

A VISIBLE CURE FOR AN INVISIBLE PROBLEM: FINDING A SOLUTION FOR ADOLESCENT MENTAL HEALTH

CURRENT SITUATION

Half of all mental illnesses begin by the age of 14 and about three-quarters start by the age of 24 (National Alliance on Mental Illness). One of the most common mental illnesses impacting adolescents is depression. Nearly one in eight adolescents suffer from depression every year. The number of major depressive episodes increased by about a third from 2005 to 2014. In addition, about 32% of teens suffer from anxiety, 9% suffer from ADHD, and 3% suffer from eating disorders (Health and Human Services).

Untreated mental illnesses can lead to life-altering consequences. Of all suicides, about 90% of them are caused by treatable mental illnesses (USA News). Among 15 to 24-year-olds, suicide is the second highest leading cause of death. During 2013 and 2014, children between the ages of 10 and 14 were more likely to die from suicide than in a car accident (Health and Human Services). In addition, about 50% of mentally ill students 14 years or older drop out of high school (USA News). Adolescents suffering from mental illnesses are also more vulnerable to “...social exclusion, discrimination, stigma (affecting readiness to seek help), educational difficulties, risk-taking behaviors, physical ill-health and human rights violations” (World Health Organization).

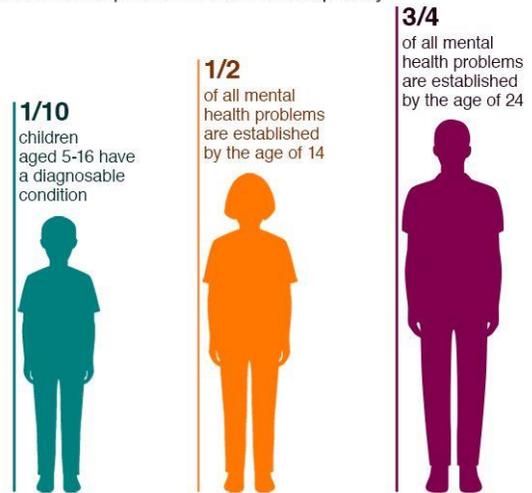
Mental illness in adolescents can also increase the likelihood of suffering co-occurring illnesses, which is the combination of a mental illness and substances abuse problem. An adolescent suffering through a depression episode is two times more likely to start drinking alcohol or using drugs than an adolescent not going through a depressive episode. Adolescents can also suffer from different mental illnesses at the same time, such as depression and anxiety (Health and Human Services).

TREATMENT

Approximately 41% of the 3.1 million adolescents in 2016 who suffered from depression received treatment. A lack of treatment can be the result of stigma and cultural norms surrounding mental health. Adolescents need to obtain parental consent in order to receive mental health treatment and hospitalization. If parents disapprove, they can prevent their children from receiving mental health treatment. Some children are more likely to suffer from mental illness and not receive treatment because of barriers associated with their race, socio-economic class, gender, sexual orientation, or living environment. Coincidentally, the address of mental illness through social media and music

Children & young people

Mental health problems often develop early

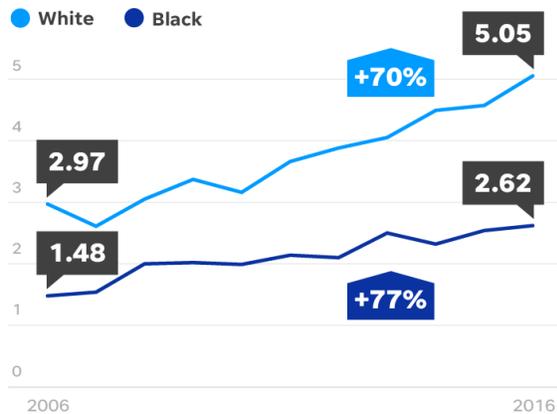


Source: The five year forward view for mental health, Mental Health Taskforce, 2016



Teen suicide is soaring. The biggest rate increase was among black youth

Suicides per 100,000 10-to-17 year-olds from 2006 to 2016:



SOURCE Centers for Disease Control and Prevention
Karl Gelles/USA TODAY

child and adolescent psychiatrists practice in the United States (Health and Human Services).

has been on the rise. In 2017, the biracial rapper Logic, who suffers from anxiety, sang “1-800-273-8255” at the Grammys. The song is titled after the national suicide prevention phone number and brings awareness to suicide, especially by combating stigma of mental illness in black men. In 2015, approximately 81% of suicides of black individuals in the United States were of black men. Another artist, Scott “Kid Cudi” Mescudi, posted on Facebook in 2016 about entering rehab (ABC News). Social media and music, especially hip-hop, have been increasingly used as a platform to address mental illness and to destigmatize it.

Another barrier to treatment is the shortage of adolescent psychiatrists, especially in rural communities. Despite the demand, only 8,300

MENTAL ILLNESS LEGISLATION IN HEALTHCARE

The Mental Health Parity Act of 1996 prevented health plans from having an annual or lifetime monetary limit on mental health benefits smaller than the limits on medical/surgical benefits. Later legislation, such as the Mental Health Parity and Addiction Equity Act of 2008, extended the rights of the original Mental Health Parity Act to individuals suffering from substance abuse. The new legislation, however, did not require health insurance plans to include mental health or substance abuse benefits, it only applied to insurers that already included mental health and substance abuse in their coverage (Health and Human Services).

The Affordable Care Act of 2010 required most individual and small-employer health insurance plans to cover mental health and substance abuse services. The act also required the insurers to cover rehabilitative services for individuals with behavioral health problems. In addition, the Affordable Care Act required most health plans to cover preventive screening and services for no extra cost. It also mandates that children could be kept on their parents’ health insurance until the age of 26. Most health plans also cannot charge more or deny coverage for pre-existing health conditions, which includes mental illnesses. (Health and Human Services).

Every state also provides some mental health and substance abuse services to children on Medicaid. The Children’s Health Insurance Program also works with Medicaid to, “...provide counseling, therapy, medication management, social work services, peer supports, and substance abuse disorder treatment for eligible children up to 18 years old” (Health and Human Services).

APPROACH ONE: INCREASE SUPPORT IN SCHOOLS TO COMBAT MENTAL HEALTH ISSUES.

INTRODUCTION

One possible way to combat the mental health crisis in adolescents is through an increase in mental health support and resources in schools. Currently, only a fraction of the one in five children who show signs of a mental illness receive the help they need (Education Week). If schools provided more guidance counselors and psychologists to talk with students about mental illnesses, whether or not they are currently struggling with one, then this, could provide students with a way to learn more about the impact and symptoms of mental illnesses. The program may also help to destigmatize mental health.

This option allows for those who may be struggling to have easy access to someone that they trust and whom they can talk to on a daily basis. It also provides students not struggling with an additional resource. This approach would emphasize providing schools with adequate numbers of mental health professionals seeing as though many students currently turn to a guidance counselor. That ability to turn to a counselor, however, falls shorts with the average student-to-school-counselor ratio being 482-to-1, nearly double the 250-to-1 ratio recommended by the American School Counselor Association (Education Week).

APPROACH

- More federal funding would be allocated to mental health specialists working in schools.
 - Federal funding for school counseling is funneled through the Student Support and Academic Enrichment program which is a flexible block-grant program that replaces several targeted grants.
 - Increased funding would also help ensure that states prioritize school counseling programs when the funds are distributed to the schools; currently, the states decide what should be prioritized. State legislators and the Federal Education Department would allocate more resources to schools overall to aid mental health programs and specialists (Education Week).
- Prioritizing mental health education statewide and making it a national priority in public schools would help teach students about mental health disorders and their symptoms.
 - Students would be given life skills to help manage aggression, deal with bullying, improve emotional regulation and intelligence, help improve their overall quality of life, and help prepare them for the future (The Hindu).
 - It would also educate students on various mental illnesses and their symptoms. This could also help students to notice symptoms or warning signs in others or themselves.
 - Eating disorder prevention would be implemented in school health and well-being programs along with efforts to promote positive body image. These programs would promote education about the risks associated with dieting, body image, and eating disorders.

- The educating of students on mental illnesses could also help destigmatize them as students would be more familiar with their causes and consequences.
- All students would have access to a guidance counselor or psychologist to help them if they need extra mental support.
 - This support network would be available on campus so students do not have to travel anywhere special. It also would not cost the student or family any extra money.
 - With psychologists on campus, they would be able to work with teachers and guidance counselors to help design plans based on the student's need and how to best assist them, allowing the student to thrive at school.
 - Teachers would also be taught the warning signs of a student struggling with a mental illness. They would be able to spot children showing possible symptoms and provide them with the people or resources they need.
- Students would be screened at school for mental illnesses, possibly reducing the need for drugs or other intervention if the illness is caught soon enough.

| Pros | Cons |
|---|---|
| <ul style="list-style-type: none"> ● Mental illness screenings for all students would provide preventative measures and possibly catch mental illnesses earlier. ● Students would have easy access to specialists if they do not have extra time or finances to seek out a specialist outside of school. ● Education about various mental illnesses will allow students to recognize the early stages in themselves or others. ● May help destigmatize mental health by bringing awareness to the causes and consequences of mental illnesses. ● Teachers can work with therapy staff in the school to know how to best assist a student who may be struggling. Teachers can also be trained to spot signs of a struggling child. ● Specialist psychologists could reduce the pressure placed on counselors to address a student's mental health. | <ul style="list-style-type: none"> ● It will be expensive to provide every school with specialists. Many districts already lack proper funding and might be unable to implement a program similar to this. ● Educating students on mental illnesses can take time away from academic subjects and put pressure on teachers to take additional time covering other topics. ● Students not suffering from a mental illness may believe the life-skills training is a waste of valuable time. ● Students may feel embarrassed or want to hide the fact that they see a psychologist to help them with their mental health problems. They may also feel scared that their peers might find out and think less of them. ● If schools are unable to acquire more federal funding then guidance counselors would be facing an even larger workload. |

APPROACH TWO: PROVIDING MORE RESOURCES TO THE MEDICAL COMMUNITY

INTRODUCTION

The United States has a long history of avoiding mental health in the medical field. Many ancient cultures saw mental disorders as religious sentence. Since then, mental illnesses have been viewed in a negative light, and these past beliefs can still be felt in present day society. As a result, there are currently stigmas in the mental health care, and this poses various obstacles to overcome, such as quality of care. A study by the Healthcare Management Forum found that negative attitudes and therapeutic pessimism continue to persist through treatment approaches in mental health care (Knaak, 2017). Thus, many with mental illnesses are negatively affected by unintentional biases.

Furthermore, it is estimated that 12-22% of people in the United States have a mental disorder; however, only half (6-11%) of those people receive the proper diagnosis and treatment. In addition, the current costs of treatment prevent many from seeking assistance. In 2019, it is estimated that a total of \$280.5 billion will be spent on mental and substance use disorder treatment. Thus, the costs of treatments limit many seeking help. Nonetheless, many legislators and activists supporting mental health reform are trying to implement new laws and policies to address some of the problems in mental health care. Currently, there are a wide variety of bills that are awaiting congressional approval but have not been passed into law. Therefore, it is clear that there are a wide variety of issues plaguing mental health care. This option addresses the disparities in the mental health fields by providing more resources to the medical community and those affected that seek treatment.

APPROACH

- Destigmatize mental illnesses in the medical field.
 - Within the medical community, efforts to promote proper education and awareness would be implemented to reduce unintentional biases in treatment. Education programs to better recognize the signs of mental illness and offer more patient-specific treatment could help reduce the current fallacies in the mental health field. Thus, improving the quality of care and helping those affected find treatments.
- Lower the cost of treatment for mental illnesses.
 - One solution is measurement-based care where clinical care is based on patient data collected throughout treatment. This has been effective for other diseases like diabetes, and it can significantly reduce the cost of treatment (Lieberman, 2017). In addition, changes to legislation or creating new legislation can help alleviate this problem. Thus, federal and state level programs could help many affected by mental illnesses find the necessary treatment and aid.
 - Find the necessary treatment and aid.
- Improve medical screening for “at risk” children.
 - With advancements in Health Information Technology (HIT), there is greater

potential to revolutionize the mental health field. *The Psychiatric Times* states that “computerized clinical decision support are innovations awaiting greater utilization”; thus, the implementation of technology in mental health care could help accurately screen disorders, provide effective medicine and treatments, and offer new perspectives in conditions that vary from person to person. In addition, a study on the relation between technology and mental health screening concluded that, “screening supported by training and supervision is feasible and uncovers a high prevalence of unidentified psychological symptoms in primary care” (Diez-Canseco, 2018).

- Reforming mental health legislation
 - The reformation of mental health legislation could further help positively transform mental health care. For example, H.R. 2642 hopes to strengthen response times, support the mental health workforce, promote early intervention, integrate a higher quality mental health care, and more. Legislation like H.R. 2642 could help alleviate various problems present in the mental health fields. Furthermore, lobbying efforts have been helpful in the past. Groups like National Alliance on Mental Health argue for the bipartisan support in Congress. Thus, with support from the people, activist groups, and lawmakers, reformation could help solve numerous problem in mental health care.

| Pros | Cons |
|---|---|
| <ul style="list-style-type: none"> • Better access to treatment, screening, and qualified doctors. • May bring more awareness and knowledge to mental health care. • May better the current health systems and policies in place for mental health. • Will help reduce the financial burdens to obtain medical care. • May destigmatize mental health issues in the medical field. • It could change perceptions of mental illnesses as doctors would be more aware of the causes and treatments surrounding them. • Large database of guided treatment. | <ul style="list-style-type: none"> • A large financial allocation may be hard for the government to pass. • Technologies may be too expensive for medical facilities to afford. • Some may be over diagnosed and given a false diagnosis if not screened correctly. • Some might be labeled and subjected to discrimination in society. • People may oppose a database that contains their mental illnesses or medical records. • People may believe that other illnesses, such as cancer, are more pressing to treat and fund. |

APPROACH THREE: EDUCATING STUDENTS ON MEDIA LITERACY

INTRODUCTION

Social media networks such as Facebook, Instagram, and Twitter are popular platforms which allow their users to make new friends, connect with old friends, and even promote their own businesses for financial gain. However, in the past decade, studies have begun to show that there is a strong correlation between the rise in smartphones and the rise in teen suicide rates amongst adolescents in America. According to an article titled *Are Smartphones Causing More Teen Suicides?* by Jean Twenge, a news reporter from *The Guardian*, a study conducted by Pew Research Center in Washington DC found that “Not only did smartphone use and depression increase in tandem, but time spent online was linked to mental health issues across two different datasets. Teens who spent five or more hours a day online were 71% more likely than those who spent less than an hour a day to have at least one suicide risk factor (depression, thinking about suicide, making a suicide plan or attempting suicide)” (Twenge). These mental health risk factors amongst teens can stem from cases of FOMO (the fear of missing out), virtual bullying, and deliberate social exclusion of others through the misuse of social media.

Features such as Snapchat Maps, which allow users to view the exact location of their peers and others around them, only make the fear of “FOMO” even worse. User maps that show a large group of one’s peers congregated in areas such as houses, social events, malls, and even restaurants can cause one to experience large amounts of social anxiety and feelings of loneliness. Furthermore, according to an article titled *Social Media and Teens: How Does Social Media Affect Teenagers’ Mental Health*, “A link has been found between cyberbullying and feelings of depression, anxiety, thoughts of suicide” (Hurley).

Stopbullying.gov, an online government database that provides information about types of bullying and ways to prevent it, also reports that social media is being used as a new platform to present hateful speech and hurtful messages amongst teenagers. This type of speech can vary from mere rumors to mass group forums that aim to target single individuals. This phenomenon assists in creating anonymity amongst users that often affords adolescents the ability to detach themselves from their harmful online activities in order to shift the blame elsewhere. Since teens feel that they can alleviate the blame on themselves, it provides the perfect seeds for online bullying to grow. According to research conducted by pewinternet.org, approximately 60% of teens have admitted to receiving some form of cyberbullying, which thereby increases the potential for mental health disorders amongst teens.

APPROACH

- Reform the American educational curriculum to make social media literacy a required topic within health classes nationwide. This would include discussions about

appropriate social media use, how to spot bullying online, how to report bullying when you see it online, and inform students about resources available on campus to assist those who have fallen victim to online bullying. In addition, students would learn how to cope with feelings of loneliness and “FOMO” as well as learn how to create a more inclusive environment online for all students.

- Create non-legally binding contracts between parents and students concerning social media use. This works to hold students accountable for their actions online and promotes the safe use of social media through the utilization of an informal contract.
- Increase production of social media campaigns against cyberbullying.
- Reward students for positive posts about other peers through incentives such as wellness fairs, free ice cream socials, or through recognition on the school’s public bulletin.
- Create programs that educate parents on how to properly monitor their teens social media accounts and account activity. This offers parents the opportunity to learn how to use common social media apps such as Instagram, Twitter, and Snapchat.
- Create a wellness fair where students research, learn, and then present health topics to the school. This type of research would allow them to get a better grasp of what is actually occurring when they bully someone. By presenting their topics to the school, students will have a deeper understanding of how bullying truly impacts the lives of their victims.

| Pros | Cons |
|--|---|
| <ul style="list-style-type: none"> • Students will be able to learn how to use social media appropriately to spread positive messages about one another rather than spread hateful rhetoric through hurtful pictures, comments, and videos. • Educates parents on how to properly monitor their teens social media activity. • Raises awareness about the negative effects of cyberbullying. • Will inform students on various mental illnesses and body image problems. | <ul style="list-style-type: none"> • Adolescents will be less likely to express how they feel and are less likely to use social media with parental monitoring. This may cause them to feel isolated or lonely. • Less room in the curriculum for other important content. • Since the contract is not legally binding, students can choose to ignore it. • Reward systems have been proven to only temporarily change behavior and are not guaranteed to create a long-lasting commitment. |

CONCLUSION

APPROACH ONE: INCREASE SUPPORT IN SCHOOLS TO COMBAT MENTAL HEALTH ISSUES

Adolescents spend a large portion of their lives at school and taking action to provide better mental health support in the schools they attend may aid in the lessening, destigmatizing of, awareness, and knowledge of mental health issues that can affect them and their peers.

| Pros | Cons |
|--|--|
| <ul style="list-style-type: none">• Reduce need for medical attention (early intervention).• Easily accessible mental health services for students.• Aid in destigmatizing.• Reduce financial pressure.• Supportive atmosphere for students. | <ul style="list-style-type: none">• Funding ability of schools.• Minimizes time spent on more academic topics.• Potential embarrassment of students who utilize it.• Larger workload of counselors. |

APPROACH TWO: PROVIDING MORE RESOURCES TO THE MEDICAL COMMUNITY

Many steps have been taken to improve adolescent mental health services. Through efforts for destigmatizing, altering costs and screening, and reformation of mental health legislation, further steps can be made to advance mental health services for adolescents.

| Pros | Cons |
|--|---|
| <ul style="list-style-type: none">• Better access to treatment, screening, and qualified doctors.• More awareness surrounding mental health care.• Improve the current health systems and policies in place for mental health.• Reduce financial burden for those that need care. | <ul style="list-style-type: none">• Large financial allocation might be difficult for the government to pass (expenses).• Potential false diagnoses if not screened correctly.• Possible labeling of people and discrimination in society.• Other illnesses may be thought of as more pressing to treat or fund. |

APPROACH THREE: EDUCATING STUDENTS ON MEDIA LITERACY

In an age of unprecedented technological advancement and the integration of technology so closely linked to the social lives of adolescents, measures such as having in-school conversations about the proper use of media, cyberbullying, and how to deal with feelings of “FOMO” and other negative feelings could prove vital. Creating non-legally binding contracts between parents and their children, the creation of educational programs for parents, and the integration of wellness fairs in schools could help reduce mental health issues caused by social media in adolescents.

| Pros | Cons |
|--|---|
| <ul style="list-style-type: none">• Reform education curriculum.• Students will learn how to use social media appropriately.• Educates parents on how to properly monitor their teens social media activity.• Raises awareness about the negative effects of cyberbullying.• Can inform students on a variety of mental illnesses and body image problems. | <ul style="list-style-type: none">• Less likely to express how they feel on social media or use social media with parental monitoring.• Less room in the curriculum for other material.• Students can ignore the contract with parents.• Reward systems have been proven to only temporarily change behavior and are not guaranteed to create a long-lasting commitment. |

POST-DELIBERATION SURVEY

Thank you for participating in our deliberation today. We'd like to hear your feedback on the event and how your perspective on the issue discussed has changed as a result of today's deliberation.

1. Are you male or female?

- Male
- Female
- Non-binary
- Other

2. How old are you?

- 18 or younger
- 18-35
- 35 or older

3. Do you know anyone who has been diagnosed mental illness?

- Yes
- No
- Prefer Not to Answer

4. Were you able to fully share your beliefs and thoughts about the topic?

- Yes
- No

Do you agree or disagree with the following statements?

5. Mental illness is an important and pressing issue in the United States.

- Strongly Agree
- Agree
- No Opinion
- Disagree
- Strongly Disagree

6. Increased school support will help combat mental illness.

- Strongly Agree
- Agree
- No Opinion
- Disagree
- Strongly Disagree

7. Providing more medical resources will help combat mental health disparities.

- Strongly Agree
- Agree
- No Opinion
- Disagree
- Strongly Disagree

8. Educating students on proper social media use and mental health will help students with mental illnesses.

- Strongly Agree
- Agree
- No Opinion
- Disagree
- Strongly Disagree

Were there any aspects of this issue that you were not informed of before? If yes, please explain.

Did the discussion help you look at the issue with a new perspective? Please explain.

Are there any approaches, not mentioned, that you believe could help alleviate adolescent mental illnesses?

Thank you for your feedback 😊

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