Tennessee v. Meta
Case No. 23-1364-IV
PX-01651

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Key Opportunities for the CWB Team's Problematic Use Strategy

Findings from the mixed methods clinicians study

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Thank you for the opportunity to share findings from a mixed methods study of mental health clinicians that are directly relevant to problematic use. I'll walk through the deck, leaving time for discussion and questions at the end, but please feel free to speak up if you have questions as I'm going through. I also want to acknowledge my amazing colleagues from DSS, Safaa and Lauren, who are leading this work as well.

Context

Research Questions

- **Part of a Broader Study**. This deck presents PU-relevant findings drawn from a larger, international, mixed-methods study. Goals of the study included:
  - Generate expert-informed hypotheses about the role of social media use (positive/negative) in mental health and other life outcomes.
  - *How* social media affects those outcomes.
- **Not Meta Specific**. Findings presented here refer to social media in general, not specific apps or platforms.
- **Patients are a Special Group**. Clinicians' patients represent people who are struggling with mental health challenges, and who seek out and have access to treatment. They don't represent Meta's general user base, but they *can* tell us how we can better support well-being for some of Meta's most vulnerable users.
- **Reference Population Matters**. Findings presented here refer to–and often differ based on–the population of clinicians were thinking about during the survey: a specific patient with whom they discussed social media use, their patient group as a whole, or the general population.

2

Before we dive into the findings, it is important to highlight a few basic but critical points:

1. During this presentation, I am only zooming into findings that would allows us as a team to reflect on problematic use.
2. Furthermore, the study covers social media overall rather than focuses on Meta specifics and cannot be generalized to reflect on all clinicians nor on all social media users across markets
1. Even when talking about the clinicians in the sample and their patients, please keep in mind that different questions were focused on different groups.

One of the four key ways clinicians identify that social media is "problematic" for their patients is consistent with the CWB team's focus on lack of control

Theme (Clinicians' Opinion)	**Definition** *[Illustrative Quotes]*
Interferes with other aspects of regular functioning	Clinician views social media use as diminishing or interfering with patients' relationships, school, work, sleep, or social functioning
Inability to control time spent on social media or stop use	Clinician determines that patient has become unable to control time spent on social media (e.g., compulsive checking, mindless scrolling, excessive gaming)
Contributes to emotional suffering or distress	Clinician views social media as having a sustained negative effect on patient's self-worth or mood (e.g., negative impact on self worth through constant negative social comparison)
Signs of dependence on social media	Clinician observes that patient exhibits signs of withdrawal - emotional distress, intense desire to use social media - when attempting to stop using social media

Data based on interviews conducted with 51 clinicians in the US/UK/KO/BR in Oct-Nov 2021

In qual we asked clinicians how they define and identify problematic use of social media in their patients. Most clinicians in this sample identified 4 overlapping themes that define problematic social media use. One of these themes, "Inability to control time spent on social media or stop using social media" is consistent with the CWB team's focus on lack of control, and is the focus for this deck.

Tl;dr

Key Definitions

Findings	Opportunities [Mapped to CWB H2 Goals]	
	Amplification - Support & Resources [Product Solutions]	**Support & Resources: [Core themes]**
• Clinicians in this sample see most aspects of social media as both potentially positive and negative; giving people more control can reduce negative pathways. • Clinicians identified aspects of social media as detracting from control (Video/photo editing, public comments/posts, swipe-up ads, notifications, reactions, autoplay) or promoting control (NUA signals, audience controls, time control controls). • Clinicians identified negative comparison with others as: 1) the top pathway by which clinicians see social media playing a negative role, 2) a pathway overlapping with the aspects of social media that detract from control; and 3) an outcome of lack of control over social media use. • Clinician recommendations when they see social media playing a negative role center around increasing intentionality, agency, and control over social media use. • The majority of clinicians both agree social media can be addictive and recommend their patients use social media to support mental health, suggesting that clinicians can be balanced and engaged partners for future work in the PU space.	• Empower people to be intentional and use tools to create personalized limits for how they spend their time on social media (time spent, value, purpose, experiences). • Empower people to be intentional and use tools to create boundaries on social media and between online and offline lives. • Partner with clinicians as key external stakeholders.	• PU is not associated with one type of product or behavior. • Meta platforms already have some of the tools clinicians say increase control. • Evangelize the benefits of control to policy and product teams X-Meta. • Empowering people to be intentional about use of Meta products is key.

Today I'll discuss our key findings, and their implications for making progress against CWB's H2 goals, in Amplification as well as Support & Resources.

Why clinicians?

Clinicians provide **expert, professional perspective** on the role of social media in mental health, including how they identify and treat problematic use.

This is the first study to solicit clinicians' perspectives at scale.

Note: while clinicians are experts in mental health, and with scaffolding can evaluate the role social media plays in mental health, they may not be technically knowledgeable about all aspects of social media.

You might be wondering, why study clinicians? In our review of the internal and external literature, we found that the majority of research asks people to self-report their own mental health and other life outcomes, as well as their social media use. We also know that people's assessment of the role of social media use in their own lives is biased by their view of social media in general (e.g., if i think it's bad, I'll be more likely to think and say it negatively affects my mental health). So we wanted to get clinicians' professional perspective.

Study Design

	Who	What	Where	Why
Phase 1: Qual	Mental health clinicians Eligibility Criteria: actively seeing patients, 2 years post licensure, range of clinical experience with social media	~51 60-minute, unbranded 1:1 interviews [12-15 interviews per market]	US UK Brazil South Korea	• Identify themes/mechanisms • Inform product ideation • Inform survey development
Phase 2: Quant		1,021 web-based, unbranded, 40 min, off-platform panel surveys [US 358, UK 321, Brazil 342] Sampling design: Quota sample stratified by type of clinician	US UK Brazil	• Size & prioritize themes • Inform definitions • Inform product strategy • Inform Talking Points • Inform company level strategy (product and policy)

More on sample characteristics; and study limitations

Data based on interviews conducted with a convenience sample of 51 clinicians in the US/UK/KO/BR in Oct-Nov 2021 & 1,021 clinicians in the US/UK/BR in Feb-Apr 2022; data not generalizable to all clinicians in each country

Findings and opportunities I present here are derived from both interviews and surveys with mental health clinicians across the US, UK, and BR.

1 More on where this study fits in central well-being research

Findings can help steer progress against the topic matrix for PU, specifically in Amplification and Support & Resources goals

Current State for PU	H2 Goals
Amplification	• Understand user journeys/products/surfaces that put people in Low Control-correlated experiences
Support & Resources	• Create and vet product solution through the lens of PU constructs: 1. Give people more control over their time spent, 2. Give people more control over experience, and 3. Ensure tools and resources are available & accessible. • Create a recommendation for X-Meta PU core themes - identifying product opportunities for both central and FOA/RL
Measurement	• Standardized measurement framework across FB and IG
Narrative	• Centralized X-Meta narrative & strong public advocates[1]

[1] Findings from this study can also help steer initial Narrative work, but that is not the focus of this deck

Findings from this study are especially relevant to, and can help us make progress against, the goals CWB has for H2 and beyond in Amplification and Support & Resources.

Overall, clinicians said most product affordances play a mixed role in mental health

Clinician Perception of Product Affordance Roles

Product Affordance	United States			United Kingdom			Brazil		
	Positive	Mixed	Negative	Positive	Mixed	Negative	Positive	Mixed	Negative
Private messaging	54%	**33%**	2%	62%	**27%**	3%	66%	**26%**	2%
Controlling blocking / unfriending	48%	**32%**	6%	39%	**36%**	4%	48%	**32%**	6%
Screen time controls	46%	**23%**	7%	29%	**31%**	5%	55%	**21%**	12%
Groups or forums	44%	**39%**	3%	34%	**43%**	8%	52%	**32%**	4%
Recommended items	14%	**43%**	8%	9%	**41%**	7%	12%	**56%**	10%
Tagging someone/being tagged	12%	**45%**	10%	5%	**55%**	17%	10%	**50%**	12%
Leaving public comments or reactions	10%	**52%**	24%	5%	**57%**	21%	5%	**57%**	26%
Quick reactions to social media posts	8%	**45%**	18%	5%	**53%**	20%	6%	**41%**	28%
Disappearing content	8%	**39%**	12%	14%	**27%**	7%	9%	**44%**	8%
Algorithm assisted content	8%	**38%**	16%	4%	**38%**	21%	7%	**41%**	19%
Easy click ads/links to buy things	8%	**27%**	29%	3%	**33%**	26%	3%	**26%**	46%
Editing video/photo filters	6%	**26%**	38%	4%	**38%**	35%	5%	**32%**	42%
Sharing location	6%	**37%**	32%	3%	**40%**	17%	6%	**38%**	29%
Automatically playing videos	6%	**24%**	24%	2%	**26%**	15%	4%	**26%**	30%
Pop-up notifications	5%	**36%**	29%	2%	**42%**	17%	3%	**30%**	41%
Other*	1%	**0%**	1%	0%	**2%**	1%	5%	**1%**	2%

* Details of "Other" and sample sizes are shown in notes
** Information on neutral perception not shown

Data based on interviews conducted with a convenience sample of 51 clinicians in the US/UK/KO/BR in Oct-Nov 2021 & 1,021 clinicians in the US/UK/BR in Feb-Apr 2022; data not generalizable to all clinicians in each country

So let's dig in. Overall, when thinking about their patient populations as a whole, clinicians said most aspects of social media play a mixed role in mental health. Almost all aspects of social media can play a positive, negative, or mixed role, depending on the person and the pathway. There's a lot of information on this slide, and we'll walk through it in more detail, but for now the takeaway is that clinicians don't say any aspect of social media is only positive or only negative - it's a mixed bag.

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

O20. You indicated that you have discussed the following ways of using social media with your patients.
For each way of using social media, please indicate the **role that it has played on the patient's mental health <u>based on discussions with patients</u>** (not your personal experience). Please make one selection per item.
Other:

- US (n=5):
  - limiting personal information shared on social media (n=1), safety, security and supervision of young children on social media (n=1), questioning whether the material was true (n=1), Watching peers succeed (n=1), Others post only positive items re selves (n=1)
- UK (n=10):

Stirs up images (n=1), jobs (n=1), Talking if the benefits of deleting social media (n=1), parental control (n=1), social groups (n=1), Helps suicidal thoughts (n=1), Video gaming (n=1), insta (n=1), parental blocks (n=1), having parental control over what is seen (n=1)

- BR:
    - Share on feed Change in lifestyle (n=1), Influence of famous people in your reality (expectation and reality) (n=1), About Mounting Posts (n=1), Media Security (n=1), Influence of YouTubers (n=1), When the theme is brought by the patient (n=1), Use social media for the dissemination of work itself (n=1), Access profiles that encourage search for help and self-knowledge (n=1), Care and Internet access (n=1), When the patient brings the subject for therapeutic settings we have to discuss (n=1), Response taking into account minor patients (n=1), Comparisons with other stories (n=1), Decrease body exposure in social media (n=1), Disclose product / service to increase income (n=1), Know people who experienced similar situations (n=1), Fake news (n=1), Search for relatives or friends with whom you lost and want to have contact (n=1), What the patient wants to score in settings is important to welcome (n=1), Mute cell phone at night (n=1), Appear in the media after change in lifestyle (n=1), Do not identify source (n=1), Self esteem (n=1), Guided meditation (n=1), Use as a knowledge (n=1), Media Security Guarantee (n=1), Political discussion, Fake News, Family fight (n=1), Recognition through social media, for the change in lifestyle (n=1), Automation (n=1), Relaxation Technics (n=1), wife feels excluded by the excessive use of her husband (n=1)

No aspects of social media were identified by a majority of clinicians as primarily negative or harmful, though editing video/photos to change appearance was consistently seen as more negative by a sizable proportion of clinicians

Product Affordance	Usually negative/harmful to the patient		
	United States	United Kingdom	Brazil
Private messaging	2%	3%	2%
Controlling blocking / unfriending	6%	4%	6%
Screen time controls	7%	5%	12%
Groups or forums	3%	8%	4%
Recommended items	8%	7%	10%
Tagging someone/being tagged	10%	17%	12%
Leaving public comments or reactions	24%	21%	26%
Quick reactions to social media posts	18%	20%	28%
Disappearing content	12%	7%	8%
Algorithm assisted content	16%	21%	19%
Easy click ads/links to buy things	29%	26%	46%
Editing video/photo to change appearance	38%	35%	42%
Sharing location	*32%*	*17%*	*29%*
Automatically playing videos	24%	15%	30%
Pop-up notifications	29%	17%	41%

Data based on interviews conducted with a convenience sample of 51 clinicians in the US/UK/KO/BR in Oct-Nov 2021 & 1,021 clinicians in the US/UK/BR in Feb-Apr 2022; data not generalizable to all clinicians in each country

And when they think about their patient population as a whole, there are no aspects of social media that a majority of clinicians identified as primary negative or harmful, though some were seen as primarily negative by ~40% of clinicians across markets. Notably, while sharing location was one of the top negative pathways, we don't focus on it in this deck because clinicians in qual told us that their concerns about this affordance centered on safety and privacy, not on problematic use. Overall, it's important to remember that these findings suggest that the role specific aspects of social media play in people's mental health varies person to person, and so increasing people's ability to control their experiences can help reduce negative pathways for some while avoiding interrupting positive pathways for others. Affordances labelled red, orange, or yellow represent potential areas for CWB team focus including via 1) evangelizing the benefits of control to relevant partner teams whose products include these affordances; and 2) thinking about priority product solutions. Moreover, these findings suggest we should proceed with caution with regard to developing "guardrails" or changes to ranking/recommendations, because no product affordance is evaluated by clinicians as clearly and only negative. Of note, these findings also suggest that increasing control in these product areas could not only have a positive impact on PU, but also potentially on downstream emotional impacts, one of the other CWB topic areas.

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

O20. You indicated that you have discussed the following ways of using social media with your patients.
For each way of using social media, please indicate the **role that it has played on the patient's mental health based on discussions with patients** (not your personal experience). Please make one selection per item.
Other:

- US (n=5):
  - limiting personal information shared on social media (n=1), safety, security and supervision of young children on social media (n=1), questioning whether the material was true (n=1), Watching peers succeed (n=1), Others post only positive items re selves (n=1)
- UK (n=10):
  - Stirs up images (n=1), jobs (n=1), Talking if the benefits of deleting social media (n=1), parental control (n=1), social groups (n=1), Helps suicidal thoughts (n=1), Video gaming (n=1), insta (n=1), parental blocks (n=1), having parental control over what is seen (n=1)
- BR:
  - Share on feed Change in lifestyle (n=1), Influence of famous people in your reality (expectation and reality) (n=1), About Mounting Posts (n=1), Media Security (n=1), Influence of YouTubers (n=1), When the theme is brought by the patient (n=1), Use social media for the dissemination of work itself (n=1), Access profiles that encourage search for help and self-knowledge (n=1), Care and Internet access (n=1), When the patient brings the subject for therapeutic settings we have to discuss (n=1), Response taking into account minor patients (n=1), Comparisons with other stories (n=1), Decrease body exposure in social media (n=1), Disclose product / service to increase income (n=1), Know people who experienced similar situations (n=1), Fake news (n=1), Search for relatives or friends with whom you lost and want to have contact (n=1), What the patient wants to score in settings is important to welcome (n=1), Mute cell phone at night (n=1), Appear in the media after change in lifestyle (n=1), Do not identify source (n=1), Self esteem (n=1), Guided meditation (n=1), Use as a knowledge (n=1), Media Security Guarantee (n=1), Political discussion, Fake News, Family fight (n=1), Recognition through social media, for the change in lifestyle (n=1), Automation (n=1), Relaxation Technics (n=1), wife feels excluded by the excessive use of her husband (n=1)

Data Based on Patient Cases

When referencing a patient for whom social media plays a negative role, clinicians endorsed several pathways relevant to lack of control, with the top being "encouraged negative comparison with others"

Clinician pathways when social media is playing a negative role

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

Data based on interviews conducted with a convenience sample of 51 clinicians in the US/UK/KO/BR in Oct-Nov 2021 & 1,021 clinicians in the US/UK/BR in Feb-Apr 2022; data not generalizable to all clinicians in each country

Moving more specifically to HOW clinicians see social media in general playing a negative role in mental health, we asked clinicians to reflect on specific cases. Many of the most endorsed pathways, endorsed by at least a third of clinicians across countries, are those that relate directly to how clinicians defined problematic use. In qual, we heard from clinicians that the top pathway they endorsed, "encouraged negative comparison", was problematic when it was repeated and sustained over time, and that certain product affordances encouraged it more than others. They also described that it could be a RESULT of patients' difficulty controlling time spent on social media.

Additional Data Cuts on Age:

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

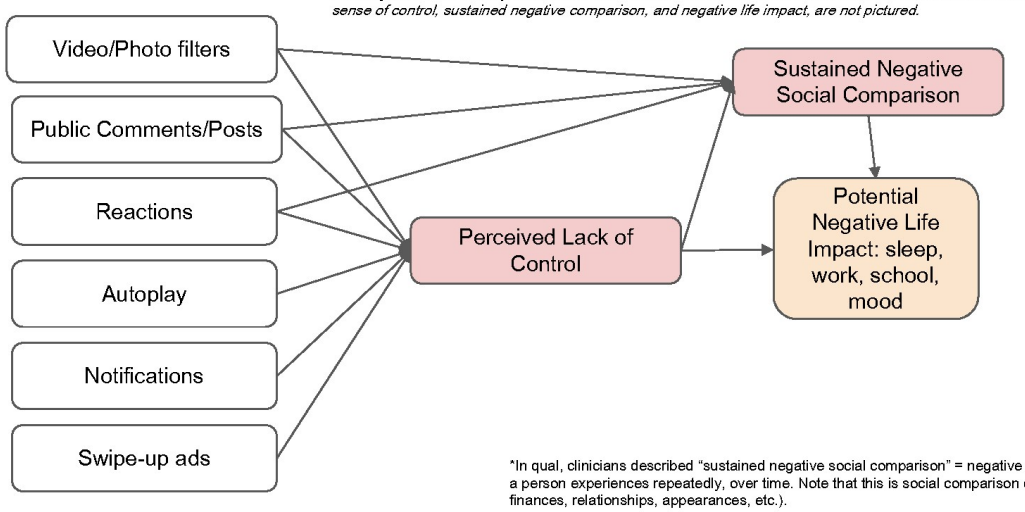
[SHOW IF P65=2 OR 3] P90. You indicated that **[PIPE IN P65]**. In which of the following ways did social media play a **negative role** for this patient?
Contributed to patient's difficulty in controlling amount of time spent on social media
Interfered with school/work
Interfered with personal relationships
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)

Clinicians identified multifaceted relationships between product affordances, lack of control over social media use, and sustained negative social comparison*

Clinician-identified relationships between product affordances, negative pathways, and negative life impact, for some patients. *Note: positive pathways, and other individual and environmental factors that affect sense of control, sustained negative comparison, and negative life impact, are not pictured.*



*In qual, clinicians described "sustained negative social comparison" = negative comparison that a person experiences repeatedly, over time. Note that this is social comparison overall (about finances, relationships, appearances, etc.).

Data based on interviews conducted with a convenience sample of 51 clinicians in the US/UK/KO/BR in Oct-Nov 2021 & 1,021 clinicians in the US/UK/BR in Feb-Apr 2022; data not generalizable to all clinicians in each country

This framework can help visualize the multi-faceted relationships that clinicians described between specific product affordances, their patients' sense of control, and sustained negative comparison. As this slide and the next one suggest, there are some specific product affordances that clinicians say, over time and repeated use, can lead to decreased sense of control, sustained negative comparison or both, for some people.

By focusing product development work on the affordances clinicians say detract from control, we may also be able to make progress on sustained negative comparison

Product Affordance	**Control** Red= Detracts Green= Promotes Grey= Not specified	**Sustained Negative Social Comparison** Red= Increases Green= Decreases Grey= Not specified
Groups		
Reactions		
Public comments/ posts		
Tagging		
Filters: Photo/video-editing		
NUA Signals (blocking)		
Push notifications		
Private comments/ posts		
Time control tools		
Autoplay		
Swipe-ups		
Audience controls		
Ephemeral content		
Re-posting		

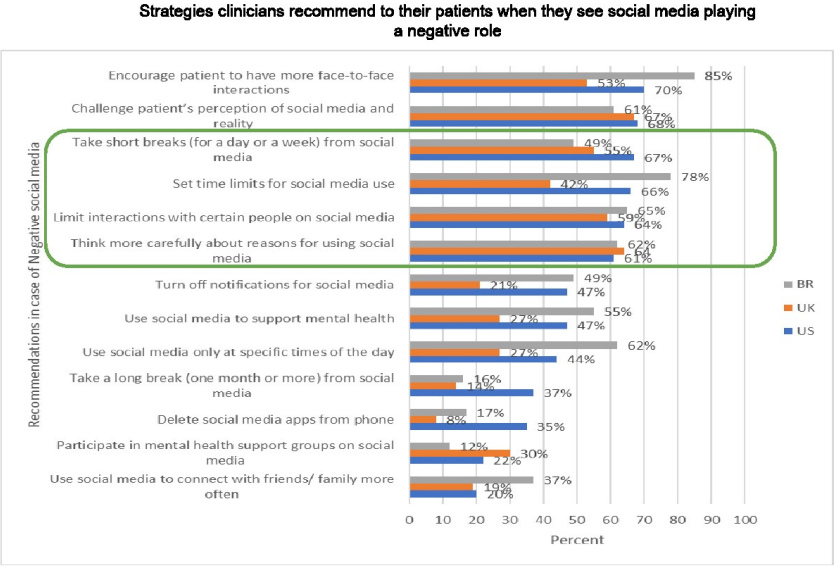
Data based on interviews conducted with a convenience sample of 51 clinicians in the US/UK/KO/BR in Oct-Nov 2021 & 1,021 clinicians in the US/UK/BR in Feb-Apr 2022; data not generalizable to all clinicians in each country

In qual we asked clinicians to evaluate product affordances, and they described the pathways by which different affordances play a negative role in mental health. Of note, as we discussed earlier, none of these affordances ONLY affected patients' sense of control or the extent to which they engaged in negative social comparison with others. Indeed, many of these affordances were also identified by clinicians as associated with positive pathways, for example public comments and posts were also identified as a way that people found and explored new information and interest. But what we can take away from this data is that by focusing on the product affordances that clinicians say detract from people's sense of CONTROL we may ALSO be able to make headway against sustained negative social comparison.

Data Based on Patient Cases

Common themes across strategies recommended by most clinicians to their patients when they see social media playing a negative role are intentionality, and agency/control

- Many of the top recommended strategies center on increasing user agency and control
- Intentionality around social media may be a key untapped opportunity area, as reflected in many of the recommendations clinicians make
- Intentionality works by: increasing awareness, encouraging reflection, and increasing people's sense of "being in the driver's seat"



Data based on surveys conducted with *1,021 clinicians in the US/UK/BR in Feb-Apr 2022; data not generalizable to all clinicians in each country*

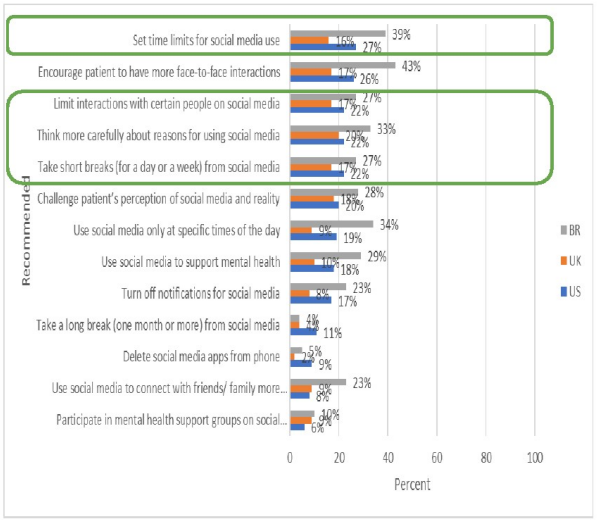
We can also learn from the recommendations clinicians make to their patients. When they see social media playing a negative role, many of the strategies many clinicians recommend focus on increasing people's intentionality and agency/control over their social media use. Again, these themes represent key areas that CWB can 1) evangelize to partner teams, and 2) advocate for infusing across Meta products and platforms. Of note, intentionality around social media use may be a key untapped opportunity area, as reflected in many of the recommendations many clinicians make. Intentionality, in general, works by increasing people's awareness about how they're using social media, encouraging them to reflect on their use and what they're getting out of it, and use tools or other methods to be more purposeful about social media use.

P120. Please indicate which, if any, of the following you have recommended or plan to recommend **to this patient**. Please select one option per row.
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?

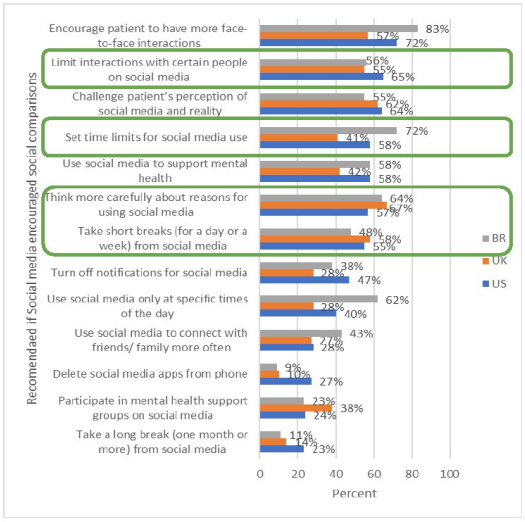
Data Based on Patient Cases

CWB should advocate for a holistic suite of PU product solutions, embedded and stand-alone: no one solution addresses all pathways clinicians identified for all people

Clinician recommendations when social media contributes to difficulty controlling time spent



Clinician recommendations when social media encouraged negative comparison with others



Data based on surveys conducted with *1,021 clinicians in the US/UK/BR in Feb-Apr 2022; data not generalizable to all clinicians in each country*

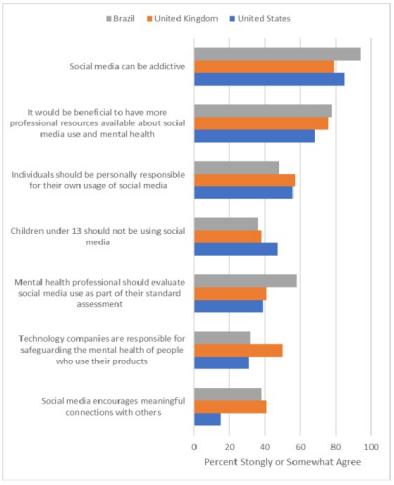
Zeroing in on recommendations clinicians make when they identify that a patient was having difficulty controlling time spent on social media or encouraging negative comparison with others, these graphs tell a related story. On the one hand, no one recommendation received a majority of clinicians' endorsement when they had a patient who was struggling with time spent, though social media time limits, naturally, was endorsed by more clinicians. This makes sense because we know from qual that clinicians see many different product affordances as detracting from control, and that they tailor their recommendations based on the specific aspects of social media that are relevant for individual patients. On the other hand, many recommendations were endorsed by clinicians when they identified a patient who was struggling with negative comparison. This suggests that clinicians recommend more than one strategy to address social media use that is increasing social comparison, and that they often encourage people to set time limits in addition to other strategies that directly address HOW they are using social media. In both cases, and similar to the recommendations they make when they see social media playing a negative role more generally, many of their top recommendations in the case of either pathway center on increasing intentionality and control. These findings also suggest that making progress on PU will require multiple product solutions targeting different affordances, populations, and ways of using social media.

[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?
P120. Please indicate which, if any, of the following you have recommended or plan to recommend **to this patient**. Please select one option per row.

The majority of clinicians in our sample both agree that social media can be addictive and recommend that their patients use social media to support their mental health, suggesting that they can be balanced and engaged partners for future work in the problematic use space

- **Clinicians see social media as playing both a positive and negative role.** Most clinicians strongly or somewhat agree that social media can be addictive. At the same time, at least half of clinicians recommend that their patients use social media in specific ways to support mental health (e.g., connect with friends/family more often, participate in support groups).
- **There is appetite for engagement around social media and mental health, including PU**. Across markets, about three-quarters of clinicians somewhat or strongly agree that it would be beneficial to have more professional resources available about social media use and mental health. Findings from qual suggest even highly critical clinicians welcome the opportunity to give input, provided their feedback is followed by action.

Clinician Response to Social Media Attitudinal Statements



Data based on interviews conducted with a convenience sample of 51 clinicians in the US/UK/KO/BR in Oct-Nov 2021 & 1,021 clinicians in the US/UK/BR in Feb-Apr 2022; data not generalizable to all clinicians in each country

Findings from this study also suggest that clinicians could be a key stakeholder and partner for PU work. Most clinicians say social media can be addictive. In addition to the ways that clinicians see social media playing a negative role, they also see it playing a positive role; indeed, at least half of clinicians recommend that their patients actually use social media to support mental health. Additionally, clinicians demonstrated an appetite for engagement with Meta re: social media and mental health. In our survey, about ¾ of clinicians would like to have more resources about social media use and mental health, which we know from qual extends to PU specifically. Our findings also suggest clinicians, with scaffolding, could be valuable design partners. In qual, even our harshest critics appreciated the opportunity to provide feedback about social media and wanted to see how it would be put into practice.

Key Potential Opportunity Areas

Opportunity Area	Existing Products	Amplification	Support & Resources *[Potential Product Solutions]* *1. Give people more control over their time spent, 2. Give people more control over experience, and 3. Ensure tools and resources are available & accessible.*
Empower people to be intentional and use tools to create personalized limits for how they spend their time on social media (time spent, value, purpose, experiences)	• Your Time on Facebook • Your Time (IG) • Take a Break (IG) • Family Center (IG) • See More See Less; WYT (FB)	• Autoplay: consider restricting or defaulting to "off" for priority populations • Build HUB in Family Experiences for X-Meta platform controls (e.g., notification grouping, time spent reminders) • Break nudges: video/Watch check-ins and breaks, feed check-ins and breaks	• Improve existing time management tools (for usability) • Build time management tools X-app (i.e., for FB Lite, in RL) • Upsell existing time management tools • Educate users and clinicians about existing time management tools • Help people set and/or reflect on intentions for why they are using Meta platforms and what they're getting out of use • Nudge people to take breaks from video, feed, and watch • Introduce friction (e.g., interstitials) to interrupt long periods of use • Help people get positive social feedback for taking breaks • Enable people to turn off autoplay • Build intentions and reflections into topic/interest controls
Empower people to be intentional and use tools to create boundaries on social media and between online and offline lives	• NUA Signals: block, unfriend, restrict, mute, etc. • Daisy controls • Notifications settings • Privacy settings • Alternate Topic Nudge • Family Center (IG)	• Consider restricting notifications or defaulting them to "off" for teens, especially at specific times • Labels for edited photos/videos • Conservative defaults (notifs, privacy settings) for prioritized populations	• Upsell notifications settings • Educate users and clinicians about existing tools to customize notifications • Educate users and clinicians about the existence of NU A signals • Educate users and clinicians about the existence of Daisy controls • Encourage people (via opt-out settings) to restrict notifications at certain times (e.g., at night) • Encourage people to set a "do not disturb" status • Enable people to control whether they can be tagged in others' posts • Encourage people to control whether or not they receive and/or see others' reactions to their posts (expansion of Daisy controls) • Encourage people to control whether others can share their content • Make NUA signals easier to access and use • Enable people to control whether they see/can engage with swipe-ups
Partner with clinicians as key stakeholders	No existing initiatives with clinicians	• Partner with professional associations (e.g., APA) to provide education re: how social media platforms work, what tools exist	• Partner with clinicians for co-design during product development process

Triangulating across clinicians' evaluation of product affordances and pathways, as well as the recommendations they make, key opportunity areas emerge across both Amplification and Support & Resources, specifically the potential product solutions we might explore, falling into 3 main areas. These focus on: 1) Empowering people to…. We have some existing product solutions in this space, like Your Time on FB and IG, Take a Break, and See More, See Less. Specific opportunities in Amplification include partnering with X-Meta accounts teams, like Family Experiences, to build intuitive HUBs where people can choose to group notifs or set different notif schedules for different accounts, if that makes most sense for them. We've also identified potential solutions in the Support & Resources bucket. Some of these involve building new products, but others involve improving the usability of existing products like Your Time, and increasing their visibility via targeted upselling.

Support & Resources: Core Themes

- **PU is not associated with one type of product or behavior**. For some people, autoplay decreases control; for others, its reactions and notifications. We can make progress by building control over more X-Meta products and platforms so we don't inadvertently decrease positive pathways for some people.
- **Meta platforms already have some of the tools clinicians say increase control**. We don't necessarily need to reinvent the wheel. We can make progress by improving design and usability, tailoring them to specific populations and platforms, and increasing awareness about them.
- **Evangelize the benefits of control to product and policy teams X-Meta**. We can make progress by encouraging other teams to take up the mantle, embed control and settings into existing and new products.
- **Empowering people to be intentional about use of Meta products is key**. We can make progress by empowering people to become aware of and be purposeful about why and how they're using Meta platforms.

Finally, findings from this study suggest several key themes CWB can incorporate as it moves toward conviction about what we know about PU on our platforms, which is another goal for H2. These themes include that:

"Again, I think she's on a path of progress in general, so she's trying harder to not incorporate things that make her feel worse. So even just having Instagram is fine sometimes if you're not following certain people, or ***can you look at some of the pictures that are posted but not look at all the stories****, you know, just trying to give yourself* ***your own boundaries with it*** *and see if certain things make you feel more left out versus they're just kind of fun or they really resonate with you."* US Psychiatrist

I'll leave you with a quote from a psychiatrist in the US, talking about how he treated a young adult female patient with anxiety that was exacerbated by Instagram and TikTok use, and that helps exemplifies the findings we're presenting here. He said: [read quote]. How might we provide the tools that make it easier for people like this clinician's young patient to set those intentions, create healthy boundaries on social media, and bring more awareness to how and why she's using social media? How can we help put her back in charge?

Appendix

Key Definitions

Term	Definition	Examples
Clinician	Professionals who actively treat patients for mental health challenges	Psychiatrists, psychologists, therapists, general practitioners
Mental health challenges	Wide range of emotional and psychological problems people experience	Anxiety, Depression, Behavioral Addictions, Substance Use Disorders, Eating Disorders
Product Affordance	A characteristic of social media platforms and what that characteristic enables people to do with the technology	• Ability to join a group for people experiencing a specific MH challenge • Ability to edit videos or images to change one's or others' appearance (e.g., use of photo filters)
Pathway	The mechanism (how and why) through which a product feature plays a role in a person's MH challenges	The ability to join a group for people experiencing MH challenges (*affordance*) enables people to provide and receive validation and support regarding experienced challenges (*pathway*).

Context - Core well-being topics

More on well-being strategy

Leveraging data from key stakeholders (everyday users, policy insiders, academics, the media, and internal leadership), and a strategic exercise with leaders, we focused the company well-being efforts on the topics listed below.

1. **Problematic Use [*primary study focus*]**
2. **Emotional Impacts [*primary study focus*]**
3. Bullying & Harassment
4. Connections

	Description	Example Projects	Timeline
Strengthen internal foundation	Understand recent social science on each topic to ensure that the company's communication, research, and product work are guided by the strongest evidence.	-Literature reviews and FAQs -1-pager + FYI Live series -Company best practices - Roundtables	Executing, mostly complete
Foundational research	Conduct foundational research based on gaps in the literature to steer product strategy, comms, and future research.	-Research on practitioners' perspective about our platforms' positive and negative impact - Global survey focused on the state of social connection and the role of social media (e.g., Small Business Report)	Executing, to be *partially* complete in 2022
Special Collaborations	Engage with academics to collaborate on research related to the 4 core well-being areas as well as teen mental health	- Meta & Youth Social Emotional Trends - OII - International Youth Well-being Study	Planning; studies to be complete in 2022+

Motivation

- Reviews of the literature show some (mostly non-causal) evidence of a link between social media use, especially use that is problematic, with negative life outcomes, including but not limited to 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 pathways** contributing to life impacts.
- Potential Impacts:
  - Inform our company strategies for Problematic Use and Emotional Impacts
  - Identify and test hypotheses about the primary product pathways 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

Research Questions

1. From a clinician's perspective, what role does social media play in the lives of the people they support?
2. How (and how often) do clinicians determine if social media use is playing a problematic or helpful role in people's lives?
3. 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? How often do they encounter these factors?
4. 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?

**Do the above vary by population (e.g., age group, gender)?*
**Do the above vary cross-culturally?*

Key differences by clinician specialty

Specialty	Training	Patient Management
Psychiatrist	MD, residency in psychiatry	• Ability to prescribe medication • In many countries, focus on medication mgmt because they are in short supply and only ones able to provide this service • Also provide therapy of different kinds, depending on training and theoretical orientation
Clinical Psychologist	PhD / PsyD, clinical internship	• Provide therapy • Can conduct psychological and neuropsychological assessments
Therapist	MA, MS in clinical psychology, counseling,	• Provide therapy
General Practitioner	MD	• Ability to prescribe medication • In some countries, treat many patients for mental health problems

Sample Characteristics

Key Definitions

	US		UK		KO	BR	
	Qual	Quant	Qual	Quant	Qual	Qual	Quant
# of Clinicians	15	358	12	321	12	12	342
Specialty (more on Specialty differences)	73% Psychiatrist 7% Psychologist 20% Therapist	37% Psychiatrist 32% Psychologist 31% Therapist	50% Psychiatrist 17% Psychologist 33% Therapist	35% Psychiatrist 31% Psychologist 34% Therapist	33% Psychiatrist 33% Psychologist 33% Therapist	25% Psychiatrist 42% Psychologist 33% Therapist	33% Psychiatrist 37% Psychologist 30% Therapist
Gender	60% Female / 40% Male	56% Female / 41% Male/ 3% Other	50% Female / 50% Male	41% Female / 58% Male/ 1% Other	67% Female / 33% Male	58% Female / 42% Male	74% Female / 26% Male
Range of Years in Practice (Mean)	3 - 31 years (22 years)	2 - 55 years (20 years)	4 - 25 years (15 years)	2 - 34 years (16 years)	5 - 26 years (14 years)	8 - 20 years (15 years)	2 - 45 years (10 years)
% Use social media personally	80%	92%	58%	99%	100%	83%	100%
Practice Setting[1]	40% Academic 60% Community	9% Academic 91% Community	17% Academic 83% Community	48% Academic 52% Community	67% Academic 33% Community	0% Academic 100% Community	2% Academic 98% Community
% see at least 25% youth patients	33%	18%	58%	17%	75%	50%	38%

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

Data based on interviews conducted with a convenience sample of 51 clinicians in the US/UK/KO/BR in Oct-Nov 2021 & 1,021 clinicians in the US/UK/BR in Jan-Apr 2022; data not generalizable to all clinicians in each country

The types of clinicians we spoke with varied somewhat across countries, but we aimed for a mix of different types of clinicians in each market. This is important because different specialities - like psychiatrists vs. psychologists - can have different training, different ways they approach diagnosing their patients, and different methods of treating them. We had a range of clinical experience in our sample (everyone had at least 2 years). Most clinicians in the sample use social media personally, though somewhat fewer did in the sample of clinicians in the UK. We also were able to speak with clinicians who see patients in a range of different age groups, including about 50% who see at least some youth patients.

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

More on how we accounted for potential clinician bias throughout the study

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

Clinicians are human: during interviews, most bring personal experiences to their evaluation of social media

⇒ At some point in their interviews, most clinicians evaluated social media product affordances as beneficial or detrimental while also stating they had never discussed that affordance with their patients.

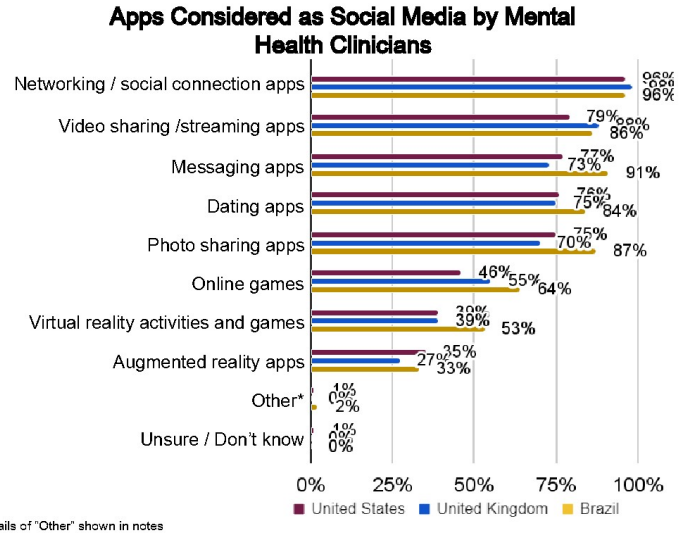
We addressed this bias in 2 ways:

1. In DATA COLLECTION: continually grounded clinicians in their own patient population, via case discussion and follow-up questioning.
2. In ANALYSIS: only counted clinicians' evaluations of social media if they were rooted in clinical experiences.

Data based on interviews conducted with 51 clinicians in the US/UK/BR/KO in Oct-Dec 2021

Will be teasing this out more systematically in Phase 2 (survey)

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



* 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)

Clinicians' perspectives: how they know social media use is problematic

Theme [Clinicians' Opinions]	Definition	Illustrative Quotes
Interferes with other aspects of regular functioning	Clinician views social media use as diminishing or interfering with patients' relationships, school, work, sleep, or social functioning	"*His wife is very frustrated with him because he spends every evening on either a computer looking at the Facebook posts, YouTube, video games, or ESPN games of different things. He could be laying down in the bed with the wife, but he's still on his mobile phone, so that is affecting his interpersonal relationship.*"
Inability to control time spent on social media or stop use	Clinician determines that patient becomes unable to control time spent on social media (e.g., compulsive checking, mindless scrolling, excessive gaming)	*"But she told me that she felt she does too much time on TikTok. It takes away from her family, from her friends. She's always on TikTok. And she has felt it, her family, they felt it. She's addicted. She has to post on TikTok, and see all those videos. And things like this."*
Contributes to emotional suffering or distress	Clinician views social media as having a negative effect on patient's self-worth or mood (e.g., negative impact on self worth through constant negative social comparison)	*"So, slowly, I watched her become more isolated, and more addicted to the social media. Where she finally had brought it up to me that she's using it too much and she feels it's making her more depressed. The feeling of being left out, she calls it FOMO."*
Signs of dependence on social media	Clinician observes that patient exhibits signs of withdrawal - emotional distress, intense desire to use social media - when attempting to stop using social media	*"There is a sense of anger or suffering or irritability when you force them to stop, like withdrawal. Like if you cut the internet off or if you force them to stop, they will become very irritable; some of them become really angry and aggressive or violent."*

Data based on interviews conducted with 51 clinicians in the US/UK/KO/BR in Oct-Nov 2021

Most clinicians think social media can be "addictive," and in interviews some mentioned that a related diagnosis is likely to be included in the next editions of prominent diagnostic manuals (DSM-6; ICD-11)

	Said that social media can be "addictive"	Said Related Diagnosis* is Likely
Frequency	Almost all in quant (~80% across markets)	Some in qual (n=10)
Illustrative Quotes	*"However, having worked in a dual diagnosis treatment setting for so many years and being particularly focused on addictive disorders, in my thinking, I think so much of it, it is so consistent with other forms of addiction. Typically, it's the loss of control of use of something with respect to social media. Typically, it's checking. It's checking, repeated checking of phone, of email, of text. The immediate gratification that comes or the need to respond in real time immediately. So the loss of control, it's a lot of times spent on the device or coping with the consequences of their use. Sometimes guilt associated with their use. It's fundamentally a loss of control and then, sometimes a negative impact on their functioning in other life areas. Giving up other role obligations because they spend all the time on the internet or with social media. It's the fallout from their use in their relationships lots of times because of overuse. A lot of the symptoms are consistent with a lot of the DSM criteria for alcohol and other addictive drug use and problems."*	*"So we don't have one now, in (DSM) 5, but there is a proposal, for internet use disorder, and I think by the time we get to (DSM) 6, it'll be in there, for social media, yeah, or probably more likely, internet use. The research will catch up by then."*

**Either social media-specific or related to internet use more generally; data based on interviews conducted with 51 clinicians in US/UK/KO/BR in Oct/Nov 2021*

ARCHIVE

Problematic Use: levels of intervention

Population	Definition	Point of Intervention	Map to Product Strategy	Use Cases	Short-term Impact Potential	Long-term Impact Potential
All	All people who use Meta platforms (MAP/WAP/DAP)	Platform / X-Platform	Amplification	- Demonstrate commitment to user control, PU in general, well-being - Increase control for all users - Ensure products don't increase PU		
At Risk	People who use Meta platforms who are at higher risk of PU	Targeted people - *Behaviors, Characteristics* Partner Stakeholders - *Caregivers, educators, key influencers*	Amplification Support & Resources	- Targeting and evaluating PU product interventions - Demonstrating commitment to priority populations - Increase awareness & uptake of existing tools		
Affected	People who use Meta platforms who are experiencing PU	Targeted people - *Behaviors, Characteristics* Partner Stakeholders - *Clinicians, prof assoc.*	Support & Resources	- Increase control for people experiencing PU - Increase awareness & uptake of existing tools		

Clinicians identified aspects of social media that they say decrease or increase sense of control

	Product Affordances	Amplification Opportunities
Detract from control	• Autoplay	Default off for priority populations
	• Reactions	
	• Push notifications	Default that incorporates quality sessions findings; default fewer for priority populations; HUB that enables grouped notifs across accounts
	• Public comments/posts	
	• Swipe-up ads	Default off for priority populations
	• Photo/Video filters	Tags for filtered content; adjust ranking/recos for filtered content; adjust ranking/recos fir priority populations
Increase control	• Negative User Actions (NUA)	HUB that enables easy settings across accounts
	• Audience controls	Default on for priority populations
	• Screen time controls	

Clinicians identified aspects of social media that they say decrease or increase sense of control

	Product Affordances	Support & Resources Opportunities [Product Solutions]
Detract from control	• Autoplay	Build ability to turn "off"; build Watch check-ins/breaks
	• Reactions	Upsell ability to turn "off" to priority populations; include in Family Center
	• Push notifications	Build Quiet Mode; build Vacation Mode; upsell notif control settings and via Family Center
	• Public comments/posts	Upsell ability to set to private; include in Family Center
	• Swipe-up ads	Default off for priority populations
	• Photo/Video filters	Tags for filtered content; adjust ranking/recos for filtered content; adjust ranking/recos fir priority populations
Increase control	• Negative User Actions (NUA)	HUB that enables easy settings across accounts
	• Audience controls	Default on for priority populations
	• Screen time controls	Upsell for priority populations

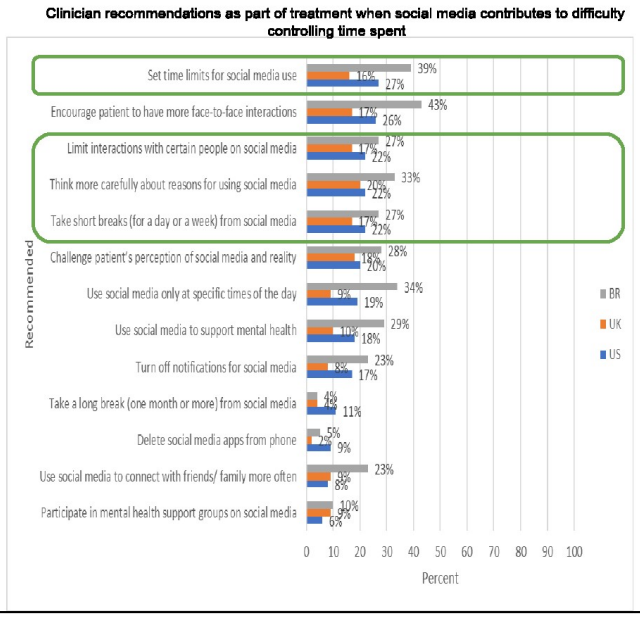
Zeroing in, clinicians identified the aspects of social media that detract from, or increase their patients sense of control over their social media use. Some of

Data Based on Patient Cases

When they identified "difficulty controlling time spent" as a pathway, no recommendation was endorsed by a majority of clinicians; setting time limits was endorsed by more clinicians

- We know from qual that clinicians tailor recommendations to the specific aspects of social media that make it difficult for individual patients to control time spent

- Strategically increasing user control can be achieved in 3 ways:
  - Embedding control into app-specific and X -Meta settings via HUBs
  - Embedding control into existing and new products X-Meta via defaults and/or settings
  - Creating new standalone tools to help people experiencing PU



Data based on surveys conducted with *1,021 clinicians in the US/UK/BR in Feb-Apr 2022; data not generalizable to all clinicians in each country*

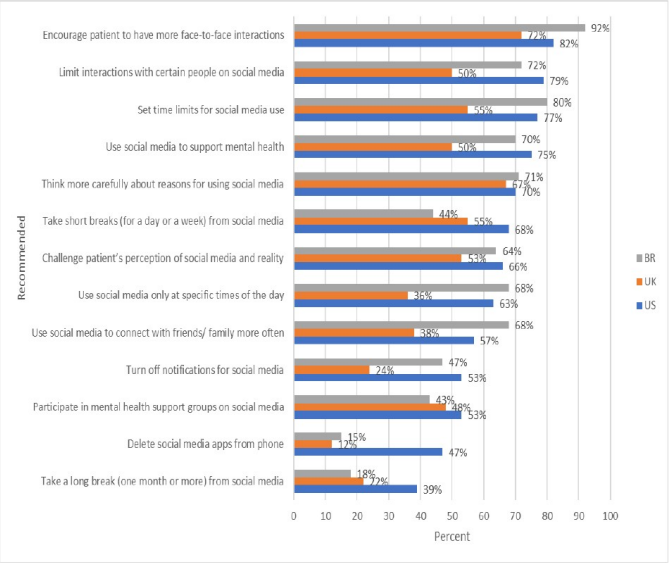
Zeroing in on recommendations clinicians make when they identify that their patients are having difficulty controlling time spent on social media, no recommendation was endorsed by a majority of clinicians, though setting time limits was recommended by more of them. We know that clinicians tailor their recommendations based on the specific aspects of social media that make it difficult for individual patients to control time spent. For example, if a person is spending a lot of time on Facebook without a sense of purpose or value, a clinician might take them through an exercise where they think about WHY they're using social media and WHAT they want to get out of it. Similar to the recommendations they make when they see social media playing a negative role more generally, these recommendations center on increasing intentionality and control. The fact that none of these recommendations was endorsed by a majority of clinicians suggest that making progress on PU will require multiple product solutions targeting different populations: for all users, for example, via an app-specific or X-account HUB; for users of specific prioritized product affordances, by embedding control tools, settings, and defaults into existing and new products; and for people experiencing PU via standalone experiences and tools like Feed Break.

[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?
P120. Please indicate which, if any, of the following you have recommended or

plan to recommend **to this patient**. Please select one option per row.

Intentionality around social media is a key untapped opportunity area; many recommendations center around increased user control

Overall Strategies Clinicians Recommend as Part of Treatment Across All Patients



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)

Slide 1

1 Since O20=negative varies across different subcategories, I graphed O30 across the full sample. Otherwise, the only way is to put a condition if all or any of categories of O20 is negative which I am not sure would achieve what you have in mind.

Safaa [redacted] 7/6/2022 9:00:36 PM

DOCUMENT SLIPSHEET

Bates Number: META3047MDL-065-00120287

BEGATTACH: META3047MDL-065-00120287

ENDATTACH: META3047MDL-065-00120287

Attachment Count: 0

PRODVOL: META3047MDL_VOL065

Custodian: [redacted]_LAUREN; [redacted]_EMILY; DAVIS_ELENA; DRABKIN_ANYA; [redacted]_FUNDA; [redacted]_LIZ

File Path: /DRABKIN_ANYA; /[redacted]_LAUREN; /[redacted]_LIZ; /[redacted]_EMILY; /DAVIS_ELENA; /[redacted]_FUNDA

Confidentiality Designation: CONFIDENTIAL

HASHVALUE: 557C2BD90DCE1682F67802BA48B6F171

Author: [redacted]@META.COM

Family Date: 2/9/2024 12:00 AM

Create Date: 6/15/2022 12:00 AM

Last Modified Date: 2/9/2024 12:00 AM

LAST MODIFIED BY:

TRACK CHANGES: N

COMMENTS: Y

HASHIDDENDATA: N

Filename: -PU OPPORTUNITIES - A-C PRIV- EXPERT PERSPECTIVES _1M6OD6BWYD54XWZS22JJNZ37XDU4X0R-QNVVGFG9BUM8.PPTX

Title: [PU OPPORTUNITIES - A/C PRIV] EXPERT PERSPECTIVES ON THE ROLE OF SOCIAL MEDIA IN MENTAL HEALTH.

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