



**Title:** Discuss the Impact of Social Media on Mental Health in Adolescence

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**Module Code:** LCHS4010

**Module:** Psychology in Health and Social Care

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## **Discuss the impact of social media on mental health in adolescence**

Social media encompasses interactive online platforms enabling users to create and exchange content within virtual networks (Nesi, 2020). Adolescence represents a critical developmental stage spanning ages 10 to 19, characterized by profound biological, neurological, and psychological transformations (World Health Organization, 2021). These developmental shifts significantly influence cognitive processing, emotional regulation, and behavioural patterns, directly affecting mental health and psychological well-being (Keles et al., 2020). Addressing digital media impacts on youth mental health is a priority for health and social care practice due to rising screen time and concurrent increases in anxiety, self-harm, and low self-esteem. This essay critically examines both positive and negative consequences of social media usage among adolescents. It evaluates Erik Erikson's psychosocial theory alongside Albert Bandura's social learning theory through nature and nurture perspectives, assessing their applications across the lifespan, including older adults, before proposing practical health and social care interventions.

Contemporary empirical research demonstrates that social media exerts a nuanced, complex influence on adolescent mental health, operating through both damaging and beneficial pathways. On the negative spectrum, extensive engagement with curated digital environments is strongly linked to elevated social anxiety, depressive symptoms, and body image dissatisfaction (Twenge and Campbell, 2018). Constant exposure to idealized peer imagery fosters unhealthy social comparisons, which subsequently erodes self-esteem and triggers psychological distress (Keles et al., 2020). Conversely, researchers such as Valkenburg, Meier and Beyens (2022) emphasize that social media is not inherently harmful; rather, it provides critical developmental benefits, including enhanced social connection, a sense of belonging, and self-expression. For marginalized youth, digital platforms often offer vital peer support networks that buffer against offline isolation. Crucially, academic evidence highlights that social media does not affect every adolescent uniformly. Individual responses vary significantly based on pre-existing psychological vulnerabilities, offline social support systems, and screen time dynamics—specifically whether usage is active (direct messaging and content creation) or passive (scrolling). Active engagement generally fosters social connectedness, whereas passive consumption correlates with heightened loneliness and adverse mental health outcomes (Nesi, 2020). Furthermore, health and social care practitioners must recognize that current cross-sectional evidence predominantly

demonstrates correlation rather than direct causation. While frequent screen use associates with poorer well-being, it remains plausible that underlying psychological distress drives adolescents toward increased social media consumption as a coping strategy.

To explain these underlying psychological mechanisms, Erik Erikson's psychosocial development theory provides a critical lifespan framework for understanding adolescent health and well-being. Erikson (1968) posited that human personality develops across eight stage-specific normative crises, with adolescence defined by the fifth stage: Identity versus Role Confusion. During this developmental period, rapid cognitive expansion enables abstract thinking, prompting adolescents to actively explore personal values, social roles, and self-identities. Applied directly to digital contexts, Erikson's framework explains both adaptive and maladaptive outcomes associated with modern social media. Positively, digital platforms act as an expansive "identity laboratory" where youth experiment with self-presentation, explore diverse interests, and receive validating peer feedback that fosters identity synthesis and social belonging (Nesi, 2020). For instance, marginalized adolescents often utilize online communities to explore their identity safely and build supportive networks. Conversely, the pervasive pressure to curate an idealized online persona often accentuates role confusion. The relentless quest for public affirmation through social rewards, such as likes, shares, and positive comments, can induce identity fragmentation, self-doubt, and severe social anxiety when an individual's authentic offline self conflicts with their curated digital presentation (Erikson, 1968; Keles et al., 2020). A primary strength of Erikson's theory lies in its explicit focus on identity formation as a pivotal developmental milestone, offering health and social care practitioners a structured conceptual framework to interpret identity-related emotional distress in young people. However, a significant limitation of Erikson's model is its historical origin prior to the digital era. Consequently, the theory underestimates external environmental drivers unique to modern digital environments, such as algorithmic content curation, targeted advertising, continuous connectivity, peer comparison on an unprecedented scale, and socioeconomic disparities in technology access. Furthermore, while Erikson highlights internal psychosocial crises, his model fails to fully account for individual differences in personality traits, family dynamics, cultural contexts, or pre-existing biological vulnerabilities that heavily influence how different adolescents navigate online spaces today.

Albert Bandura's social learning theory offers a complementary behavioural perspective, focusing heavily on environmental nurture to explain digital interactions. Bandura (1977) asserted that human behaviour, cognition, and emotional responses are acquired through

social observation, modelling, vicarious reinforcement, and self-efficacy beliefs. On digital platforms, adolescents continually observe visible role models—such as influencers, celebrities, and peers—who receive immediate vicarious reinforcement via quantified social rewards, including likes, shares, and affirmative comments, for displaying specific physical appearances, materialistic consumer trends, or curated lifestyle choices. When adolescents attempt to imitate these highly stylized, often unrealistic standards but inevitably fail to achieve identical outcomes, their internal sense of self-efficacy declines. This failure frequently triggers body image dissatisfaction, low self-esteem, and acute emotional distress (Bandura, 1977; Twenge and Campbell, 2018). Conversely, social learning mechanisms can produce positive developmental outcomes: observing peers openly discuss mental health struggles, promote body positivity, or demonstrate healthy coping strategies increases adolescents' self-efficacy for offline help-seeking behaviour and emotional resilience (Valkenburg, Meier and Beyens, 2022). Unlike Erikson's focus on internal developmental identity crises, Bandura's theory provides an explicit, actionable explanation of how external digital reward systems directly shape daily behavioural choices and emotional states. A primary strength of Bandura's framework lies in its practical utility for health and social care professionals, as it highlights how modifying environmental reinforcement structures—such as promoting positive digital role models—can encourage healthier online habits. However, a limitation of Bandura's model is its tendency to view individuals as largely reactive to environmental stimuli. Consequently, it potentially overlooks biological predispositions, neurodevelopmental differences, internal emotional complexities, and autonomous personal agency. Furthermore, the theory underemphasizes how pre-existing mental health vulnerabilities shape individual interpretations of social media rewards, assuming uniform behavioural responses to digital modelling that do not fully reflect the diverse experiences of today's adolescent population. Addressing these limitations requires health and social care practitioners to integrate cognitive self-regulation alongside environmental modifications. By fostering critical digital literacy, interventions can empower youth to process online models critically, evaluate vicarious rewards objectively, and actively mitigate adverse psychological impacts associated with toxic digital comparisons.

Evaluating Erikson's psychosocial theory alongside Bandura's social learning theory offers a comprehensive lifespan understanding for health and social care practice. Both theories acknowledge that social environments heavily shape psychological well-being, yet they diverge in their foundational mechanisms. Erikson (1968) focuses on internal developmental processes, conceptualizing adolescence through the identity versus role confusion crisis. In

contrast, Bandura (1977) emphasizes external environmental nurture, explaining how observational modelling, vicarious reinforcement, and digital feedback influence daily behaviours and self-efficacy (Valkenburg, Meier and Beyens, 2022). Combined, Erikson clarifies underlying emotional vulnerabilities, while Bandura explains immediate online interactions and choices. Crucially, applying these theories across the entire lifespan demonstrates their broader relevance to health and social care. For instance, Erikson's eighth stage, Ego Integrity versus Despair, applies directly to older adults reflecting on life accomplishments and facing potential isolation. While adolescents utilize social media for identity exploration, older adults often use digital platforms to maintain integrity by bridging geographical distances with family, thereby combatting loneliness and depression (Erikson, 1968). Similarly, Bandura's social learning theory extends significantly to older demographics: observing peers successfully adapt to assistive digital technologies or manage chronic health conditions enhances their self-efficacy and promotes independent living (Bandura, 1977). Therefore, relying on both theories independently provides an incomplete analysis; synthesizing Erikson's developmental focus with Bandura's behavioural approach allows practitioners to formulate holistic, evidence-based interventions across all life stages. Translating these integrated theoretical insights into practical health and social care practice requires multi-tiered strategies and evidence-based interventions. Informed by Bandura's emphasis on environmental modelling and self-efficacy, health practitioners and social workers should implement digital media literacy interventions in educational and community care settings. These programs enhance critical thinking by teaching adolescents to deconstruct idealized online images, thereby mitigating negative modelling effects and rebuilding personal self-efficacy. Furthermore, aligned with Erikson's focus on identity and emotional health, social care professionals should incorporate routine digital screening tools into adolescent health assessments. Practitioners can evaluate screen habits, sleep hygiene, and online peer interactions to identify youth at risk of identity fragmentation or severe role confusion. Social care organizations can also design psychoeducational workshops for families, encouraging positive environmental nurture by promoting supportive offline relationships and balanced boundaries around screen use.

In conclusion, social media exerts a profound and complex impact on adolescent mental health, offering vital opportunities for connection while introducing significant risks of anxiety, body dissatisfaction, and emotional distress. As demonstrated, Erikson's psychosocial theory effectively illuminates the internal developmental struggle of identity formation, whereas Bandura's social learning theory clarifies the external environmental mechanisms of

observational modelling and vicarious reinforcement. Furthermore, critically examining these frameworks highlights their broad utility across the lifespan, demonstrating how digital interaction and observational learning support older adults in maintaining self-efficacy and integrity. Ultimately, combining both theories enables health and social care professionals to formulate effective practical strategies, balancing critical media literacy with targeted psychosocial support to foster well-being across all life stages.

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