What Mental
Health Means
For Screen-Saturated
Teens

Victoria Gunther, LPC Patrick Donahoe, LCSW





Objectives



- 1 Improve Understanding
 Learn about the multifaceted problem that is phone overuse
- Develop a more partial and unbiased lens about dependency
- Recognize real barriers and challenges facing healthcare professionals
- 1 It Takes a Village
 Explore key takeaways for change

Opening Activity



Debriefing

Questions:

What did the app give you in the moment?	Did you feel like you got a break? Relief?	
Was it a strategy to	Soothe? Numb? Protect?	
What version of this strategy do you use in your everyday life?	Do you try mindfulness? Exercise? TV? Music? Something else?	

O1 Teens

A hot mess express of biology, hormones, and tech



Adolescence, Interrupted





The 2019 pandemic uprooted many things, include access to healthcare, which led to decreased mental and physical wellbeing

 Also saw a cut in access to health classes, with modern teens largely unaware of health risks surrounding sexual/reproductive healthcare and more normalization towards substance use Altered teens' relationship with social media due to the increased social isolation from lockdown

Has led to both positive and negative effects:
 Sustained connection to friends and community
 Lower self-esteem
 Increased instance of eating disorders and body dysmorphia
 Over-reliance on external validation
 Anxiety with face-to-face interactions



Lagging Skills of Post-COVID Teens



Empathy

Difficulties relating to others, being considerate and compassionate



Resiliency

Difficulties with failure, overcoming hardships, navigating setbacks, trying new things



Critical Thinking

Difficulties recognizing manipulation and exploitation



Executive Functioning

Difficulties organizing tasks, making decisions, prioritizing needs



Emotional Regulation

Difficulties labeling emotions, coping with distress, chasing dopamine



Social Skills

Difficulties holding conversations, having positive self-esteem, and feeling confident

What does it mean to be a modern post-COVID teen?

- 1. Attention span is shot
- 2. Chasing dopamine constantly
- 3. Constant exposure to high-stimulation, fast-reward, and low-effort content
- 4. Easy access to live in a world that is fast, flashy, and frictionless



Adolescence, Interrupted Emotional Regulation

Teens lack foundation skills

- Struggle to identify emotions or "feel numb" all the time
- Difficulties with labeling feelings when they do have them
- Can't express what they are experiencing

Stigma around seeking help

- Modern kids view asking for help as weakness
- Emotional openness = vulnerability

Quick fixes

- Social media, gaming, substance use
- Provide quick relief from discomfort without needing to do any work that feels more uncomfortable

We unintentionally reinforce to kids that we value their performance and productivity over their emotional wellbeing

- If you don't go back to class, you're going to fail
- If you can just suck it up until... then you can...
- You don't think other people in your class feel that way and aren't doing what you're doing?

This leads to missed opportunities to teach kids to practice emotional regulation and address the problem at its root cause

Shifting Cultural Norms



Not Your Mama's MySpace

Today's 2025 teens are not the same as the 2005 teens and navigate a very different landscape



Distress Tolerance

"Emotional safe space" is redefined as "no discomfort" (AKA "please don't challenge me ever")

Increased difficulty tolerated distress, ambiguity, or discovery



Identity Formation

Preference for identity labeling over curiosity or exploration

Identity becomes a neatly curated label instead of a lived experience



Teens define themselves by internal states

Previous generations used to define themselves through social roles, e.g. "Who am I?" or "who am I to the world?"

Modern teens:

- Feelings = facts = foundation of self
- Gives teens the mindset to pathologize normal discomfort or change in self-perspective
- One bad day is suddenly a new identity label

I was so happy this morning and then I cried at a sad video, I'm so bipolar!

Identity becomes anchored to emotional experiences

Instead of an integrated concept of self, modern teens view their identity as solid (often based on self-diagnosis from media), and when you ask questions, you're viewed it as a threat

- I'm so overwhelmed and I can't focus anymore; I must have ADHD
- Why don't you believe me?



Anti-Social Media



High media engagement + low real-life interaction

Default mode = "always on"

- Talk to a friend IRL? **Hard pass**
- Post a meme and spiral? **Yes, please!**



Teens today are less likely to...

- Work or drive (because of anxiety)
- Have face-to-face confrontations (fear of being disliked)
- Join clubs or social organizations (fear of novelty or "cringe")
- Practice conflict resolution (easier to craft a victim narrative and choose sides)

This all leads to...

First

An increased reliance on online validation + lowered emotional resilience offline

Then

Outsourcing conflict resolution skills to frictionless outlets, e.g., IG stories, memes, song clips

And

If distress builds, teens will retreat into online words where they can control interactions (ghost, block)

Reinforces

Online connections as "safer" (more connections for teen live online)

Leading to

Zero tolerance for perceived disconnection

And

Low tolerance for disconnection = high anxiety in relationships

Everyone hates me Everyone thinks I'm cringe Everyone knows about...

And so they retreat to their phones...

Adolescence, Interrupted **SLEEP**

Sleep is foundational for brain development

- Memory consolidation
- Emotional regulation
- Executive functioning

Chronic deprivation can:

- Mimic ADHD
- Exacerbate depression
- Impair learning

Revenge bedtime procrastination

- Reclaiming sense of agency at night
- For some, night is the only time they feel safe, unmonitored, or in control

Adolescent sleep is a battleground between biology, systems, and survival

 Developmental sleep phase shift is biological, not behavioral

Trauma echoes

- Fragments sleep architecture
- Not a teen who "won't go to bed"
- Reframe: a brain stuck in survival mode

Nighttime screen time is not the root of all evil, but it is a flashlight on coping patterns

- Sleep issues are often (mal)adaptive, not strictly defiance
- Sleep can become a sacrifice to regain safety, identity, and power



Sleep Hygiene

The average teen needs 8 to 10 hours of sleep each night

Reality: most teens are **lucky** if they get 6 hours of sleep

70% of teens don't get enough sleep to function appropriately

Melatonin

Melatonin is a naturally occurring hormone in the body that stimulates sleep

The body shifts release of melatonin by 2 hours during puberty

Later school times could help but they're rare

Teens are often running in fumes Think: systemic misalignment that is essentially chronic jet lag but in your own zip code

Sleep Debt

Sleep debt: biological accumulation of a body's experience of chronic sleep deprivation

Sleep debt leads to cognitive, emotional, and physical tolls

It builds fast and leads to:

- Academic crashes
- Emotional outbursts
- Metabolic chaos (stunted appetite, overeating)
- Poor decision making (impulsivity, phone overuse)

Blue Light Special



Melatonin delay

Devices delay melatonin release even more than it already is, and disrupts circadian rhythm



Social media

Platforms spike cortisol and reduce sleep drive



Always in motion

Phones keep a teen brain in "go" mode (keeps them up)



Coping

Screens aren't always a distraction, but sometimes a coping tool



Survival via escape

Nighttime is alone time for overstimulated teens, and social media, gaming, and TikTok binges aren't always just rebellion but an attempt to deal with pressure



Pro tips

Don't demonize tech; contextualize it

Address screen use with limits, but also validate the function it serves

Exhausted teens and school... what could go wrong?

- 1. Anxiety, depression, and trauma all mess with sleep cycles
- Sleep disorders often mirror or mask underlying health concerns (insomnia, delayed sleep-wake phase disorder, nightmares/night terrors, sleep paralysis, hypersomnia)
- 3. Teens in distress often sleep less (or too much) and will reach for their phones to regulate with (or risk "crashing out")
- 4. We miss their distress when we normalize their exhaustion as a byproduct of poor choices instead of maladaptive strategies in the absence of healthier ones



And so they retreat to their phones...

02 Family Structure

When the problem starts at home



Lagging parental skills

Parents sometimes lack modeling of emotional regulation or technological boundaries (sometimes both)

- Parents who are reactive
- Parents who are overusing devices themselves

Avoidance of conflict leads to permissive device use

 Parents who find it "easier to let them have it" instead of challenging or setting limits with their child

Devices become replacements for difficult conversations or emotional support

 Parent is seen as emotionally checked out and kid cannot trust them for support or when they're in distress



Nuclear Families

Overworked	Digital	Power	Emotional
Parents	Babysitter	Dynamics	Cost
Both parents often work to make ends meet Results in less supervisions and check-ins at home	Phones and electronic devices can become the "default babysitter" for overstretched parents who need respite	Parents are often overlooking screen time because of their own burnout and exhaustion Leaves kids in charge of having to set their own limits	Home might feel emotionally unavailable Devices feel soothing

Blended Families

Co-Parenting Struggles	Escape Hatch	Broken Home	Powerless
Multiple households can mean different rules and expectations regarding phones and devices	Devices offer a consistent point of connection to escape when home feels unstable, boring, or overwhelming	Devices can feel like a source of stability when the home environment feels unpredictable	Devices can become a source of friction Example: Parent A disciplines by taking the phone away Parent B might feel like the other parent is cutting them off from their child



Relational Trauma

 Devices can be used as an avoidance behavior for painful relationships

Doomscrolling

Posting cryptic memes or songs

 Social media and gaming are seen as safe spaces to control interactions

Blocking

Logging off

Ghosting

Screenshotting ("receipts")

• Hypervigilance as coping mechanisms

Checking notifications

Over-engagement online ("chronically online")

Dynamics at Home

Financial stressors

Finances are a priority at home, and can result in high stress levels with lower parental monitoring of the child

Phones provide rewards or distracts from household stress and conflict

Economic instability leads to fewer extracurricular options that aren't provided by the school



Device fills the activity gap →

Learned avoidance

Teens use their devices to gain a sense of neutral ground

Teens learn how to avoid tension that exists at home through electronics, and apply these strategies across settings (e.g., at school)

Lack of resources

Overdevelopment in towns limits access to safe spaces for peer interactions (parks, community events)

Funding cuts structured outlets for stress relief (sports, arts, clubs)

Control

If home feels chaotic and/or like they can't control it, the device may feel like the only accessible coping strategy for navigating when any environment feels like they're not in control

Missed expectations

Communication sometimes breaks down between parents in both nuclear and blended families

This can lead to inconsistent expectations for the device

And so they retreat to their phones...

O3 Digital Media & Algorithms

Marketing, but make it addictive



Pre-COVID Social Terrain

- More face-to-face socializing as a norm (sports, school, mall)
- 2. Reliance on peer groups for identity formation and belonging
- 3. Conflict resolution in person and through support networks
- 4. Clear structural boundaries between school, home, and work
- 5. Technology and social media as supplemental



Post-COVID Social Terrain

- Digital communication as a default (even in close relationships)
- Increased social anxiety with in-person settings
- 3. Peer networks fragmented and reshaped (friendships feel "reset")
- 4. Isolation contributed to increased mental health episodes (depression, anxiety) that went without treatment for years
- 5. Online personas (e.g., influencers) have more gravitas than in-person identity



Common social media platforms



Snapchat

Quick temporary photo and video messages ("snaps") that disappear after being viewed

Will notify sender if screenshot is taken



TikTok

Short looping videos that are filtered to a "for you page" (FYP) via a highly curated and sensitive algorithm that is optimized for user engagement



Instagram

Aesthetic photo and video sharing along with stories (posts that expire after 24 hours), in addition to direct message (DMs) feature

Nomophobia



No mobile phobia

Aka, nomophobia
Fear or anxiety caused
by no access to a mobile
phone



Causes

- Anxiety
- Poor self-esteem
- Insecure attachment
- Emotional instability



Is this real?

Not in the DSM-5 as standalone dx

Recognized a specific phobia or proxy for other mental health disorders



Behavioral addiction

Symptomatic of problematic relationship with digital media



Real-life impacts

- Decreased GPA
- Increased anxiety
- Lower life satisfaction
- Decreased tolerance for distress
- Fear of being alone

Nomophobia: Fun for All Ages

2014 Study

Researchers (King et al., 2014) studied two groups of adults:

Group 1: Adults diagnosed with agoraphobia

Group 2: healthy adults without outstanding mental health diagnoses

Methods

Questioned group about if they feel "secure" when they have their phone:

Group 1 (agoraphobia): 44% feel secure with they have their phone

Group 2 (healthy): 46% feel secure when they have their phone

Conclusions

Study concluded that 68% of the adult participants in the study had a phone dependency

Group 1 (agoraphobia) experienced more emotional distress when they did not have access to their phone

What is an algorithm?

An algorithm is a set of instructions that a program receives that are designed to accomplish a task

Runs on data inputs that fuel the algorithm and produce an output

Example:

- TikTok collects data based on how long a user watches a video, comments and engages with the video, and their search history
- The algorithm collects these markers to form a personality profile of the user and distributes videos to the user that the algorithm "thinks" will keep them engaged on the app longer



Algo's and kids

- Marketing manipulation isn't new (e.g, cigarette ads),
 but in recent years, engineered manipulation has
 grown more unethical due to a lack of regulations
- Kids aren't addicted to their favorite apps and games by accident
- Algorithms are embedded explicitly to exploit human psychology
 - Just one more video or one more game becomes hours of time lost without any awareness



Dopamine boxes & the loneliness epidemic

Isolation

Social isolation creates a dependence on digital dopamine hits (likes, notifications)



Lagging skills

In-person social skills erode and intensify feelings of loneliness



Perceived social "connection" that originates online, but results in actual emotional isolation (e.g., emotional crashing)



Feel good effect

Teens turn to quick dopamine sources (TikTok, gaming, substances)

04 Barriers

Because why would this be an easy thing to change



Phones influence safety

- False sense of security (phone always feels reachable)
- Heightened anxiety when disconnected
- Cyberbullying, algorithms, and constant comparison add hidden safety stressors

Phones influence identity formation

- Heavy reliance on online personas for self-image
- Online drama carries into real-life consequences at school
- Increased pressure to curate "the perfect life"
- Digital validation is linked to self-worth

Phones shape attitudes towards school

- Phones are a distraction and disengage students from schoolwork that is assigned
- Online spaces sometimes feel safer or more validating than the school environment (e.g., need to chase dopamine)
- Fear of missing out outweighs focus on in-class experience (e.g., "I wonder what Chrissy's doing...")



What are students escaping?

- Academic pressure
- Bullying
- Social hierarchies
- Lack of perceived support
- Family stress that gets carried into school

School ends up feeling like a battlefield

- Sensory overload (crowded hallways, rigid rules, constant evaluation, nowhere feels calm/safe)
- Post-COVID results in weaker peer bonds, mistrust of systems, and higher baseline anxiety

What are we missing?

- Students feel schools don't address emotional safety they need (just physical safety)
- Phones serve as emotional regulation tools for students to control themselves
- The "nurses office" often is seen as the only safe refuge when overwhelmed
 - Less about illness, more about nervous system regulation (shutdown, avoidance, escape)



Vagus nerve

- Primary player in emotional regulation
- Stress response easily triggered (especially with lowered resiliency)

Emotional costs

- Social anxiety
- Academic pressure
- Trauma triggers at school

Resiliency gaps

- Many teens lack skills to return to baseline after dysregulation
- Lean on school nurse (and sometimes guidance counselors) to increasingly support them during mental health crises
 - Or take advantage of the space to regain a sense of control



O5 Step by step

Practical action planning for the healthcare professional



So what can we do?

As healthcare professionals, we face unique challenges with angsty and sensitive teens, parents who are unaware and overburdened, and systems that don't always understand the reality of the situation

But there is a way forward by addressing each layer at the root rather than behavioral bandaids that won't be sustainable



For all healthcare workers

- 1. Balance empathy with challenges for both students and their parents
- Coach parents and guardians on the importance of consistency with structure and expectations
- 3. Challenge teens by meeting them where they're at and being gentle so as to bypass their defenses (if they shut down, lack of resilience may keep them in that state and close the window iof opportunity for a period of time)
- Field any guilt or blame that is shifted or projected on to you



For working with students

Normalize discomfort and emotions as data, not danger

- Validate what they're feeling
- Don't validate the spiral

Normalize distress as not a threat but a sign of life

Encourage distress tolerance as a life skill (not a punishment)

Help them build skills, not just collect labels

 Shift narrative from "fix me" to "support me in growing skills"

Be the mirror and the guide; they need both

Support must focus on resilience, flexibility, and identity integration

Expand identity beyond "how I feel today"

 Support identity exploration beyond current emotional states when possible

Be developmentally curious

- Today's teen is not yesterday's teen
- Understand changes in their culture to bridge social gaps and build rapport easily

Empathy does not mean you're enabling, so hold the line with warmth

Validate cultural pressures without enabling avoidance

Maintain firm empathy that is rooted in attunement, not appeasement

• If they can scroll TikTok for 4 hours, they can tolerate your advice for a few minutes

Kids don't change because you tell them to.
They change because you've been able to
create a moment where they become willing to
temporarily suspend their defenses against...

... a different idea or perspective
... an adult from whom they can learn something
... a feeling they thought would overwhelm them
... a feeling they thought they couldn't share
... their softer, kinder, more vulnerable side

It's the experience of these moments, as well as what comes out of them, that becomes helpful, and not the person's ability to muscle a point across

For Sleep

Sleep is often the first thing to suffer and the last thing students mention

 More likely to be reactive, impulsive, and emotionally dysregulated

Always assess sleep in context

- It's not just a symptom
- It's part of a system
- Don't' just ask: "are you sleeping okay?"

Ask better questions, like:

- When are you sleeping?
- How are you sleeping?
- What keeps you up at night?
- What keeps you down during the day?

- Sleep hygiene is not one size fits all and teens need help from their community to build routines that align with their reality (not our expectations or our reality)
- Collaborate; don't lecture or be prescriptive (they'll stop listening)
- If you normalize that disrupted sleep is protective (e.g., "We all hate those moments right before we sleep when we're forced to think about all the things we tried so hard to forget; it makes sense why you thought the phone would help"), then you decrease judgment, bypass defenses, and open dialogue to introduce healthy sleeping habits



Strategic napping can help teens when done right, but they'll need to be taught this by us *Think: life-saving hacks, not laziness*

Power naps:

Naps <u>under</u> 30 minutes that can increase productivity, lessen dependency on phone, and reduce mood volatility

Naps after 3pm risk full-blow sleep sabotage

Adenosine needs to build up to trigger sleepiness; napping too late in the day doesn't allow enough time for this to build back up

Also shouldn't nap in the first ~7 hours after waking up (ideal nap time between 12pm and 3pm)

<u>Coping tools:</u> weighted blankets, sound machines, screen filters

Tools for parents: chronotherapy (gradual sleep-time shifting), bright light exposure in AM (light therapy lamp), CBT-I, sleep logs

For policy change

Media literacy

- Media literacy and robust English classes teach critical thinking about online content and dopamine loops
- Many organizations offer free curriculum for schools to use with their students on digital citizenship and media literacy (e.g., Common Sense Education, The News Literacy Project)

Phone zones

 Set clear expectations of environments where phones are not to be used (in classrooms when teacher is teaching), can be used with caution/approval (in classroom when done with work), and freely (cafeteria, hallway)

Phone licenses

- Schools can create phone licenses for students that function similar to a driver's license
 "Points" can be assigned to license when students misbehave when the phone is involved
- A phone license would be required to attend privileged events, like dances or pep rallies

 Too many points on your license, and it's either suspended or revoked, and phone is immediately confiscated and returned to parents if brought to school

Later school start times

- New HR resolutions are now being proposed and introduced to push for later school start times
- In PA, one such bill is HR 273 (Start School Later Resolution, introduced by Jill Cooper)

 Use the QR code to the right if you want to let your state rep know you support this resolution



For resource coordination

Form partnerships with agencies

- On campus case management and resource navigation support are vital
- Consider partnerships for services with agencies like CHC,
 Valley Youth House, RHA/Salisbury

Community resources

- Connect families to food pantries, ministries, and job/vocational programs
- Create after-school safe spaces for teens beyond phone use (not just sports or clubs)

Play basketball in the park with police or teachers A community mural partnership with the school and local street art council

Continuing education for healthcare professionals

- Consider trauma-informed care workshops
- Crisis de-escalation and sensory support techniques
- Mental Health First Aid training

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