in advance about the risks of social media use for adolescent mental health (Barry and Kang 2024).

During the same month, Governor Kathy Hochul of New York signed exemplary legislation to combat addictive social media feeds and protect children online. Named the Stop Addictive Feeds Exploitation (SAFE) For Kids Act, the law requires social media companies to restrict addictive feeds on their platforms for users under the age of 18 (Executive NY Press Office 2024). State-based and federal legislation constitute one important response to curtailing the detrimental effects of social media use by youth—one societal factor contributing to an already existing youth mental health pandemic. Rightly so, Surgeon General Dr. Vivek Murthy has characterized mental health as "the defining public health crisis of our time," and his own interviews with American youth have led him to conclude social media "makes them feel worse about themselves; it makes them feel worse about their friendships; and they can't get off it" (Richtel, Pearson, and Levenson 2023).

Dr. Murthy's book, *Together: The Healing Power of Human Connection in a Sometimes Lonely World* (2020), argued that our current pandemic of loneliness should constitute a public health concern; indeed numerous research studies have concluded that loneliness is one root cause of our society's young adult mental health crisis. In a cruel twist of human and technological development, the most digitally communicative and technologically connected generations ever feel more alone than ever. In the Advisory, Dr. Murthy cites the "mounting evidence for the risk of harm to some youth [kids, adolescents, and young adults] from social media use" and urges that "a safety-first approach should be applied in the context of social media products."

Why is social media use such a problem? Worldwide, the average user spends 2 hours and 31 minutes (Kemp 2023) on social media each day, while the average teenager spends 5 hours and 49 minutes (Georgiev, and Ivanov 2024). For the average African American or Latinx teen, add two hours to that. Social media is designed to be habit-forming and addictive, and this strategy has worked far too well. We are psychiatrists and just as our patients struggling with addiction to other consumables formulated to be addictive—alcohol, tobacco, drugs, food, or shopping, to name a few—the 4.9 billion people who use social media are in desperate need of tools that can help them substantially change or modify their behaviors and habits around this addictive technology.

The Pros and Cons of Social Media Use

For long enough now, our society has been grappling with the myriad threats to human health and life that social media poses, alongside its benefits, particularly with respect to youth populations. There has been mounting concern that we need more rigorous research to establish causality between social media use and adverse health risk behaviors as well as psychiatric illness in youth, while correlations have been established (Purba et al. 2023; Hamilton, Nesi, and Choukas-Bradley 2022). Its use has been correlated with alarming increases in depression, anxiety, eating disorders, self-harm, and suicidal behaviors, cyberbullying, and with biopsychosocial alterations in adolescent development, including a relationship between social media behaviors and regulation of neural mechanisms, which have been studied using fMRI (Cataldo et al. 2021; Haidt 2024). On platforms, bullying is rampant: for example, more than one-third of LGBTQ+ teens who use TikTok report encountering hate speech daily related to sexual or gender identity. Misinformation or superficial conclusions also abound, including posts wherein young people incorrectly diagnose themselves with a whole range of complex disorders, from autism to bipolar disorder. Social media has been shown to lead to constant comparison of oneself to others, which often results in lower self-esteem and feelings of inadequacy. It has fundamentally altered the critical human phase of child growth and development.

In a new monograph, Jonathan Haidt lays out the evidence to argue for direct causal links involving social media use, adverse behaviors, and mental health disorders (Haidt 2024). These behaviors include alcohol, drug, tobacco, and electronic nicotine delivery system use, gambling, physical self-harm, antisocial acts, and those involving sexual risk, unhealthy diets, and sedentary habits. The psychiatric conditions include depression and anxiety disorders, eating disorders and body dysmorphic disorder alongside overall reductions in self-esteem and self-satisfaction, substance use disorders related to the drugs listed previously, as well as various forms of psychological trauma resulting from cyberbullying or the like. As Haidt has eloquently argued (*ibid.*), social media and online habits have displaced the essential childhood and youth task of outdoor play and play in general, which has certainly produced grave consequences for physical health and can easily be linked to another pandemic—that of pediatric metabolic disease and obesity.

There is no biomedical debate about the fact that physical and mental health are contingent upon an adequate quantity and quality of sleep. A large UK based study investigated the correlation between level of social media use in adolescents and various types of sleep disturbance, finding that high utilization of social media was associated with greater likelihood of delayed sleep onset latency and higher occurrence of nighttime awakenings, alongside other parameters defining overall sleep quality (Scott, Biello, and Woods 2019). Others have tried to simply identify predictors of problematic social media use (PSMU) and determined that they include younger age, cyberbullying, intensity of electronic media communication, and preference for online social interaction (Duin, Heinz, and Willems 2021).

Conversely, social media can be beneficial when used and consumed in moderation and for healthy purposes. Its ubiquitous presence in both our national and global cultures as well as our quotidian lives has led some to argue for a societal responsibility wherein adults teach children how to be kind, prosocial, discovery-prone, mindful, and intellectually savvy digital citizens who harness the power of online worlds for learning, social engagement, and bettering the world (Culatta 2021). Some studies have highlighted specific positive uses such as social media's power for health promotion campaigns among adolescents, including those for healthy eating, exercise, and care of chronic medical conditions such as diabetes (Chung et al. 2021; Wu and Feng 2021).

As one example, the field of public health surveillance has contended with the ability of social media to function as a powerful tool for disseminating information and tracking case rates during a pandemic, as well as its destructive power to spread misinformation (Moore, Harris, and Hutti 2021). Scientists have articulated a call to action for more research on social media, while also asking how its platforms might help us address the crisis in access to mental health care as they have already allowed patients to access lifestyle coaching, peer support groups, verified mental health education tools, and the like (Naslund et al. 2020; Pagoto, Waring, and Xu 2019; Purba et al. 2023). AI researchers have proposed that we mitigate the deleterious effects of social media through use of "collective well-being-aware recommendation" algorithms alongside an educational virtual companion that operates via automatic processing and offers expert intervention and guidance, to be used in classrooms (Ognibene et al. 2023).

Among the most powerful features of social media is its capacity to increase human connection and build community across gulfs in geography and time—even perhaps help build tolerance (Hjetland et al. 2021). For example, we have seen our LGBTQ+ patients of all ages – especially those living in regions or locales without built-in support networks – find support and community online, which is critically important for development, self-esteem, chosen family and peer networks, friendship, and an overall sense of belonging. Transnational, cross-cultural, and bilingual families and communities (a permanent fixture in American society since its inception) have also benefited enormously from the ability to communicate easily and in real-time with loved ones and peers across borders and time zones. In recent years, we have also witnessed many of our patients tapping into productive discussions and debates, educational materials, and inspirational stories, which can all improve mental health and well-being.

In short, key to understanding the relationship between social media and mental health is the consideration of *what* and *how much* one consumes. Dubbed "The Goldilocks Hypothesis," one rigorous research study concluded that moderate digital-screen time may be beneficial for adolescent mental well-being (Kemp 2023; Przybylski and Weinstein 2017). Specifically, this research suggests that optimal use may be at the rate of one to two hours daily. Thereafter, it is likely that well-being decreases continuously as daily digital-screen time

increases. Furthermore, the best research takes into account the variable effects of time spent on movies and TV vs. gaming (videogames) vs. computers vs. smartphones. While it is important for youth to engage with technology and screen-time in a digitally connected world, doing so to an excessive degree necessarily takes children away from other pursuits like in-person play and socialization, schoolwork, non-digitally based hobbies, exercise and physical activity, and the like.

The prescription of moderate digital screen-time and social media use is one that parents and families can easily understand. However, parents and caregivers struggle with setting firm limits on social media use for their children, and we have noticed in our clinical work that they are often ill at ease with healthy discipline and their own efficacy in this area. There is often major worry and discomfort around how to approach conversations with kids and safeguard against overuse of social media, or correct for it through the establishment of good daily habits and limitations. Children, adolescents, young adults, parents, and families on the whole are in dire need of practical tools to address and collaborate on the role of social media (and digital-screen time) use in their lives.

From Suicide Safety Plans to Social Media Safety

We propose this social media safety plan as a user-friendly, collaborative, and effective tool to mitigate the imminent dangers and risks to mental health that are associated with social media use by children, adolescents, and young adults. This tool is informed and inspired by suicide safety plans as part of suicide safety planning (SSP), which have long shaped the standard of care for psychiatric discharges from inpatient units, emergency rooms, and comprehensive psychiatric emergency programs (CPEPs), as well as longitudinal outpatient care following occurrences of suicidal ideation or suicide attempts. In many systems including those of the Veterans Health Administration (VHA) where we first encountered them early in the course of our clinical training, they constitute an absolute requirement prior to discharge of the patient. The concept is straightforward. The suicide safety plan is an opportunity to accompany a patient in identifying the following and writing them down in a safety plan template in hard copy and electronically: personal triggers, times, and environments associated with suicidal ideation; social supports and psychosocial resources (including providers) the patient can contact in the moment along with phone numbers; immediate actions and sheer movements the patient can pursue to deter themselves from self-harm (i.e. leave my apartment and take a walk) in addition to any that tend to improve the emotional regulation or mood of the patient. The VHA first introduced the use of safety planning for suicide prevention in 2008 (Gamarra et al. 2015). In general, evidence derived from numerous studies demonstrates that SSP is effective for reducing suicide behavior and ideation (Marshall et al. 2023; Nuij et al. 2021).

Other research has confirmed the overall benefits of SSP, and importance as a tool to be utilized within and further stimulate development of mental health and primary care infrastructures, involving Veterans, their peers, family

members, and communities across rural and other resource-poor settings (Moscardini et al. 2020; Goodman et al. 2022; Spottswood et al. 2022; Melhem, Moutier, and Brent 2023; Woodward et al. 2023; Conti et al. 2020). One investigation looked at the impact of a workshop aimed at educating school staff regarding improvement of suicide-related policies and procedures in low or mixed socioeconomic status schools in New York State—staff members reported that major barriers to making practical changes were inadequate time and the stigma surrounding the issue of suicide (Breux and Boccio 2019). Fortunately with respect to social media, stigma is not a major issue—if anything, the ubiquitous presence of social media in the lives of youth, for various ends and effects, have made talking about it normal and inevitable. Our social media safety plan can be easily introduced in the classroom, clinic appointment, or club meeting, and then further pursued when time allows rather than needing to be completed immediately in one sitting. One study showed that there was greater self-knowledge of warning signs over time among participants who were given access to SSP with a mobile app component (Parrish et al. 2023) while others have found mobile apps were preferred in times of crisis but perhaps not in the long term. We advocate likewise for mobile and digital app based implementation of our plan, though we also feel strongly that the hard copy version is impactful and important for reasons further elaborated upon below.

The [REDACTED] Social Media Safety Plan

Both authors have worked at Veterans Health Administration Hospitals where we were rigorously trained to develop a suicide safety plan in collaboration with any veteran patient with any history of suicidality or self-harm, prior to their discharge from an inpatient psychiatric unit. Extrapolating from this, we recommend that every social media user who has experienced harm, fear, or compromised safety create such a plan, and similarly endorse it as a preventative measure and exercise for social media users who have not yet experienced any negative effects of their use.

Our social media safety plan is to be used proactively, in times of normalcy as well as crisis. While parental controls for digital devices and online platforms, official legal age requirements for online accounts, and individual parenting approaches abound, there is a dearth of practical tools that youth, families, schools, and communities can use to shape and alter social media use parameters, rules, and habits. Furthermore, providers in psychiatry, child and adolescent psychiatry, and mental health at large are often confronted with behaviors and issues related to social media use during already time and resource-limited appointments, providing a massive opportunity for interventions that are harm reduction-oriented and easy to disseminate. We propose one such tool, the [REDACTED] Social Media Safety Plan. While it has not yet been studied in a clinical trial, we have piloted its use with patients and families, worked on revisions and potential distinct versions of it, and presented it to larger audiences at mental health and technology conferences over the past year. The responses and feedback we have received, as well as reported anecdotal experiences with using it, have been overwhelmingly positive.

We are psychiatrists at [REDACTED], housed within the Department of Psychiatry and Behavioral Sciences¹ an academic lab leading necessary collaboration between academic medicine—clinical medicine, research, and public health—and digital tech companies to drive urgently needed innovations and interventions for our world's ongoing mental health pandemic. Our team worked with the social media company Pinterest to build out a mental well-being platform², which included therapeutic exercises, changing the user experience to improve user safety by treating potentially dangerous content differently from regular content, and changing the safety algorithm, which led to an 88% decrease in self-harm content accessible on Pinterest (Pardes 2019a; 2019b; Wiggers 2019). The use of this platform, called compassionate search, has burgeoned: it started in the US and is currently available in 23 countries (Pardes 2019a; Pinterest 2022).

With our colleagues, we also wrote guidelines for how social media companies can act to keep teens safe and advised TikTok on better screen time restrictions (Chaudhary and Vasan 2020; TikTok 2022). We are now working on applying these lessons learned in social media to the new AI platforms, whose use is growing rapidly. These experiences have been incredibly eye-opening and educational for us too, as medical experts, allowing the [REDACTED] team to learn first-hand the complexities of intersecting tech, business, legal, political, social, cultural, psychiatric, and public health interests that must be negotiated when working with tech companies to make their platforms healthier, safer, and more intentional for users. These projects have afforded us a unique perspective on what works in helping people improve and safeguard the parameters of their social media use.

We originally developed the [REDACTED] Social Media Safety Plan for youth (including kids, adolescents, and young adults, think ages when they start till about 25), who uniquely struggle with social media, but have since found it to be helpful for users of all ages. We drew upon the most prevalent issues and challenges we see in our daily clinical practice, which includes teletherapy and in-person adult patients, and children, adolescents and young adult patients spanning the ER/inpatient/clinic/school/residential treatment center contexts, with patient populations from the Bay Area, Silicon Valley, Boston, Greater New Haven, Greater Metropolitan New York, and Long Island.

The plan was conceived to maximize open conversation as well as a collaborative stance between parents or caregivers and children, notwithstanding recognition of the crucial role parents play as authority figures and guides for their kids. It allows users to identify their triggers as well as contemplate ways to engage with positive content online and eschew negative content. Its questions are also meant to inspire discussion around online kindness and digital etiquette, and even shared engagement online wherein kids and parents consume content side-by-side. We encourage parents and caregivers to use search engine or phone locks. Our great hope is that the plan can stimulate consideration of how to convert online interests into in-person

¹ <https://www.stanfordbrainstorm.com/>

² <https://wellbeing.pinterest.com/>

hobbies; furthermore, that it may galvanize kids and families to identify the need for social media and digital screen-time weans or vacation periods. The plan will be evaluated in forthcoming clinical trials. In the meantime, we look forward to any feedback from those who will use it now and in the imminent future.

An already unfolding child and adolescent mental health epidemic in the US has been aggravated and deepened partly by way of easy access to social media (and digital-screen time) with inadequate safeguards and monitoring in place. Legal regulation of tech companies and their social media platforms remains controversial to some extent—we believe it is necessary. Yet social media's impacts and related interventions require a multitiered biopsychosocial and cultural approach: at the level of the individual child, the family, the school, the state, the market, and the nation. At the level of youth and their parents or caregivers, practical tools are desperately needed. We propose the **Stanford Brainstorm** Social Media Safety Plan as one such significant tool.

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APPENDIX: The [REDACTED] Social Media Safety Plan

Directions: The first important aspect of creating a social media safety plan is that it be a conversation with youth and trusted adult(s), which could include parents, guardians, close relatives/caretakers, older siblings, teachers, coaches, counselors, etc. Talk to your children about your own social media use and how it impacts you: this is important to normalize negative feelings and the need for healthy behaviors, applicable to adults too. Set aside 30-60 minutes to talk to children for an initial conversation, and then follow up yearly and whenever issues come up for your child, their friends, or in the news. Like spring cleaning, this is best as a regular activity to clean out your feeds and accounts.

This is an especially valuable exercise that can be completed in school with the participation of an entire class, and could even involve inviting a social media expert in to address students.

If your child is resistant to this conversation, help them understand that this is about their health and safety, and furthermore, as a parent, it's your responsibility to help and protect them with respect to social media use, like many other areas of life. This conversation should not be connected to punishment. Instead, it should occur during a peaceful period of time, as the goal is for youth to open up and be in a good headspace when creating the safety plan. This conversation should be appropriate to the child's age, developmental stage, communication style, and personality. As we say in psychiatry, meet them where they are.

One of the main goals here is for youth to develop an awareness of how social media makes them *feel and what they end up doing as a result of those feelings* (ex: "When I see pictures of celebrities at the beach, it makes me feel insecure about my body. I then tell myself that I'm not good enough or beautiful or fit enough, and then I go to my room, close the door, and skip family dinner.")

Lastly, while we initially created this for youth given the urgent need, this is also valuable for adults - meaning all users—as we're all susceptible to the risks and negative effects of social media. By answering the questions below, you and your child can start to create your personalized [redacted] Social Media Safety Plan ([redacted] SMS).

The [redacted] Social Media Safety Plan

From the youth's perspective (encouraging self-reflection and validating their evolving thoughts, emotions, feelings, ideas, and dreams):

1. I currently use these social media platforms: _____. I access them on the following devices: _____. In addition to myself, _____ (no one vs. name the parent or guardian who is supervising/also has access) has access to my devices.

2. When I sign on to social media platforms, what am I wanting? What do I need? What am I feeling? What am I thinking about? How can I get these needs met *without* social media?
3. The content on social media that makes me happy, laugh, or generally improves my mood: _____. I will aim to follow more accounts featuring this content.
4. The content on social media that makes me feel depressed, anxious, stressed, triggered, or lowers my self-esteem: _____. I will remove or block these accounts.
5. When I post my own content online, I want to present an image of _____ and avoid _____.
6. I can be kind and spread positivity online by _____.
7. If I feel unsafe about a person I meet online or content I consume, I will talk to _____. I will also immediately alert _____ [any parent or caretaker who has access to child's devices, as named in prompt #1]. If I feel unsafe and my parent(s), teacher(s), or other caretakers are not physically present, I will send them a text message or screenshot. If I am feeling overwhelmed by my own thoughts, emotions, or feel at risk of self-harm or harm by someone else, I will call 988, the national and local mental health crisis hotline, or 911 if I need immediate in-person aid.
8. I will protect my personal privacy and general safety by naming the following safety buddies in addition to my parent(s): _____. I will call, text, or seek them out in person during an acute situation that makes me feel unsafe (as in prompt 8). I will read how each platform uses my information, and change the settings in a way that meets my safety goals and those of my parents or guardians. These may include limiting access to my profile or minimizing the amount of identifiable or personal information or content on my profile as follows: _____.
9. I will limit my social media use to these platforms: _____. I will stop using these platforms: _____.
10. [As necessary.] I will collaborate with my parent/guardian to wean myself off of the following social media platform(s) with the following wean schedule: _____.

11. [As necessary.] I will take a full social media vacation during the following period of time: [list dates] _____.
12. I will avoid spending more than _____ hours per day on social media. I will stop using social media by _____ PM on weekdays and by _____ PM on weekends. When I realize I am scrolling mindlessly, endlessly, or feel addicted to social media, I will take the following actions to stand up and help myself switch to the following different activities: _____.
13. I will place my phone in the following location 1-2 hours before bedtime: _____. I pledge to not go to bed with my phone. I will aim to be in bed by _____ and get _____ hours of sleep each night. (We recommend ending social media time at least one hour before bedtime to avoid sleep hygiene disruptions and help kids learn other bedtime-appropriate routines including personal hygiene and dental care, putting on PJs, dimming lights, engaging with a book or soothing music, or in-person talk and storytelling.)
14. If I spend less time on social media, I'll have more time for _____, which is something I care about and which is important to my sense of self, and/or overall well-being.
15. If I see something on a social media platform that could become a screen-free activity, hobby, or interest to explore, I will bring it up with my parent(s) and family members (including siblings). There are countless examples: sports and outdoor activities, board or card games, music, dance, paints, outdoor adventures, books, magazines or series including anime or manga, new foods, fashion, collectible items, contests that involve a new project or hobby, a bicycle, or anything that gets you curious or builds your dreams!

From the parent's perspective:

16. I will use the following search engine or phone locks on my child's devices: [list each device and the corresponding locks] _____.
17. My child and I will use social media together in the following positive ways, so that we sometimes consume and discuss the same content in real-time, or use it to bolster an educational activity, hobby, interest, or issue-based discussion:

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18. If I'm worried about my or my child's mental health, well-being, or safety, I will contact [medical professionals such as the child's pediatrician, and therapist/mental health professional where applicable] and access professional help for them ASAP. I will also make use of 988 and 911 as necessary, and as described in prompt 8.
19. I will endeavor to serve as a good role model for my child in my own use of social media, technology, and personal digital devices. To this end, I will make the following changes to my habits: _____. I will continue the following positive habits I cultivate in this area of daily life: _____.
20. I will revisit this safety plan with my child, reaffirm it or revise it however necessary, at regular intervals. For now, I will do so every _____ weeks.

Additional prompts can be added as desired: Create your own statements based on the specific issues that arise for you. For example, if you struggle with body image, you may seriously consider a social media vacation from all posts or accounts followed that feature beauty, fashion, and body shape/weight-focused content. If you struggle with an over-dependence or addiction to gaming, pornography, or gambling-inclusive platforms, you might consider a short vacation from them under the supervision of the parent, but with a clear plan for some positive and healthful reward to replace that time such as an IRL activity with a friend or parent.

To summarize these recommendations, when it comes to social media: Use social media positively, frugally, and most of all live a connected, in-person life. Youth, parents and loved ones should be actively involved in developing and implementing a social media safety plan. An essential 'SMS' for the future!