

Social Networking Sites and Mental Health Interventions in Youth

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Abstract

The beginning of mental health issues surges between adolescence and young adulthood, yet young people encounter treatment hurdles and are frequently hesitant to seek professional care. There is a promising opportunity to use social networking sites (SNSs) to deliver or integrate with youth-focused online mental health interventions as many people are instead turning to the Internet, particularly through social networking sites (SNSs), to find support and information about their mental health. A number of prior evaluations have assessed the efficacy of SNSs in treating certain illnesses in young people, but none have examined the whole range of SNS-based adolescent mental health therapies that are available for all types of mental health difficulties. This study aims to comprehensively identify the evidence that was available on the use of SNS-based therapies to support the mental health of young people up to the age of 25, to assess their efficacy, appropriateness, and safety, and to pinpoint any gaps and future research possibilities. With the use of exploding keywords and phrases, the PubMed and PsycINFO databases were searched. 235 articles were selected for full-text screening from the double-screened, retrieved abstracts (n=974). Nine articles out of these fulfilled the review inclusion criteria. A quantitative meta-analysis was not feasible because of the sparse number of studies and the variety of outcome measures utilised. 5 distinct interventions were addressed by the 9 publications (quantitative studies, qualitative studies, and descriptions of the iterative design process). Two of the five treatments made use of platforms specifically designed for the moderated online social therapy (MOST) paradigm, two used Facebook, and one involved the evaluation of a mobile app specifically designed for the purpose. The 2 MOST treatments addressed particular mental health conditions (depression and psychosis), whilst the rest worked to increase mental health knowledge, social support, and overall wellbeing. In order to provide proof of concept, only 3 quantitative studies were found, and they all employed a pre-post design (without a control group). The number of depressive symptoms and mental health knowledge were the only end variables that showed substantial changes, whereas there was no improvement in the symptoms of anxiety or psychosis. The SNS platforms were generally well-liked and actively used, and their perceived value and security were positive. It was determined that one of the more effective approaches was clinical specialists moderating. Users choose mobile applications over web-based interfaces when given the option. The examined data indicates that young people find SNS-based treatments to be very helpful, interesting, and encouraging. Future research must, however, address the existing dearth of reliable data supporting their effectiveness in easing mental health symptoms. Given that young people currently use SNSs for peer-to-peer support and information seeking, SNS-based youth mental health treatments offer a chance to address some of the obstacles that prevent them from gaining access to competent mental health help and information.

Keywords: Social networking • Social media • Mental health • Social support

Introduction

As mental illnesses account for about half of the non-fatal disease burden among persons aged 10 to 25, supporting the mental health of young people is a significant public health concern. With the start of mental health issues rising between adolescence and young adulthood, adolescence is a particularly susceptible time in a person's development [1]. As a result of young people's reluctance to seek professional assistance as well as obstacles to treatment including expense, a lack of information about mental health, worries about confidentiality, stigma, and lack of access to or awareness of options, many issues are not discovered until later in life. It is not unexpected that young people are increasingly looking for help and information on their mental health

online given that internet-enabled mobile devices have become a nearly ubiquitous part of adolescence and that 45% of adolescents claim to be online very constantly [2]. With almost everyone having at least one active social media account, social media has grown to be a significant component of communication for young people during the past ten years. The top users are frequently those who suffer from mental illnesses, and many of them claim that social media encourages user community and helps them feel welcomed and supported. Furthermore, a recent study discovered that actively discussing mental health issues with friends online was linked to a higher chance of receiving official mental health care. Social networking sites (SNSs), a type of social media, have emerged as the main online environment for teenage social support-seeking and communication. Within a limited system, SNS users build a profile they use to connect with other users and advertise their relationships to them. The posting of user-generated material and Web-based content, as well as features like, commenting, and tagging, are what keep SNSs alive and set them apart from Web 1.0 communication tools like message boards and online support groups.

There is a potential opportunity to use SNSs to deliver or integrate with youth-focused online mental health interventions given the hurdles to mental health assistance that young people must overcome and the fact that they are utilising SNSs naturally for information searching and peer-to-peer support. In comparison to other online mental health tools like online counselling, mobile applications, and online support groups, research into the use of SNSs to support and treat young people with mental health concerns is still

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in its infancy and is very fragmented [3]. Reviews of SNSs' efficacy in treating specific mental health disorders in young people and reviews of online peer-to-peer support for young people in general have been conducted, but none of the reviews have examined the full range of SNS-based youth mental health interventions that are available for all types of mental health issues. It is necessary to do a comprehensive evaluation of the literature on the use of SNS-based therapies to assist young people's mental health in order to assess their efficacy, appropriateness, and safety as well as to find any gaps in the material and potential areas for future study.

Literature Review

Searching and screening technique

The recommended reporting items for systematic reviews and meta-analyses (PRISMA) criteria were used to conduct this systematic review. Medical Subject Headings terms were used to search PubMed, while exploded terms and phrases were used to search PsycINFO. English-language publications published in peer-reviewed journals between August 2001 and September 2022 were the only ones that could be found during the June 2022 searches. The database searches produced a total of 1020 entries, of which 60 duplicates were eliminated, of which 592 were from PubMed and 428 were from PsycINFO. In addition, 14 records were found by conducting manual searches of earlier reviews, important journals, and important publications' reference lists [1-2]. Title and abstract exclusion and full-text exclusion were the two rounds of the screening procedure. Reviewers separately evaluated each record to determine its applicability for inclusion at both phases. Discussion amongst the reviewers helped to settle any disagreements. 739 of the 974 entries found (after duplicates were eliminated) were deleted since it was clear from their titles and abstracts that they had nothing to do with using social networking sites to improve young people's mental health. Thus, 235 papers remained to be evaluated for eligibility in accordance with predetermined inclusion criteria. The following criteria were used to determine which studies would be included: (1) the record had to be an original empirical study (i.e., not a review or commentary); (2) the study's main goal had to be to address a specific mental health condition or to improve mental health and well-being generally; (3) the study had to look into the efficacy or effectiveness of a particular intervention using an SNS (as defined by Boyd and Ellison) to improve youth mental health. During the second screening step, a total of 36 articles were eliminated based on record type (such as review and commentary), and 16 were eliminated because they had nothing to do with mental health. A total of 135 papers were eliminated because they did not examine the efficacy or usefulness of an SNS-based intervention to enhance young people's mental health, and 39 articles were eliminated because their target audience was not young people between the ages of 10 and 25.

Outcome and analysis of data

A quantitative meta-analysis was not feasible due to the few papers included in this review, the exploratory character of those researches, and the range of outcome measures utilised. As a result, information about the features, usability, and engagement of the social networking components of the treatments are presented together with primary and secondary outcome measures linked to mental health. There are detailed descriptions of the nine contained articles. The uncontrolled pilot studies used a pre-post design in three of the nine publications, and four gave qualitative evaluations (2 of these evaluating 1 of the aforementioned pilot studies each). The final two papers described the iterative design processes of two of the research that had previously been included. The 9 featured publications together covered 5 distinct investigations. The publications were divided into categories based on the type of mental illness they addressed: depression ($n=2$), psychotic disorder or mood disorder with psychotic elements ($n=3$), and health literacy and well-being ($n=4$). Seven of the total articles were from Australia, and the other pieces came from the US and Hong Kong. Numerous studies from the United States and Europe were included in the first screening stage, but the majority of those that were concerned with supporting young people's mental health were excluded from the second screening stage because they were focusing

on the impact of naturally occurring SNS groups rather than interventions that were specifically designed to do so. In all, 3 different specifically designed SNSs were the subject of 7 publications (Horyzons, Rebound, and MindMax), whereas the remaining articles investigated therapies that utilised Facebook (one using a purpose-built Facebook game and the other using a closed Facebook group). Horyzons and Rebound were both based on the moderated online social therapy (MOST) model created by members of their research team, whereas MindMax adopted a modular strategy combining well-being science, video games, personal experience, and the experiences and stories of professional Australian Football League (AFL) players. Only MindMax was made accessible to the general public out of the applications that were created specifically for this.

Participants and outcome measures

The majority of the samples ($n=5$) were made up of individuals who self-reported having mental health issues that were pertinent to the particular study's topic. The two publications looking into the design of MindMax employed convenience samples from the app's intended audience [4], whereas the other two articles used nonclinical samples of college students. According to the criteria for inclusion, all research focused on promoting the mental health of children and/or adolescents, with the youngest participants in all of the studies being 15 years old. With the exception of the qualitative assessment of MindMax, which was based on focus interviews with 7 individuals (six men and one woman) with ages ranging from 24 to 49 years, all studies' mean participant ages fell within a range of 18 to 21 years (average of 35 years) [2-5]. Although the convenience sample for this initial usability research was primarily composed of individuals older than 25 years old, it was included in this evaluation because the MindMax app's target demographic is young people between the ages of 16 and 25. With the exception of the YBMen research, which focused on students who identified as black males, the other studies' gender distributions were fairly equal (42%–50% male) [6]. Participants were gathered through a variety of channels and techniques. The MindMax studies were based on focus interviews with AFL fans, players, gamers, mental health and well-being consumers, clinicians, researchers, and academics. The Horyzons and Rebound studies recruited from early intervention clinics. The Facebook studies came from an online network of university students. The Brief Psychiatric Rating Scale, the Calgary Sadness Scale for Schizophrenia, and the Beck Anxiety Inventory were employed by the Horyzons research to assess the reduction in symptoms of psychosis, depression, and anxiety, respectively. The study focused on mood disorders with psychotic aspects [7]. The primary outcome measure for the depression-focused Rebound study was the Montgomery-Asberg Depression Rating Scale (MADRS), which was scored by interviewers. Additional secondary measures included measures of anxiety, social and occupational functioning, use of strengths, social support, and social connectedness [3,4]. The researchers of the Facebook game study utilised a self-assessment questionnaire they had created to evaluate this primary goal, and then adapted items from the Motivated Strategies for Learning Questionnaire to evaluate learning motivation as the study's secondary objective [8]. Quantitative outcome measurements were gathered, according to the authors of the research conducted in a closed Facebook group, which also aimed to increase social support and mental health literacy. However, only the findings of the qualitative interviews have been made public to yet [8]. The MindMax research assessed the app's usability and first user experiences utilising participatory design workshops and focus interviews; at the time of this evaluation, results pertaining to the app's primary goal of enhancing mental health literacy and well-being were being evaluated.

Discussion

The objective of this systematic review was to locate research looking at the usage of SNS to promote young people's mental health. Nine papers reporting on five different studies in all were found. The remaining trials improved mental health knowledge, social support, and overall wellbeing. Of the 9 research, 2 focused on particular mental health conditions (depression and psychosis). There were only 3 quantitative studies found, and they all employed a pre-post design (without a control group) to prove a point rather than draw conclusions

regarding effectiveness. Despite the fact that this excluded any meta-analysis or assessment using the Effective Practice and Organization of Care quality standards, several of the outcome measures had hopeful findings, with notable decreases in depressed symptoms and considerable increases in mental health knowledge. Anxiety or psychotic symptoms, however, did not significantly improve. The platforms under study had generally positive assessments of utility and safety, as well as high levels of acceptability and usage. In none of the studies were there any negative incidences mentioned. Users preferred mobile applications over Web-based interfaces when given the option, and they valued getting notification notifications on their phones. Overall, this research showed proof of the potential of SNS-based therapies to help young people's mental health. Most studies found high levels of SNS platform engagement, with few dropouts and the majority of users regularly checking in, posting, and interacting with other users, moderators, and material at least once per week. Moderation was shown to be crucial to the treatments' effectiveness. Users regarded therapeutic interventions in the social networking environment most highly when they were directed by moderators, who they typically found to be approachable, encouraging, and compassionate. Peer moderators were also initially supported since they might serve as role models and assist other users' experiences; nevertheless, it is not recommended that they take the place of expert moderators with clinical knowledge.

Positive comments supporting previous literature was also obtained about the advantages of providing and receiving peer-to-peer help. The chance to interact with other young people of a similar age who have comparable experiences, backgrounds, and mental health challenges was cited by users of the MOST platforms as the intervention's most highly appreciated feature. Because only clients of the mental health agencies from which they had been recruited could access the sites, users felt protected and included in a network of peers who had gone through similar things. Users appeared to be more open to talking about their problems as a result of communicating with others who were going through similar struggles. There were signs that users felt supported, understood, and more socially connected. However, not all users were active in using the social networking features; qualitative data revealed that some users preferred to listen in on conversations as they happened. The first grouping did not enjoy online engagement and/or had adequate offline support, validating the typology of social media users that claims the more offline support a person has, the less frequently they engage with health-related information on social media. The second grouping of low interactors just felt too bashful, meaning that either there was not enough activity on the site for them to feel at ease striking up a discussion or that not knowing other users was a barrier (despite anonymity being one of the obvious advantages and aims of closed SNSs for supporting youth mental health). Participants in the YBMen project expressed a similar desire to interact with other users and suggested that holding sporadic face-to-face meetings would have improved the intervention (although the authors point out that this may have been influenced by the project's affiliation with an existing offline group).

As shown by a high level of involvement with both and favourable qualitative user feedback, the integration of the social networking components with the psycho education and therapy modules in the MOST treatments was generally seen as effective. The platforms for MindMax and Ching Ching Story also attempted to incorporate social networking features with the online education activities around mental health literacy, for instance by encouraging users to write about their accomplishments in finishing exercises and remark on others' triumphs. However, there was no proof shown to support the idea that the social networking features were effectively used during the testing of these 2 platforms (although it was stated that social connectedness of MindMax users will be reported in a future evaluation of a naturalistic trial) [9,10].

Conclusion

The use of SNS for assisting young people's mental health has previously been the subject of updates and extensions that have solely addressed certain diseases. This review suggests that SNSs may be helpful in providing mental health assistance to both clinical and nonclinical populations by extending the scope to encompass all facets of mental health, including mental health

literacy. Furthermore, it implies that users would want to be able to receive SNS treatments on their mobile devices and emphasises the significance of integrating end users in all phases of intervention and platform design development according to participatory design principles. According to the data analysed, SNS-based treatments are very helpful, interesting, and supportive to young people. However, there is still a paucity of credible research supporting their ability to lessen mental health problems. There is a particular need for greater research regarding the appropriateness of SNS-based therapies for adolescents less than 18 years old because the majority of data provided in the evaluated studies came from individuals who were older than 18. Now that proof-of-concept has been established for some of the SNS interventions discussed here, higher standard studies are needed (i.e., randomised controlled trials over longer time periods), with populations that concentrate on adolescents as well as young adults, to expand the body of knowledge in this area and answer the following open questions: Which elements of SNS therapies benefit users the most, and how do they influence the outcomes in terms of mental health? Do abilities learned online transfer to long-term gains in functioning and wellbeing offline? Are some mental health conditions and/or user life stages more appropriate for SNS therapies than others? How much involvement from consumers is necessary for benefits to occur? , Are users more benefited by mobile apps and mobile-friendly interfaces? Also, is there an ideal user group or community size? The evaluation of multi-component therapies, gathering online objective measurements of mental health outcomes, and dealing with varying degrees of engagement and retention over extended periods are just a few of the methodological issues that need to be addressed.

The data analysed as a whole reveals that SNS-based therapies were safe, interesting, helpful, and supportive for both clinical and nonclinical users. The advantages of SNS-based treatments for promoting juvenile mental health seem to outweigh any possible hazards when they are controlled, ideally by mental health specialists. SNS-based youth mental health interventions offer a promising opportunity to help address some of the challenges young people encounter when trying to access qualified mental health support and information, given that young people are already using SNSs to engage in knowledge seeking and peer-to-peer support. Additionally, they provide an opportunity to combine the well acknowledged advantages of peer-to-peer assistance with easily available and affordable online interventions.

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Conflict of Interest

None.

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