AMENDED Exhibit 128

PLAINTIFFS' OMNIBUS OPPOSITION TO DEFENDANTS' MOTIONS FOR SUMMARY JUDGMENT

Document Provided in Native Format

Quant Report

Outline

- **Project Background and Methodology**
- Detailed Findings
- Opportunities
- Appendix

Mixed Method Study Context

- Review of the literature shows some (mostly non-causal) evidence of a link between social media use, especially use that is problematic, and negative life outcomes, including but not limited to impacts on people's emotional lives and their social connections and interactions
- Gaps we want this study to fill:
  - Get signal on how **objective** clinical experts assess social media use and life impacts;
  - Help us better understand both **positive and negative** life impacts of social media; and
  - Provide data on the specific, **product-related mechanisms** contributing to life impacts
- Potential Impacts:
  - Inform company strategies for Problematic Use and Emotional Impacts
  - Identify and test hypotheses about the primary product levers that contribute to positive and negative life impacts - both for specific product teams and more broadly, across platforms
  - Develop expert-informed talking points for use both internally and externally to help us engage in existing critiques

Study Motivation & Objectives

Key Research Questions:

1. From a clinician's perspective, what role does social media play in the lives of the people they support?
    a. How and how often do clinicians determine if social media use is playing a problematic or helpful role in people's lives?
2. In clinicians' observations, what are the specific mechanisms by which individual-specific and platform-specific factors help or hinder in the lives of the people they support?
    a. How often do they encounter these factors?
3. How do clinicians address challenges when they see social media playing a negative role? How and when do they determine if social media can help?
4. Do any of the above vary cross-culturally?

By answering these research questions, we can:

1. Inform Company-Level Well-Being Strategy
    - Inform internal definitions (problematic use, emotional impact)
    - Generate expert-informed, data-driven Talking Points to engage with external stakeholders
2. Inform Product Strategy (e.g., SI Problematic Use, AR/VR, Youth Team, IG Mental Well-Being)
    - Help shape strategic direction/vision
    - Identify and prioritize product opportunities
    - Identify and prioritize populations to focus on (e.g., teens, women)

Methodology of the Mixed Method Study

	Who	What	Where	Why
Phase 1: Qual	Mental health clinicians	~48 60-minute, unbranded 1:1 interviews [12-15 interviews per market]	US UK Brazil South Korea	• Identify themes/mechanisms • Inform survey development • Inform product ideation
Phase 2: Quant	Eligibility Criteria: actively seeing patients, 2 years post licensure, range of clinical experience with social media	~1,000 web-based, unbranded, ~35 min, off-platform panel surveys [~350 surveys per market] Sampling design: Stratified random sample	US UK Brazil	• Size & prioritize themes • Inform definitions • Inform Talking Points • Inform company level strategy

Methodology of Quant Workstream

Purpose

- Understand trends in how the use of social media is manifesting based on themes and mechanisms identified from the qualitative study
- Support definitions, sizing, and prioritization
- Support company level talking point and strategy

Target Population

- ~Equal distribution across mental health specialties
- Mix of practice and geographical settings
- Range of patient demographics across ages, mental health conditions, and incomes

Key Screening Criteria

- Mental health clinicians (including psychiatrists, psychologists, therapists, social workers)
- 2+ years experience post-licensure
- Provided care for at least 30 patients in the past 3 months
- Spent >75% of time on direct patient care
- Involved in either diagnosis of mental health patients, or conducting psychotherapy / counseling / group therapy
- Not exclusively manage patients younger than 10 years of age

Reporting Methodology

- Differences in observed themes between sample subgroups observed at a 95% confidence interval
- Tables or charts in this report are sorted by total selected across all countries

Study Limitations

What We Can Say	Potential Limitations
• Major themes we learn about what clinicians in the sample think about their own patient populations • Major themes we learn about from clinicians in the sample who mostly see patients for whom social media is playing a role • Estimates of observed themes, pathways, and opportunities • How themes generalize to a surveyed sample of clinicians in US, UK, BR who have a range of clinical experience with social media	• Targeted screening methods, especially because Brazil clinicians are more difficult to reach, means that the sample may not be fully representative of the full clinician population across the three target countries or at the global level • Overrepresentation of certain geographic regions due to greater ability to participate in survey research • Certain clinician types (e.g., therapists and psychologists) more difficult to reach for research and thus may not be fully represented • Clinician insights may be biased towards patients who seek mental health care or for whom social media plays a role in their condition by design • No inference about mental health patient populations within the targeted markets or at the global level • No inference to people with mental health challenges who do not see clinicians

Sample Characteristics

	US	UK	*BR*
# of Clinicians	358	321	342
Specialty	37% Psychiatrist 32% Psychologist 31% Therapist	35% Psychiatrist 31% Psychologist 34% Therapist	33% Psychiatrist 37% Psychologist 30% Therapist
Gender	56% Female / 41% Male/ 1% Non-binary / 1% Other/ 1% Prefer not to say	41% Female / 58% Male/ 1% Prefer not to say	74% Female / 26% Male
Range of Years in Practice (Mean)	2 - 55 years (20 years)	2 - 34 years (16 years)	2 - 45 years (10 years)
% Use Social Media Personally	92%	99%	100%
Practice Setting[1]	9% Academic 91% Community	48% Academic 52% Community	2% Academic 98% Community
% See at Least 30% Youth Patients	18%	17%	38%

[1] Where clinician typically sees patients; academic: university-based or affiliated clinic, hospital, or office; community: non-academic location

S60. What is your primary specialty?

US Options:

- Adult Psychiatry
- Child and Adolescent Psychiatry
- Psychology
- Clinical Therapy
- Drug and Alcohol Therapy
- Marriage Therapy
- Family Therapy
- Internal Medicine
- Family/ General Practice
- Clinical Social Work

UK Options:

- General Psychiatry
- Child and Adolescent Psychiatry
- Geriatric Psychiatry
- Medical Psychotherapy
- Clinical Psychology
- Family Therapy
- Clinical Therapy
- General Practitioner
- Clinical Social Work

BR Options:

General Psychiatry
- Child and Adolescent Psychiatry
- Clinical Therapy
- Psychology
- Clinical Social Work
- General Practitioner

D70. Which **gender** do **you most identify as**?
Male
Female
Non-binary
Other
Prefer not to say

S90. How many years have you been practicing in [PIPE IN S60]?

D20. Which types of social media apps, if any, do you personally use?
Photo sharing apps
Messaging apps
Augmented reality apps and games
Virtual reality games
Online games
Networking/social connection apps
Video streaming and video sharing apps
Other, please specify: _____ [ANCHOR]
Other, please specify: _____ [ANCHOR]
Unsure/don't know [ANCHOR]
Do not use any social media apps at all [If selected, go to D23]

S70. Which of the following best describes where you primarily treat patients?
University or medical-school based practice (i.e., employed by or primarily affiliated with an academic institution)
Hospital-based practice, non-teaching hospital, private / charity fund independent hospital
Solo private practice
Group private practice, single specialty
Group private practice, multi-specialty
Government / VA [SHOW IF S10=1]
NHS hospital [SHOW IF S10=2]
Sistema Único de Saúde (SUS) hospital [SHOW IF S10=3]
School / School-based
Community-based clinic
Non-profit organizations
In-home
Other (specify: _____) , [ANCHOR]

S130. About what percent of your patients fall into each of the age ranges below? Your total should sum to 100%.

Younger than 10 years old

10 to 17 years old

18 to 44 years old

45 to 65 years old

Over 65 years old

TLDR

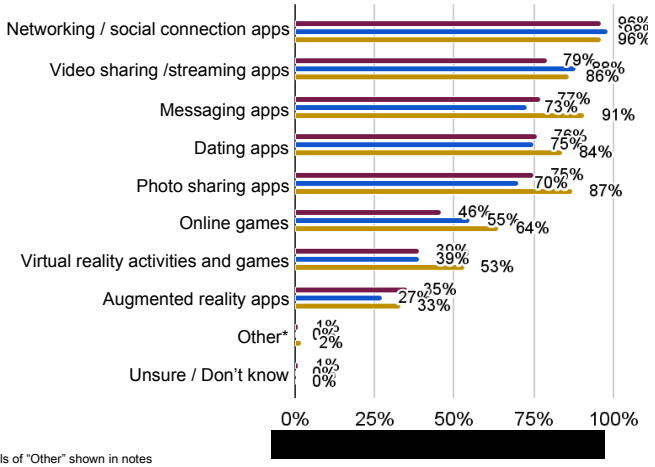
Key Takeaways	Key Opportunities
● The majority of clinicians do not formally discuss social media use during their assessment (US:60%, UK:79%, BR:54%); of clinicians that do discuss social media with patients, almost all discuss use informally during treatment (US:96%, UK:92%, BR:94%) ● Some clinicians say social media plays both positive and negative roles in their patients' mental health challenges (US:34%, UK:27%, BR:31%) although the majority of clinicians believe that social media can be addictive (US:85%, UK:79%, BR:84%) ● Some clinicians would like to have more professional resources available about social media use and mental health (US: 68%, UK: 77%, BR: 77%) ● When social media is seen to play a role, most clinicians say it is an exacerbating factor (Exacerbating: US: 81%, UK: 81%, BR: 81%); almost none say it is causal (Causal: US: 2%, UK: 7%, BR: 7%) ● Clinicians evaluated most product features as both beneficial and detrimental (e.g., reactions to content, public comments), but some product features were seen as either mostly beneficial (time use controls) or mostly detrimental (autoplay, photo filters) for patients ● The main social media interventions include encouraging patients to have more face-to-face interactions (US: 87%, UK: 72%, BR: 92%) and set time limits for social media use (US: 77%, UK: 55%, BR:80%) ● Some clinicians use social media professionally to develop and share mental-health related material with the general public (US: 24%, UK: 12%, BR:67%) and other clinicians (US: 47%, UK: 72%, BR 85%)	Research: ● Pursue patient-centered research to contextualize clinician-level findings, understand patients feelings and perception of social media, deep-dive into patient types (e.g., anxiety, depression), and identify adjustments to features that patients would be most receptive to in real life Partnerships: ● Provide education to clinicians about social media features and functions, so they can better support their patients ● Work with clinicians to develop applications geared towards mental health treatment (e.g., through apps or VR) Product: ● Using pathways identified by clinicians: - Help people better customize and control the features identified as both beneficial and/or detrimental - Consider changing features identified as detrimental, and avoid building features that utilize similar pathways, cross-app - Consider amplifying/building more features identified as beneficial, and emphasizing relevant pathways cross-app ● Build intention-setting, time control tools, and "take a break" nudges into the Metaverse from the beginning

Outline

- Project Background and Methodology
- **Detailed Findings**
  - **Clinicians' definition of social media and frequency of discussion**
  - Social Media's role in patients' mental health
  - Clinicians' view of social media affordances and corresponding pathways
  - Suggested "treatment" from clinicians when social media plays a negative role
  - Clinician perspectives on vignette
  - Advanced statistical analyses
- Opportunities
- Appendix

Social media is most commonly thought of as networking and social connection apps across all markets

Apps Considered as Social Media by Mental Health Clinicians



* Details of "Other" shown in notes

Differences by Data Cuts

- Video sharing / streaming apps
  - US: Youth treater (89%) > Non-youth treater (77%)
- Online games
  - US: Youth treater (60%) > Non-youth treater (43%)
  - UK: Youth treater (84%) > Non-youth treater (49%)
- Augmented reality apps
  - UK: Youth treater (51%) > Non-youth treater (23%)
- Virtual reality activity/ games
  - UK: Youth treater (80%) > Non-youth treater (31%)

Sample Size: US: n=358, UK: n=321, BR: n=342

Other Significant Differences Based on Clinician Specialty

- Networking/Social Connection Apps
  - US: Therapist (100%) > Psychologist (95%) and Psychiatrist (95%)
  - BR: Therapist (98%) > Psychologist (93%)
- Messaging Apps
  - US: Therapist (85%) > Psychiatrist (73%)
  - BR: Therapist (95%) > Psychologist (87%)
- Dating Apps
  - US: Therapist (87%) > Psychiatrist (66%) and Psychologist (75%)
- Online Games
  - US: Therapist (56%) > Psychologist (42%), Psychiatrist (42%)
- Photo sharing apps
  - UK: Psychiatrist (76%) > Psychologist (63%)
- Virtual Reality Activities/Games
  - UK: Psychiatrist (52%) and Psychologist (43%) > Therapist (23%)
- Augmented reality apps
  - UK: Psychiatrist (41%) > Psychologist (24%) and Therapist (17%)

M5. Please indicate which of the following **types of apps you consider to be social media**.

Dating apps

Photo sharing apps
Messaging apps
Augmented reality apps
Virtual reality activities and games
Online games
Networking/social connection apps
Video sharing and video streaming apps
Other, please specify: _____ [ANCHOR]
Other, please specify: _____ [ANCHOR]
Unsure/don't know [ANCHOR]

***Other responses include:**

US:

- News media websites (n=1)
- Treatment engaging apps (n=1)

BR:

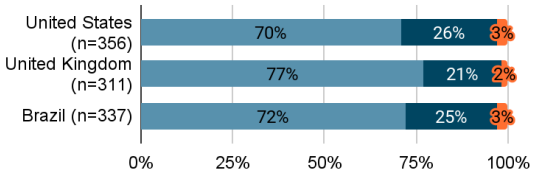
- All apps enabling interpersonal communication (n=1)
- Applications of social programs (n=1)
- Health and related services for minunhametos (n=1)
- Any application that has interaction with a third party (n=1)
- Internet forums for specific themes (n=1)
- Educational Applications (n=1)
- Negative incentive (n=1)

Social media discussions were typically patient-initiated, with youth treaters more likely to initiate discussion

Social Media Related Patient Volume in the Past 3 Months

Patients with whom social media was discussed at least once	United States (n=358)	United Kingdom (n=321)	Brazil (n=342)
Average % of patient population (past 3 months)	40%	21%	46%

Initiation of SM Discussion with Patients



- Patient initiated the social media use topic during the discussion
- I initiated the social media use topic during the discussion
- Other*

* Details of "Other" shown in notes

Differences by Data Cuts

Youth Treaters (US, UK) and psychiatrists (all countries) were more likely to initiate discussion with patients about social media

US:
- Patient Initiated
  - Non-Youth Treater (75%) > Youth Treater (51%)
- Clinician Initiated
  - Youth Treater (46%) > Non-Youth Treater (22%)
  - Psychiatrist (32%) > Therapist (18%)

UK:
- Patient Initiated
  - Non-Youth Treater (83%) > Youth Treater (47%)
  - Therapist (84%) and Psychologist (84%) > Psychiatrist (63%)
- Clinician Initiated
  - Youth Treater (53%) > Non-Youth Treater (15%)
  - Psychiatrist (36%) > Psychologist (15%) and Therapist (13%)

BR:
- Patient Initiated
  - Therapist (81%) and Psychologist (74%) > Psychiatrist (61%)
- Clinician Initiated
  - Psychiatrist (35%) > Psychologist (23%) and Therapist (17%)

[ASK IF M10>0%] M26. You indicated that you have discussed social media use with at least some of your patients in the past 3 months.
Which of the following best describes how the topic of social media was brought up?
I initiated the social media use topic during the discussion
Patient initiated the social media use topic during the discussion
Other, please specify: _____ **[ANCHOR]**

Other responses include:

US:
- Both (n=10)
- Depending on client (n=2)

UK:
- Combination of both (n=3)
- Patient using social media inappropriately e.g. to buy things, vulnerable to exploitation (n=1)
- it's usually peripheral to the conversation (n=1)
- patients mentioned it obliquely and i followed up which led to discussion about social media (n=1)

BR:
- The theme of insomnia opens space to talk about using cellular use and computers at night and from then on, the issue of social media. (n=1)
- Both (n=4)
- of the two forms mentioned above (n=1)

In the interview and they bringing during the session. (n=1)

- I can not define (n=1)
- socioeconomic difficulties (n=1)
- Psychoeducation for mental diseases (n=1)

M10. Thinking about your **patient population as a whole**, with what percent of patients have you **discussed social media use in at least one session** within the past 3 months?

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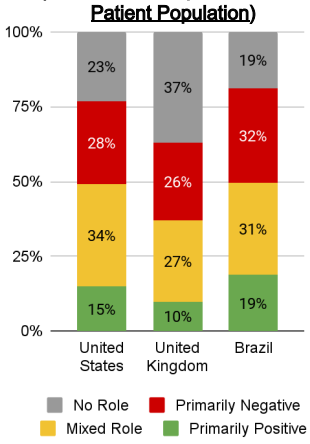
A small portion of clinicians consider social media to play a primarily positive role in mental health

Perception of Social Media's Role in Patients Mental Health (Clinicians Perception of Entire Patient Population)



* Sample size shown in notes

Differences by Data Cuts

US:

- **Youth treaters and psychiatrists showed a more negative perception of social media**
  - Mixed role (both positive and negative)
    - Therapist (39%) and Psychologist (35%) > Psychiatrist (29%)
  - Primarily negative or harmful role
    - Youth Treater (34%) > Non-Youth Treater (26%)
    - Psychiatrist (30%) > Psychologist (24%)
  - No role in mental health
    - Non-Youth Treater (24%) > Youth Treater (16%)
    - Psychiatrist (25%) and Psychologist (25%) > Therapist (17%)

UK:

- **Youth treaters expressed more negative feedback to social media, and psychiatrists overall showed more extreme responses**
  - Primarily Positive or Beneficial Role
    - Psychiatrist (17%) > Psychologist (9%) > Therapist (4%)
  - Primarily negative or harmful role
    - Youth Treater (44%) > Non-Youth Treater (22%)
    - Psychiatrist (29%) > Therapist (21%)
  - No role in mental health
    - Non-Youth Treater (41%) > Youth Treater (22%)
    - Therapist (47%) > Psychologist (38%) > Psychiatrist (27%)

BR:

- No significant differences based on specialty and patient age group

M20 Sample Size: US: n=356, UK: n=311, BR: n=337

M20. You indicated that you have discussed social media use with at least some of your patients in the past 3 months.

Thinking about those discussions, in your professional opinion, **how**, if at all, was **social media use** playing a **role in these patients' mental health**? Your total should sum to 100% (of patients with whom you have discussed social media use).

Patients for whom social media use had a **primarily positive or beneficial role** in their mental health

Patients for whom social media use had a **mixed role (both positive and negative)** in their mental health

Patients for whom social media use had a **primarily negative or harmful role** in their mental health

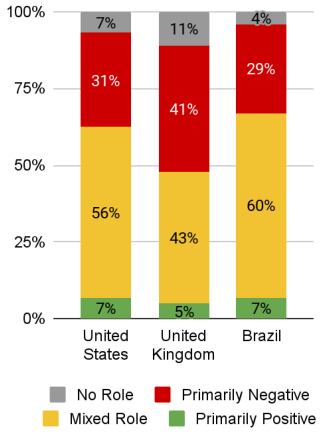
Patients for whom social media use had **no role** in their mental health

Other, please specify: _____ **[ANCHOR]**

Data Based on Patient Cases

When thinking about specific patients, roughly half clinicians consider social media to play a mixed role

Perception of Social Media's Role in Patients' Mental Health (Clinician Perception of Single Patient Case)



Differences by Data Cuts

US
- **Psychiatrists showed a more negative perception of social media**
  - Played No Role
    - Non-Youth (8%) > Youth (2%)
  - Mixed Role
    - Psychologist (62%) and Therapist (60%) > Psychiatrist (46%)
  - Primarily Negative Role
    - Psychiatrist (39%) > Psychologist (22%)

UK
- **Social media is more likely to have a negative role on youth patients**
- Primarily Negative or harmful role
  - Youth (55%) > Non-Youth (36%)
- Played No Role
  - Non-Youth (15%) > Youth (2%)
  - Therapist (15%) > Psychiatrist (5%)

BR
- **Psychiatrists and therapists had a slightly more positive perception of social media**
- **Social media is more likely to have a positive role on non-youth patients**
- Primarily Positive role
  - Non-Youth (8%) > Youth (3%)
  - Psychiatrist(11%) and Therapist (11%) > Psychologist (1%)
- No Role
  - Therapist (7%) > Psychiatrist (1%)

When thinking about individual patient cases, clinicians think about social media playing a more mixed role across all markets

P65 Sample Size: US: n=358, UK: n=321, BR: n=342

Additional Data Cuts by Specialty:

- Positive or Beneficial Role
  - (BR) Psychiatrist(11%) and Therapist (11%) > Psychologist (1%)
- Mixed Role
  - (US) Psychologist (62%) and Therapist (60%) > Psychiatrist (46%)
  - (BR) Psychologist (67%) > Psychiatrist (54%)
- Primarily Negative Role
  - (US) Psychiatrist (39%) > Psychologist (22%)
- No Role
  - (UK) Therapist (15%) > Psychiatrist (5%)
  - (BR) Therapist (7%) > Psychiatrist (1%)

P65. In your discussions with this patient about the patient's social media use, which of the following best describes **how, if at all, social media had a role** in this patient's overall mental health?
Social media use had a primarily <u>positive</u> or beneficial role in the patient's mental health
Social media use had a <u>mixed</u> role (both positive and negative) in the patient's mental health
Social media use had a primarily <u>negative</u> or harmful role in the patient's

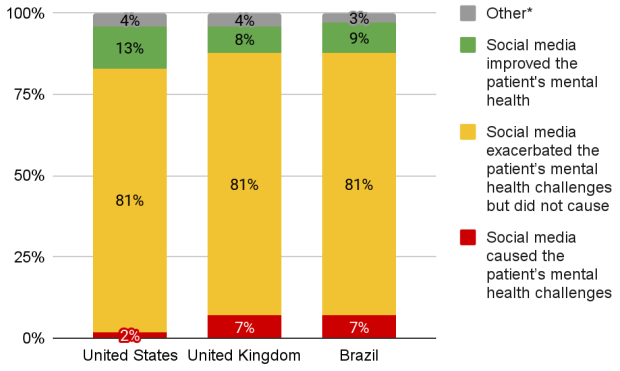
mental health

Social media use played no role in the patient's mental health

Data Based on Patient Cases

Less than 10% of clinicians felt that social media caused their patient's mental health challenges

Relationship between Social Media Use and Patient's Mental Health Challenges



Differences by Data Cuts

US:
- No significant differences by cuts

UK:
- **Social media is more likely to exacerbate non-youth patient's mental health challenges**
- Exacerbated patient's mental health condition
  - Non-Youth (85%) > Youth (72%)
- Improved patient's mental health
  - Psychiatrist (15%) > Psychologist (5%) and Therapist (4%)

BR:
- **Psychologists were more likely to identify a patient case where social media played a causal role in the patient's mental health, compared to their counterparts**
- Caused patient's mental health conditions
  - Psychology (12%) > Therapist (4%) and Psychiatry (4%)
- Improved patient's mental health
  - Therapist (14%) and Psychiatrist (10%) > Psychologist (3%)

* Details of "Other" shown in notes

Sample Size: US: n=334, UK: n=286, BR: n=329

[ASK IF P65=1-3] P70. In your professional opinion, which of the following best describes the **relationship between social media use and this patient's mental health challenges**?
[SHOW IF P65=2 OR 3] Social media **caused** the patient's mental health challenges
[SHOW IF P65=2 OR 3] Social media **exacerbated** the patient's mental health challenges but **did not cause** them
[SHOW IF P65=1 OR 2] Social media **improved** the patient's mental health
Other, please specify: _____ **[ANCHOR]**

Other responses include:

US:
- At times, social media exacerbated mental health challenges and at times it improved it. (n=6)
- Caused more challenges, then mitigated those challenges. (n=1)
- Both helped but hurt too and recursive (n=1)
- social media helped patient but did not improve their mental health (n=1)
- Social media complicated MH challenges (n=1)
- It both improved and caused grief for client (n=1)
- Unable to make definitive statements regarding relationship between social media use and patient's mental health challenges, there are too

many other variables that potentially affect the patient's status (n=1)

UK:

- Variable response (n=1)
- it's hard to say which started first (n=4)
- hard to say she has used social media before her mental health problems (n=1)
- it seems to have helped in some aspects and exacerbated others (n=5)

BR:

- I put it together, because this patient has problems as sleep for excess of social media, but is having a relationship that began through relationship sites what is doing very well for it. (n=1)
- Social media have caused positive and negative reactions in patient's mental health (n=3)
- Social media allowed the patient to deal with their symptoms better (n=1)
- Sometimes they improve. In other no he insight on the real problem. (n=1)
- The patient in the outbreak believed that everything was good (n=1)
- Social media enabled access to mutual aid groups and support network formation. (n=1)
- Social media did not interfere in the patient's mental health (n=1)

Clinicians felt that social media tended to play a more negative role for patients with eating disorders

Role of Social Media in Patients with Different Mental Health Conditions

Mental Health Conditions Impacted by SM	United States		United Kingdom		Brazil	
	Positive (n=338)	Negative (n=346)	Positive (n=270)	Negative (n=304)	Positive (n=324)	Negative (n=334)
Depressive disorders	63%	78%	66%	72%	52%	72%
Anxiety disorders	52%	81%	79%	87%	67%	93%
Attention deficit/hyperactivity disorder	27%	42%	15%	19%	23%	41%
Bipolar Disorder	22%	36%	12%	13%	18%	21%
Substance-related/addictive disorders	19%	34%	13%	23%	16%	27%
Autism spectrum disorder	18%	18%	23%	21%	21%	12%
Personality disorders	15%	48%	16%	33%	19%	33%
Eating disorders	13%	37%	12%	44%	18%	48%
Sleep-Wake disorders	12%	37%	10%	22%	21%	69%
Obsessive-compulsive disorders	12%	31%	19%	22%	15%	23%
Nonsuicidal self-injury disorder	10%	30%	4%	28%	10%	37%
Suicidal behavior disorder	10%	34%	8%	33%	15%	32%
Other*	9%	7%	2%	0%	9%	5%
Schizophrenia	5%	12%	4%	6%	9%	8%

M30. Thinking about those cases in which social media had a **negative role in a patient's mental health** (including cases in which the role was mixed), **what challenges** did those patients have?
Depressive disorders
Anxiety disorders
Eating disorders (e.g., anorexia, bulimia)
Sleep-Wake disorders (e.g., insomnia, narcolepsy)
Personality disorders
Substance-related and addictive disorders
Autism spectrum disorder (ASD)
Obsessive-compulsive disorder (OCD)
Attention deficit/hyperactivity disorder (ADHD)
Nonsuicidal self-injury disorder (NSSI)
Suicidal behavior disorder
Schizophrenia
Bipolar Disorder
Other (specify: _____), **[ANCHOR, FORCE RESPONSE IF SELECTED]**
None of the above

M50. Thinking about those cases in which social media played a **positive role in a patient's mental health** (including cases in which the role was mixed), what **challenges** did those patients have?

Depressive disorders
Anxiety disorders
Eating disorders (e.g., anorexia, bulimia)
Sleep-Wake disorders (e.g., insomnia, narcolepsy)
Personality disorders
Substance-related and addictive disorders
Autism spectrum disorder (ASD)
Obsessive-compulsive disorder (OCD)
Attention deficit/hyperactivity disorder (ADHD)
Nonsuicidal self-injury disorder (NSSI)
Suicidal behavior disorder
Schizophrenia
Bipolar Disorder
Other (specify: _____), **[ANCHOR, FORCE RESPONSE IF SELECTED]**
None of the above

Data Based on Patient Cases

Encouraging negative comparison was most cited as negative impact on mental health patients

Clinician View of Social Media Pathways that Negatively Impact Patients

Product Pathway (Negative)	United States	United Kingdom	Brazil
Encouraged negative comparison of patient with others	54%	45%	56%
Exposed patient to negative thoughts/discussions (e.g., politics)	41%	24%	27%
Gave patient a sense of being excluded/left out/"FOMO"	40%	39%	38%
Interfered with personal relationships	36%	38%	51%
Interfered with sleep	35%	46%	53%
Contributed to patient's difficulty in controlling amount of time spent on social media	35%	31%	50%
Affected patient's body image perception	33%	26%	38%
Kept patient from doing other activities they'd like to do (e.g., hobbies)	30%	19%	35%
Enabled bullying/negative behaviors toward the patient	21%	26%	18%
Interfered with school/work	20%	21%	28%
Allowed patient to act out negative behaviors (e.g., stalking compulsive shopping)	13%	27%	23%
Triggered self harm or suicidal thoughts	13%	22%	13%
Exposed to disordered behavior (e.g., eating, exercising)	10%	24%	21%
Interfered with patient's physical health	7%	11%	16%
Other*	2%	0%	1%

* Details of "Other" shown in notes
** Sample size shown in notes

Selected Data Cuts

- Exposed patient to negative thoughts/ discussions (e.g., politics)
  - (BR) Non-Youth (31%) > Youth (17%)
- Gave patient a sense of being excluded/ left out/ "FOMO"
  - (UK) Non-Youth (44%) > Youth (30%)
- Interfered with personal relationships
  - (US) Youth (46%) > Non-Youth (34%)
- Interfered with sleep
  - (US) Youth (49%) > Non-Youth (31%)
  - (BR) Youth (64%) > Non-Youth (49%)
- Contributed to patient's difficulty in controlling amount of time spent on social media
  - (US) Youth (49%) > Non-Youth (32%)
  - (BR) Youth (67%) > Non-Youth (43%)
- Kept patient from doing other activities they'd like to do
  - (BR) Youth (48%) > Non-Youth (30%)
- Enabled bullying/ negative behaviors toward the patient
  - (US) Youth (39%) > Non-Youth (17%)
  - (BR) Youth (30%) > Non-Youth (14%)

Additional Data Cuts on Age:

- Interfered with school/ work
  - (US) Youth (51%) > Non-Youth (13%)
  - (UK) Youth (44%) > Non-Youth (12%)
  - (BR) Youth (51%) > Non-Youth (20%)
- Triggered self harm or suicidal thoughts
  - (BR) Youth (22%) > Non-Youth (10%)
- Exposed to disordered behavior (e.g., eating, exercising)
  - (UK) Youth (33%) > Non-Youth (20%)

Additional Data Cuts on Specialty:

- Encouraged negative comparison of patient with others
  - (US) Therapist (66%) > Psychiatrist (50%) and Psychologist (45%)
  - (BR) Therapist (65%) > Psychiatrist (58%) and Psychologist (49%)
- Contributed to patient's difficulty in controlling amount of time spent on social media
  - (UK) Psychiatrist (38%) > Therapist (24%)
  - (BR) Psychologist (58%) > Psychiatrist (43%)
- Affected patient's body image perception
  - (UK) Psychologist (32%) > Therapist (18%)
  - (BR) Psychologist (43%) > Psychiatrist (29%)

Kept patient from doing other activities they'd like to do (e.g., hobbies)
    - (BR) Psychologist (48%) > Psychiatrist (27%) and Therapist (26%)
- Triggered self harm or suicidal thoughts
    - (UK) Psychiatrist (30%) > Psychology (15%)
- Interfered with patient's physical health
    - (BR) Psychologist (23%) > Psychiatrist (12%) and Therapist (12%)

Sample Size:
US (n=310), UK (n=271), BR (n=305)

[SHOW IF P65=2 OR 3] P90. You indicated that **[PIPE IN P65]**. In which of the following ways did social media play a **negative role** for this patient?
Contributed to patient's difficulty in controlling amount of time spent on social media
Interfered with school/work
Interfered with personal relationships
Interfered with sleep
Gave patient a sense of being excluded/left out/"FOMO"
Kept patient from doing other activities they'd like to do (e.g., hobbies)
Exposed patient to negative thoughts/discussions (e.g., politics)
Encouraged negative comparison of patient with others
Allowed patient to act out negative behaviors (e.g., stalking, compulsive shopping)
Enabled bullying/negative behaviors toward the patient
Triggered self harm or suicidal thoughts
Exposed to disordered ~~Disorder~~ behavior (e.g., eating, exercising)
Affected patient's body image perception
Interfered with patient's physical health
Other, please specify: _____ **[ANCHOR]**
Other:

- US:
    - Enabled bullying of patient's family members (n=1), exacerbated psychosis (paranoia) (n=1), Exacerbated grief process (n=1), contributed to patient's paranoia (n=1), increased anxiety (n=1), Exposed patients to death of loved ones and friends as well as illness and pain in loved ones and others (n=1)
- BR:
    - Affected in distraction for the preparation of the contest (n=1), Made the patient get in touch with the negligence of his relatives with the patient (n=1)

Data Based on Patient Cases

Roughly half clinicians appreciate social media for allowing patients to connect with friends and family

Clinician View of Social Media Pathways that Positively Impact Patients

Product Pathway (Positive)	United States	United Kingdom	Brazil
Allowed patient to connect/reconnect with friends and family	48%	36%	50%
Offered patient an outlet/distraction	46%	60%	53%
Allowed patient to receive support from someone else	43%	28%	50%
Allowed patient to meet/connect with others with similar mental health challenges	28%	24%	23%
Allowed patient to give support to someone else	26%	12%	23%
Increased the patient's self-esteem/confidence and/or helped them get positive feedback	24%	25%	21%
Helped patient learn about their mental health challenges /normalized their mental health challenges	23%	25%	24%
Allowed patient to meet/connect with others who do not have similar mental health challenges	20%	18%	20%
Helped patient learn about treatment for their mental health challenges	17%	29%	29%
Allowed patient to connect with a mental health professional	16%	10%	43%
Provided patient with employment/income	4%	6%	19%
Other*	1%	1%	1%

* Details of "Other" shown in notes
** Sample size shown in notes

Key Data Cuts

- Allowed patient to meet/ connect with others with similar mental health challenges
  - (US) Non-Youth (30%) > Youth (16%)
- Allowed patient to receive support from someone else
  - (BR) Non-Youth (54%) > Youth (39%)
- Increased the patient's self-esteem/confidence and/or helped them get positive feedback
  - (UK) Youth (45%) > Non-Youth (19%)
  - (BR) Non-Youth (25%) > Youth (9%)
- Helped patient learn about their mental health challenges/ normalized their mental health challenges
  - (BR) Non-Youth (29%) > Youth (9%)
- Helped patient learn about treatment for their mental health challenges
  - (BR) Non-Youth (35%) > Youth (11%)
- Provided patient with employment/ income
  - (BR) Non-Youth (24%) > Youth (4%)

Additional Data Cuts by Specialty:

- Offered patient an outlet/ distraction
  - (UK) Therapist (73%) and Psychologist (72%) > Psychiatrist (41%)
- Allowed patient to meet/ connect with others with similar mental health challenges
  - (BR) Psychologist (29%) > Therapist (15%)
- Allowed patient to give support to someone else
  - (US) Therapist (38%) > Psychologist (18%)
  - (UK) Psychiatrist (25%) > Psychologist (5%) and Therapist (2%)
- Allowed patient to meet/ connect with others who do not have similar mental health challenges
  - (UK) Psychiatrist (27%) > Therapist (8%)
- Helped patient learn about treatment for their mental health challenges
  - (UK) Psychiatrist (41%) > Therapist (17%)
  - (BR) Psychiatrist (38%) > Therapist (19%)
- Allowed patient to connect with a mental health professional
  - (UK) Psychiatrist (22%) > Psychologist (5%) and Therapist (2%)
- Provided patient with employment/ income
  - (UK) Psychiatrist (14%) > Therapist (2%)

Sample Size:

US (n=223), UK (n=154), BR (n=230)

[SHOW IF P65=1 OR 2] P100. You indicated that **[PIPE IN P65]**. In which of the following ways did social media play a **positive role** for this patient?
Allowed patient to connect with a mental health professional
Allowed patient to meet/connect with others with similar mental health challenges
Allowed patient to meet/connect with others who do not have similar mental health challenges
Allowed patient to connect/reconnect with friends and family
Helped patient learn about their mental health challenges /normalized their mental health challenges
Helped patient learn about treatment for their mental health challenges
Increased the patient's self-esteem/confidence and/or helped them get positive feedback
Provided patient with employment/income
Offered patient an outlet/distraction
Allowed patient to give support to someone else
Allowed patient to receive support from someone else
Other, please specify: _____ **[ANCHOR]**
Other:

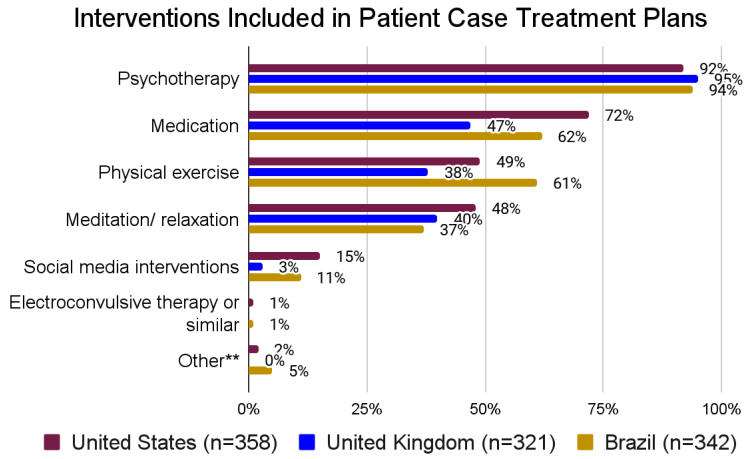
- US:
  - Allowed patient to actively practice OCD homework online (n=1), Connection with others (n=1)
- UK:
  - allowed her to broaden horizons (n=1)
- BR:
  - Increased hyperfect in social media increasing communication between the group (n=1), Left the patient calmer (n=1)

Outline

- Project Background and Methodology
- Detailed Findings
  - Clinicians' definition of social media and frequency of discussion
  - Social Media's role in patients' mental health
  - Clinicians' view of social media affordances and corresponding pathways
  - **Suggested "treatment" from clinicians when social media plays a negative role**
  - Clinician perspectives on vignette
  - Advanced statistical analyses
- Opportunities
- Appendix

Data Based on Patient Cases

Only a few clinicians mentioned the use of social media interventions when treating their mental health patients



Key Data Cuts

- Medication
  - (UK) Non-Youth (53%) > Youth (33%)
  - (BR) Non-Youth (67%) > Youth (49%)
- Physical exercise / working out
  - (UK) Non-Youth (48%) > Youth (9%)
  - (BR) Non-Youth (66%) > Youth (47%)

*Social Media Interventions detailed in notes
** Details of "Other" shown in notes

Additional Data Cuts by Specialty:

- Psychotherapy (including cognitive behavioral therapy, dialectical behavior therapy, interpersonal therapy, and others)
  - (US) Therapist (99%) > Psychiatrist (89%) and Psychologist (89%)
- Medication
  - (US) Psychiatrist (90%) > Psychologist (61%) and Therapist (62%)
  - (UK) Psychiatrist (78%) > Psychologist (28%) and Therapist (34%)
  - (BR) Psychiatrist (95%) > Psychologist (41%) and Therapist (53%)
- Physical exercise / working out
  - (US) Therapist (59%) > Psychologist (45%) and Psychiatrist (45%)
  - (BR) Psychiatrist (73%) > Psychologist (55%) and Therapist (55%)
- Meditation / relaxation
  - (US) Psychologist (55%) and Therapist (59%) > Psychiatrist (34%)

P110. Please indicate which, if any, of the following **has been part of this**

patient's treatment plan or are being considered in the treatment plan.

Please select all that apply.

Medication
Psychotherapy (including cognitive behavioral therapy, dialectical behavior therapy, interpersonal therapy, and others)
Meditation/relaxation
Social media interventions, please specify: _____ [ANCHOR]
Physical exercise / working out
Electroconvulsive therapy (ECT) / Transcranial magnetic stimulation (TMS)
Other, please specify type of intervention: _____ [ANCHOR]
Other, please specify type of intervention: _____ [ANCHOR]
None of the above [ANCHOR]

Other:

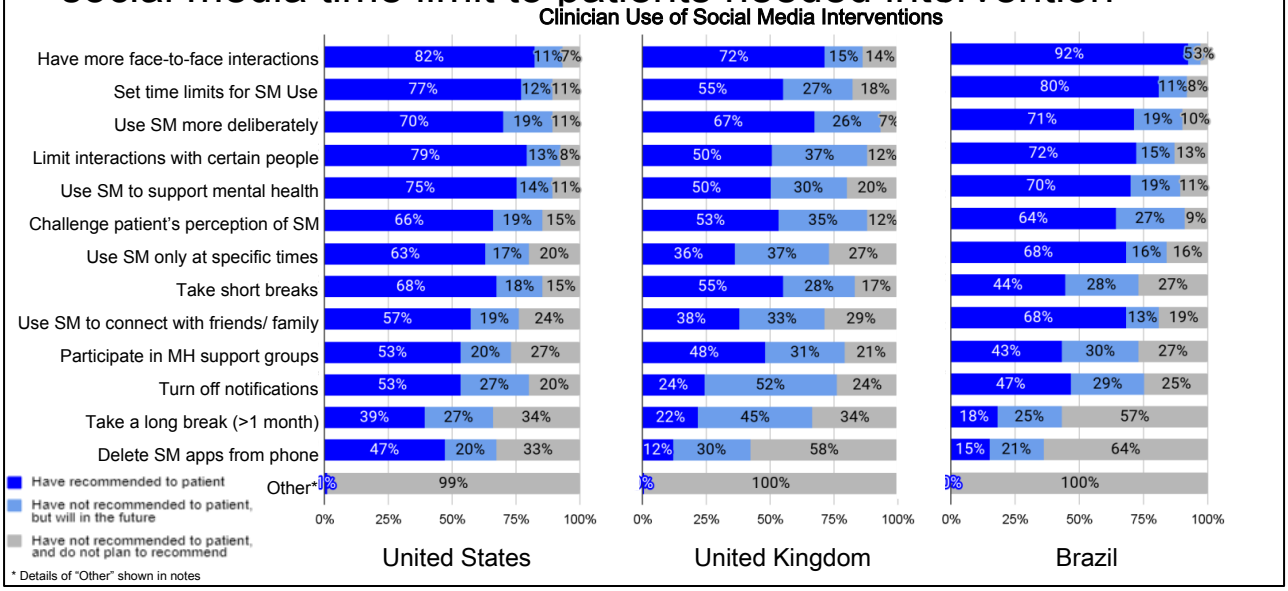
- US:
  - Substance abuse treatment (n=1)
  - Mental health nutrition (n=1)
  - Behavior management/routine/structure (n=1)
  - ARMHS (Adult Rehabilitation Mental Health Services) (n=1)
  - Developing non-pharmacologic chronic pain management skills (n=1)
  - Better sleep (n=1)
  - increase in person social activities (n=1)
  - Increase social activity (n=1)

- UK:
  - Hospitalisation (n=1)
- BR:
  - suggestion to reduce the use of social networks, to minimize comparisons (n=1)
  - Hobbies Practices (n=1)
  - Social activities (volunteering, coexistence groups) (n=1)
  - Inclusion of the patient in healthy spaces of coexistence (CCA and CJ) (n=1)
  - Increased autonomy in daily life activities, increased instrumental activities, increased cultural activities. (n=1)
  - Adequate feeding (n=1)
  - Hobys activity (n=1)
  - Psychoanalysis (n=1)
  - Family approach (n=1)
  - Monitoring with physiotherapy (n=1)
  - Nutritional monitoring (n=1)
  - Sleep hygiene (n=1)
  - Outdoor activities such as tours in the park. (n=1)
  - Acupuncture (n=1)

family (n=1)

- healthy eating (n=1)
- Occupational therapy (n=1)
- Employment of Social Tinkers (n=1)
- hospital internment (n=1)

Most clinicians recommended in-person interactions and social media time limit to patients needed intervention



Sample Size: US (n=358), UK (n=321), BR (n=342)

O30. Which of the following **strategies**, if any, have you recommended to patients as **part of a treatment/management approach**?
Have not recommended to patient, do not plan to recommend
Have not recommended to patient, but plan to recommend in the future
Have recommended to patient
Set time limits for social media use on social media
Use social media only at specific times of the day
Take a long break (one month or more) from social media
Take short breaks (for a day or a week daily or weekly) from social media
Think more carefully about reasons for using social media
Limit interactions with certain people on social media
Turn off notifications for social media
Participate in mental health support groups on social media
Delete social media apps from phone
Encourage patient to have more face-to-face interactions
Use social media to connect with friends/ family more often
Use social media to support mental health (e.g., meditation, mindfulness, sleep apps)
Challenge patient's perception of social media and reality
Other (specify: _____) , [ANCHOR]
Other response include:

Have recommended:

Use an alias (US, n=1)

Jobs (UK, n=1)

be selective (US, n=1)

Create their own social media (US, n=1)

Monitoring through the telephone usage report (BR, n=1)

Have not recommended, do not plan to:

Search for new hobbys how to cook (BR, n=1)

Clinicians have used more social media-based interventions on patients with anxiety and depression

Mental Health Conditions for Which Social Media-Based Intervention Was Used

	United States (n=348)	United Kingdom (n=308)	Brazil (n=333)
Anxiety disorders	88%	89%	92%
Depressive disorders	89%	77%	80%
Personality disorders	46%	31%	44%
Sleep-Wake disorders	35%	18%	61%
Attention deficit/hyperactivity disorder	47%	20%	45%
Eating disorders	26%	37%	36%
Bipolar Disorder	44%	14%	35%
Substance-related and addictive disorders	37%	23%	29%
Nonsuicidal self-injury disorder	26%	23%	31%
Suicidal behavior disorder	27%	20%	31%
Obsessive-compulsive disorder	31%	18%	25%
Autism spectrum disorder	19%	25%	13%
Schizophrenia	11%	5%	10%
Other*	3%	0%	3%

Selected Data Cuts

- Anxiety disorders
  - (US) Youth Treater (95%) > Non-Youth Treater (87%)
  - (BR) Youth Treater (97%) > Non-Youth Treater (88%)
- Depressive disorders
  - (UK) Non-Youth Treater (80%) > Youth Treater (60%)
- Personality disorders
  - (BR) Non-Youth Treater (50%) > Youth Treater (35%)
- Attention deficit/hyperactivity disorder (ADHD)
  - (US) Youth Treater (69%) > Non-Youth Treater (42%)
  - (UK) Youth Treater (42%) > Non-Youth Treater (16%)
  - (BR) Youth Treater (54%) > Non-Youth Treater (39%)
- Eating disorders (e.g., anorexia, bulimia)
  - (BR) Youth Treater (43%) > Non-Youth Treater (32%)
- Bipolar Disorder
  - (BR) Non-Youth (40%) > Youth (26%)
- Substance-related and addictive disorders
  - (UK) Non-Youth Treater (25%) > Youth Treater (11%)
  - (BR) Non-Youth Treater (36%) > Youth Treater (18%)

* Details of "Other" shown in notes

Additional Data Cuts by Clinician's Patients Age

- Nonsuicidal self-injury disorder (NSSI)
  - (US) Youth Treater (42%) > Non-Youth Treater (22%)
- Suicidal behavior disorder
  - (US) Youth Treater (42%) > Non-Youth Treater (24%)
  - (UK) Non-Youth Treater (22%) > Youth Treater (11%)
- Obsessive-compulsive disorder (OCD)
  - (UK) Youth Treater (34%) > Non-Youth Treater (15%)
- Autism spectrum disorder (ASD)
  - (US) Youth Treater (34%) > Non-Youth Treater (16%)
  - (UK) Youth Treater (66%) > Non-Youth Treater (16%)
  - (BR) Youth Treater (20%) > Non-Youth Treater (9%)

Additional Data Cuts by Specialty

- Anxiety disorders
  - (US) Therapist (96%) > Psychiatrist (81%) and Psychologist (88%)
  - (UK) Therapist (96%) > Psychiatrist (82%) and Psychologist (88%)
- Depressive disorders
  - (UK) Therapist (86%) > Psychiatrist (69%) and Psychologist (75%)
- Personality disorders

(US) Psychiatrist (56%) > Psychologist (43%) and Therapist (38%)
    - (UK) Psychiatrist (56%) > Psychologist (23%) and Therapist (15%)
    - (BR) Psychiatrist (69%) > Psychologist (34%) and Therapist (31%)
- Sleep-Wake disorders (e.g., insomnia, narcolepsy)
    - (UK) Psychiatrist (29%) > Psychologist (16%) and Therapist (8%)
- Attention deficit/hyperactivity disorder (ADHD)
    - (UK) Psychiatrist (31%) > Psychologist (13%) and Therapist (16%)
    - (BR) Psychiatrist (51%) and Psychologist (52%) > Therapist (29%)
- Eating disorders (e.g., anorexia, bulimia)
    - (US) Psychiatrist (35%) > Psychologist (18%)
    - (UK) Psychologist (47%) > Therapist (29%)
    - (BR) Psychiatrist (44%) and Psychologist (39%) > Therapist (25%)
- Bipolar Disorder
    - (US) Psychiatrist (52%) > Psychologist (34%)
    - (UK) Psychiatrist (30%) > Psychologist (7%) and Therapist (5%)
    - (BR) Psychiatrist (49%) > Psychologist (26%) and Therapist (29%)
- Substance-related and addictive disorders
    - (UK) Psychiatrist (31%) > Therapist (17%)
    - (BR) Psychiatrist (42%) and Therapist (31%) > Psychologist (16%)
- Nonsuicidal self-injury disorder (NSSI)
    - (UK) Psychiatrist (40%) > Psychologist (19%) and Therapist (11%)
    - (BR) Psychiatrist (43%) > Psychologist (26%) and Therapist (25%)
- Suicidal behavior disorder
    - (UK) Psychiatrist (37%) > Psychologist (11%) and Therapist (12%)
    - (BR) Psychiatrist (45%) > Psychologist (28%) and Therapist (20%)
- Obsessive-compulsive disorder (OCD)
    - (UK) Psychiatrist (29%) and Psychologist (18%) > Therapist (8%)
- Autism spectrum disorder (ASD)
    - (US) Psychiatrist (26%) > Psychologist (13%)
    - (UK) Psychiatrist (42%) > Psychologist (14%) and Therapist (18%)
    - (BR) Psychiatrist (17%) and Psychologist (16%) > Therapist (5%)
- Schizophrenia
    - (US) Psychiatrist (15%) > Psychologist (6%)
    - (UK) Psychiatrist (12%) > Psychologist (2%)

[SHOW IF AT LEAST 1 ITEM = 3 IN O30] O40. You indicated that you have recommended the strategies below to patients as part of your treatment/management approach.

[PIPE OPTIONS =3 IN O30, SHOW IN A TABLE WITH LINES SEPARATING EACH ROW, ONE OPTION PER ROW]

Over the past 3 months, for which of the following mental health diagnoses/challenges have you used one or more of these approaches?
Diagnoses/Challenges [SHOW LIST FROM M30]

Other:

- US
  - Grief (n=1)
  - relationship problems (n=1)
  - Medical patients (n=1)
  - Adjustment disorders (n=1)
  - parent child issue (n=1)
  - Mild Neurocognitive Disorder (n=1)
  - Adjustment disorder (n=1)
  - Trauma and stressor related disorders (n=1)
  - Grief support groups (n=1)
  - Acute and chronic pain (n=1)
  - TraumA diasociation (n=1)
  - Chronic pain (n=1)
- BR:
  - Burnot, (n=1)
  - Low self-esteem (n=1)
  - Low self-esteem, affective lack (n=1)
  - Support group to mounted by suicide (n=1)
  - Oniomania (n=1)
  - Relationship issues (n=1)
  - Adjustment reactions (n=1)
  - It was encouraged to have more contact with people in person. (n=1)
  - Tept (n=1)
  - PCTE with intellectual disability (n=1)
  - Bulling (n=1)
  - Prolonged hospitalization (n=1)