Social media and anxiety: how community nurses can promote young people's mental health

Vanessa Heaslip, Nikki Glendening and Jasmine Snowden

- Vanessa Heaslip, Professor of Nursing and Healthcare Equity, School of Health and Society, University of Salford, Manchester England and Visiting Associate Professor University of Stavanger, Norway @HeaslipVanessa
- Nikki Glendening, Principal Academic, Department of Nursing Science, Bournemouth University Bournemouth.
- Jasmine Snowden Lecturer in Mental Health Nursing, Department of Nursing Science, Bournemouth University Bournemouth.

Correspondence: v.a.heaslip@salford.ac.uk

Please cite paper as Heaslip V, Glendening N, Snowden J (2022) Social media and anxiety: how community nurses can promote young people's mental health. Nursing Standard. doi: 10.7748/ns.2022.e11967

Abstract

There are increasing concerns about the mental health and well-being of young people, including how this has been negatively affected by the coronavirus disease 2019 (COVID-19) pandemic and social media. Community nurses are in an ideal position to promote positive mental health and ensure timely referral to appropriate services to ensure that young people can access the support they need. This article explores how the pandemic and social media have affected young people's mental health, particularly in relation to anxiety. It also explains how nurses can discuss these issues with young people and their parents or guardians about mental health and social media.

Keywords

adolescents, anxiety, child and adolescent mental health, child health, communication, mental health, mental health therapies, professional, psychosocial interventions, social media

Aims and intended learning outcomes

The aim of this article is to enable nurses to consider the effects that social media can have on anxiety levels in young people and to assist nurses in promoting mental health among this population. There are various definitions of what constitutes 'young people', but in the context of this article it refers to those aged up to 18 years. After reading this article and completing the time out activities you should be able to:

- Explain the difference between mental health and a mental illness or disorder.
- Recognise why the coronavirus disease 2019 (COVID-19) and increased social media use have led to concerns about the mental health of young people.
- Understand the nurse's role in promoting mental health and well-being.
- Feel confident in having conversations with young people about mental health and referring them to appropriate support services.

Introduction

The Department of Health (DH) (2011) No Health Without Mental Health strategy states that one cannot have good health unless one's mental health is also good. This is also recognised in the World Health Organization (WHO) (2006) constitution, which emphasises that 'health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. While this definition has been critiqued for its focus on 'complete' well-being, which many authors have suggested perceives health in absolute terms, unrealistic in contemporary society where many people live with chronic illness (Huber et al 2011), it is used here to reflect the multidimensional nature of health.

Mental health is a core aspect of what makes us human, influencing the way in which we engage with others socially and professionally, as well as how we learn (United Nations 2020). Considering this, it is reasonable to expect that at times people's mental health will fluctuate, with periods of higher and lower mental health. However, such fluctuations do not necessarily constitute a mental illness. In contrast, a mental illness or disorder is characterised by a characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour' (WHO 2022a). An example that illustrates the difference between mental health and a mental illness or disorder is in relation to worry and anxiety. Worry is a natural human emotion which most people experience at times. For example, a young person may have feelings of worry and anxiety when starting a new school or if they have upcoming exams, and this can result in positive actions such as motivating them to connect with others or revise for their exams. However, worry could escalate to an anxiety disorder if the frequency, intensity and duration of a young person's symptoms have a significant negative effect on their everyday life, for example if they feel unable to get out of bed or attend school because of it. Examples of anxiety disorders include generalised anxiety disorder (GAD) and obsessive-compulsive disorder (OCD).

Common mental illnesses in young people include: emotional disorders, for example anxiety and depression which may involve suicidal thoughts and self-harm; behavioural disorders, for example attention deficit hyperactivity disorder and conduct disorders (oppositional defiant disorder) and eating disorders (anorexia and bulimia nervosa); suicidal thoughts; and self-harm (WHO 2021a).

Mental health and COVID-19

While the COVID-19 pandemic was an infectious respiratory disease caused by the SARS-CoV-2 (WHO 2022) virus, its wider mental health implications cannot be ignored. The UK, alongside many other countries worldwide, implemented containment measures (lockdowns) in an attempt to reduce the spread of infection, and this affected young people's mental health in several ways. For example, these lockdowns reduced social contact, with most school premises being closed and lessons moved online. An online retrospective survey of 407 pupils in one secondary school in Wales (Walters et al., 2022) identified that pupils reported a reduction in concentration, engagement, learning and self-worth during online lessons. Furthermore, Loades et al., (2020) rapid systematic review of 83 studies examining the effect on mental health of children and adolescents during COVID-19 containment measures identified that social isolation and loneliness increased the risk of feelings of depression and anxiety. In addition, there was increased unemployment in families (Office for National Statistics 2021) because many industries were adversely affected during the pandemic, leading to financial stresses. This has subsequently affected young people due to digital poverty and their inability to access online education (UK Parliament 2020). Furthermore, a survey by BBC Children in Need (2020) that was sent to organisations in receipt of funding by them for projects identified that young people were concerned about themselves or their families contracting COVID-19.

All these factors have led to widespread concerns regarding the long-term mental health implications for young people (United Nations 2020). National surveys have identified that older secondary school young people and girls in secondary schools reported lower well-being scores for happiness, life satisfaction, worthwhileness, as well as higher anxiety levels (Office for Health Improvement and Disparities 2022a).

Time Out 1

If appropriate to the situation and circumstances, speak to young people about their experiences of living through the COVID-19 pandemic. Alternatively, read the BBC Children in Need (2020) document Understanding the impact of COVID-19 on children and young people, making notes on the effects that COVID-19 has had on young people's mental health and well-being. How can you use these new insights in your role as a nurse?

Mental illness in young people

As noted previously, mental illness is measured in terms of the nature of a person's mental health issue alongside the intensity, frequency and duration of their symptoms and effect it has on their daily life. For example, a young person who experiences feeling anxious often and for long periods of time which results in them being unable to leave their house, socialise or attend school, would be diagnosed with an anxiety

disorder. The WHO (2021b) recognises that young people living in poverty, those from lesbian, gay, bisexual, transgender and queer (or questioning) community (LGBTQ+) or ethnic minority communities, those living with chronic illness, those who misuse substances, and those who experience neglect and violence are at a significantly higher risk of experiencing mental health issues. It is recognised that up to 50% of mental health disorders in adults begin before the age of 14 years and suicide is the second leading cause of death in young people (WHO 2021b).

Figures from NHS Digital (2021a) identified that rates of probable disorders in 6-16 year olds have increased from around 12% to more than 17%, and among 17-19 year olds from 10% to more than 17% and that 39% of 6-16 year olds and 53% of 17-23 year olds have experienced a deterioration in their mental health between 2017 to 2021 (NHS Digital 2021a). However, it is important to recognise that many young people who are likely living with a mental health disorder will not receive a diagnosis due to a variety of issues such as accepting they need help, willingness to seek support and lack of access to appropriate services, and therefore will not have access to treatment (WHO 2021a). Stigma relating to mental health can perpetuate this issue. A meta-analysis of 29 studies which included more than 80,000 young people globally, identified clinically elevated child and adolescent depression (25%) and anxiety (21%) during the COVID-19 pandemic (Racine et al., 2021). Similarly, a systematic review by Samji et al., (2022) – which included data on around 128,000 children noted that older adolescents, girls, neurodivergent young people and those living with a chronic physical condition – were more likely to experience negative mental health outcomes. In response to the worldwide concerns about mental health, the WHO strategy (2021b) identified the objectives outlined in Table 1.

Table 1 World Health Organisation Comprehensive Mental Health Action Plan (2103-2030) objectives

Objectives	**Actions**
To strengthen effective leadership and governance for mental health	• Government to put into place institutional, financial, and service arrangements to ensure needs are met • Inclusion of mental health issues within public health programmes
To provide comprehensive, integrated, and responsive mental health and social care services in community-based settings	• Integration of mental health care and treatment into general hospital and primary care • Continuity of care between providers • Community based service to focus on recovery approach • Active involvement of service users in reorganisation, delivery, evaluation, and monitoring of services • Greater collaboration with 'informal' mental health care providers such as families and schools

To implement strategies for promotion and prevention in mental health	• Children and adolescents should be provided with early intervention through evidence based psychosocial and other non-pharmacological interventions based in the community • Broad strategies for mental health promotion across the life course including suicide prevention
To strengthen information systems, evidence, and research for mental health	• Good data sets which include the prevalence of meta disorders and major risk factors, access to treatment, health outcome data and social and economic data

Time Out 2

Review the objectives from the World Health Organization Comprehensive Mental Health Action Plan (2013-2030) (WHO 2021b). Consider how many of the actions identified are currently available within your practice area

Young people and social media

Over the past 20 years, smartphones have become increasingly popular (Jackson 2018), with 53% of children in the UK having a phone by the age of 7 years (Childwise 2020). This expansion in the use of smartphones is part of a larger digital transformation that has a led to greater use of technology daily. Four out of five children aged 7-16 years now have access to the internet in their own room (Childwise 2020) and 87% of those aged 12-15 years used social media sites or apps (Ofcom 2021a), spending up to 5 hours per day on the internet (Ofcom 2021b). Furthermore, during the COVID-19 pandemic young people had greater access to social media due to the lack of school attendance (Stockdale and Coyne 2020).

Digital technology can have various benefits for young people, including enabling them to navigate intimate peer relationships, establish autonomy from their parents and providing them with a means to explore their identity (Ehrenreich et al., 2021). However, there are also concerns that increased screen time may have a detrimental effect on their mental health. Research on this has produced mixed results; for example, a study by Watson et al., (2022) involving 441 adolescents identified a statistically significant link between excessive use of social media and anxiety, while a systematic review identified a general correlation between social media use and mental health issues (Keles et al., 2020). In contrast, an umbrella review that included seven meta-analysis, nine systematic and nine narrative reviews identified that five of the meta-analysis revealed an association between social network sites and higher levels of ill-being, with the systematic and narrative reviews identifying the effects of social media use on mental illness to be small and inconsistent across the different studies (Valkenburg et al., 2022). Despite this, parents and guardians are often concerned about a link between digital technology and increased feelings of anxiety and depression among young people

(Organisation for Economic Co-operation and Development 2018). Many parents and guardians feel they are 'fighting a losing battle' against social media due to the content children and young people are exposed to online (Worsley et al., 2018). While many parents may set filters on their children's phones to inhibit accessing inappropriate materials – such as self-harm and anorexia promotion websites – many young people have high levels of digital competence and can therefore bypass these filters. Furthermore, on social media, young people and families often post about the positive aspects of their lives and show highly edited images to enhance their self-esteem by receiving more 'likes'. This can affect the anxiety levels of young people as they compare themselves to others, adding external pressure not only due to the 'fear of missing out', but also potentially leading to a temporary boost in self-esteem which then increases anxiety when validation is not received (Liu et al., 2021, Uram and Skalski 2022). This, we argue, leaves little room for experiencing other emotions such as sadness or euthymia (a tranquil or calm mental state) as they may be deemed as 'unacceptable.' The effect of this is that young people may feel that they are not 'achieving' unless they are 'happy'.

While healthcare professionals should raise awareness around mental health, caution is also required because young people can sometimes use mental illness to shape and define their identity. For example, they may research anxiety symptoms and then define themselves as having an anxiety disorder when this has not been diagnosed (Keles et al., 2020). Social media platforms such as TikTok and Instagram show videos which label worry (a normal human experience) about certain subjects as an anxiety disorder (mental illness), thereby not making clear distinctions between mental health and a mental disorder. This might mean that young people are not aware of the difference between worry and a diagnosable mental illness (Medruţ 2021).

Mental health services for young people and the role of parents

There are a range of services available to support young people, ranging from low-level support to high-intensity interventions. Figure 1 shows the community mental health services tiers.

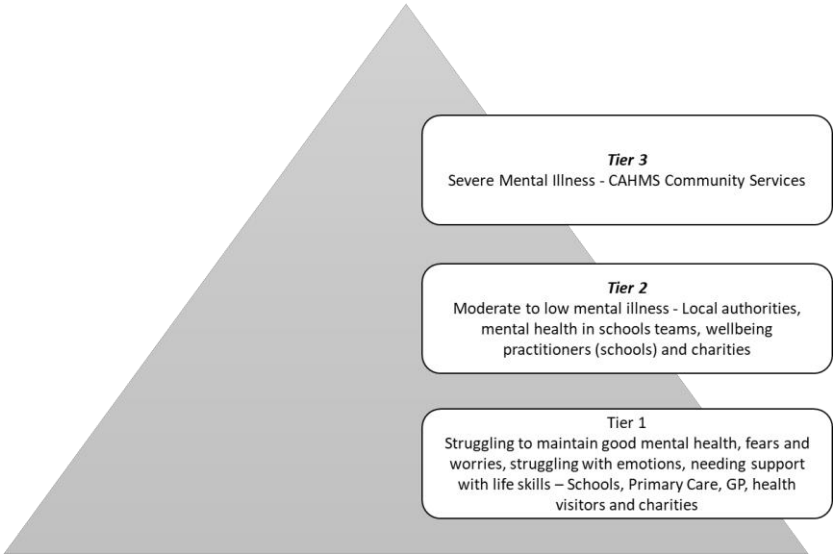

Figure 1 Community mental health services tiers - Adapted from the Houses of Parliament Health Committee (2014)

Using the example of anxiety, for low-level worry and anxiety, then depending on the severity of the young person's anxiety they could access tier 1 or 2 services such as their GP, community nurses, charities or education mental health practitioners who are trained mental health practitioners working in schools, mental health teams delivering low intensity interventions such as Cognitive Behaviour Therapy (CBT (Figure 1). The authors suggest that community nurses – such as school nurses, practice nurses, health visitors, paediatric nurses and mental health nurses – are in an ideal position to support young people to manage their anxiety and to promote effective coping strategies. Community nurses can provide information to young people and/or their parents or guardians on local support groups or school-based services that can provide cognitive behavioural therapy (CBT)-based interventions, advice and talking therapies. CBT focuses on a person's thoughts and aims to change their reaction to these thoughts in the hope of reducing anxiety, it achieves this through developing an understanding the links between what individuals think, how they feel and what they do, challenging any negative thoughts and behaviours and helping individuals to identify different approaches to situations (Royal College of Psychiatrists 2022). Talking therapies which include CBT, but also other therapies such as Acceptance and Commitment therapy (ACT), Dialectical Behaviour Therapy (DBT) to name a few are helpful for young people experiencing anxiety and can be accessed through the GP, educational mental health practitioners in schools or through private counselling will give the young person space to talk through their anxieties with a trained professional supporting them to develop strategies to manage their anxiety

Time Out 3

How aware are you of the local services to support young people's mental health in your practice area? Find out about your local services and referral processes so you can share this with young people and/or their parents or guardians who are concerned about their child's mental health and well-being

Some services, such as the mental health support teams (MHSTs) in schools offer both low and high-intensity CBT (tier 2). Low-intensity CBT can be delivered by a trained non-mental health practitioner utilising self-help materials and typically is six hours or less of contact, with each contact being 30 minutes or less, whereas high-intensity CBT is delivered by a qualified mental health practitioner trained in CBT on a weekly basis for up to 20 sessions. High-intensity CBT is used for anxiety disorders such as OCD as well as other mental health conditions such as depression. Delivering these interventions enables MHSTs to manage young people who have moderate anxiety. If a young person is experiencing severe anxiety – for example if it means they are unable to attend school, cannot leave their house and/or are isolating themselves from others – then they could be referred to specialist child and adolescent mental health services (CAHMS) (tier 3). This is due to the likelihood of the levels of anxiety having long-term effects on their functioning and detrimental effects on their development. CAMHS can provide talking therapies, pharmacological intervention and one-to-one support.

It is important to recognise the multiple challenges affecting CAMHS service provision in the UK, including under-resourcing, long waiting lists, barriers to access and the complexities of the pathways to care (Care Quality Commission 2017, Crenna-Jennings and Hutchinson 2020). The COVID-19 pandemic has further affected service provision, with the number of referrals to CAMHS subsequently doubling or tripling in some areas, thus reducing young people's access to support (NHS Digital 2021b). The lack of early intervention and prevention strategies and crisis care delivery have been identified as aspects of care requiring urgent improvement (Lamb and Murphy 2013, DH and NHS England 2015). In light of these resource challenges, it is important that low-level support for young people is offered by community nurses, including children nurses, school nurses, practice nurses and health visitors.

Time Out 4

Consider the young people and families you care for in your practice setting. Do they have symptoms of worry or severe anxiety? Do you know what coping strategies they currently use or have used to manage their worry?

The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates (Nursing and Midwifery Council 2018) states that nurses must ensure people's physical, social, and psychological needs are met, and pay attention to promoting their health and well-being. In addition, the Making Every Contact Count (MECC) (Health Education England 2022a) initiative which is aimed at addressing long term conditions through utilising the day to day interactions staff have with people, supporting them to make changes to their physical and mental health and wellbeing and as such is crucial to reducing the severity of mental illness. Part of the Making Every Contact Count guidance focuses on life issues, one of these being 'improving mental health and wellbeing'. Despite this, there is a wealth of evidence that children's nurses,

school nurses and primary health care nurses do not feel confident to have conversations about mental health and well-being (Grieve 2019, Kaskoun and McCabe 2022, McInnes et al., 2022). In response to this Health Education England (2022b) has initiated the MECC for Mental Health training programme which is seeking to project is seeking to develop and deliver a training programmes aimed at staff working in primary and community care settings to become mental health promotion lead trainers to assist staff in feeling confident in having discussions on mental health and to normalise these conversations.

In the context of social media and mental health, there are simple strategies that nurses can discuss with young people and/or their parents or guardians. These include role modelling limiting social media use and promoting a 'digital detox', for example a study by Brown and Kuss (2020) noted that a seven-day absence from social media was associated with an increase in mental wellbeing and social connectedness and a decrease in fear of missing out. Furthermore, Office for Health Improvement and Disparities (2022b) guidance on well-being and mental health states that front-line healthcare professionals should use basic coaching techniques to support people in mental distress. Table 2 provides suggestions for nurses when talking about mental health. These techniques can support conversations with young people about how they feel, as well as to understand what they want from healthcare services so that the nurse can refer or deliver the care the person wants.

Table 2 Table 2 Suggestions for nurses when talking about mental health (Adapted from Lowe 2019 and, Mind (Undated))

• Be authentic, making sure the person feels you really want to know how they are
• Listen and reflect, using open questions such as 'How have you been feeling?' and 'What is that like for you?'. Give the person the opportunity to explain what they are experiencing and what it is like for them, rather than making assumptions about this. Use close questions for clarification, such as 'You say you have felt like this for the past week, is that correct?'
• Paraphrase what the person has said back to them to show you are listing and to reduce any potential misunderstandings. For example, 'You say you are currently experiencing trouble sleeping, is this correct?'
• Be patient, remembering that it is challenging for some people to express how they feel. The person may need to develop a rapport with you before they feel comfortable sharing their feelings and thoughts with you
• Show empathy, appreciating how they may be feeling
• Ask how you can help, giving the person the opportunity to tell you what they need and then taking appropriate action

These techniques could be used alongside cognitive reappraisal techniques such as looking at the situation, reflecting on the thoughts and emotions, then changing the thoughts and response in the future. This can empower the young person and promotes independence in managing their mental health (Taylor Dryman and Heimberg 2018). Healthcare professionals can provide positive phrases around the reality for example:

- Reality: 'My assignment is due to on Friday.'
- Healthcare professional: 'If you schedule your work and ask for support, you can get through this'
- Reaction: Calm, euthymic, reduced worry.
- Negative responses would result in a 'negative' reaction:
- Healthcare professional: 'You should have finished this sooner' 'This is your fault'
- Reaction: Anxiety, sadness, guilt which may create avoidance, and which then results in a higher level of anxiety later.

Addressing stigma and discrimination is an essential aspect of the nurse's role. Stigma related to mental illness is a well-known issue and this is often perpetuated by social media (Robinson et al., 2019) for example people living with a mental illness are often portrayed in television programmes, in films and in papers as violent and aggressive and this instils fear around mental illness. Stigma is a broad term used to describe 'negativity towards a defined group of people' (YMCA and NHS 2016). Within this overarching definition there are three categories (YMCA and NHS 2016):

- Public stigma – perpetuated through social media.
- Self-stigma – internalisation of negative stereotypes, affecting self-esteem.
- Label avoidance – such as not accessing mental health services to avoid the stigmatising label.

Nurses have a role in addressing stigma; for example, public stigma, nurses can challenge stereotypical views of mental illness when they hear these identifying that people with a mental illness are more likely to hurt themselves than others; in self stigma this can be addressed through nurses having a positive regard treating people living with a mental illness with dignity and respect and normalising conversations around mental illness addresses label avoidance. Nurses can use clinical guidance and judgement to assess young people's level of worry and anxiety, while ensuring that they take the young person seriously and signpost them to appropriate support (Standing 2020). It is recommended that community nurses adopt a non-judgemental approach when speaking to the young person and understand how worry is affecting them. Nurses could also increase their presence on social media and use these platforms to talk about mental health and well-being, address myths and stigma around mental illness, and assist young people experiencing anxiety to access appropriate support (Worsley et al., 2018).

Conclusion

There has been a growth in the number of young people being diagnosed with common mental disorders and this has been exacerbated by the COVID-19 pandemic. Some evidence indicates that social media has a negative effect on young people's mental health, but further research is required in this area. Mental health services for young people are under pressure and underfunded, leaving many individuals without the support they require. Without early identification, support and signposting, there is a risk that young people will experience long-term mental health issues. Community nurses working with young people are ideally placed to address these issues and to promote positive mental health, through normalising fluctuation in emotions such as worry and promoting early access to services, as well as early identifying and signposting for those with more significant needs. To achieve this, nurses need to be confident in having conversations with young people about their mental health and how this may be affected by social media

Time Out 5

Identify how promoting young people's mental health applies to your practice and the requirements of your regulatory body

References

BBC Children in Need (2020) Understanding the Impact of COVID-19 on Children and Young People: Early Pandemic Period April - May 2020. www.bbcchildreninneed.co.uk/wp-content/uploads/2020/11/CN1081-Impact-Report.pdf (Last accessed: 22 September 2022.)

Brown L, and Kuss D.J (2020) Fear of Missing Out, Mental Wellbeing, and Social Connectedness: A Seven-Day Social Media Abstinence Trial. Int J Environ Res Public Health. 17, 12, 4566. doi: 10.3390/ijerph17124566

Care Quality Commission (2017) Review of Children and Young People's Mental Health Services. www.cqc.org.uk/sites/default/files/20171103_cypmhphase1_report.pdf (Last accessed: 22 September 2022.)

Childwise (2020) Childhood 2020: New Independent Report. www.childwise.co.uk/uploads/3/1/6/5/31656353/childwise_press_release_-_monitor_2020_-_immediate_release.pdf (Last accessed: 22 September 2022.)

Crenna-Jennings W, Hutchinson J (2020) Access to Child and Adolescent Mental Health Services in 2019. epi.org.uk/publications-and-research/access-to-child-and-adolescent-mental-health-services-in-2019 (Last accessed: 22 September 2022.)

Department of Health (2011) No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages

assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/138253/dh_124058.pdf (Last accessed: 22 September 2022.)

Department of Health, NHS England (2015) Future in Mind: Promoting, Protecting and Improving our Children and Young People's Mental Health and Wellbeing. assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf (Last accessed: 22 September 2022.)

Ehrenreich SE, George MJ, Burnell K et al (2021) Importance of digital communication in adolescents' development: theoretical and empirical advancements in the last decade. Research on Adolescence. 31, 4, 928-943. doi: 10.1111/jora.12643

Grieve R (2019) How well equipped are children's nurses to deal with mental health conditions? Nursing Children and Young People. 31, 2, 18. doi: 10.7748/ncyp.31.2.18.s14

Health Education England (2022a) Making Every Contact Count (MECC). www.makingeverycontactcount.co.uk (Last accessed: 22 September 2022.)

Health Education England (2022b) Making Every Contact Count (MECC). https://www.rsph.org.uk/our-work/programmes-hub/making-every-contact-count-mecc-for-mental-health-training-programme.html (Last accessed: 5 October.)

Houses of Parliament Health Committee (2014). Third report Children and adolescent mental health and CAMHS. https://publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/34202.htm (last accessed 5 October 2022)

Huber M, Knottnerus JA, Green L et al (2011) How should we define health? BMJ. 343, d4163. doi: 10.1136/bmj.d4163

Jackson K (2018) A Brief History of the Smartphone. sciencenode.org/feature/How%20did%20smartphones%20evolve.php (Last accessed: 22 September 2022.)

Kaskoun J, McCabe E (2022) Perceptions of school nurses in addressing student mental health concerns: an integrative review. Journal of School Nursing. 38, 1, 35-47. doi: 10.1177/10598405211046223

Keles B, McCrae N, Grealish A (2020) A systematic review: the influence of social media on depression, anxiety, and psychological distress in adolescents. International Journal of Adolescence and Youth. 25, 1, 79-93. doi: 10.1080/02673843.2019.1590851

Lamb C, Murphy M (2013) The divide between child and adult mental health services: points for debate. British Journal of Psychiatry. 202, 54, S41-S44. doi: 10.1192/bjp.bp.112.119206

Liu H, Liu W, Yoganathan V et al (2021) COVID-19 information overload and generation Z's social media discontinuance intention during the pandemic lockdown. Technological Forecasting and Social Change. 166, 120600. doi: 10.1016/j.techfore.2021.120600

Loades ME, Chatburn E, Higson-Sweeney N et al (2020) Rapid systematic review: the impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19. Journal of the American Academy of Child and Adolescent Psychiatry. 59, 11, 1218.e3-1239.e3. doi: 10.1016/j.jaac.2020.05.009

Lowe K (2019) Caring for people with mental health conditions in general clinical settings. Nursing Standard. 34, 6, 70-75. doi: 10.7748/ns.2019.e11263

McInnes S, Halcomb E, Ashley C et al (2022) An integrative review of primary health care nurses' mental health knowledge gaps and learning needs. Collegian. 29, 4, 540-548. doi: 10.1016/j.colegn.2021.12.005

Medruţ FP (2021) The impact of social media use on adolescent mental health – depression and anxiety: a review. Social Work Review / Revista de Asistenta Sociala. 2, 163-172.

MIND (undated) How to have conversations around mental health. https://www.mind.org.uk/media-a/6085/annex-f.pdf (Last accessed 5 October 2022)

NHS Digital (2021a) Mental Health of Children and Young People in England 2021 - Wave 2 Follow Up to the 2017 Survey. digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2021-follow-up-to-the-2017-survey (Last accessed: 22 September 2022.)

NHS Digital (2021b) Waiting Times for Children and Young People's Mental Health Services, 2020-21. digital.nhs.uk/supplementary-information/2021/waiting-times-for-children-and-young-peoples-mental-health-services-2020-2021 (Last accessed: 22 September 2022.)

Nursing and Midwifery Council (2018) The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates. NMC, London.

Office for Health Improvement and Disparities (2022a) Research and Analysis: 4. Children and Young People. www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people (Last accessed: 22 September 2022.)

Office for Health Improvement and Disparities (2022b) Wellbeing and Mental Health: Applying All Our Health. www.gov.uk/government/publications/wellbeing-in-mental-health-applying-all-our-health/wellbeing-in-mental-health-applying-all-our-health (Last accessed: 22 September 2022.)

Organisation for Economic Co-operation and Development (2018) Children & Young People's Mental Health in the Digital Age: Shaping the Future. www.oecd.org/els/health-systems/Children-and-Young-People-Mental-Health-in-the-Digital-Age.pdf (Last accessed: 22 September 2022.)

Ofcom (2021a) Children and Parents: Media Use and Attitudes Report 2020/21. www.ofcom.org.uk/__data/assets/pdf_file/0025/217825/children-and-parents-media-use-and-attitudes-report-2020-21.pdf (Last accessed: 22 September 2022.)

Ofcom (2021b) Online Nation 2021 report https://www.ofcom.org.uk/__data/assets/pdf_file/0013/220414/online-nation-2021-report.pdf (Last accessed: 5 October 2022.)

Office for National Statistics (2021) Coronavirus and Changing Young People's Labour Market Outcomes in the UK: March 2021. www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/labourmarketeconomicanalysisquarterly/march2021 (Last accessed: 22 September 2022.)

Racine N, McArthur BA, Cooke JE et al (2021) Global prevalence of depressive and anxiety symptoms in children and adolescents during COVID-19: a meta-analysis. JAMA Pediatrics. 175, 11, 1142-1150. doi: 10.1001/jamapediatrics.2021.2482

Robinson P, Turk D, Jilka S et al (2019) Measuring attitudes towards mental health using social media: investigating stigma and trivialisation. Social Psychiatry and Psychiatric Epidemiology. 54, 1, 51-58. doi: 10.1007/s00127-018-1571-5

Royal College of Psychiatrists (2022) Cognitive behavioural therapy (CBT) https://www.rcpsych.ac.uk/mental-health/parents-and-young-people/young-people/cognitive-behavioural-therapy-(cbt)-for-young-people (Last accessed 5 October 2022)

Samji H, Wu J, Ladak A et al (2022) Review: mental health impacts of the COVID-19 pandemic on children and youth – a systematic review. Child and Adolescent Mental Health. 27, 2, 173-189. doi: 10.1111/camh.12501

Standing M (2020) Transforming Nursing Practice: Clinical Judgement and Decision Making in Nursing. Fourth edition. Learning Matters, London.

Stockdale LA, Coyne SM (2020) Bored and online: reasons for using social media, problematic social networking site use, and behavioural outcomes across the transition from adolescence to emerging adulthood. Journal of Adolescence. 79, 173-183. doi: 10.1016/j.adolescence.2020.01.010

Taylor Dryman M, and Heimberg R.G (2018) Emotion regulation in social anxiety and depression: a systematic review of expressive suppression and cognitive reappraisal. Clinical Psychology Review 65, 17-42

UK Parliament (2020) COVID-19 and the Digital Divide. post.parliament.uk/COVID-19-and-the-digital-divide (Last accessed: 22 September 2022.)

United Nations (2020) Policy Brief: COVID-19 and the Need for Action on Mental Health. unsdg.un.org/resources/policy-brief-covid-19-and-need-action-mental-health (Last accessed: 22 September 2022.)

Uram P, Skalski S (2022) Still logged in? The link between Facebook addiction, FoMO, self-esteem, life satisfaction and loneliness in social media users. Psychological Reports. 125, 1, 218-231. doi: 10.1177/0033294120980970

Valkenburg PM, Meier A, Beyens I (2022) Social media use and its impact on adolescent mental health: an umbrella review of the evidence. Current Opinion in Psychology. 44, 58-68. doi: 10.1016/j.copsyc.2021.08.017

Walters T, Simkiss NJ, Snowden RJ et al (2022) Secondary school students' perception of the online teaching experience during COVID-19: the impact on mental wellbeing and specific learning difficulties. British Journal of Educational Psychology. 92, 3, 843-860. doi: 10.1111/bjep.12475

Watson JC, Prosek EA, Giordano AL (2022) Distress among adolescents: an exploration of mattering, social media addiction, and school connectedness. Journal of Psychoeducational Assessment. 40, 1, 95-107. doi: 10.1177/07342829211050536

World Health Organization (2006) Constitution of the World Health Organization. cdn.who.int/media/docs/default-source/documents/publications/basic-documents-constitution-of-who179f0d3d-a613-4760-8801-811dfce250af.pdf?sfvrsn=e8fb384f_1&download=true (Last accessed: 22 September 2022.)

World Health Organization (2021a) Adolescent Mental Health. www.who.int/news-room/fact-sheets/detail/adolescent-mental-health (Last accessed: 22 September 2022.)

World Health Organization (2021b) Comprehensive Mental Health Action Plan 2013-2030. www.who.int/publications/i/item/9789240031029 (Last accessed: 22 September 2022.)

World Health Organization (2022a) Mental Disorders. www.who.int/news-room/fact-sheets/detail/mental-disorders (Last accessed: 22 September 2022.)

World Health Organization (2022b) Coronavirus disease (COVID-19). https://www.who.int/health-topics/coronavirus#tab=tab_1 (Last accessed: 5 October 2022.)

Worsley JD, Mansfield R, Corcoran R (2018) Attachment anxiety and problematic social media use: the mediating role of well-being. Cyberpsychology, Behavior and Social Networking. 21, 9, 563-568. doi: 10.1089/cyber.2017.0555

YMCA, NHS (2016) I am Whole: A Report Investigating the Stigma Faced by Young People Experiencing Mental Health Difficulties. www.ymca.org.uk/wp-content/uploads/2016/10/IAMWHOLE-v1.1.pdf (Last accessed: 22 September 2022.)