

Talking Points for Electronic Devices in schools --- S.284

Thank you for requesting that I testify on S.284. This is indeed an important and at times controversial topic. What I am about to say represents my own knowledge in this arena in concert with the VDH FCH Division, who partner with schools and our AOE all the time, and colleagues in the DMH.

To start:

- We appreciate the legislature's attention to the mental health of children and youth, and for acknowledging the increasing complexity of social media, the internet and screen time in the lives of Vermonters.
- We also appreciate the acknowledgement that we all have a role to play in this: families, schools, health care providers, communities.
- While we completely support the idea of minimizing and reducing exposure to social media while in school through clear school policies that support educational focus, this bill seems heavy handed and unrealistic.
- It is important that we recognize that mental health and suicidal ideation are multifaceted and complex. We should not conflate social media and emergency room visits for suicidal ideation as this may be an overly simplistic approach.
- Public messaging (or legislation) that is alarmist and fear-based (e.g. smartphones are destroying a generation) does not reflect the science and can make families and educators feel hopeless and overwhelmed. Such a narrative can be perceived as accusatory by youth and thus disempowering. Complicated problems require complicated, precise solutions, and may not be conducive to overly broad and reactive policy solutions.
- It is also important to acknowledge the difference between educational platforms and social media. This distinction needs to be made clear. Educational platforms in the public-school setting are widely accepted and used. We should not sacrifice their value.

While I do not want to dispute the fact that social media comes with its own set of problems that the legislation acknowledges, it is important to remember that social media is not all bad.

- There are protective factors that social media can provide for adolescents, such as social support, ability to connect with like-minded peers, connection with friends and family, civic engagement, planning events, building larger networks based on interests.
- Can be especially protective to support children and youth with marginalized identities (BIPOC and LGBTQ), experiencing loneliness and isolation or mental health challenges. This is evidence-based! LGBTQ youth have considerably higher mental health struggles and higher rates of suicidal ideation. Online, LGBTQ youth can find community and hope.
- **The American Academy of Pediatrics** notes: interventions must center the child/adolescent by providing support for autonomy, advancing skills in digital citizenship and literacy, supporting self-regulation, and encouraging parental role-modeling and open-minded conversation. Goal must be to support and empower. If we deleted all social media, we will not have solved the youth mental health crisis and would likely further disenfranchise and potentially endanger many youth.
- There are healthy, pro-social ways to be on social media. We must prioritize the child/youth perspective with an open mind, and help kids and parents understand their agency in controlling what they see on social media, and in controlling what is private and what is not.
- I speak often about social isolation, and how it can be the root of all evil when it comes to myriad public health problems. Importantly, social isolation is actually a well-known predictor of suicidal ideation. While I worry about youth becoming isolated due to overreliance on smartphones and social media, and avoiding social interaction, it is also true that social media provides social connectedness.
- The risks of social media use are linked with various factors and highly complex. Population-level correlations of time spent on social media and mental health are very small. Much of the research has limitations and does not control for other factors (child or home related) that explain the link between social media and child wellbeing. Results are often mixed and do not display a cause-effect relationship.
- How teens use social media also determines its impact. This is an active area of research. Some examples:

- How much time is spent on platforms.
- Use in the evenings/poor sleep
- Passive versus active social media participation
- How much control one is exerting on the content that is delivered (for example, turning off likes, refreshing the algorithm, disengaging from content impacting mood/mental health)

I would like to see us focus more on health education and building our children's critical thinking skills

- I agree that there is a need for education around the risks of social media and online access; this is happening, but inconsistently.
- Vermont's health education standards support the development of skills necessary to adopt, practice and maintain health enhancing behaviors that would ensure they have the skills to navigate these complexities—it would be great if we could lean into this.
- Using strengths-based language and promoting opportunities for adults in the school building to navigate conversations and authentically engage with youth.
- Importantly, national organizations devoted to child health, mental health, and well-being do not suggest banning social media. They do, however, offer guidance on how to move forward thoughtfully.
 - American Academy of Pediatrics
 - American Psychological Association
 - American Academy of Child and Adolescent Psychiatrists

These all present social media advisory language and relevant resources.

I should also note that the US Surgeon General, in his 2023 Advisory and call to action on the effects of social media use on youth mental health, advocated for gaining a better understanding of the full impact of social media use, maximizing the benefits and minimizing the harms of social media platforms, and creating safer, healthier online environments to protect children. Not an all out ban.

As with everything in public health, there are also equity concerns

- Preventing the use of social media to communicate with families could have unintentional impacts, such as the ability to communicate quickly in the cases of school closings, emergencies, or other immediate needs.
- Concerns about the opt-out of digital curriculum for families or teachers, this is potentially not an equitable practice for diverse learners! Concerned about teachers' capacity to be able to ensure their students have the resources they need to learn and the additional stress that this may cause to students. This sets up a standard whereby teachers would be expected to create 2 types of lesson plans. This would be overly burdensome and very hard to implement.
- Libraries may offer digital access to books or audio books, taking this away could limit access for some children.
- This type of approach could result in harsh and inconsistent reactive disciplinary actions against students that can have lasting consequences for the young person.

I am also here to discuss what we in public and mental health could do

- VDH/FCH and DMH would be glad to partner with AOE to develop sample policy-protocol about use of personal devices and social media in learning environments, based on evidence-based practice, and in partnership with AAP, school nurses, school leadership.
- VDH/FCH and DMH would be glad to partner with AOE to support schools in applying health education standards to social media, internet use and screen time.
- VDH/FCH is supporting a year-long quality improvement project around social media counseling and support in pediatric primary care, in partnership with Vermont Child Health Improvement Program (VCHIP), starting in the fall. DMH is also involved in the planning process.

In conclusion

- It feels unrealistic for the response to be to take it all away, and instead I think we would be better off focusing on applying guidelines for usage (eg. no cell phone usage in classes or hallways) and providing comprehensive

education about the risks of the internet/ social media and what healthy and safe usage looks like.

- The issue of collecting data on children and youth should be addressed at a higher level (developers and regulators) and not at the school or district level. Restrictions/ parameters/regulations on the companies/platforms/creators need to be established. And in fact recent news indicates these are being discussed in Washington and here in Montpelier.
- If we truly want to focus on positive health outcomes for youth then we need to give them support and guidance to make healthy choices by focusing on positive relationships, healthy supportive environments, engagement and emotional growth.
- In the spirit of a developmentally informed, child and family centered approach, the onus should be on the problems inherent in the platforms, not within the child or youth.

Sources:

- Odgers & Jensen, J Child Psychol Psychiatr 2020: [Annual Research Review: Adolescent mental health in the digital age: facts, fears, and future directions - PubMed \(nih.gov\)](#)
- Jensen et al., Clin Psychol Sci 2019: [Young Adolescents' Digital Technology Use and Mental Health Symptoms: Little Evidence of Longitudinal or Daily Linkages - PubMed \(nih.gov\)](#)
- [Surgeon Generals Advisory on Social Media and Youth Mental health: https://www.hhs.gov/sites/default/files/sg-youth-mental-health-social-media-advisory.pdf](https://www.hhs.gov/sites/default/files/sg-youth-mental-health-social-media-advisory.pdf)