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Adolescents' Perspective on Social Media Contributing to Suicidal Ideations and Attempts

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Abstract

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Shavon Mariah Brooks

MA, Walden University, 2018

BA, Huston-Tillotson University, 2013

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Medical Social Work

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Abstract

Social media has become mainstream over the past decade, with new applications that adolescents can download to stay in consistent contact with their peers. Though social media can enhance the ability for communication, it seems to also have the ability to alienate, burden, and exacerbate depression and potential self-harm. The purpose of this qualitative study is to explore five adolescent's perspective on social media contributing to suicide ideations and attempts. The theoretical research was built upon Joiner's interpersonal theory of suicide. Two research questions were explored in this study, which were the adolescent's perspective on social media triggering suicidal ideations and attempts among adolescents and how social media trigger the thwarted belongingness, perceived burdensomeness and acquired capability among adolescents. The sample consisted of five adolescents, ages 18 to 19, who have an active social media account and have been successfully discharged for at least 1 year from outpatient treatment due to suicidal ideations and attempts related to social media triggers. Data were collected from in-person interviews recorded and transcribed to gain an understanding of social media triggers relating to suicidal ideations and attempts from adolescents. The collected data were analyze by reviewing the common themes. It was concluded that social media can impact adolescents contributing to suicide ideations and attempts and the importance to reduce social media usage. This study promotes positive social change by providing information that may assist with understanding the role of social media in adolescents' lives and potential triggers to mental health episodes to reduce suicide ideations and attempts.

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Dedication

This dissertation is dedicated to the families and adolescents who experienced a loss of a loved one, due to the negative impact of social media.

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Chapter 1: Introduction to the Study

Internet and social media are increasingly important in the adolescent world of communication and becoming part of our clinical practice (King & Delfabbro, 2014). The evolving use of social media has impacted how adolescents express their emotions and stay in contact with their peers. As many as 90% of young adults in the United States use social media, and the majority of users visit these sites at least once a day (Primack et al., 2017). As adolescents explore society, it is natural that they enhance their social communication, for example using online chatrooms to engage in conversation and evolving to social media applications such as Facebook and Instagram. Instagram entirely focuses on media content, especially photos, although users can add a caption to explain and contextualize the subject of the image they post (Li & Xie, 2020). Social media is well known for creating a platform where individuals are able to interact with peers, express who they are, and create an image for what they want others to see. Commonly used social media sites include Facebook, Instagram and Snapchat.

Social media has created a platform for individuals to stay in communication with their peers by having the option to create their own personal blogs. The trend toward visual social media is partially driven by the changing habits of social media users and to the popularization of smartphones and improved mobile internet experience (Li & Xie, 2020). Being able to openly express their feelings and their personality without being monitored can affect not only social media users' mental health but also that of their peers in their environment (Li & Xie, 2020). Social media opens the opportunity to meet new people online and develop virtual relationships.

Adolescents are aware of other bloggers' lifestyles in the form of photos and videos, which can impact their mental health and trigger suicidal ideations and attempts. Recent increases in social media use via platforms such as Facebook may provide opportunities for alleviation of isolation (Primack et al., 2017). For example, if people feel isolated because of their physical environment and have no one to express their emotions to, they may be able to access supportive networks online that can increase suicidal ideations and attempts if they do not get the support they were seeking. Social media can increase triggers for suicidal ideations and attempts due to social isolation, the desire of belonginess on social media, feeling like they are a burden to their family and peers and the capability for suicidal ideations when viewing peers' blogs (Li & Xie, 2020). Perceived social isolation (PSI) is associated with substantial morbidity and mortality and social media platforms, commonly used by young adults, may offer an opportunity to ameliorate social isolation (Primack et al., 2017).

For every reported youth suicide death, there are estimated to be 400 reports of attempted suicide, one hundred reports of medical attention for attempted suicide, and thirty reports of hospitalizations for attempted suicide (Cutler et al .2001). Suicide ideations and attempts are increasing with adolescents who have social media, and there is a gap of understanding why from an adolescent's perspective. In the age group 15 to 19 years old, the suicide rate is estimated to be 7.4 per 100,000 people, with rates in men being higher than in women (10.4 vs. 4.1 per 100 000, respectively; Wasserman et al., 2005). Awareness of the impact of social media from the perspective of an adolescent

who has experienced suicidal ideations and attempts can help empower and change the negative thought process of individuals who have experienced a similar situation.

Background of the Study

It is important to understand the developmental stages of adolescents and how social media has emerged over the decade. Adolescence is divided into three stages of development: pre-adolescence (ages 11–14), adolescence (ages 15–18), and late adolescence (ages 19 and above; Stefa, 2017). Adolescents ages 18–19 was used to complete the study in order to understand the adolescent's perspective of social media and suicidal ideations and attempts. When individuals are at the adolescent development stage, they are able to reason about abstract and hypothetical problems that involve coordinating many factors simultaneously (Stefa, 2017). Literature has shown that images affect attention, attitude, affect, or purchase intention through various image characteristics beyond the mere presence effect (Li & Xie, 2020). This study is important because there is an understanding of social media and suicidal ideations and attempts, but there is a lack of understanding the triggers from an adolescent's perspective.

Social media has expanded and become more popular over the years with adolescents and adults. Social media has enabled average internet users to share their experiences and opinions online and to let their voice be heard by many others (Li & Xie, 2020). As new applications are being created, the number of individuals accessing the platforms of social media is expanding. The purpose of this study is to create awareness with the perspective of adolescents and their experience of social media triggers. Several

researchers have argued the importance of acknowledging young people's views in order to engage them as active participants in the prevention of suicide (White, 2015). By conducting research with the perspective of five adolescents who have been outpatients from the behavioral health hospital for 1 year, scholars will understand the adolescent perspective of suicide attempts and ideations that social media influences.

This research contributes to filling the gap identified in the problem statement by exploring the viewpoints of adolescents and expressing why social media has triggered suicide ideations and attempts. Communication through digital media about suicidal behavior is an emerging concern for this age group (World Health Organization [WHO], 2019). This study took place 1 year from when adolescents had successfully discharged from their outpatient program at the behavioral hospital. This study makes an original contribution by helping to understand how social media triggers can contribute to suicide attempts and ideations. This research provides professional practitioners with accurate and current data that present the personal outlook of those who have been affected negatively by social media and their mental health.

The research findings may contribute to positive social change with the potential to decrease hospitalizations for adolescents from social media triggers. The increase of inpatient hospitalization is a global issue that may be reduced with education and awareness explored from individuals who have experienced the negative effects of social media.

Various scholarly articles were reviewed to help create an understanding of social media usage, the theory of suicide, suicide prevention and previous studies with adolescents. The database tool used for the research was the multi-database search tool Thoreau, which has various peer-reviewed journal articles that provided background history to gain an understanding of the population being studied. A qualitative database search was conducted with the following key words: *social media*, *suicidal ideation and attempts*, *adolescence*, *perspective*, and *inpatient hospitalization*. The results were refined by full text limiters, publications and academic journals from 2014 to the present.

Problem Statement

Social media has become mainstream over the past decade, with new applications that adolescents can download to stay in consistent contact with their peers. However, the potential benefits of this new technology may be offset with rather daunting and negative side-effects. As many as 97% of adolescents use social media regularly (Woods & Scott, 2016). Some social media friends that adolescents are connected to socially and virtually are individuals whom they never met face to face, only online. When adolescents log onto their social media account, they can see their peers' postings photos and statements that can affect suicidal ideations and depression due to how they interpret what they see.

Though social media can enhance the ability for communication, it seems to also have the ability to alienate, burden and exacerbate depression and potential self-harm (Primack et al., 2017). For example, the feeling of not belonging can contribute to depression, suicidal ideation, and even suicide attempts in social media usage. With the

popular usage of social media with adolescents, it reduces personal face-to-face contact and may negatively impact stress, depression, lack of sleep, and social isolation (Espinoza, 2011). The lack of understanding the adolescent's perspective on social media awareness has created a gap in research on how social media has influenced their suicidal thoughts and behaviors. The possible benefits and risks that affect adolescents' mental wellbeing with social media is poorly understood (O'Reilly et al., 2018).

Purpose of the Study

The goal of this qualitative research was to explore the perspective of adolescents on the role of social media in contributing to youth suicide. Understanding the adolescent perspective on social media based upon a narrative about an individual's life may be useful in future development of prevention programs for other adolescents in helping to define when to reach out for help. Research is limited about the interaction experiences of adolescents on social media and the challenges they experience (Gritton et al., 2017).

It is hoped that information provided by this research will inform and provide understanding to future research and interventions for adolescents to bring awareness about social medias triggers contributing to suicidal ideations and attempts. There is a lack of research conducted from the perspectives of adolescents themselves on how social media has affected them and increased suicidal ideations and attempts. Little research has been explored from young people's perspective providing their outlook for feeling suicidal and the expressions of suicidality in online environments (Ali & Gibson, 2019).

Current research appears to be addressed primarily from the perspective of professionals who work with these youth. Several researchers have argued the importance of taking young people's views into account in order to engage them as active participants in the prevention of suicide (White, 2015). With research indicating that 81% of adolescents use social media at least one time daily in the United States (Pew Research Center, 2019), the aim of this research is to provide useful information to help adolescents in better navigating social media interactions that may affect youth suicide and mortality in the larger picture. With the increasing role of social media in current society, this project is timely and unique as it approaches this phenomenon from the youth perspective in contrast to that of the professionals who treat youth, potentially offering a unique and deeper understanding of this phenomenon.

Research Questions

Two research questions were explored in this study:

1. What is the adolescent's perspective on social media triggering suicidal ideations and attempts among adolescents?
2. How can social media trigger the thwarted belongingness, perceived burdensomeness and acquired capability among adolescents?

Theoretical Foundation

For the current study, I used the interpersonal theory of suicide proposed by Joiner (2011). This theoretical framework for social media and suicidal behavioral theories have been used in a range of diverse perspectives including interpersonal,

psychodynamic, social learning, macrosocial constructionist and social isolation theory (Choi et al., 2020). The interpersonal theory of suicide provided the history and understanding of the tenets of adolescents' motivation for suicide ideations and attempts when engaging in social media. In this way, the psychology of suicidal ideation can be understood with greater depth when analyzed using interpersonal theory of suicide; when coupled with social media usage, the mental health decline of adolescents has the potential to be significantly mitigated. According to Choi et al. (2020), the interpersonal theory of suicide emphasizes the social and personal factors that can contribute to suicide attempts and ideations. The need to belong, perceived burdensomeness, and the capability for suicide can impact an adolescent when they are engaged in social media (Choi et al., 2020). This is becoming a rapidly growing concern for U.S. citizens as rates of suicide continue to rise nationally (WHO, 2020).

Suicide may occur throughout the lifespan and is, on average, the second leading cause of death among 15- to 29-year-olds globally, with girls being more likely than boys to attempt and commit suicide (WHO, 2020). Psychodynamic theories propose that suicide is caused by unconscious drives (Menninger, 1938), intense affective states (Hendin, 1991), desire for escape from psychological pain (Baumeister, 1990; Shneidman, 1998), existential drives for meaning (Rogers, 2001), and disturbed attachment (Bowlby, 1973). Relating Joiner's (2011) study to the population of adolescents' suicide ideations and attempts helps create an understanding that people die by suicide because they want to and because they are able to (Joiner, 2007). However, there are other aspects of human life that contribute to the motivation to commit suicide.

The interpersonal theory of suicide provides an understanding that if individuals have the means and desire to commit suicide, there is a greater chance that an attempt will occur (Joiner, 2005; Van Orden et al., 2010). Understanding adolescents' experiences, from O'Reilly et al.'s (2018) macro social constructionist perspective, can promote a broader and interpretive layer to analyze the perspective by exploring adolescents' experiences and views, which reflects the position that adolescents' constructed phenomena are subject to change. Using these underlying theories, Joiner (2011) focused on who was at risk for suicide and how to prevent suicide from occurring (Joiner, 2011). Having the ability to explore the adolescent perspective on social media triggers, and how these triggers contribute to suicidal ideations and attempts can educate society with the adolescent's perspectives to create awareness of who is at risk and prevent ideations and attempts from occurring.

Within suicide prevention, it is evident that more needs need to be done to encourage and support discussions to address fears of talking about suicide to reduce suicidality (Joiner, 2011). The interpersonal theory of suicide supports the following two research questions, which were the basis of the current study: "What is the adolescent's perspective on social media triggering suicidal ideations and attempts?" and "How can social media trigger the thwarted belongingness, perceived burdensomeness and acquired capability?" According to Van Orden et al. (2010), the interpersonal theory of suicide proposed that suicidal behavior was a response to repeated exposure to painful and/or fear inducing experiences. The interpersonal theory of suicide was a foundation and starting point that Van Orden et al. (2008a) examined impulsive behaviors along with

painful and provocative events without distinguishing between direct and indirect exposure to self-harm. Taking the original work of Joiner, Van Orden et al. (2008a) suggested that a powerful suicide risk is generated by the interaction of three factors: the individual's experience of loneliness/isolation, the individual's perception of being a burden on others, and the individual's habituation to self-harm by prior non-suicidal self-injury, suicidal behavior, or other risk behaviors.

Blood et al. (2001) suggested that individuals who may have previously contemplated suicide, but rejected it as a course of action on the grounds of its negative consequences, might be more inclined to try again if the media presented an acceptable pathway to suicide. Based on Blood et al.'s work, it can be determined that there are various ways social media can affect adolescent account holders. Blood et al. expressed that if suicide is glamorized or portrayed as an acceptable course of action, observers may be more likely to be influenced by it. This work suggests that responsible media reporting and representation is crucial for mitigating the normalization of suicide. When adolescents are engaged on social media, there is an increased possibility that what they see from other peers' social media sites such as family and friends can negatively trigger their mental health. Adolescents might view their relatives' social media site and acknowledge them praising their peers' accomplishments, which can trigger feeling like a burden to others if they are not meeting the expectations of their family (Blood et al., 2001).

Adolescents' exposure to such highly idealized representations of their peers' lives may elicit feelings that Joiner (2011) previously explored. Feeling like a burden and having the distorted belief that others live happier and more successful lives may increase adolescents perceived social isolation and suicidal ideation and attempts, according to the construct of social isolation perspective (Primack et al., 2017). In this way, social media usage can increase the possibility of adolescents acknowledging their peers going to events, accomplishing life goals and being in a positive environment where they might not have the same experiences (Primack et al., 2017). The lack of a sense of belonging may occur when there is a lack of being accepted into what individuals view as acceptable in society (Primack et al., 2017). Certain characteristics that can occur when adolescents facilitate feelings of being excluded; for example, an individual may discover pictures or other evidence of events to which they were not invited in the construct of social isolation perspective (Primack et al., 2017).

These characteristics are further explored in this study. Exploring the various perspectives from researchers who studied social media and suicidal behavioral, I selected Joiner's (2011) interpersonal theory of suicide over the other theories to use in the study based on the concept that social media can trigger the thwarted belongingness, perceived burdensomeness and acquired capability. Joiner's theory represents all three triggers that adolescents can experience with their mental health while engaging in social media.

Nature of the Study

The nature of this study was a generic qualitative approach (Merriam & Tisdell, 2015). I used a qualitative approach to gain insight into adolescents' perspective on social media triggering suicidal ideations and attempts. Interviewing adolescents, a year after they discharged from their outpatient treatment setting, using a qualitative semistructured interview with open narrative response provided an understanding of the adolescent perspectives. The richness of data and potential for depth of understanding is inherent in this traditional qualitative interview design. The qualitative research design assisted in gaining a deeper understanding from adolescents' perspective on social media to be able to understand how it has affected them and how it may have impacted their mental health.

Definitions

To provide a better understanding of terms used in this study, in this section, I define key terms used in the context of the adolescent's perspective on social media and suicidal ideations and attempts.

Adolescents: According to Erikson (1959), adolescence is a period when young people begin to establish their sense of self-identity. Adolescents in this study are from ages 18 to 19. This study explains that in this development stage they are engaged in social media while they are still learning who they are.

Inpatient: Being an inpatient means staying at an acute behavioral health hospital until successfully discharged to go home. The hospital is usually monitored with staff in a lock down setting to safety monitor patient's health and wellbeing. According to (Mathai

& Bourne, 2009) inpatient stay is sometimes still necessary for some youths and has been shown to be effective in reducing the impact of their mental health on their quality of life, and, in limiting their probability of suffering from a long-term disability. Adolescents who have completed an inpatient hospital stay can have the option to discharge to an outpatient setting if recommended by their therapist. Adolescents are able to go home and come back for weekly group sessions that last a few hours at the behavioral health hospital for 12 to 16 weeks.

Perspective: According to Tausen et al. (2019), a perspective is characterized by an internal spatial-locus, which means an individual would imagine from one's own point of view as it unfolds through one's own eyes. Adolescents who engage in social media interpreted their own perspective from what they encounter while engaging in the application.

Social media: An application where individuals share photos and post while they are engaging with other individuals. According to Meeker (2016), social network users shared an average of 3.2 billion digital images each day in 2015 on Snapchat, Facebook, Instagram, and WhatsApp combined.

Suicidal ideations and attempts: According to Cox et al. (2017), suicidal ideations can comprise thoughts of death or wishing to die and/or engaging in a suicidal attempt and is a known risk factor for suicidal attempts and death by suicide. Attempts are defined by an individual making an effort to complete their suicidal plan. Suicidal ideations and attempts are increasing in the ways they are being triggered and expressed.

Thwarted belongingness: According to Joiner (2005), thwarted belongingness comprises a sense of loneliness and perceived lack of reciprocal care, including social isolation, low connectedness, and poor social support. Individuals who are engaged with social media can trigger the need to belong to society. Thwarted belongingness acts as proximal risk factors through which more distal risk markers including anxiety, depression, interpersonal trust, and interpersonal stress contribute to suicide ideation (Hill et al., 2019).

Usage: The amount of time individuals spends on social media applications. When individuals finding time to engage in social media, they are providing usage of that application.

Assumptions

Individuals who use active social media accounts are often affected by social media in various ways. According to Meeker (2016), social network users shared an average of 3.2 billion digital images each day in 2015 on Snapchat, Facebook, Instagram, and WhatsApp combined. Every individual who is engaged in social media will have a different experience due everyone having different perspectives. Social media has the possibility to enhance positive self-development growth, education and motivation. Not all individuals who are engaged in social media applications will experience triggers that affect their mental health.

Adolescents often assume that their followers have a perfect life, which in reality a lot of individual pages are not real. The old idiom "A picture is worth a thousand

words" has become the new maxim among social media marketers (Li & Xie, 2020). There is a chance that the impact of suicidal ideations and attempts can be triggered by visualizing other individual's profiles where assumptions are created. Social media can increase assumptions from adolescents being unaware of who they are in contact with. Social media account holders can be misleading with images and videos that in real life do not represent who they are.

Social media has the opportunity for individuals to express themselves and display what they want society to see. Society should not always assume that just because adolescents are taking photos and smiling does not mean they are happy and feel safe. There is a possibility that adolescents can appear happy with a smile, post a positive video or quote before accruing suicidal ideations or attempt. It can be assumed that what is portraited on social media is only from the perspective of who is viewing the social media account.

Scope and Delimitations

The specific aspect of the research problem that is being addressed in the study is the negative impact social media can have with adolescents by triggering their depression and suicidal ideations and attempts. This focus was selected because social media can trigger adolescents' mental health when they are engaging in social media applications. The impact of triggers on the mental health of adolescents who experience triggers will vary amongst individuals.

The inclusion criteria for this study included that participants must be adolescents aged 18 to 19, male or female, have an active social media account, and have been discharged for a year from being in an outpatient program at the behavioral health hospital and attending as needed therapy sessions. The study did not include adolescents who do not have an active social media account or individuals not in the age bracket of 18 to 19.

As a qualitative study, the potential findings cannot be generalizable to adolescent's perspective on social media contributing to suicidal attempts and ideation, but being able to create change with society starts with individuals being able to express and tell their story of their perspective of how social media has affect them. Individuals who are experiencing or have experienced similar experiences can be empowered and aware of the negative effects that social media. There is a possibility for social media account holders to use social media and become aware of their mental health triggers that can trigger suicidal ideations and attempts. Depression and suicidal ideations and attempts can trigger individuals in different developmental age stages of their lives based upon how they were impacted with social media.

Limitations

Potential barriers included acquiring consent and possible difficulty recruiting participants for interviews. There may be challenges with the accuracy of information provided from the adolescents expressing their perspective on how social media has impacted their mental health. There was a potential challenge of adolescents not

completing questions being asked being asked from face-to-face interviews. Adolescents may only express what they want to provide in detail, and there is no way to verify if the information provided is accurate because everyone's perspective is different from that of another individual. These findings should be considered within their limitations related to the characteristics of the sample and the fact that the adolescents' perspective was explored.

Trustworthiness of the study can be further divided into credibility, which corresponds roughly with the positivist concept of internal validity; dependability, which relates more to reliability; transferability, which is a form of external validity; and confirmability, which is largely an issue of presentation (Joko, 2015). This study provided measures to establish confidence that the results exhibit credibility and that the findings are repeatable within the same cohort of participants. The first step to understanding credibility is by looking at the study's findings and demonstrating that findings are true and accurate by using the triangulation with other research literature. As this study was somewhat unique in nature, some data should provide unique information to this research so as well member checks will be performed during and at the end of the interview by clarifying the data that was collected from the participants.

Dependability ensures the findings are consistent and that conclusions of the study can be repeated with the data of similar results. This study includes a detailed record of the data collection process, study methods, and coding. An inquiry audit was performed to examine and explore how the data was interpreted through my research

chair. This will improve assurance that the findings are supported from the collected data. The participants had peer briefing, confirming whether they understood the requirements of the study and what would be asked of them. A copy of an overview of the interview was provided to the participants to review the salient points. Detailed drafts of the interview questions were used, and the same interview questions were asked to each participant (see Appendix A).

Data were collected in the same question format with thick descriptions of details. Data collection included audiotaping while conducting the interview, and salient points were then reviewed with the interviewee at the end of interview session to eliminate bias data and assumptions. A study is trustworthy if and only if the reader of the research report judges it to be so (Joko, 2015). The confirmability of this study will show results that other researchers were able to replicate with the data results from the adolescents' interviews by following the same process and question format. I additionally reviewed the analysis process with my committee and described my analysis process in my final write-up for peer review.

The confidence in results is supported from other researchers through triangulation and reflexivity of journals using triangulation technique. To help ensure the trustworthiness, the role of triangulation was emphasized to reduce the effect of investigator bias (Joko, 2015). The study had transferability, where the results can be generalized to other populations involved in the social media community. I used thick description to show that the research study's findings apply to other contexts,

circumstances, and situations. The sample of data is purposeful to answer the research question and provided a better understanding of the adolescents' perspective.

Significance of the Study

This study will likely make a contribution by assisting to understand the role of social media in contributing to suicide attempts and ideations. Social media applications such as Facebook and Twitter are common platforms where youth are expressing their feelings about their depression and suicidal ideations to other peers online (Gritton et al., 2017). The potential findings seek to provide insight to positive social change by providing information that may assist with understanding the role of social media in adolescents' lives and potential triggers to mental health episodes which require hospitalization in this regard.

According to the interpersonal theory of suicide, individuals can create a desire of lethal or nonlethal suicidal thoughts in multiple ways with how an individual feels in their current stage of life and how they feel among their peers and where they belong in society (Van Orden et al., 2010). Being able to understand and look at how social media has affected adolescents' health will bring direct change with awareness and education to the social service delivery and enforce awareness of the protentional damage.

Significance to Theory

This study has significance to the theory because Joiner (2011) expressed the reason why people die by suicide. Adolescents are going through a stage in their life where they are finding out who they are. The disconnection from peers and wanting to

belong can impact their desire of suicide ideations and attempts. Waiting to be acknowledged can result in reaching attention in a negative harmful way. Suicide ideations and attempts can have the ability to publicize pain and harm thus purporting significance to Joiner's theory on suicide.

Significance to Practice

Understanding adolescents' perspective on the effect of social media can result in policy changes and increasing awareness in the community on a mezzo and macro level. It is important to decrease the negative impact social media has with individuals to be able to use social media in a positive way. Individuals may be better able to practice safe habits and protect their mental health and well-being, while using a social media application with their peers. The perspective of an adolescent's experience can bring significance to the practice by reducing suicidal ideations and attempts.

Significance to Social Change

Social change is important when completing a study from an adolescent's perspective because the experiences that are shared can impact others who have encountered similar experiences. Being able to provide a study where adolescents can express how they were impacted by social media and how they overcame it could help individuals understand that they are not alone. The social change that I hope to accomplish with this research is to bring awareness and inform future research on the negative effects of social media on youth mortality from suicide ideation and attempts from the perspective of youths who have experienced this phenomenon. In general,

studies of youth engagement with suicide via the internet have focused much more on the dangers of this, rather than the opportunities such engagement provides to understand young people's perspectives on suicide and social media (Mok et al., 2015).

Summary

Suicidal ideations and attempts are increasing as social media is becoming more popular in society. Suicide is a leading cause of death worldwide, claiming the lives of over 800,000 individuals annually (WHO, 2014). As things are changing in the world that we live in, the experiences and life events that young ones see among our peers can impact the mental health and wellbeing with adolescents. As adolescents are growing and transitioning to adulthood, it is important have a sense of belongness.

The adolescent perspective with suicidal ideations and attempts on social media can help increase awareness by being able to learn from adolescents' pasts experiences. Having the ability to hear the stories and triggers from those who experience such a negative effect with social media and seeing how they were able to overcome and learn from those experiences may help adolescents who are going through the same experiences. Change can start with just one voice, from an individual who wants to tell their story. One story can make a difference by reaching one adolescent who can also potentially pass along the knowledge that they gained to help another.

Everyone has their own triggers, but the triggers that are exposed can help bring awareness and understanding of social media. In Chapter 2, I will go more in depth of the literature review with suicidal ideations and attempts, social media, and adolescence.

Having an understanding of the literature can help provided a better understanding of the study and why it is important to learn from an adolescent's perspective due to the lack of perspective studies.

Chapter 2: Literature Review

Adolescents' perspectives on suicidal ideations and attempts resulting from social media are important to be aware of. As society is increasing the usage of social media; the proper knowledge and concerns from adolescents can help shape how social media is safety used. Understanding the concerns and triggers adolescents express can help individuals who use the applications obtain awareness of how social media can affect their mental health. Moreover, adolescents devote much of their free time to social media, using social media platforms for an average of nearly 3 hours each day (Barry et al., 2017; Nesi & Prinstein, 2015).

The purpose of this study is to explore the perspective of adolescents on the role of social media in contributing to youth suicide and decreasing suicidal ideations and attempts that are occurring in society with adolescents due to social media. It is important to understand what social media is and how it is being used amongst adolescents to understand how it affects their mental health. This chapter will explain how the literature was obtained with qualitative key search terms, the interpersonal theory of suicide of Joiner (2011) and previous literature that researchers have published to addressed social media and suicidal ideations and attempts with adolescents. Being able to understand how researchers approached the problem by acknowledging their strengths and weaknesses in their past studies helped shape my study.

Literature Search Strategy

The literature search strategy used in this study defined and provided relevant results for the adolescent's perspectives on social media and suicidal ideations and attempts. Understanding the background history of social media, mental health, and suicidal ideations and attempts can increase awareness and understanding of the adolescents' perspectives. Being aware of what research has been conducted and published helped fill the gaps that are being explored in this study. Literature reviewed for this study was gathered from various qualitative key searches of peer-reviewed articles.

Strategies provided in the search database were based upon the two research questions in the study. The first search was conducted upon the question, "What is the adolescent's perspective on social media triggering suicidal ideations and attempts?" The second search was conducted upon the question, "How can social media trigger the thwarted belongingness, perceived burdensomeness and acquired capability?" The keywords searched were *social media*, *suicidal ideation and attempts*, *adolescence*, *perspective*, and *inpatient hospitalizations* in the databases of Education Source, ERIC, and SAGE Journals.

Searching keywords and combination of words incorporated literature knowledge of the research question. The various types of social media accounts, such as Facebook, Instagram and Twitter, were used as keywords in the search criteria to understand the various social media platform history and statistics. The term *suicidal ideations* were

searched in combination with *adolescence* as the search criteria to locate journals within

the adolescent population. *Adolescence*, *social media*, and *perspectives* were combined in

a keyword search to gain a better understanding of studies previously researched from the

adolescent perspective on social media from their personal interviews. Using *behavioral*

health hospital as a qualitative keyword search narrowed down what type of hospital

searches populated in the database with *adolescents*. It focused on the mental health

hospitalizations and not medical.

I also conducted a keyword search using the terms *phenomenology*, *interpersonal-*

psychological, *interpersonal theory*, and *grounded theory* to understand the different

theories and research methods used in previous studies. These terms were combined with

the keyword *adolescent* to understand how they were applied to that particular

population. *Thomas Joiner* was used as a keyword search with *suicidal* to locate articles

that were previous published with Joiner's findings using the interpersonal theory.

The Journal of Crisis Intervention and Suicide Prevention was selected as a

source of reference because it provided insight into why individuals commit suicide.

There is an importance of knowledge when understanding the adolescents' reasons for

feeling suicidal and understand their feelings. *The Journal of Adolescents* provided

detailed information regarding adolescents with social media use and mental health from

adolescents' and parents' perspectives. Understanding the perspective of the parents was

important to help understand the gap of the adolescents' perspective on social media in

more detail. Having an understanding of social media and how pictures impact social

media users will help guide researchers with an understanding on the impact it has with adolescents. *The Journal of Marketing Research* explained the impact of pictures with social media and background information on the how marketing plays a role in how applications are used. The Harvard University Press was a literature source that was referenced frequently to gather knowledge of Joiner's theory of suicide.

These keyword searches provided background history of the study to gain a better understanding of the research question. The key words used in the literature search provided authority from peer-reviewed articles. Awareness of the background literature of social media, suicidal ideation and attempts, adolescences, perspective and inpatient hospitalizations has increased the understanding of the experiences through adolescence.

The sources gathered for this literature review were published from 2015 to 2020. Obtaining knowledge of current literature provides an understanding of the strength and weakness of past research. To understand if there is a gap in the literature, researchers have to understand what has been researched. Acknowledging the progression of social media, suicidal ideation and attempts, adolescence, perspective and inpatient hospitalizations*,* brings an understanding of the changes that have developed. Using current literature increases the accuracy of information being based on proven facts and reduces outdated information. The objective of the information was to gain an understanding of the background history of social media and suicidal ideations and attempts.

Theoretical Foundation

The theory I used as a foundation in this study is the interpersonal-psychological theory of suicidal behavior from Thomas Joiner in 2005. However, little is known about youths' experiences in responding to such posts and what challenges intervening may pose for them (Gritton et al., 2017). In Joiner's theory of suicide, he explores the reason for why individuals want to end their life by harming themselves in the form of suicide. Joiner has expressed three reasons why an individual would want to commit suicide which is the desire of belonginess, the feeling that they are a burden, and the capability of suicide. When individuals feel that they are alone, blamed for society, and not afraid to die, there is a greater risk of suicidal ideations and attempts. Suicide is among the leading causes of death worldwide, especially in adolescents and young adults (WHO, 2010).

Joiner (2011) expressed that individuals will not die by suicidal unless individuals have the ability and the desire to perform the act. When individuals feel that they are a burden, they often feel that their peers and loved ones would be better off without them here on earth. The causal factors leading to an adolescent's suicidal behavior, according to the theory, are pathogenic parental attitudes toward the adolescents that are interpreted by the adolescents that he/she is not needed in the family (Van Orden et al., 2010). Adolescents who are experiencing suicidal ideations and attempts due to social media can trigger a feeling of being a burden. The more risk factors adolescents are exposed to, the greater the potential impact on their mental health (WHO, 2019).

Feeling like they do not belong by comparing themselves to peers on social media can increase depression (Van Orden et al., 2010). Seeing how much other account holders have accomplished, what they are doing in their developmental life stage, and how they are spending their life by expressing it on social media can trigger adolescents to question their life. Media influence and gender norms can exacerbate the disparity between an adolescent's lived reality and their perceptions or aspirations for the future (WHO, 2019).

There is a chance, when adolescents access their social media accounts, that it can impact their mental health from their visualize on what they viewed. The pressure of their peers and what is expected from their family values can trigger suicide ideations and attempts by feeling that they are a burden. When adolescents feel that they are not good enough the trigger of burdensomeness can occur. The effect of social media and the relation to suicidal ideations and attempts can relate to Joiner's theory. Adolescents comparing their life to other account holders based off where they are in life and what their family expects of them can result in suicide or near lethal suicide attempts due to the perceived of burdensomeness.

The feeling of wanting to belong to society can impact adolescents' mental health by observing what other peers are doing. The interpersonal theory expresses the assumption that thwarted belongingness is a dynamic cognitive-affective state, rather than a stable trait, that is influenced by both interpersonal and intrapersonal factors (Van Orden et al., 2010). Seeing posting and photos of social media account holders with other peers in the community and society can trigger adolescents' feelings of being alone.

Every adolescent is raised differently from another individual due to the various parenting and upbringing experiences. As adolescents are viewing posts and images of what other adolescents their age are doing, it can trigger the negative thoughts of not fitting in and the lack of friends or family support that they notice others peers are experiencing.

Often, what individuals feel is based upon what they are seeing in society. Acknowledging how individuals within social media are spending time with other peers can cause suicidal ideations and attempts to occur if adolescents always feel that they are alone. Everyone wants to be able to belong to something, either it is from being a part of an organization, event or just hanging out with a group of friends that they can depend on and take photos and be able to post just like everyone else. The effect of social media and the relation to suicidal ideations and attempts from the lack of feeling of belonginess can relate back to Thomas Joiner's theory of suicide.

If adolescents are experiencing aloneness and perceived burdensomeness, it is important to look at the capability for suicide. Being able to redirect the negative thought process of suicide can be challenging if adolescents are not afraid of death. Having a combination of the effect of belonginess, burdensomeness and capability due to social media is a concern for society. The negative impact of social media can trigger suicidal ideations and attempts with adolescents based upon what they visualize on social media and how it makes them feel as an individual.

Joiner's (2011) interpersonal-psychological theory of suicidal behavior relates to the present study because the adolescent's perspective provides an understanding of how social media can trigger suicidal ideations and attempts. The research question presented in the study can build upon past research from Joiner's theory due to having an understanding suicidal behavior. Joiner focused on who is at risk for suicide and how to prevent suicide from occurring, which is applied to the current study. Being able to hear the adolescent's perspective on social media contributing to suicidal attempts and ideations can help educate society from individual's perspective to focus on who is at risk and prevent ideations and attempts from occurring.

Literature Review

The collection and review of literature in the discipline provides researchers with an understanding of the strengths and weaknesses in the approaches that were used in previous research. It is important to understand what is known about the issue and what has already been studied. Being aware of the current treatments and interventions that have been used in the past helps create awareness of the outcomes and limitations. Each peer-reviewed article that I reviewed provided variables and concepts to justify the literature. Within my dissertation, I review peer-reviewed articles on adolescence, suicidal ideations and attempts, social media and inpatient hospitalization.

Humans develop in various stages as they age. Adolescence is an important developmental stage of life. As adolescents are growing into young adults, the impact of social media can alter their mental health and belongingness. Being able to complete a

study with adolescents can help improve the mental health and awareness with their perspective of how social media can contribute to suicidal ideations and attempts. With the adolescent population it is suggested that it is important for parents to feel comfortable talking about suicide and to be well-versed in appropriate responses (McKenzie et al., 2020). Learning how to cope and manage with the triggers that social media can create can help redirect the negative thought process.

To understand why adolescents are feeling suicidal, there has to be an understanding of social media and the data that adolescents are viewing when they access the applications on their phone. Ali and Gibson (2019) expressed the importance of understanding what is occurring in an individual's mindset when they are feeling suicidal. It is important to be aware of their perspective to assist adolescents overcoming the negative thought process that they may experiencing. Some researchers have analyzed internet posts related to suicide more generally, but have not focused on the reasons that people provide for their suicidality (Cavazos-Rehg et al., 2017; Jashinsky et al., 2014).

Suicide prevention efforts should target the suicidal triggers in order to help prevent suicidal in a more effective way. Ali and Gibson (2019) filtered through two months' worth of posts related to suicide and identified six main reasons for suicidality: feeling lonely and socially disconnected, experiencing identity stigma, failing to meet expectations, being helpless, feeling worthless, and experiences of mental ill-health. Suicide prevention can reduce suicide with each individual differently, which is why the

language that we used should be age appropriate for adolescents and the experiences that are related to impact change.

The effect of mental health disorders with adolescents can impact triggers for suicide in adolescents. Adolescents who are already experiencing depression and other psychiatric disorders can increase the impact that social media has within their perspective of how they are being affected. Psychological autopsy studies suggest greater than 90% of people who die from suicide suffer from a diagnosable mental disorder (Cavanagh et al., 2003). Males and females are affected differently with triggers that cause suicidal ideations and attempts. The interpersonal theory of suicide was tested in a large community-based cohort, and according to Christensen et al. (2013), the aim of the study was to test interpersonal theory predictions and compare the predicting aspects of suicidal behavior. It was found in the study that different risk factors, changes in their environment, and the gender of individuals are associated with suicidal ideations and attempts.

Joiner (2011) created "Why People Die by Suicide", which is important to be familiar with his evidence and clinical experience. Many people who have considered, attempted, or died by suicide, often have three factors that mark those most at risk of death: the feeling of being a burden on loved ones; the sense of isolation; and, chillingly, the learned ability to hurt oneself (Joiner, 2007). When adolescents acknowledge more than one risk factor, the increase of awareness and prevention methods needs to be in place to protect their well-being. The interpersonal theory of suicide tested in a

community based cohort concluded from their 6133 surveys with individuals, that once individuals start to feel hopelessness suicide prevention and crisis intervention is needed.

One major cause of suicide is the psychiatric stressors and the detection of the psychiatric stressors that an at-risk population demonstrates. Being able to understand the psychiatric stressors for suicide by extracting the stressors from social media can provided the techniques that society needs to reduce the cost and behaviors of suicide. A study created in 2018 by Du et al. conducted research by using deep learning algorithm from a social media application known as twitter. The goal of the study was to investigate techniques for recognizing suicide related psychiatric stressors from Twitter using deep learning-based methods and transfer learning strategy which leverages an existing annotation dataset from clinical text (Du et al., 2018).

Social media users have been expressing themselves on social media with positive and negative outcries. Tweets that were collected the study were from manually curated a suicide related keywords/phrases list to collect public through Twitter streaming API and they used the keywords/phrases list contains 21 keywords/phrases, such as "suicide", "kill myself", "want death", etc. (Du et al., 2018). Some individuals have even expressed their stressors to the public multiple times. To be able to help create change with suicide prevention the risk factors have to be identified to understand what is occurring.

The health risk behaviors that are occurring with our youth are impacting the leading cause of suicide nationwide. The activities that youth are engaging in are increasing the suicidal behavioral rates. Frieden et al. completed a study in 2014, about

the youth risk behavior surveillance in the United States. The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of priority health-risk behaviors among youth and young adult. The behaviors that contribute to unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted infections (STIs), including human immunodeficiency virus (HIV) infection; unhealthy dietary behaviors; and physical inactivity (Frieden et al., 2014). It is important to understand that suicide ideation and attempts are triggered from various categories and not just from social media. Understanding that even though suicide ideations and attempts can occur from social media there is a possibility to target that category and reduce the impact nationwide.

Adolescents want to feel a sense of belongingness and when they are transiting throughout their development years, they are exploring and finding out who they are as individuals. The growth of individuals is often impacted by their environment (Frieden et al., 2014). When they are growing into young adults their identity plays an important aspect of their mental health. Across the nation 14.8% of students had been electronically bullied, including being bullied through e-mail, chat rooms, instant messaging, websites, or texting, during the 12 months before the survey (Frieden et al., 2014). It is possible that individuals can experience being bullied online from an electronic media, which can increase their triggers of having a lack of sense of belonging from their perspective. They may no longer feel like they belong and fit in due to how others may now perceive them. Being humiliated on social media can trigger suicidal ideations and attempts. The study that was completed by Frieden et al. (2014) found that within twelve months a suicide

plan and attempt of suicide was completed more than once from the high school students who volunteered across the nation.

Suicide is among the top causes of mortality for youth in the U.S. (Frieden et al., 2014). In the Journal of the National Center, Gritton et al (2017), Responding to Concerning Posts on Social Media: Insights and Solutions from American Indian and Alaska Native Youth, a qualitative approach study with adolescents ages fourteen to twenty-two explained their perspective with social media. The study was consistent with the terminology and focused on the research question and problem. Gritton et al (2017), used open ended questions to allow the study group to be able to express their feelings based upon their developmental level.

Older adolescents were able to speak their participation while younger adolescents were able to write their responses down. Individuals wrote down examples of what they would consider concerning displays on social media, and what can help design an ideal program to help youth who post concerning content on social media (Gritton et al., 2017). It was expressed that individual are unaware of the warning signs of suicidal ideations and when to take action. Warning signs can be present within ones-self but due to the lack of awareness some adolescents may overlooked the signs that other adolescents are aware of.

Research has proven that youth may disclose depression symptoms and suicidal ideation via social media, such as Facebook and Twitter (Gritton et al., 2017). As awareness is emerging in society adolescents are able to help each other when their peers

are unable to help themselves. Some adolescents are noticing the warning signs of other peers and reaching out to offer help and guidance if they are unable to help themselves. Youth awareness needs to be increased and individuals should be aware about the post that they see on social media and how to take action. Having research provided by adolescents will benefit other adolescents by being able to trust what was reported and the resources developed.

Social media is composed mostly of photos that account holders are posting to represent their self-image and common interest. Social media has enabled average internet users to share their experiences and opinions online and to let their voice be heard by many others (Li & Xie, 2020). Account holders who have more photos attract more attention and the impact of the audience it is influencing. The past few years have witnessed a shift in social media platforms from text to visual oriented experience, the trend toward visual social media is partially driven by the changing habits of social media users, thanks to the popularization of smartphones and improved mobile internet experience (Li & Xie, 2020).

As adolescents are visualizing an increase in postings, it is contributing to their mental health and risk factors. Social media users are subject to information overload and post needs to stand out from many others to gain attention from readers before any engagement takes place (Li & Xie, 2020). Having adolescents present their perspective of how photos on social media can trigger their suicidal ideations and attempts can help build an understanding of the experiences they are experiencing. The old idiom "A

picture is worth a thousand words" has become the new maxim among social media marketers (Li & Xie, 2020). Photos that adolescents see of their friends in a social event can trigger adolescents the need of belonging and being involved. A picture of a sibling member graduating and acknowledging all the comments about how proud their family is can cause a sense of burdensome due to family standards. Each picture that is publicized online is represented differently from each adolescence.

Guardians have questioned the purpose of social media with adolescents due to their concerns of their social media accounts. The positive relationship that adolescents have with social media is what guardians expect to see but, when social media is triggering suicidal ideations and attempts, it triggers guardians to question their access to their applications. A study was completed to examine whether Social Networking Sites (SNSs) have a negative moderator effect on the established relationship between perceived social support and depression in psychiatric inpatients (Mcdougall et al., 2016). A survey approach was used with three-hundred and one individual's inpatient at the behavioral health hospital to understand how social networking sites effected their relationships and mental health.

Social media is known for the interaction of account holders to stay in connection with each other. Social support is broadly defined as a network of interpersonal connections that function to improve the well-being of the individual (Mcdougall et al., 2016). Individuals who are using social media for social support and a positive escape outlet to communication with their peers in the form of messages and acknowledging

motivation postings are encouraging but, studies have reported that depression and triggers can also increase when harassment and bullying occurs. The findings suggests that the use of Facebook, Twitter, and other related SNSs neither affects perceived social support nor alters the protective benefit that perceived social support has on depression but they do show a correlation with depression with social media (Mcdougall et al., 2016).

The findings in McDougall et al.(2016) study is important to be aware because it relates to the effect of social media from individual's perspective. Everyone's triggers are different and the experiences they receive from social media. Thomas's joiner expressed that if people want to end their life they will and if each individual is reporting differently how they feel then social media effects everyone differently.

The main concern with social media, is understanding the impact that it can create with individual's mental health and wellbeing. During adolescence is when individuals develop a sense of identity and greater autonomy (Erikson, 1968). In 2018, O'Reilly et al completed a study exploring how social media can impact the adolescent's mental health and wellbeing from the perspectives of adolescents. This study used a qualitative approach with a macrosocial constructionist perspective. They used six focus groups over a 3-month period with 54 adolescents ages 11 to 18 years old as their population. Written consist forms were required for participates from their guardians due to being underage.

It was expressed that adolescent who perceived social media as a threat to mental wellbeing had three themes identified. Social media believed to cause mood and anxiety

disorders for some adolescents, it was viewed as a platform for cyberbullying and the use of social media itself was often framed as a kind of addiction (O'Reilly et al., 2018). Social media affects adolescents in varies ways and the questions that were asked all had a different response due to individual's perspective of what was being asked. Some questions that were asked were about their understandings of mental health, defining concepts and drawing on their personal experience, their use of social media, extent of usage, which social media channels were favored, their opinions on the different mediums and asked to comment on the potential of social media to promote mental wellbeing and the benefits and challenges (O'Reilly et al., 2018).

With research questions being addressed within the study it helps close the gap of having a lack of understanding of how adolescents feel about social media. Evidently, social media are coming to play an increasingly significant role in the social and emotional development of Adolescents (O'Keefe & Clarke-Pearson, 2011). The awareness of having an adolescent's perspective impacts social change with bringing an understanding of the negative affect's social can cause to an individual's mental and wellbeing. The findings demonstrated that participants felt that social media directly causes ill-mental health such as depression and suicidal ideation, was addictive and exposed people to behaviors that impacted negatively on their emotional wellbeing, such as cyberbullying (O'Reilly et al., 2018).

Being able to address the global public health issue of suicide with the correct prevention interventions for adolescents will help individuals be able to safety use social

media. Internet use among young people is ubiquitous, with upwards of 95% of young people using the internet daily (Burns et al., 2013). A rationale and theoretical framework study were conducted in 2016, that focused on the online and social media suicide prevention interventions for adolescence. Online and social media-based interventions provide an opportunity to enhance feelings of connectedness in adolescents as a key component of the interpersonal theory of suicide and has shown that such interventions can be feasibly and safely conducted with young people at risk of suicide (Rice et al., 2016). With the increase access of social media there is potential for individuals to be able to use prevention methods to keep them safe online and offline.

Using social media applications online impacts your mental health the same way it will impact adolescents when they are not online. Being able to reduce suicidal ideations and attempts by providing adolescents with techniques to keep them safe can decrease the risks. Due to their rapidly evolving nature, online and social media-based interventions are expected to become increasingly appealing to young people over the next decade and beyond (Rice et al., 2016). With social media becoming an important part of communication with adolescents they have to be able to use it safety and reduce their triggers that can occur when they are engaged online and offline. Interventions delivered through online and social media platforms are uniquely placed to tackle the interpersonal theory of suicide factors of feeling a perceived sense of burdensomeness and marked sense of isolation and disconnection from others (Rice et al., 2016). Understanding how social media effects adolescents can provided meaningfully and supportive relationships to reduce the marked risk for suicide experiences.

Joiner's interpersonal theory of suicide expressed how individuals want to belong and examined its relationship with interactions. It has been shown that Joiners interpersonal theory is a useful framework in predicting suicidal behavioral (Van Orden et al., 2010). When adolescents are active on social media, they have limited in person interactions and often have the need to want to feel like they are a part of something. The time spent engaged with social media and the interactions with peers can be negative or positive for their mental health. With the continued growth of social media, the likelihood of suicidal ideations and online interactions may have an influence on suicidal desire has increased (Ringer et al., 2018).

Suicidal ideations and attempts created by online interactions are the leading cause of understanding why from adolescents. A study by Ringer et al. was created in 2018 that looked at the negative interactions of wanting to belong. The findings indicated that negative face to face interactions may contribute to higher levels of risk factors for suicide ideation and highlighted the importance of assessing for negative interactions across all contexts (Ringer et al., 2018).

Change starts to occur when adolescents are able to communicate their triggers on social media. Being able to express what they see and how they feel, can prevent hiding their pain and risk factors that trigger suicidal ideations and attempts. Certain types of media reporting about suicide, such as detailed information about location or methods of suicide, repeated exposure to suicide-related content, and reports that glamourize or sensationalize suicide, have been linked to an increase in suicide deaths and reporting that

may lead to the suicidal behavior being imitated by others (Robinson et al., 2018). It is important for social media account holders to know how to keep themselves safe when they are engaging in the applications.

Many countries have developed guidelines advocating for responsible reporting of suicidal behavior in traditional media but, the increasing popularity of social media, means that complementary guidelines designed to facilitate safe peer-peer communication are required (Robinson et al., 2018). adolescents need to understand social media can cause suicidal ideations and attempts, so it is important to understand that if they notice their peers and the signs of outcries they should reach out for help.

Understanding the adolescent's perspective of social media contributing to suicidal ideations and attempts can bring awareness of what to look out for when creating change. In the chatsafe project a total of one hundred and seventy-three items were included in the final guidelines to help adolescents communicate safety about suicide on social media. Being able to hear about the safety measures that are in place will help reduce the risk factors that adolescents are experiencing.

These following items were selected to help individuals talk safety about suicide on social media. Before individuals post anything online about suicide its recommended to think about; sharing their own thoughts, feelings, or experience with suicidal behavior online; communicating about someone you know who is affected by suicidal thoughts, feelings or behaviors; responding to someone who may be suicidal and memorial websites, pages and closed groups to honor the deceased (Robinson et al., 2018). It is

helpful to understand that there are safety tools available for use, but the awareness needs to be increased. It is important for adolescents to understand, what they encountered and how they feel about social media can increase suicidal ideations and attempts but they can reach out and talking to someone to redirect those negative thoughts.

Social media will allow individuals to express their feelings but, being aware of a guideline can create change in how expressions are presented. Being aware of how they express their feelings can reduce the impact of another individual acknowledging and affecting their mental health. If communication on social media is reviewed by the social media account holders with the following guidelines present in the safechat project then communication that is presented can reduce the negative impact of social media.

The impact of the screen time that an individual spends online can increase the suicidal rates among U.S. adolescents. adolescents who spent more time on social media were more likely to report mental health issues, and adolescents who spent more time on non-screen activities (Twenge et al., 2018). When adolescents are spending more time on social media, they are increasing the chances of triggers to develop. Some research suggests that social media, can increase feelings of loneliness (Song et al., 2014). Having a sense to belong and isolating themselves on a social media application can impact how they feel and create negative thoughts in their mindset.

Given the recent shifts in adolescents social interaction, increases in both perceived burdensomeness and thwarted belongingness may be particularly risk factors for suicide in this population (Twenge et al., 2018). Understanding from an adolescent's

perspective can provide insight if the increase in social media usage is contributing to suicidal ideations and attempts. Being able explore the viewpoints of how adolescents view their time on social media can provide awareness with time engaged with social media and it is correlating to suicidal ideations and attempts.

Not all adolescents are that are engaged in social media are abusing the application and harming themselves in return. Online social media networks have progressively been increasing among adolescents and have become a driving force for the internet with their strong social presence (Ortiz et al., 2019). It is important to understand both ends of social media and understand that social media is not causing suicidal ideations and attempts with everyone who is using the application. A study recently completed in Mexico (Ortiz et al., 2019) examine the extent of addiction to online social media networks and analyses six-hundred and five high school students and concluded students do not perceive themselves as addicted to online social media networks.

Each individual displays their own perspective of how social media triggers affects them. If an individual does not present the risk factors of Thomas Joiner theory, then the risk of suicide ideations and attempts are likely to occur. Adolescents use social media for multiple reasons and some are able to overcome the negative addiction and triggers it can cause. Social media plays an important role in the construction of adolescent's social identity (Renau et al., 2013). Being able to understand an adolescent and not allow social media define their identity are can decrease the triggers of wanting to belong and feeling like burdensome.

Individuals who have the need of wanting to belong with society and their peers often have the desire to be notified of something immediately, which can cause virtual tolerance, virtual communication, and virtual problems (Sahin, 2018). Being able to accept self-love can increase the motivation of want to improve their life and overcome the feeling of suicidal ideations and attempts. Having a purpose of belonging starts with adolescents understanding it is ok to want to belong but healthy habits have to occur to get there. Exploring the adolescent's perspective of suicidal ideations and attempts from social media triggers can provided data to help individuals realize that being motivated to change their life instead of trying to end their life can and has been done.

Thomas Joiner (2011) created, "Why People Die by Suicide", which is important to be familiar with his evidence and clinical experience. The most dangerous form of suicidal desire is caused by the simultaneous presence of two interpersonal constructs, thwarted belongingness and perceived burdensomeness and the capability to engage in suicidal behavior is separate from the desire to engage in suicidal behavior (Van Orden et al., 2010). Social media can be used to stay in contact with peers and society but it can also impact adolescent's mental health if they are not aware of their triggers and how to disconnect when they need to escape from social media.

Social media affects individuals differently and exploring the perspectives of adolescents can create change that is needed. Awareness of knowing that adolescents are not alone with experiences of suicidal ideations and that they can overcome the risk factors of suicidal from social media can empower the social media community. Studies

have found that suicidal behavior is hard to study because individuals with suicidal behaviors are often excluded from clinical trials due to safety concerns on the part of researchers (Rudd et al., 2001). Exploring the adolescent's perspective on social media contributing to the suicidal ideations and attempts a year after successfully discharging from their outpatient program in the behavioral health hospital can safety be conducted if they are willing to volunteer their participation. The theory also suggests that prevention efforts targeting thwarted belongingness and perceived burdensomeness may be effective (Van Orden et al., 2010).

Summary and Conclusions

The literature review provided background history explaining the different components of how social media can contribute to suicidal ideations and attempts. The keywords and terms searched explain in-depth of how *phenomenology, interpersonal-psychological, interpersonal theory and grounded theory, social media, suicidal ideation and attempts*, adolescence*, perspective and inpatient hospitalizations* have a common stimulation. The present study will fill in the gap of the literature by being able to present findings of the adolescent's perspective on social media contributing to suicidal ideations and attempts. The extended knowledge in the discipline will be able to understand and explore the perspective from adolescents who are able to share their story about their experiences.

Understanding the interpersonal-psychological theory of suicidal behavior that was introduced by Thomas Joiner in 2005, provided an understanding of how social

media can negativity trigger an individual's mental health. To be able to understand the thought process and behaviors of adolescence, researchers have to understand Thomas Joiner's theory. Being aware of his theory and the population of the discipline that is being studied can bring together a better understanding of what is occurring. There is a gap in the literature with the lack of adolescents being able to tell their story. By connecting this gap and exploring how social media can contribute to suicidal ideations and attempts it is important to be aware of the research methods presented.

Chapter 3: Research Method

The WHO (2019) has defined an adolescent as any person between ages 10 and 19. The purpose of this study was to understand the perspective of adolescents between 18 and 19 on social media contributing to suicidal ideations and attempts. Being aware of social media concerns expressed from a parent, teacher, or researcher is not the same as understanding suicidal ideations and attempts from an adolescent who has experienced the triggers. Exploring the triggers of social media and how these can impact an adolescent's mental health could improve the mental health for adolescents who are currently or experienced similar events.

Qualitative semistructured interviews was conducted with five adolescents using a guided scheduled questionnaire to explore adolescents' views and perceptions. Providing background history to social media users of social media triggers and the perspective of individuals who were unable to protect themselves concludes results in a different viewpoint. Acknowledging the stories from adolescents who experienced the stages of feeling like a burden, wanting to belong, and having the desire to end their life provides an outlook for society to create change with awareness. Interviewers included prompts to encourage reflection and further in-depth discussion (McKenzie et al., 2020).

In this research study, I explored the perspective of the adolescent in a safe private office located at their local library, where adolescents could express their outlook on social media contributing to suicidal ideations and attempts. Discharged patients have

suicide rates higher in the general community right after discharge, and efforts aimed at suicide prevention should start while patients are in hospital (Chung et al., 2017). This study was completed a year after the participants have been discharged from their outpatient program. Conducting this study, a year after discharge while they are attending counseling was to reduce traumatization with the support of their mental health environment. Completing this study, a year after they have successfully discharged and completed their follow-up visits was to help improve their mental health and safety factors as they attend counseling on a regular basis.

Adolescents had access to a support system at the mental health agency in case they needed to process any questions that occurred during the interview. Being at the mental health agency for counseling groups provides aftercare skills needed after they have been released from their outpatient program. The therapy groups that they attend are optional, and individuals can benefit from structured and comprehensive care while still living at home. Conducting interviews with adolescents in this structured setting with a therapist and support system has a possibility of offsetting participant risk of self-harm.

The importance of conducting interviews at that time period, while adolescents are a year from discharge, is to ensure they are in a safe environment. The risk of suicide can decrease 6 months after psychiatric hospitalization if youth had an outpatient mental health visit within seven days after discharge (Fontanella, et all, 2020). Waiting a year after the patients have discharged from the outpatient program decreases the risk of harm and triggers of past trauma of social media and placing the individual in danger. Having a

safe solid research foundation to build upon helped me explore in-depth the adolescent's perspective of social media contributing to suicidal ideations and attempts.

Research Design and Rationale

I conducted the interviews in a private room at a local library in Austin, Texas, and consisted of qualitative semistructured interviews. Due to the pandemic, there was the option of completing the interview by videoconference or telephone and have the documents picked up from myself. There were required consent forms for adolescents who participated in the study that were signed as well as an administration of the Columbia-Suicide Severity Rating Scale (C-SSRS; see Appendix B) to assess for suicidal risks safety protocols. The Columbia Protocol, based on more than 20 years of scientific study, filled an urgent need for suicide research and prevention: a better way to uniformly and reliably identify people who are at risk (Columbia Lighthouse Project, 2016). The Columbia Protocol is a basic screening tool designed to identify someone at risk for suicide and the level of support that a person needs. According to the Columbia Lighthouse Project (2016), the Columbia Protocol screens for this wide range of risk factors without becoming unwieldy or overwhelming, because it includes the most essential, evidence-supported questions required for a thorough assessment. I provided this assessment before and after conducting the interview.

I had no prior connection with the mental health agency to prevent biases within the data collected and the individuals who participate. I provided the same instructions to all screened participants that met the study guidelines on how to complete the interview

to control the experiment conditions. The adolescents' expectations and concerns about the experiment were addressed before the interview was conducted to reduce the influence of manipulation. Introducing one version of the questionnaire provided to each volunteer reduced the potential for bias in the data I collected.

Role of the Researcher

As the researcher, I had no personal professional relationships with the participants. The research did not present any conflict of interest within my own work environment. There were no research biases to manage due to the fact that I did not perform the study on current clients or individuals that I have had professional or personal relationships with. I collected data based upon the information provided by volunteers who were recruited for the study. I built a professional relationship with the volunteers to gather the data needed for the study.

Methodology

Population

The sample consisted of five adolescents, ages 18 to 19, who have an active social media account and have been successfully discharged for at least 1 year from outpatient treatment due to suicidal ideations and attempts related to social media triggers. The sample included male and female participants. Adolescence is a significant period of psychological, biological, and social change for young people as they adjust to their emergent needs and develop new skills, responsibilities and intimate relationships (Christie & Viner, 2005; Erikson, 1968).

Exploring the perspectives of five adolescents provides a variety of perspectives to explore and understand how social media has contributed to their mental health triggers. Consent forms were completed and signed prior to participation. The participants' therapist did not recruit participants, and it was advised that the study would be fully separated from any treatment that they received and would not affect their treatment or discharge. Having five adolescents participate in the study provided five different perspectives of how social media triggers has affected their life. Every individual had different perspectives.

The safety and wellbeing of the adolescents who participated in the study was the number one priority. The target population was adolescents enrolled at the mental health agency and has been successful discharged from outpatient treatment program to enhance mental health stability and participant safety issues. Providing adolescents, the opportunity to speak to their therapist after the interview assisted in providing extra support if needed. Staff and patient communication are influenced by shared language, the right timing and, for example, opportunities given for communication (Fakhr-Movahedi et al., 2011). Having access to their therapist and support groups in the mental health agency also helped process their thoughts and express their concerns regarding social media triggers.

Having a successful discharge plan acknowledges the completion of the volunteer's program that they have experienced while being an inpatient for an average of 7 to 10 days. As volunteers' transition from the inpatient setting to the outpatient

setting of the behavioral health and into the community, there is a possibility of increasing the awareness and knowledge that they have obtained. While volunteers completed their interview on their perspective of social media, their knowledge and the coping skills that they have gained helped provided a safe and positive outlook on their discussion of how social media has affected their life. Understanding adolescents' perspective on social media contributing to suicidal ideations and attempts provides support for the need for guidance for caregivers to have healthy conversations about suicide, to enhance a deeper understanding of the issues by guardians and adolescents (McKenzie et al., 2020).The population I selected was based upon the developmental stage of individuals. Involving and listening to young people themselves is an important and often an omitted part of the debate that surrounds suicide narratives in the media (McKenzie et al., 2020).

Sampling and Sampling Procedures

The selected sample of adolescents whom I collected my data from were a subset of the larger population. Exploring the perspective of the participants who have volunteered to participate will help gain an understanding of what some individuals are going though in their developmental stage.

The research data was proposed to be collected with individuals 18 to 19 of age, discharged for a year after their outpatient program. A brief suicide screening tool, the C-SSRS (see Appendix B), was implemented prior to and/or post interview to identify if there was any self-reported risk or not to ensure their mental wellbeing and safety of the

volunteers. When safety is defined and measured through the lens of risk, resources are more likely to be directed toward remediating risk, rather than promoting safety (Cutler, 2015). Being a year out from outpatient and a client at the mental health agency while the interview is being conducted provided the volunteers with access to professionals and therapists if needed. Adolescents' vulnerability can increase when they do not have access to resources and a support system. When they are in a safe outpatient environment, it requires staff members be proactive and intervene quickly in tense or escalating situations (Shields et al., 2018). A mental health agency environment provides an assigned therapist, similar resources and the support system that the volunteers may not have if they complete the volunteer interview in their outpatient setting. Providing care that is psychologically safe requires that patients feel safe, have a sense of control over their lives, and have a sense of connection to staff members who are perceived to be available and who see their needs as legitimate (Shields et al., 2018).

Participants expressed their perspective on social media and their triggers during their interview. Psychiatric care has also been seen to have a rhetoric of good communication (Simpson, 2007). Being in the mental health agency setting provides adolescents the resources to redirect negative thoughts to help improve their mental health. Communication is an essential part of care and enables safe and quality patient care (Kanerva et al., 2015). If any questions or concerns occurred after the interview, they were able to obtain the help that they need onsite in person. Communication is one of the core functions and competencies of psychiatric care globally and is important for patient safety (Kanerva et al., 2015). If the study is completed after discharge and they need to

speak to a supported staff, it can increase the chances of them having to communicate on a Zoom camera or not being able to get access to a therapist right away due to recent trauma, unestablished coping skills, Covid exposure, transportation or scheduling.

The sample selected in this study incorporated a convenience nonprobability sampling method. Using convenience sampling was useful in working with adolescents who are stable in the community and attending as-needed group therapy at the mental health agency where potential participants are easy to reach. The convenience sampling helped to engage participants to want to volunteer when they saw their peers involved. Various mental health agencies have daily groups that are conducted multiple times a day with 10 individuals or fewer. When a convenience sample is applied, it helps introduce the study amongst adolescents who are communicating with their peers in group. Adolescents who participated in the interview understood their participation was confidential and that they were not required to express to other adolescents what was discussed.

Five participants were needed for the study to be able to have various perspectives to analyze. I was available at the mental health agency for various hours during each week until the sample was collected. I waited in an empty room with a pop-up flyer that introduced the study, the research question, and criteria. Any volunteers who were interested and stated they would like to complete the study were able to schedule a time to conduct the study at the local library and advised that they would be able to speak with a therapist afterward if needed. I advised them that I would provide a one-time visa gift

card after the interview, and their names would be changed in the study to protect their identity. If there were multiple volunteers, I was able to complete each interview after another was completed.

The inclusion criteria for the study were explained on the flyer and were reviewed before the interview was conducted. The target age was 18 to 19 years old, and participants needed to have an active social media account and have been successfully discharged for at least a year from outpatient treatment due to suicidal ideations and attempts related to social media. Adolescents were safety screened with a brief suicide screening tool, the C-SSRS (see Appendix B), after the interview to identify is there is any self-reported risk or not. I excluded adolescents who were inpatient without successful discharge status, adolescents who were not inpatient due to social media triggers, those who had no social media account, and those who did not fit the age bracket. Any such individuals were disqualified from the study.

Procedures for Recruitment, Participation, and Data Collection

Safety is a priority in acute mental health inpatient services (Cutler, 2015). The data method of collection was in person. A formal introduction was provided to introduce the researcher and stating the purpose of the research. The prospective interviewees viewed the flyers on the community bulletin board within the mental health agency. I was available by phone until five interviews are successfully scheduled to meet at the private room at a local library. I advised volunteers that the research is to understand the perspective of adolescents who have experience suicidal ideations and attempts due to

social media and it is not a part of their treatment. The volunteers were advised to speak to their therapist before completing the interview to help decide whether the interview is in their best interest at the time before they proceed.

A voice recorder was used while conducting my interview and later transferring data onto a spread sheet on word document. Collecting my data with a voice recorder helped me build a professional working relationship with the participants in contrast to computer data entry. The interview took an hour to an hour and a half to complete and the participates had a chance to take a break if needed so they can feel relaxed and not pressured to express how they feel. There were 15 open-ended questions asked within the timeframe of the interview and participants were able to provide additional comments if needed. The participants had the option to skip over any questions that they would like to without expressing why. After the interview was conducted the participants had the option to follow-up with their therapist to express how they felt. This potentially reduce the risk due to past memories and current perspectives being discussed particularly if risk is detected.

There was a debriefing procedure to express appreciation for their time and participation as the interview was completed, the following closing statement was provided. "Again, I would like to thank you for taking the time to help with this qualitative research study. A brief suicide screening tool was provided post interview to identify is there is any self-reported risk or not. There was a fifteen-dollar gift card provided directly to the participates for their participation. The next step was for me to

review the data conducted from this interview and apply it to my research on

understanding the adolescent's perspective on how social media contributes to suicidal

attempts and ideations."

Instrumentation and Operationalization of Constructs

The interview was recorded and transcribed to gain an understanding of social

media triggers relating to suicidal ideations and attempts from adolescents. The responses

were formulated from the adolescent's personal experience, which every participate will

have a different response when answering their questions. The plan to provided evidence

for reliability in making sure each question is conducted with the same expressions and

format for all five participates. Keeping the same professional relationship with each

client and recording the data in the same notepad will reduce the loss of documentation.

The professional relationship with each individual will be embarked by asking a warm up

question. My goal was to reduce the anxiety of the interviewee to provide reliable data. I

asked each participate, "What is something positive that you have seen with social media

recently?" The warm-up question helped to provide an ice breaker to open up the

conversation with social media on the positive aspects before any negative thoughts

occurred within the interview.

Data Analysis Plan

The data analysis plan provided analyses to gain an understanding of the collected

data for the study. The research data was analyzed based upon, "What is the adolescent's

perspective on social media triggering suicidal ideations and attempts?" and "How can

social media trigger the thwarted belongingness, perceived burdensomeness and acquired capability?"

Responses from the adolescents who completed the face-to-face interview was audiotaping while conducting the interview with salient points then reviewed with the interviewee at the end of interview session to eliminate bias data and assumptions recorded. I selected to use deboose software for my coding method. The deboose software is a tool that allows the organization and analyze of research data. I looked for the following coding themes identified in common, active social media, suicidal ideations and attempts, triggers, feeling like a burdensomeness and wanting to belong. The coding helped me understand the data that was presented and drew out meaning from the data that was presented. The qualitative semi-structured interview provides a descriptive account of the entities, experiences and behaviors kept by the researcher through the interview and observation (Patton, 2002).

Documents were created and transcripts were uploaded in the software. The results were interpreted by gathering the perspective of the five adolescents who have volunteered for the interview and analyzing the interview results. Finding the common themes will help provided an understanding of the adolescent's perspectives on social media contributing to suicidal ideations and attempts.

Ethical Procedures

Institutional review board (IRB) approval was established before the study was conducted because the study is working with individuals in the community. Having the

opportunity to receive preliminary ethics feedback and reviews is a resource tool helped me to understand what is ethical and how to proceed with data collection in an ethical matter to prevent any harm with individuals. Submitting form, A was the first step to gain IRB approval, which was a form that helped plan the study and detailed about what type of study will be completed and the population served. The study that was completed was with non-sensitive data collections and a non-vulnerable population because all participates were over the age of 18.

Form C application that was required, helped self-check the university's ethical standards expectation, which guides as a checklist and is signed off with the review of my chair member to ensure there were no discrepancies in the review process. A draft copy of the consent forms, interview questions, a sample of the flyer used to recruit participates, letter of cooperation from the mental health agencies and trainings on human subject protection certification was part of IRB approval and will be submitted for review.

The safety of the volunteers who participated in the study is a priority and safety measurements were in place. Due to being discharged for a year and adolescents expressing their perspective on social media triggers contributing to suicidal ideations and attempts, there was an assigned therapist available if needed. Having a therapist available to discuss the concerns after the interview was completed will provided a support system for vulnerable adolescents to help process their cognitive thoughts regarding their participation.

Ethical concerns related to the data collection of adolescent's participants refusing participation or early withdrawal from the study can occur. There was a chance that adolescents could terminate the interview by not waiting to answer the questions of the study. If termination of the interview was presented, documentation of termination was provided in the study. Data is confidential and participate names were changed in the study to protect the adolescent's privacy.

There was a notepad used to collect that data and the same single notepad was used with each interview to ensure data was stored in one protected placed. Only myself was able to access the data and it was locked in my home office filing cabinet where it will be stored for five years to protect the confidential of the participants.

As a licensed mental health social worker and student, I have an obligation to uphold basic values, principles and standards when conducting my study and in the community. The code of ethics is applied to my study and as I communicated with the agency and the participants in an ethical practice and good judgement. Being aware that some participants may refuse to complete the study is ok and understanding from a professional level is important. As I completed my study, I was aspiring service, social justice, dignity and worth of a person, importance of human relationships, integrity and competence throughout my study (National Association of Social Workers [NASW], 2017).

Summary

There are strengths and limitations in every research that is studied. Not all research that is conducted will have the same outcome that was predicted. It is important to be aware of the strengths and limitations to understand what has worked and what has not worked. My research question is, "What is the adolescent's perspective on social media triggering suicidal ideations and attempts?" and "How can social media trigger the thwarted belongingness, perceived burdensomeness and acquired capability?" I would like to understand the impact that social media has with adolescents from a qualitative semi-structured interview approach. I would like to be able to understand their viewpoints for a better understanding of how to prevent and educate other adolescents on social media safety and triggers. The method that I was using is a qualitative interview design with a Cognitive interviewing method. The in-depth questions assisted in gaining a full understanding of what is occurring with the adolescents and the use of open-ended questions provided an opportunity to express if needed.

Chapter 4: Results

I collected the data for this study in the summer of 2021 after IRB approval

(Approval No. 07-01-21-0560058) was granted. After receiving approval, I began the

recruitment of five participants in 4 weeks. Collecting data on five adolescents ages 18

and 19 in the Austin, Texas, community has provided various perspectives from social

media. Social media affects everyone's mental health differently. I explored two research

questions while conducting the study: What is the adolescent's perspective on social

media triggering suicidal ideations and attempts among adolescents? How can social

media trigger the thwarted belongingness, perceived burdensomeness and acquired

capability among adolescents?

Providing an opportunity for individuals who have experienced suicidal ideations

and attempts due to social media to share their perspectives has helped increase

knowledge about their triggers and perspective on social media usage. By completing an

in-depth questionnaire interview with five volunteers, I gathered data that can help

impact the social media community. Providing an opportunity to listen to those who were

impacted by the challenges that social media can create with thwarted belongingness,

perceived burdensomeness, and acquired capability among adolescents can help keep

other individuals safe.

I confirmed eligibility to participant in this study using the criteria posted in my

advertisement flyer recruiting 18 to 19 year-olds who have an active social media account

and have been successfully discharged for at least a year from outpatient treatment due to suicidal ideations and attempts related to social media. For participant safety, I screened for suicide risk by using the C-SSRS screening tool (see Appendix B). The five individuals chosen to be in the study met all the inclusion requirements. They all had a unique story that was shared, which represents them as an individual and expressed how social media has impacted them with suicidal ideations and attempts. No story was the same due to everyone's experience as being different when they engage with social media. When interpreting the results from the five volunteers' interviews, I found one thing that they all had in common in terms of resiliency: they did not let social media define them but they learned how to define social media. The individual stories shared can help reduce the negative impact that social media has with mental health and bring awareness on perspective, triggers, and how to safe use social media.

Data Collection

The data collection process started with locating selected agencies in the community that offered free mental health services to individuals who are in need of professional assistance. The agencies that were selected, identified in this study only as Mental Health 1 and Mental Health 2, were both located in Austin, Texas. I selected these agencies based on the free services they offer for therapy and the population they serve. Flyers were placed at both agencies with information regarding what the study would be about, the requirements, and contact information. The flyers were posted on the community bulletin board, which provided individuals the opportunity to view when leaving the agency or while waiting for their services. Within 4 weeks all five volunteers

were received, and the interviews were fully conducted. Four interviews were conducted at the local library in Austin, Texas, and one over the phone. I was available anytime by phone to schedule interviews, screen participants and answer any questions that individuals had. Due to the fourth of July holiday, I was available on July 6 to hang the flyers for the first day of the study at both agencies. To maintain participants' privacy, I assigned alphanumeric codes to use in place of their names. Participants will be presented in this study as P1, P2, P3, P4 and P5.

P1, a 19-year-old female who inquired about the study while I was present at Mental Health Agency 1, was able to review the flyer, screen for the requirements, provided the consent form, and agreed to meet at the local library at 4:30 p.m. to conduct the interview. She was the first to complete the face-to-face interview and the suicidal risk assessment, provide her email address, and receive her gift card for participating. She was present with her son and her boyfriend when she came to complete the interview.

On July 9, I received a call around 2:00 p.m. inquiring about the study from P2, a 19-year-old male, who said he was the boyfriend of the 19-year-old female who had completed the first interview. He was screened over the phone, and I explained what the study was about. He agreed to meet at the local library to compete the interview in the evening after work. He was provided the consent form, completed the interview and suicidal risk assessment, provided an email address, and received his gift card.

On July 12, a male and female called in to inquired about the interview, but the female volunteer did not meet the study requirements after screening due to her age. The

male, P3, was 18 years old, but he preferred not to meet at the local library and was unable to meet at the mental health agency due to privacy concerns to complete the interview. Instead, he wanted to complete the interview over the phone after his therapy session at 6 p.m. on July 13. The consent forms were provided in person after his therapy session, and he scheduled his phone interview. After the completed scheduled phone interview and suicide risk assessment, he provided his email and mailing address to mail his gift card for his participation.

On July 16, an 18-year-old female, P4, called in and inquired about the study. She was screened on the phone and was able to complete the study for a scheduled day on Wednesday, July 21, at noon. At the appointed interview time, she was able to meet at the local library and signed her consent forms, completed her interview and suicidal risk assessment, provided her email address and received her gift card.

The last participant inquiry occurred on July 20, when P5, a 19-year-old female, called and inquired about the interview after her therapy session. She was screened and met all the requirements for the study, and she scheduled a same-day interview at the local library in the evening. Before her interview, she was able to sign her consent forms, and after she completed interview and suicidal risk assessment and provided her email address, she received her gift card for participation.

A member check was performed and summary of the results was provided to the participants via email after all the data was collected for their interview, as well as a thank-you for participating in the study. There were no reported discrepancies in

collecting the data itself. The interview questions were understandable and a few questions needed to be repeated due to not hearing the question on the first conveyance. The participants were able to understand what was being asked, and each volunteer responded in enough detail to provide enough data to fulfill their questionnaire. All five interviews were completed as scheduled and no one stopped or dropped out of the interviews.

In additional safety measure, it was advised for each participate to speak to their therapist before completing the interview to help decide whether the interview is in their best interest at the time before they proceed. The suicidal assessment was provided after the interview and all five volunteers did not experience any suicidal thoughts or ideations as identified by the C-SSRS prescreening interview. There were no reported triggers presented from the study. The baseline of the volunteers appeared to stay the same, there was some nervous body language with the in-person interviews with moving and repositioning themselves before the interview started, but this was reduced as the interview was being conducted.

The four interviews completed at the local library averaged between an hour to an hour and half to complete. The fifth interview, conducted by phone, only took an hour to complete. All data were audio recorded and transcribed verbatim with the date and time of each interview. All verbatim documents, consent forms, and suicidal risk assessments were placed in a three-ring binder folder and safely transferred back to a home office where it was securely kept until it was needed for review. This process took a week to

review all the documents to gather the themes and cluster the data. This step was performed by mind mapping from the themes associated with the research questions. The mind mapping preparation begins by reading from various sources that determines the main concepts and subconcepts, which are described as branches of the main concepts (Astriani et al., 2020).

The sample of data that was reported does not represent all adolescents who have access to social media accounts, but it does tell the story of five different perspectives. Their story was used to provide insight of how social media usage has affected them and how they were able to overcome triggers of the thwarted belongingness, perceived burdensomeness and acquired capability. Social media can have a different effect on each individual who is engaged in the accounts but the awareness can be used among any account holder.

Study Results

After collecting the data from five volunteers and analyzing the findings, the research questions had data results to support what was being explored. What is the adolescent's perspective on social media triggering suicidal ideations and attempts among adolescents? How can social media trigger the thwarted belongingness, perceived burdensomeness and acquired capability among adolescents? The research questions were answered with the data from the interviews. The collected data produced five themes, which included

- types of social media,

- online impact,

- perspectives,

- suicidal ideations /attempts,

- take away from social media.

See Table 2 for definitions of each theme.

Table 1

Themes and Definitions

Theme (T)	Definition
Social media	The types of social media applications accounts download.
Online impact	Social media account holder's triggers from online activity.
Perspectives	Social media account holder's perspectives on social media.
Suicidal ideations/attempts	Social media account holder's triggers and barriers overcome.
Take away from social media	Social media account holder's perspective and message.

Theme 1: Social Media

The five adolescents who completed the interviews all had some of the same social media applications in common. Social media is defined as a type of social media application that account holders download to stay in contact with their peers. Some

common applications are Facebook, Snapchat, Instagram and Twitter. P1, P2, P3, P4, and P5 who completed the interview all had an Instagram and Snapchat account where they were able to view their followers and their personal likes on their own profile. P1 stated,

I'm recently new to social media and I had my account for about two years, I mostly use Snapchat to have access to the different filters which help me change how I view myself when I post to my account.

Some filters within social media can hide how you look and feel, which is common among social media users to use when they are feeling depressed or want to feel like they belong.

The average account holders had their social media accounts for at least 2 or more years and spent at least 5 or more hours per day online. P1 stated, "I had social media accounts since I was age 12, that's 7 years of viewing social media accounts because I had older siblings who used them." Due to P1 having older siblings, she was introduced to social medica at a younger age and was able to understand the applications with guidance from her siblings.

Theme 2: Online Impact

Online impact is defined as the triggers caused from the average time adolescents spent engaged in their social media account. One hundred percent of adolescents clicked on certain account pages frequently and spent at least five or more hours online every day. Social media trigger the thwarted belongingness, perceived burdensomeness, and acquired capability among adolescents from daily application usage. P4 stated, "I like to

look at the photos that appear on my social media feed, but I catch myself staring at the photos that trigger feelings." Some feeling can be triggered from the thwarted of wanting to belong and be around when your unable to. P5 stated,

I just like to see what others are doing, I want to make sure I'm not missing out, so I do look at my social media every few hours and I know it's bad for me because sometimes I compare my relationships to other couples I see and it causes problems for me.

Being logged on to social media accounts and not logging out can increase the feeling of feeling like a burden to family and friends. P3 stated,

I know when my family see my other siblings or my cousins on social media, they are happy for them and what they are doing in their life, but I feel like they have to worry about me and make sure I'm ok when my peers are posting positive new things in their life, because right now I'm still trying to figure out who I am. I feel like I'm causing worry in my parents.

Theme 3: Perspective

Data from the study explored the adolescent's perspective and wanting to be able to fit in with their peers online. Perspective is defined as the account holder's perspective on their social media usage. Their perspective is often triggered from staying current with the new trends, attending events with their friends and looking at the number of likes they received on their photos. Participants P4 and P5 reported that they want to fit in but they do not want to feel like they are bothering or being burdensome to their peers. Participate

P2 stated, "I click on social media accounts that are not mine daily because I want to see their updates or to see what's new with their life."

Only 60% of participants felt like they were not comparing themselves to other account holders. Each adolescent did feel like social media wanted them to do more than what they were currently doing in their current stage of life. Forty percent felt like social media triggered a thwarted sense of belonging, whereas 60% felt like they were not a burden to others. It was reported from participants P4 and P5 that social media can trigger the thwarted belongingness, perceived burdensomeness and acquired capability among adolescents by viewing their peers online and comparing their life to others. Twenty percent triggered a lonely feeling with their emotions, whereas 40% triggered a happier and bored feeling. Being rejected on social media only effected 40% of the participants. Participant P2 stated, "They will be happier without social media because they would have to compare their life to others or act like they don't see what's occurring with their peers."

Theme 4: Suicidal Ideations and Attempts

The five adolescents who completed their interview on their perspective of social media triggering suicidal ideations and attempts expressed that each individual has a different process of what they were viewing on the social media accounts. P5 stated,

> Social media triggered my suicidal ideations because I didn't know how to log off and speak up when I needed help, I kept thinking I can overcome my thoughts on my own but, I was always comparing myself to my friends. My best friend got

accepted to the college I was denied to, it affected me by seeing her posting her

getting ready to leave to the college I wanted to go to.

When social media account holders experience triggers from their account it increases

their feeling of not belonging and feeling less than their peers.

Suicidal ideations and attempts are defined by the triggers, attempts and barriers

that were overcame by social media usage. Forty percent of adolescents did experience

suicidal ideations or attempts in the past. It was reported from P3, "Suicidal ideations was

a thought process that occurred because of how I viewed my current stage in life to peers

that were older than them or in the same age range but were doing more in their daily

life." The main triggers that impacted them as a social media user was how many likes

they did receive online but they overcame the barriers by learning to log off and having

more awareness.

Participates P3 stated, "I felt rejected on social media and wished I talked more in

person verses in an online format." Each individual thought process is different and what

they see on social media can trigger negative thoughts within their mindset. P1 stated,

> What triggers me on social media is trying to figure out what to post and when I
>
> do post I only get six, or seven likes, compared to my friends who get maybe
>
> twenty or more likes. We live in a time where we are based on who we are, like
>
> our value from social media, from our own peers and it really messes with your
>
> head if anything negative is viewed about you on social media.

If they are not able to process what they are viewing it can trigger suicidal thoughts and ideations. Having coping skills as a way to debrief from social media once they were finished from being active online and how to deal with what they encountered on their accounts.

Theme 5: Take Away Message

The take away message is defined by the social media account holder's perspective and message of what they learned and would like to share with their peer. P1 stated, "It's important to set timeframes, at least for myself to learn how to disengage in social media because there is life outside of my phone. If there was one thing, I learned from going to therapy was that I don't want to experience suicidal thoughts again because of social media." The adolescent's perspective on social media triggering suicidal ideations and attempts among adolescents provided insight on how social media affects account holders. It was stated from participate P3 "I had to learn from being in therapy that my life has no blueprint to follow and it's ok to be where I am at my stage in life."

Decreasing social media usage and having awareness of what they are viewing is a tool that about 80% of adolescents would recommend to current social media users. It was stated from participate P4, "Understand your time limits online and don't forget who you you're path in life." Participates P1, P2, P3, P4, and P5 mentioned to be aware that not everything you see on social media is real and knowing when to bring yourself back to reality to focus on yourself.

Summary

There were two research questions that were explored while conducting the study. What is the adolescent's perspective on social media triggering suicidal ideations and attempts among adolescents? How can social media trigger the thwarted belongingness, perceived burdensomeness and acquired capability among adolescents? Being able to have the study explored from the adolescent's perspective provides a viewpoint that can impact society by understanding social media from an adolescent who has experienced social media triggers.

Previous studies presented findings from inpatient hospital staff and clinicians in the community, that provided insight of social media usage with adolescents but, it was not the perspective of the adolescents being studied. The hospital staff described some pressuring of young people by each other for access to the computer, some inappropriate posts on Facebook and concern about the amount of time young people spent on the computer (Stanton et al., 2015).

Being able to conduct a study that included the perspective of adolescents provides data that is provided from their experiences. Clinicians could support young people with social media by looking up important information, gain more understanding of their lives and engage with them in reflecting on their internet use (Stanton et al., 2015).

Social media effects everyone differently and everyone's mental is impacted from various triggers that they encounter from the use of their applications. Being able to

understand and acknowledge the triggers of social media can help adolescents and any

social media account users use the application on their devices safety to prevent suicidal

ideations and attempts.

Chapter 5: Discussion, Conclusions, and Recommendations

The goal of this qualitative research was to explore the adolescent perspective on the role of social media in contributing to youth suicide. It is important to be aware of the negative effect that social media can create with account users and apply knowledge of the perspectives who have experience negative triggers from social media. Having adolescents tell their story and explain what has occurred when they used social media and what they plan to do different can help other account holders have awareness on preventing suicidal ideations and attempts from the application. Creating awareness is important in society because you never know who you will be helping.

Adolescents may fear talking to other adults or peers but, they may be able to relate to another adolescent's perspective and gain an understanding that they might not have had before. Change in society starts by exploring concerns that are not always addressed from the source, being able to tell your story and speak out about what has occurred in your life is the start of change. Having five adolescents come forward and express their perspective can open the door to other adolescents providing their viewpoint on social media contributing to youth suicide.

Interpretation of Findings

The research has provided data that show social media can trigger the need to be relevant with what everyone is doing and active trends and challenges that are played on social media accounts. Internet and social media are increasingly important in

adolescents' worlds and are becoming part of our clinical practice (King & Delfabbro, 2014). Not having enough friends or followers has triggered adolescents to want to belong and impacted their mental health and self-esteem. The increased time on social media seems to have contributed to increased feeling of burden, sadness, and suicidal ideations by viewing what other peers were doing in their daily life. According to Stanton et al. (2015), some adolescents endorsed the need for time limits. When you are engaging in social media for 5 or more hours a day, it can start to cause a negative impact on your mental health. As society is changing every day with new events occurring in the world, individuals are starting to adapt how they communicate with each other. One adolescent described experiencing distress from some things they read on Facebook (Stanton et al., 2015). The importance of being able to understand safe communication can decrease the suicidal ideation and attempts among adolescents. Individuals are decreasing communication from face-to-face contact and increasing virtual contact online through applications.

Change starts with just one person being able to tell their story and impact another individual. By understanding the adolescent's perspective of social media and suicidal ideations and attempts adolescents will understand they are not alone. P2 stated,

I'm glad this study is being conducted because I want other individuals to understand it's ok make mistakes, having negative thoughts and being in the hospital because of social media has caused me to lose some friends and worry

my parents, but it made a positive change for me as I started to realize that I can talk to my own siblings about social media triggers.

No individual should feel that they are unable to relate to other adolescents with their experiences and the fear of not being able to overcome what they are going through. Being able to understand that there are other individuals that were able to overcome suicidal ideations and attempts will help empower adolescents. Having awareness of their mental health and reaching out for help when needed can help save their life. Being aware that it is ok to reach out for help can overcome the stigma of mental health.

Being able to explore the stories of adolescents and gain an understating of what triggered their suicidal ideations and attempts can help researchers build upon the importance of mental health and safety with social media. A social media application should not end an individual's life, when individuals have the capability to end the application with a click of button. Being empowered by just one perspective can change the view point of someone who felt they were alone. All it takes is one person to make a difference. It is hoped that this research will make such a difference.

Limitations of the Study

The limitations of this study included the low number of research participants. This study had five adolescents, ages 18 to 19, which is hardly representative of adolescents in the region or nationally. The trustworthiness of data collected is very important because a study is based off of a researcher's creditability. Potential barriers included health insurance portability and accountability act laws with identification at the

behavioral hospital and possible difficulty recruiting participants for interviews.

Individuals who participated in the study had to have access to a behavioral health

therapist due to the protentional of recurring events to prevent rapid readmission.

Ensuring clear separation of my role of having social media myself, I understand that just

because an individual has social media does not mean they will attempt suicide. Clarke

and Long (2013) identified challenges in getting at internal thought processes and making

them explicit. What was reported by participants was based off the data collected. Some

individuals added additional information that may or may not have occurred with their

experience of social media. Not all individuals who have social media will create self-

harm.

   According to Willis (1999), the qualitative approach aims to decipher the thought

processes involved in answering survey questions to increase validity and reliability. This

research helped me gain an understanding of the perspective of the adolescents who have

experienced suicidal attempts and ideations. I have incorporated this research design

because I think this research design will defend my research the best with understanding

how social media is causing an increase in inpatient hospitalizations. By using a

qualitative research approach, the findings provided were not second hand knowledge

but, rather, it came straight from the source. The focus and understanding of social media

from an adolescent's perspective are consistent with qualitative research in proving

research for this dissertation.

Recommendations

It is important for a researcher to be able to understand the social changes that are expected from research that is conducted. It is recommended that adolescents who a have an active social media account understand that no application should increase unwanted stress and mental health concerns. Social media can increase triggers of suicidal ideations and attempts from being an active user. Account users need to be aware of their triggers and how to reach out for help if needed. Coping skills are important to be aware of to decrease the triggers that can occur. The amount of time spent online engaged in social media applications can increase the negative thought process of an individual, so it is recommended that users take breaks if needed form social media. Participant P1 had a recommendation for adolescents who are engaged in social media:

> It's ok to use social media, but don't let it result in you being in the hospital like I was due to be me not knowing how to separate my own life from lives of people I don't even know.

Change starts when an individual takes the first step to make a difference where there is a gap in society, within a population or a concern that has not been addressed. This research will help bring an understanding of how social media effects adolescents from their perspective to be able to create change on how to use social media safety and when to reach out for help when needed. Parents, adolescents, researchers, and society should be able to understand the warning signs, the negative effects of social media and see the impact of inpatient hospitalization decrease. P4 stated,

Without understanding the warning signs and going to therapy, I wouldn't want to

use social media anymore, but since I know how to cope with the applications and

when to log off, social media will not be the reason why I go back to the hospital.

Once knowledge is applied, it cannot be taken away; change starts with knowledge, and

the impact it has is based upon who acknowledges it.

The thwarted belongingness and perceived burdensomeness can occur if the right

support system is not in place. P5 stated,

It's important to have family around and I'm adopted, so being on social media

seeking out my biological family was a trigger for me and feeling like I needed to

belong, but I have adopted mother and I understand she is all I needed now.

It is important to be able to have a support system to talk to outside of social media and to

seek counseling if needed. Feeling like an individual is not enough can occur with

wanting to belong and be a part of what is seen on social media. It is recommended that

adolescents be encouraged to be able to express their feelings and talk about what is on

social media applications. Holding things in can cause more stress upon an individual's

mental health and trigger unwanted thoughts of suicidal ideations and attempts.

No matter how much an individual enjoys social media, it should not impact their

life to the point where individuals are questioning to end their life. Not everything that is

seen on social media reflects what represents an individual. As simple as having an

application installed, an application can be deleted if it is affecting an individual's mental

health in a negative outlook. Change starts with oneself, and sometimes the only way to encourage change is by exploring the perspectives and motivation of others who have experienced what they once felt was a dilemma and overcame a dark phase in their past. Social media does not define individuals and individuals define themselves.

I have plans to disseminate my research to increase awareness and to help adolescents understand how social media can affect their life by hearing the perspective of individuals who have experienced self-harm from social media. This study may prevent not only adolescents from attempting to end their life due to an application that was once downloaded and can be deleted but it may bring an understanding that no one is alone and it is common to experience negative feelings from social media.

Conclusions

As society is changing every day with new events occurring in the world, individuals are starting to adapt how they communicate with each other. The importance of being able to understand safe communication can decrease the suicidal ideation and attempts among adolescents. Individuals are decreasing communication from face-to-face contact and increasing virtual contact online through applications. Change starts with just one person being able to tell their story and impact another individual. By understanding the adolescent's perspective of social media and suicidal ideations and attempts adolescents will understand they are not alone.

No individual should feel that they are unable to relate to other adolescents with their experiences and the fear of not being able to overcome what they are going through.

Being able to understand that there are other individuals that were able to overcome suicidal ideations and attempts will help empower adolescents. Having awareness of their mental health and reaching out for help when needed can help save their life. Being aware that it is ok to reach out for help can overcome the stigma of mental health.

Being able to explore the stories of adolescents and gain an understating of what triggered their suicidal ideations and attempts can help researchers build upon the importance of mental health and safety with social media. It was recommended to schedule or limit time online when engaging in social media. A social media application should not end an individual's life, when individuals have the capability to end the application with a click of button. Being empowered by just one perspective can change the view point of someone who felt they were alone. All it takes is one person to make a difference.

References

Ali, A., & Gibson, K. (2019). Young people's reasons for feeling suicidal: An analysis of posts to a social media suicide prevention forum. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, *40*(6), 400–406. https://doi.org/10.1027/0227-5910/a000580

Astriani, D., Susilo, H., Suwono, H., Lukiati, B., & Purnomo, A. R. (2020). Mind mapping in learning models: A tool to improve student metacognitive skills. *International Journal of Emerging Technologies in Learning (IJET)*, *15*(06), 4–17. https://doi.org/10.3991/ijet.v15i06.12657

Barry, C. T., Sidoti, C. L., Briggs, S. M., Reiter, S. R., & Lindsey, R. A. (2017). Adolescent social media use and mental health from adolescents and parent perspectives. *Journal of Adolescence*, *61*, 1–11. https://doi.org/10.1016/j.adolescence.2017.08.005

Barzilay, S., Feldman, D., Snir, A., Apter, A., Carli, V., Hoven, C. W., Wassermann, D. (2015). The interpersonal theory of suicide and adolescent's suicidal behavior. *Journal of Affective Disorders*, *183*, 68–74. https://doi.org/10.1186/s12889-019-7389-6

Blood, R. W., & Pirkis, J. (2001). Suicide and the media: Part III Theoretical issues. Crisis: *The Journal of Crisis Intervention and Suicide Prevention*, *22*(4), 163–169. https://doi.org/10.1027//0227-5910.22.4.163

Burns, J. M., Davenport, T. A., Christensen, H., Luscombe, G. M., Mendoza, J. A.,

Bresnan, A., Blanchard, M. E., & Hickie, I. (2013). *Game on: Exploring the impact of technologies on young men's mental health and wellbeing.* Young and Well Cooperative Research Centre. https://apo.org.au/sites/default/files/resource-files/2013-07/apo-nid34943.pdf

Cavanagh, J. T., Carson, A. J, Sharpe, M., & Lawrie, S. M. (2003). Psychological autopsy studies of suicide: A systematic review. *Psychological Medicine*, *33*(3), 395–405. https://doi.org/10.1017/s0033291702006943

Cavazos-Rehg, P. A., Krauss, M. J., Sowles, S. J., Connolly, S., Rosas, C., Bharadwaj, M., Grucza, R., & Bierut, L. J. (2017). An analysis of depression, self-harm and suicidal ideation content on Tumblr. *Crisis*, *38*(1), 44–52. https://doi.org/10.1027/02275910/a000409

Chu, C., Buchman-Schmitt, J. M., Stanley, I. H., Hom, M. A., Tucker, R. P., Hagan, C. R., Rogers, M. L., Podlogar, M. C., Chiurliza, B., Ringer, F. B., Michaels, M. S., Patros, C. H. G., & Joiner, T. E., Jr. (2017). The interpersonal theory of suicide: A systematic review and meta-analysis of a decade of cross-national research. *Psychological Bulletin*, (12), 1313. https://doi.org/10.1037/bul0000123

Columbia Lighthouse Project. (2016). *About the protocol*. https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/about-the-scale

Cox, G., & Hetrick, S. (2017). Psychosocial interventions for self-harm, suicidal ideation and suicide attempt in children and young people: What? How? Who? and Where? *Evidence Based Mental Health*, *20*(2), 35–40. https://doi.org/10.1136/eb-2017-102667

Christie, D., & Viner, R. (2005). ABC of adolescence: Adolescent's development. *British Medical Journal*, *330*, 301–304. https://doi.org/10.1136/bmj.330.7486.301

Christensen, H., Batterham, P. J., Soubelet, A., & Mackinnon, A. J. (2013). A test of the interpersonal theory of suicide in a large community-based cohort. *Journal of Affective Disorders*, *144*(3), 225–234. https://doi.org/10.1016/j.jad.2012.07.002

Choi, B., & Bae, S.-M. (2020). Suicide ideation and suicide attempts of undergraduate students in South Korea: Based on the interpersonal psychological theory of suicide. *Children and Youth Services Review*, *117*. https://doi.org/10.1016/j.childyouth.2020.105282

Chung, D. T., Ryan, C. J., Hadzi-Pavlovic, D., Singh, S. P., Stanton, C., & Large, M. M. (2017). Suicide rates after discharge from psychiatric facilities: A systematic review and meta-analysis. *JAMA Psychiatry*, *74*(7), 694–702. https://doi.org/10.1001/jamapsychiatry.2017.1044

Cutler, D. M., Glaeser, E. L., & Norberg, K. E. (2001). Explaining the rise in youth suicide. In J. Gruber (Ed.), *Risky behavior among youths: An economic analysis*. (pp. 219–269). University of Chicago Press.

Cutler, N. A., Moxham, L., & Stephens, M. (2015). The meaning of safety in an acute mental health inpatient service. *Australian Nursing & Midwifery Journal*, *8*, 39.

Du, J., Zhang, Y., Luo, J., Jia, Y., Wei, Q., Tao, C., & Xu, H. (2018). Extracting psychiatric stressors for suicide from social media using deep learning. BMC *Medical Informatics and Decision Making*, *18*(Suppl 2), 43. https://doi.org/10.1186/s12911-018-0632-8

Enkeleda, S. (2017). Health, well-being and stages of development of children and

    adolescents. *European Journal of Economics, Law and Social Sciences*, *1*(2), 98–

    104.

Erikson, E. H. (1959). *Identity and the life cycle*. International Universities Press.

Erikson, E. H. (1968)*. Identity: Youth and crisis*. W.W. Norton & Company.

Espinoza, G. (2011). The pervasiveness, connectedness, and intrusiveness of social

    network sites use among young adolescents. *Cyberpsychology, Behavior and*

    Social Networking, *14*(12), 705–709. https://doi.org/10.1089/cyber.2010.0492

Fakhr-Movahedi, A., Salsali, M., Negharandeh, R., & Rahnavard, Z. (2011). A

    qualitative content analysis of nurse–patient communication in Iranian nursing.

    International Nursing Review, *58*(2), 171–180. https://doi.org/10.1111/j.1466-

    7657.2010.00861.x

Frieden, T. R., Jaffe, H. W., Cono, J., Richards, C. L., & Iademarco, M. F. (2014). Youth

    Risk Behavior Surveillance−United States, 2013. *Morbidity and Mortality Weekly*

    Report, *63*(4),1–172. https://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf

Fontanella, C. A., Warner, L., A., Steelesmith, D., L., Brock, G., Bridge, J. A., & Campo

    J. V. (2020). Association of timely outpatient mental health services for youths

    after psychiatric hospitalization with risk of death by suicide. *JAMA Netw Open*,

    3(8), e2012887. https://doi.org/10.1001/jamanetworkopen.2020.12887

Gunawan, J. (2015). Ensuring trustworthiness in qualitative research. *Belitung Nursing*

    Journal, *1*(1). 10–11. https://doi.org/10.33546/bnj.4

Gritton, J., Rushing, S. C., Stephens, D., Dog, T. G., Kerr, B., & Moreno, M. A. (2017).

Responding to concerning posts on social media: Insights and solutions from American Indian and Alaska Native youth. *American Indian & Alaska Native Mental Health Research: The Journal of the National Center*, *24*(3), 63–87. https://doi.org/10.5820/aian.2403.2017.63

Hill, R. M., Kaplow, J. B., Oosterhoff, B., & Layne, C. M. (2019). Understanding grief reactions, thwarted belongingness, and suicide ideation in bereaved adolescents: Toward a unifying theory. *Journal of Clinical Psychology*, 75(4), 780–793. https://doi-org.ezp.waldenulibrary.org/10.1002/jclp.22731

Joiner, T. (2007). Why people die by suicide. Cambridge, MA: Harvard University Press

Joiner, T. (2011). Myths about suicide. Cambridge, MA: Harvard University Press

Kanerva, A., Kivinen, T., & Lammintakanen, J. (2015). Communication elements supporting patient safety in psychiatric inpatient care. *Journal of Psychiatric & Mental Health Nursing* (John Wiley & Sons, Inc.), 22(5), 298.

King, DL. & Delfabbro, PH. (2014) My Facebook family: should adolescents psychiatric Evaluation includes information about online social networks? *Australian & New Zealand Journal of Psychiatry* 48: 805–808.

Li, Y., & Xie, Y. (2020). Is a Picture Worth a Thousand Words? An Empirical Study of Image Content and Social Media Engagement. *Journal of Marketing Research* (JMR), 57(1), 1–19. https://doi-org.ezp.waldenulibrary.org/10.1177/0022243719881113

Mathai, J., Bourne, A., 2009. Patients who do well and who do less well in an inpatient adolescent's unit. Australas. *Psychiatry* 17, 283–286.

McDougall, M. A., Walsh, M., Wattier, K., Knigge, R., Miller, L., Stevermer, M., & Fogas, B. S. (2016). The effect of social networking sites on the relationship between perceived social support and depression. *Psychiatry Research*, 246, 223–229. https://doi-org.ezp.waldenulibrary.org/10.1016/j.psychres.2016.09.018

McKenzie, S. K., Jenkin, G., Steers, D., Magill, R., & Collings, S. (2020). Young people's perspectives and understanding of the suicide story in 13 Reasons Why: A qualitative study. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*. https://doi-org.ezp.waldenulibrary.org/10.1027/0227-5910/a000688

Meeker, M. (2016), "Internet Trends 2016—Code Conference," Kleiner Perkins (June 1), Retrieved from https://www.kleinerperkins.com/perspectives/2016-internet-trends-report/

Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation* (4th ed.). San Francisco, CA: John Wiley & Sons.

National Association of Social Workers. (2017). NASW code of ethics. Retrieved March 05, 2021 from https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

Mok, K., Jorm, A. F., & Pirkis, J. (2015). Suicide-related Internet use: A review. *Australian and New Zealand Journal of Psychiatry*,49(8), 697–705. https://doi-org.ezproxy.auckland.ac.nz/10.1177/0004867415569797

Nesi, J., & Prinstein, M. J. (2015). Using social media for social comparison and feedback-seeking: Gender and popularity moderate associations with depressive symptoms. *Journal of Abnormal Child Psychology*, 43(8), 1427–1438.

https://doi.org/10.1007/s10802-015-0020-.

Nock, M.K., Hwang, I., Sampson, N.A., Kessler, R.C., 2010. Mental disorders,

comorbidity And suicidal behavior results from The National Comorbidity Survey

Replication Molecular Psychiatry 15(8),868–876.Epub2009Mar31.

O'Keefe, G., & Clarke-Pearson, K. (2011). Clinical report – The impact of social media

on children, adolescents, and families. *Pediatrics*, 127, 800–804.

https://doi.org/10.1542/peds.2011-0054

O'Reilly, M., Dogra, N., Whiteman, N., Hughes, J., Eruyar, S., & Reilly, P. (2018). Is

social media bad for mental health and wellbeing? Exploring the perspectives of

adolescents. *Clinical Child Psychology and Psychology*, *23*(4), 601–613.

https://doiorg.ezp.waldenulibrary.org/10.1177/1359104518775154

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Sage

Publications.

Pentz, M. A. (1994). Target Populations and Interventions in Prevention Research: What

Is High Risk? US Department of Health and Human Services (HHS), National

Institutes of Health (NIH), National Institute on Drug Abuse (NIDA). https://doi-

org.ezp.waldenulibrary.org/10.1037/e495892006-006

Pew Research Center. (2019). Demographics of Social Media Users and Adoption in the

United States. https://www.pewresearch.org/internet/fact-sheet/social-media/

Primack, B. A., Shensa, A., Sidani, J. E., Whaite, E. O., Lin, L. Y., Rosen, D., Miller, E.

(2017). *Social Media Use and Perceived Social Isolation Among Young Adults in

the U.S. American journal of preventive medicine*, 53(1), 1–8. doi:

10.1016/j.amepre.2017.01.010

Renau, V., Oberst, U. & Carbonell, X. (2013). Construcción de la identidad a través de las redes sociales online: una mirada desde el construccionismo social. *Anuario de Psicología,* 43(2), 159-170.

Rice, S., Robinson, J., Bendall, S., Hetrick, S., Cox, G., Bailey, E., Alvarez-Jimenez, M. (2016). Online and Social Media Suicide Prevention Interventions for Young People: A Focus on Implementation and Moderation. *Journal of the Canadian Academy of Child & adolescents Psychiatry*, 25(2), 80–86. https://search-ebscohostcom.ezp.waldenulibrary.org/login.aspx?direct=true&db=a9h&AN=115 516997&site=eds-live&scope=site

Ringer, F. B.., & Anestis, M. D. (2018). Thwarted Belongingness in Relation to Face-to-Face and Online Interactions. *Suicide & Life-Threatening Behavior*, 48(4), 468–480. Retrieved from https://doi-org.ezp.waldenulibrary.org/10.1111/sltb.12367

Robinson, J., Hill, N. T. M., Thorn, P., Battersby, R., Teh, Z., Reavley, N. J. Skehan, J. (2018). The #chatsafe project. Developing guidelines to help young people communicate safely about suicide on social media: A Delphi study. *PLOS ONE,* 13(11). https://doi-org.ezp.waldenulibrary.org/10.1371/journal.pone.0206584

Rudd, MD.; Joiner, T.; Rajab, MH. (2001). Treatment manuals for practitioners. New York, NY, US: Guilford Press; *Treating suicidal behavior: An effective, time-limited approach*; p. 274

Sahin, C. (2018). Social Media Addiction Scale - Student Form: The Reliability and Validity Study. TOJET: *The Turkish Online Journal of Educational Technology*,

17(1), 168-182.

Stanton, J., af Hagelsrum, E. D., & Stasiak, K. (2015). Access to the internet in an acute child and adolescent mental health inpatient unit. *Australian and New Zealand Journal of Psychiatry,* 49(5), 487–488. https://doi org.ezp.waldenulibrary.org/10.1177/0004867414565481

Shields, M. C., Stewart, M. T., & Delaney, K. R. (2018). Patient Safety in Inpatient Psychiatry: A Remaining Frontier for Health Policy. *Health Affairs*, 37(11), 1853–1861. https://doi-org.ezp.waldenulibrary.org/10.1377/hlthaff.2018.0718

Simpson A. (2007) The impact of team processes on psychiatric case management. *Journal of Advanced Nursing* 60, 409–418.

Song, H., Hayeon, S., Anne, Z.- S., Jinyoung, K., Adam, D., Angela, V., . . . Mike, A. (2014). Does Facebook make you lonely? A meta-analysis. Computers in Human Behavior, 36, 446–452.

Tausen, B. M., Carpenter, S., & Macrae, C. N. (2019). Just another variant of psychological distance? The role of visual perspective in mental simulation. *Psychology of Consciousness*: Theory, Research, and Practice. https://doi-org.ezp.waldenulibrary.org/10.1037/cns0000210

Twenge, J. M., Joiner, T. E., Rogers, M. L., & Martin, G. N. (2018). Increases in depressive symptoms, suicide-related outcomes, and suicide rates among US adolescents after 2010 and links to increased new media screen time. *Clinical Psychological Science,* 6(1), 3–17. https://doi-org.ezp.waldenulibrary.org/10.1177/2167702617723376

Valencia Ortiz, R. & Castaño Garrido, C. (2019). Use and abuse of social media bys
adolescence: a study in Mexico. *Pixel-Bit, Revista de Medios y Educacion*, (54),
7–28. https://doiorg.ezp.waldenulibrary.org/10.12795/pixelbit. 2019.i54.01

Van Orden,K.A.,Witte,T.K.,Gordon,K.H.,Bender,T.W.,JoinerJr.,T.E., 2008a. Suicidal
desire and the capability for suicide tests of the interpersonal-Psychological
theory of suicidal behavior among adults. *J. Consult.Clin. Psychol*. 76,72–83.

Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., &
Joiner Jr, T. E. (2010). The interpersonal theory of suicide. *Psychological Review*,
117(2), 575.

Wasserman D, Cheng QI, Jiang GX. (2005) Global suicide rates among young people
Aged 15–19. World Psychiatry; 4:114–20

White, J. (2015). Reimagining youth suicide prevention. In J. White, I. Marsh, M. J. Kral,
& J. Morris (Eds.). Transforming suicide re- search and intervention for the 21st
century (pp. 194-209). Toron- to/Vancouver, Canada: UBC Press.

Willis, G. (1999). Cognitive interviewing: A how to guide. Research triangle park, NC:
Research triangle institute. http://www.hkr.se/pagefiles/35002/gordonwillis.pdf

World Health Organization, (2019). World Health Organization: adolescents Mental
Health. https://www.who.int/news-room/fact-sheets/detail/adolescence-mental-
Health

World Health Organization. (2014). *Preventing suicide: A global imperative*. WHO
Press.

World Health Organization. (2020). *World Health Organization: Suicide prevention*.

http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/index.ht

ml

Woods, H., & Scott, H. (2016). #Sleepyteens: Social media use in adolescents is

associated with poor sleep quality, anxiety, depression and low self-esteem.

Journal of Adolescence, *51*, 41–49.

Appendix A: Interview

Opening Questions:

1.) What type of social media accounts do you have? Please elaborate.
2.) How long have you had your social media accounts?

Time Spent online:

3.) How many hours do you spend average on social media?
4.) Do you click on certain account pages frequently? Please Explain Why.

Perspective:

5.) Do you feel like you are comparing yourself to other account holders? Please elaborate.
6.) Does social media make you want to do more than what you are doing in your current stage of life?
7.) Does social media trigger a thwarted belongingness? Please elaborate.
8.) Has social media trigger feeling like a burden on others? Please elaborate.
9.) How would you feel if you did not have social media any longer? Please explain.
10.) Have ever felt rejection on social media? Please elaborate.

Suicidal ideations and attempts:

11.) Has social media triggered suicidal ideations or attempts? Please elaborate.
12.) What were the main triggers that impacted you as a social media user? Please explain.
13.) How have you overcome the barriers?

Closing:

14.) What would you do differently next time with your social media usage? Please elaborate.

15.) What recommendations do you have for current social media users?

Is there any other information you would like to share about your personal life or perspective on social media?

Appendix B: Columbia-Suicide Severity Rating Scale Screening

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screening

	Past month	
Ask questions that are in bold and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) ***Have you wished you were dead or wished you could go to sleep and not wake up?*** Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.		
2) ***Have you had any actual thoughts of killing yourself?*** General non-specific thoughts of wanting to end one's life/die by suicide without general thoughts of methods, intent, or plan.		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) ***Have you been thinking about how you might do this?*** Person endorses thoughts of suicide and has thought of at least one method. e.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*"		
4) ***Have you had these thoughts and had some intention of acting on them?*** Active suicidal thoughts of killing oneself and reports having some intent to act on such thoughts. e.g. "*I have the thoughts but I definitely will not do anything about them.*"		
5) ***Have you started to work out or worked out the details of how to kill yourself?*** ***Do you intend to carry out this plan?*** Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.		
6a) ***Have you done anything, started to do anything, or prepared to do anything to end your life?***	**Lifetime**	
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		
6b) If YES, ask: ***Was this within the past 3 months?***	**Past 3 Months**	

Response Procedure to C-SSRS Screening: ==Low Risk== ==Moderate Risk== ==High Risk==
1) Seek behavioral health counseling services and/or contact crisis line.
2) Seek behavioral health counseling services and/or contact crisis line.
3) Seek behavioral health counseling services, psychiatric services/evaluation, and/or contact crisis line.
4) Seek psychiatric services/evaluation by behavioral health intake/emergency room/EMT.
5) Seek psychiatric services/evaluation by behavioral health intake/emergency room/EMT.
6a) Seek behavioral health counseling services, psychiatric services/evaluation, and/or contact crisis line.
6b) Within 3 months: Seek psychiatric services/evaluation by behavioral health intake/emergency room/EMT.

Any **YES** indicates that the person should seek behavioral health counseling and/or contact crisis lines at: National Suicide Prevention Lifeline **1-800-273-8255**, text "Home" to 741741, Behavioral Health Response (BHR) 1-800-811-4760, Provident Crisis Services (PCS) 314-647-4357, KUTO 1-888-644-5886, Trevor Project (LGBTQ) 1-866-488-7386. However, if the answer to 4, 5 or 6 is **YES**, seek immediate help: contact behavioral health intake, go to the emergency room, or call **911**.
Do Not Leave "At-Risk" Person Alone. Secure All Means. Remain Calm, Listen, Provide Love & Support.