Relationship Between Adolescent Suicidality, Self-Injury, and Media Habits

Erin L. Belfort, MD*, Lindsey Miller, MD

KEYWORDS

• Social media • Adolescence • Suicidality • Nonsuicidal self-injury (NSSI)
• Contagion

KEY POINTS

- Adolescents grow up immersed in media, which will continue to be ubiquitous in their lives.
- A significant body of research demonstrates links between social media or Internet use and risk-taking behaviors among adolescents.
- Social media is linked to nonsuicidal self-injury and suicidal ideation, but the relationship is complex and not necessarily a causal one.
- Mental health practitioners must partner with adolescents to take a screen media history that distinguishes types and extent of use, content, and psychological impact.

CASE PRESENTATION

Emma, a 15-year-old white girl living with her mother and younger sister, presented to a local emergency room after posting a suicidal statement on Facebook. A friend saw the message shortly after it was posted and told her own mother, who called Emma's mother out of concern. This prompted the emergency room visit and Emma's first psychiatric assessment. In the course of the evaluation, it was determined that Emma met criteria for major depressive disorder and had been struggling with depressive symptoms for the last 6 months in the context of several social stressors. Her parents had divorced at the beginning of her freshman year of high school and she had had a falling out with a childhood best friend. In the emergency room, she reported weeks of increasing suicidal thoughts, including some planning and intent to end her life. She and her mother agreed to a voluntary psychiatric admission and she was transferred to the adolescent inpatient unit.

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Department of Psychiatry, Maine Medical Center, 66 Bramhall Street, Portland, ME 04101, USA
* Corresponding author.
E-mail address: ebelfort@mmc.org

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On the unit, she worked closed with a child psychiatry fellow who discovered that Emma had increasingly withdrawn from friends and family in recent months. She had stopped participating in her usual extracurricular activities. Emma reported spending most of her time alone in her room, using her smartphone almost constantly, and feeling panicked and empty when she did not have access to it. She communicated via text and private messaging on Facebook with 1 or 2 friends, sending hundreds of messages a day. Emma became increasingly anxious about missing out on social activities and would obsessively comb through Facebook to see if there were photos of parties or events she had not been invited to. A few months before, she searched the word "cutting" online and found how-to videos on YouTube that were very appealing to her. Emma identified with the emo culture she discovered and started following related blogs, occasionally posting an anonymous comment. She admitted to superficially cutting her thighs for the last 3 months, which she felt relieved her emotional pain, though she was ashamed and embarrassed about her behavior. Emma reported that a main source of stress at home was arguments with her mother around household chores. She felt incapable of doing the assigned chores due to her depression, and her mother often took away her phone as punishment when they were left undone. This led Emma to feel worse and further disconnected from the few social supports she relied on.

In addition to starting a selective serotonin reuptake inhibitor for her depression, Emma engaged in family sessions while on the adolescent unit, facilitated by a child psychiatry fellow. She identified her use of her smartphone and other screens had become problematic, worsening her mood and interfering with healthier coping strategies. Emma liked some of the dialectical behavioral therapy skills that she had learned on the unit and agreed to work with a therapist after discharge. She decided she would stop visiting cutting blogs and videos on YouTube, and agreed that her mother might have a supportive role. Emma and her mother renegotiated the rules around her smartphone, she agreed to turn her phone in at 9 PM every night, and her mother agreed to use alternative consequences for undone chores rather than taking away her cell phone. Both wanted better communication and a closer relationship, and agreed to make this a goal of Emma's treatment planning.

Discussion of Emma's use of screens and social media became a central part of the assessment and treatment provided to Emma and her family during her hospitalization. Allowing Emma to be ambivalent about her social media use and then to self-identify the ways in which her use was problematic facilitated her to join with her mother to be a part of the problem-solving. Additionally, Emma's family could help her fight social media fire with social media water. For example, instead of following blogs and posting anonymous comments, perhaps she could create her own private supportive blog and the team could enlist family to support her both offline and online.[1]

INTRODUCTION

Americans, adolescents in particular, are more engaged with media than ever before. Concern around adolescent overuse of media is not a new phenomenon. In the past, parents may have worried about the amount of time their children watched television or the content of the shows, movies, or music consumed. Now, fears have shifted to concerns about violent video game use, Internet addiction, social media use, sexting, online pornography exposure, and cyberbullying. Many of these topics are addressed in related articles in this issue.

More than 90% of teens report daily Internet use and 22% reported using the Internet almost constantly.[2] A Common Sense Media report from 2015, notes that,