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Therapeutic social media guidelines for young adults: A Delphi study

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Abstract

The mental health of young adults is well recognized as requiring serious attention in research and consequently health policy. At the same time, social media has been demonstrated to create therapeutic and non-therapeutic opportunities for young adults who access them for social communication, wellbeing, information seeking, and self-management reasons. Social workers broadly need to understand both the therapeutic opportunities and the potential risks associated with social media use, as these environments are firmly positioned within the psychosocial framework. Concern surrounding the potential risks to vulnerable populations accessing social media prompts calls for guidelines to inform the integration of digital tools with social work practice. Hence social workers require guidance about how younger adults may leverage social media to maximize their supportive and therapeutic opportunities, while minimizing any potential associated risks. This Delphi study recruited a group of Master of Social Work students as experts and Mental Health Social Workers as stakeholders, to

establish a set of consensus-based therapeutic social media guidelines for young adults, to inform young adults and social workers alike. Twenty-nine items achieved the consensus threshold for inclusion in the therapeutic social media guidelines for young adults.

Keywords: Delphi study; digital health; mental health; practice guidelines; social media; therapeutic guidelines; young adult.

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Introduction

Declining mental health among young adults (eighteen to thirty-four years old) in Australia and globally necessitates research and policy attention (Burns, Butterworth, and Crisp 2020; Whatnall et al. 2020; Brunette et al. 2023; McGorry et al. 2024). This formative period is characterized by transitions and identity development, coinciding with the peak onset of mental illness (Cunningham and Duffy 2019). The ubiquity of social media use among young adults presents opportunities to support mental health. This study explores social media use for therapeutic benefit (Office of Australian Information Commissioner, 2023; ABS 2013; Wadhahi et al. 2022; Sun 2023).

Within the context of dynamic social media development, we have adopted the following definition of social media:

> Social media are Internet-based channels that allow users to opportunistically interact and selectively self-present, either in real-time or asynchronously, with both broad and narrow audiences who derive value from user-generated content and the perception of interaction with others. (Carr and Hayes 2015: 50)

While enabling interpersonal and collaborative opportunities (Carr and Hayes 2015), the anonymity of social media can increase the perceived sense of safety and trust for some people to disclose lived experience (Sun 2023). Further, social media have been reported as effective in engaging young adults as an adjunct to other traditional social work support, particularly those who previously were difficult to engage (Best, Manktelow, and Taylor 2016). Research has also explored the help-seeking value of social media in relation to stigmatized health issues (e.g. Brusilovskiy et al. 2016; Szlyk et al. 2020); nevertheless, significant concern remains relating to the potential risks to vulnerable populations accessing certain social media (e.g. Bailey et al. 2022).

Previous research examining clinical social work and its relationship with social media has focussed on ethical considerations (e.g. Thornton-Rice and Moran 2022), professional peer support (e.g. Stanfield et al.

2017), and the need to question and for reflection about the theoretical, ethical, and practical implications of the digitization of social work (Steiner 2021). Social work practice responses throughout the COVID-19 pandemic required a capable and adaptive approach to service delivery via new and emerging technology. However, social work clinicians and organizations have approached the use of technology with opposing agendas, with clinicians adopting client-centred approaches, including a rejection of the potential of social media for therapeutic engagement, while organizations prioritize outcome measures (Harris 2022).

Merolli, Gray, and Martin-Sanchez (2014) developed a therapeutic affordances model for understanding the perception of someone engaging with social media in the context of chronic pain self-management. Their SCENA model presents the self-presentation (S), connection (C), exploration (E), narration (N), and adaptation (A), as opportunities leading to patients improved chronic pain outcomes. Further, Coulson, Bullock, and Rodham (2017) describe *connection*, *adaptation*, and *exploration* as therapeutic affordances in the context of an online support group for people who self-harm. However, research considering or guiding social workers about safer and therapeutic use of social media is wanting. In this study, the working definition of therapeutic use of social media refers to social media use that is associated with improved quality of life or social and emotional wellbeing, as perceived by the young adult themselves.

Informed by our scoping review and a therapeutic affordances lens, we previously undertook an online survey of young adults eighteen to thirty-four years old, to explore their experiences of social media (Dodemaide et al. 2022, 2023). Key findings informing this current Delphi study include:

- Therapeutic affordances found were connection, exploration, narration, collaboration and introspection, while self-presentation and adaptation showed potential.
- Relationships were established between the therapeutic affordances of social media and perceived quality of life outcomes (Dodemaide et al. 2023).
- Video sharing sites led to perceived improved mood
- Viewing the daily lives of others on Facebook or Instagram posed a threat to mental health of young adult social media consumers (Dodemaide et al. 2022).
- Young adults' experience was influenced by the social media type, the platform, and theirs or others wellbeing and behaviour (Dodemaide et al. 2022). There is a need of a guiding framework to support young adults to leverage the therapeutic affordances of social media, while minimizing the potential risks.

In the absence of policies and guidance for navigating boundaries and use of technology in practice, Harris (2022) calls for guidelines informing the integration of social work practice with technology. Within the Australian context, the eSafety Commissioner guidelines provide information and advice about managing various risks and forms of abuse that can occur within online environments (eSafety Commissioner 2024). In contrast, the #chatsafe guidelines specifically assist young people to safely talk about suicide and self-harm online (Robinson et al. 2018).

While these risk-oriented guidelines exist, the ability to implement a safe space for peer generated social media remains challenging. Our study aim was to establish the evidence base for social workers supporting younger adults, particularly those experiencing poor mental health, to leverage the therapeutic potential of social media while minimizing the potential risks. The central question raised in this study is:

> [RQ]: What consensus-based items should be included in therapeutic guidelines for young adults who use social media?

In this study, we selected a Delphi methodology to establish a set of consensus-based therapeutic guidelines to support the safer use of social media by young adults.

Methodology

In the absence of therapeutic guidelines, practice wisdom remains a credible basis on which social workers can inform their practice in supporting clients who are experiencing mental health and social media-related challenges. Practice wisdom has been described by clinicians as intuitive wisdom, which is practice-informed (Watts 2023). It can be seen as an eclectic mix of 'empirical research, theory, direct practice experiences, and personal subjective views in a comprehensive approach to recognizing and applying knowledge' (Klein and Bloom 1997: 799–800). Samson (2015: 125) defined practice wisdom as that which allows social work clinicians to effectively respond to and work with clients beyond what can be empirically known'. We selected the Delphi methodology in response to these conceptual definitions.

Ethics

Approval was obtained from The University of Melbourne, Behavioural and Social Sciences Human Ethics Sub-Committee (2022–21839-26146–4). Participants provided informed consent to participate.

eDelphi survey design

Our approach adopted an eDelphi survey approach. The Delphi method is a systematic and iterative method for distilling knowledge from a panel of experts and stakeholders and is useful for establishing consensus when researching topics where there is a paucity of evidence-based guidelines (Kezar and Maxey 2016). The Delphi model adopts non-probability sampling, where experts and stakeholders are specifically identified for their knowledge and invited to participate (Keeney, Hasson, and McKenna 2001).

We intentionally targeted Master of Social Work students through the University of Melbourne who have experience and knowledge of both mental health and social media to participate as *experts in lived experience*, alongside professionally registered Mental Health Social Workers (MHSWs) with clinical experience with young adults who use social media as stakeholder participants. MHSWs are key actors in this area, due to their provision of focused psychological strategies encompassing different modalities and the continuing professional development requirement attached to their accreditation (Martin 2014). Participant's demographic data were only gathered in Round 1.

Recruitment

Participants were self-selecting in response to, either a recruitment email sent by the research team to the University of Melbourne Master of Social Work (MSW) group, or to a personalized email sent to MHSWs where their details are publicly listed on the Australian Association of Social Workers' (AASW) 'Find a Social Worker' website (AASW 2024a). We also utilized the *call for research participants* notice placed on AASW's Opportunities for Research Participation website (AASW 2024b). Participants received no payment or incentives for participating in the study, though they were sent the provisional results of each of the rounds as part of the Delphi study design and again following the final round as gratitude for their participation in the study.

Brief demographics

Round 1 attracted thirty-eight participants (Table 1) of varying ages. Most identified within the forty-five to fifty-five-year age group (n = 12, 31.6%), and from the state of Victoria (n = 17, 44.7%). Of the MHSW (n = 32), the reported number of years in clinical practice was broad (M = 13.9, SD = 9.28).

Table 1. Delphi study Round 1 participant demographics.

Social work role	n (%)
Social work student	6 (16.2)
Mental Health Accredited Social Worker	32 (83.8)
Age	**n (%)**
18–34	9 (23.7)
35–44	7 (18.4)
45–55	12 (31.6)
55 +	10 (26.3)
State or territory	**n %**
ACT	0 (0)
NT	0 (0)
NSW	3 (7.9)
QLD	8 (21.0)
SA	2 (5.3)
TAS	3 (7.9)
VIC	17 (44.7)

Of the thirty-eight participants in Round 1, twenty-nine provided their email address for the follow-up round. Six were MSW students. Round 2 yielded 23/29 responses, with eighteen providing their emails. Five were MSW students. Round 3 received 13/18 responses no emails were collected in the final round.

Survey design

Three survey rounds were conducted in the current study, as described in the Delphi study by Vogel et al. (2019). The first round was a mix of open-ended questions and items for quantitative rating. This first exploratory survey incorporated four groups of items drawn from the previous online survey of young adult social media consumers (Dodemaide et al. 2022, 2023).

Each distinctive survey round consistently featured individual items which were rated on a Likert scale (0 = strongly disagree; 5 = neither agree nor disagree; 10 = strongly agree) for inclusion in the guidelines. In addition, four exploratory and open-ended items were also included. The open-ended responses from the first round were thematically coded, distilled, and used as basis for generation of several new items for rating and re-rating in the second and third rounds. This process has followed an inductive constructionist approach (Braun and Clarke 2022), whereby on completion of Round 1, the three researchers independently applied an inductive thematic analysis, familiarizing themselves with the text, and developing codes for responses. Sharing coding ideas, the researchers met and collectively developed the themes and further items for rating and re-rating by the panel. Participants were provided a summary report of these coded items, distributed with the second-round invitation,

and were provided a final open-ended question in second iteration to enhance the reliability of the analysis and formation of the new items.

The researchers are all based within the single University of Melbourne and have a mix of experience and expertise with respect to social media. Two are social workers (PD, LJ), while the third is clinically trained as a physiotherapist and has considerable expertise with social media and digital tools in health (MM). Combined the team have over fifty years of clinical practice and thirty years of university academic experience. We are cognizant that our positioning may influence the interpretation of the findings; however, given the depth of our practice and research experience, along with shared analysis, we were focused on keeping each other accountable throughout the coding process.

In the second and third rounds, participants were again asked to quantitatively re-rate the four groups of items from the first round. This was accompanied by three new groups made up of items generated through the inductive analysis of the first-round responses to open-ended questions. A single open-ended question was added in the second round, asking participants again if there were any additional items they want to be included.

Establishing consensus

Past research indicates there is no universal agreement about what constitutes consensus in a Delphi study, with some designs adopting a 51 percent agreement, 70 percent agreement, or 80 percent agreement (Hasson, Keeney, and Mckenna 2000). We adopted a threshold of seventy percent agreement, which was deemed appropriate in previous Delphi studies (e.g. Vogel et al. 2019).

Each panel member provided their responses independently. Within the first and second rounds, participants were invited to provide contact details for follow-up in the subsequent rounds. While maintaining confidentiality between the participants, the researchers were able to provide a summary of each round's findings, along with access to a link to the second survey.

For each item to reach a threshold of consensus and inclusion within the guidelines, it needed to receive an average rating of 7.0 (i.e. 70 percent) or above from all participant responses.

Results

Participants

Of the thirty-eight participants in Round 1, twenty-nine provided their email address for the follow-up round. Six were MSW students. Round 2 resulted in twenty-three participants (79.3 percent response rate to

invitation; 60.5 percent retention rate from Round 1), with eighteen providing their emails for the final round and five were MSW students. Round 3 received responses from thirteen participants (72.2 percent response rate to invitation; 56.5 percent retention rate from Round 2), and no emails were collected in the final round. Final round results were emailed to the eighteen email addresses provided in the second round.

Guideline item results

Consensus was not achieved for setting an ideal or recommended daily amount of social media use. Instead, items that did achieve consensus relate to the way young adults use social media, or the nature of their use, as being more important for mental health than how much time was spent.

Following the analysis of Round 1 qualitative items, three new and distinct themes were identified, which informed the development of three new question groups added to Rounds 2 and 3. After three rounds, there were twenty-nine items that reached the threshold for seventy percent consensus, and the excluded items were those rated below seventy percent (Tables 2 and 3). These final guideline items have been consolidated into five broader categories: Guiding principles; Social media; Social media must enable young adults; Caution; and Social workers. The following describes these distinct categories.

Guiding principles

The guiding principles items convey the important overarching principles supporting therapeutic social media use. These items relate to the young adults' intention, behaviour, motivations, attitudes, and expectations about their social media experience. Favouring help-seeking or exploring information, content, blogs, and videos all aimed at self-improvement, whereas the absent-minded scrolling use of social media feeds and timelines is less favourable. This influences the opportunities and actions, which in turn has an impact on their wellbeing, with benefits extending beyond the time spent online.

> *How* you use social media is more important than *how much* you use
>
> More active, therapy-oriented SM use is ok at greater levels
>
> Passive, mindless scrolling SM use is better at smaller levels
>
> Too much SM use can lead to addiction
>
> Therapeutic benefits need to translate to the real world

Table 2. All results from initial four question groups.

Items rated and re-rated by AMHSW		Round 1	Round 2	Round 3
Considering a clinical or professional context with young adults who use social media, please indicate your level of agreement with the following statements: using social media helps young adults	escape reality	7.75	7.73	7.46
	feel less lonely	5.66	6.73	6.92
	be more social	5.7	6.4	6.23
	improve their life offline	3.78	5.07	5.77
	feel more supported	5.16	5.27	5.69
	feel more accepted by others	5	5.4	5.31
	reduce their suicidal ideation	4.19	4.53	5.31
	manage their mental health	4.95	5	5.23
	improve their quality of life	4.79	5.67	5.23
	manage their mood	4.24	5.67	5
	be more confident	4.3	5.27	5
	feel more motivated	3.89	4.87	4.85
For social media to help young adults to manage their own mood and wellbeing, they must enable them to	choose to use either their real name or an alias	7.22	8.07	8.23
	modify whether they engage the platform, actively or passively	7.14	7.14	8.17
	search for and find useful help-seeking information	8.28	8.73	8
	learn about things important to them	8	8.13	7.85
	understand the privacy settings in social media	9.06	8	7.85
	consider the source of their feelings and emotions	7.03	7.53	7.77
	develop a peer group or support network	7.44	7.67	7.62
	know there are others with similar experiences to them	8.03	8.8	7.31
	be moderated by professionals to maintain quality of help-seeking information	7.81	7.53	7.23

(continued)

Table 2. (continued)

Items rated and re-rated by AMHSW		Round 1	Round 2	Round 3
	share and express their own experiences with others	6.91	6.47	6.85
	collaborate and tackle problems together with others	6.42	6.33	6.85
	learn from experiences of others	7.69	7.67	6.77
	share and exchange information with others	6.31	7.2	6.69
	connect with people they know already offline	6.83	6.73	6.62
	consider future possibilities and changes to their situation	7.19	6.73	6.62
	reflect on their life and learn from their own experiences	7.11	7.6	6.58
	connect with people they don't know already offline	5.53	6.47	6.23
	create a user profile	4.78	5.4	5.77
	modify their profile depending on their mood	5.91	5.87	5.54
Please indicate your level of agreement with each item that completes the following sentence: The social media platforms more likely to be supportive of mood and wellbeing are	blogging platforms	6.23	6.64	6.62
	video sharing sites, e.g. Snapchat, TikTok, YouTube	5.1	5.29	6
	social gaming with live-streaming e.g. Twitch	5.33	6	5.85
	Wikis, e.g. Wikipedia	5.31	4.43	5.62
	social networking sites, e.g. Facebook	5.45	6.07	5.23
	microblogging sites eg Twitter	4.31	4.43	4.92
	photo sharing sites eg. Instagram	4.73	4.43	4.92

(continued)

Table 2. (continued)

Items rated and re-rated by AMHSW		Round 1	Round 2	Round 3
Please indicate your level of agreement with each item that completes the following sentence: Young adults in a mental health crisis should not use	photo sharing sites eg. Instagram	6.45	5.93	7.17
	video sharing sites eg. Snapchat, TikTok, Youtube	6.69	5.43	6.08
	social gaming with live-streaming, e.g. Twitch	5.32	4.86	6
	social networking sites, e.g. Facebook	6.17	5.14	5.92
	microblogging sites, e.g. Twitter	6.21	5.36	5.75
	blogging platforms	5.14	4.29	4.5
	wikis, e.g. Wikipedia	4.14	4.38	3.75

Table 3. All results from the three newly developed item groups from first round open-ended results.

Items rated and re-rated by AMHSW		Round 1	Round 2	Round 3
Please rate your level of agreement with the following:	Social media is useful for people living in geographically rural or remote areas		8.43	8.85
	Social media usage needs to be balanced with offline time		8.29	8.69
	How a person uses social media is more important than how much they use		7.71	7.85
	Too much social media use can lead to addiction		7.07	7.85
	Intentional and therapy-oriented engagement of social media is appropriate in higher usage		6.86	7.85
	Passively (mindlessly scrolling) using social media is appropriate in smaller usage		6.79	7.38
	Actively using social media (chatting and commenting with friends or community) is appropriate in higher usage		7.21	6.77
	The ideal therapeutic timeframe for daily social media usage is 1–3 hrs		7.6	6.31
Please rate your level of agreement with the following:	It is important that younger adults know how to block and report others within each social media platform they access		9.29	9.15
	It is important that younger adults can navigate the privacy and security settings of each social media platform that they access		8.93	9.08
	Younger adults should avoid self-diagnoses when accessing resources and always, in this space, consult and discuss with a reputable professional or service		7.93	8.85
	Social workers and consumers need access to a curated list of reputable, respected social media, including online support groups, motivational apps, websites, TED Talks, or inspiring blogging sites		8.79	8.46
	Social media can be a useful source for light-hearted content		8.14	8.38
	Social workers need to be competent to support younger adults in managing social media including having knowledge of control and privacy setting options and limitations		8.64	8
	Social media can link to useful apps for monitoring e.g. mood and sleep;		7.93	7.54

(continued)

Table 3. (continued)

Items rated and re-rated by AMHSW		Round 1	Round 2	Round 3
	and keep people accountable to behaviour change goals			
	Social media can be valuable for accessing appropriate and useful information and resources		8.21	7
	Social media are valuable tools for accessing psychoeducation		8.14	6.62
	Social media are effective at normalizing younger adult's lived experience		6.36	6.08
	Social media are effective at validating younger adult's emotional responses		5.93	5.77
Please rate your level of agreement with the following:	Younger adults should avoid negatively comparing themselves to others within social media environments		9.15	9.46
	Therapeutic benefits need to translate to the real world		8.46	9.23
	Social workers should be competent in supporting younger adults in developing resilience within social media environments		8.23	8.38
	Social media can be a useful source for hearing from others with lived experience who may otherwise be stigmatized		8.08	7.92
	Social media can be a support for younger adults to explore their identity		7.69	6.92
	Social media-based online support groups are effective adjuncts to traditional face-to-face therapeutic support		6.15	6.77

Social media

This section refers to more specific therapeutic opportunities and affordances within social media. These items highlight the opportunity for exploring information for help-seeking, behaviour change, or entertainment. Also, for improving connection and narration opportunities, as well as enabling them to have a break from the real world, so long as the time spent is balanced between online and offline help seeking activities.

Valuable for accessing resources

Link to apps e.g. mood and sleep and for monitoring behaviour change

Can be a source of light-hearted content

Useful for people living geographically rural or remote

Useful for hearing from others with stigmatised lived experience

Helps young people escape reality

Needs to be balanced with time offline

Social media must enable young adults

These items directly relate to the actionable opportunities enabled by social media. These items largely align with the introspection, exploration, and collaboration affordances, while the ability for young adults to modify the way they present themselves indicates it is less important how a person chooses to engage, but more importantly that they have the choice and ability to change and adapt how they are using social media.

Social media must enable young adults to:

consider the source of their feelings and emotions.

find useful help-seeking information

learn about things important to them

access content moderated by professionals, to maintain quality of help-seeking information

develop a peer group or support network

know there are others with similar experiences

choose to use their real name or alias

modify whether they engage the platform actively or passively

understand the privacy settings

Caution

This group of guideline items act as caveats flagging potential risks, while maintaining a non-prescriptive or deterministic approach. While social, cognitive and physical comparative behaviours are a typical feature of young adult behaviour and identity development, within social media this can lead to unrealistic comparisons being made thanks to how highly edited and filtered people's representations of themselves can be. Alongside this, these items also indicate the need for personalized professional advice, to support the young adult as well as avoiding the photo-sharing sites in a mental health crisis, as in that state they may not heed the caution to avoid self-comparison.

> Avoid self-diagnosis when accessing resources and consult a reputable professional for personalised advice
>
> Avoid negatively comparing self to others within SM
>
> Important to know how to block/report/navigate privacy and security settings within each SM platform
>
> Young adults in a mental health crisis should not use photo sharing sites, e.g. Instagram

Social workers

These items directly related to the social work profession and the notion of adequate knowledge of social media and appropriate resourcing. Social work professionals need the skills and knowledge to effectively support young adults to recognize their own agency and control when engaging in social media, developing their knowledge and resilience within these environments.

Social Workers require competency:

> To support resilience with SM
>
> To manage and control privacy setting and limitations

Social workers require access:

> To a curated list of reputable, respected SM eg. online support groups, apps, websites, TED Talks, blogs

Importantly, only eleven items out of the initial four groups reached the seventy percent threshold for inclusion in the guidelines. From the three new groups, eighteen items reached the required threshold for inclusion.

Discussion

This study forms part of a larger body of research that seeks to better understand the lived experience of social media and develop guidance

for social workers about the risks and benefits of social media for young adults. Steiner (2021) contends the need for a growing evidence base supporting the integration of social media and digital tools into clinical social work practice, and these guidelines make a contribution to such an evidence base. Harris (2022) argues for social workers to critically engage with the evolving digital and practice landscape, and these guidelines inform social workers to do so.

General principles for mental health help-seeking on social media

These guidelines inform social workers by highlighting general help-seeking opportunities and principles that can guide young adults using social media, for example, reciprocal help-seeking (Gibson and Trnka 2020). While providing an extension to our working definition of therapeutic use of social media, the caveat-type items suggest the importance that any benefits attributed to social media must also translate to the real or offline world. In a similar vein of research, Lavertu et al. (2020: 1) explored the extending influence of online experience through to offline worlds via what they refer to as the 'extended warming effect' of social media use, where online 'positively directed impression management' is extending through to increased public self-awareness in the real world.

Social media therapeutic affordances

Notionally, therapeutic affordances are a fundamental methodological approach throughout the PhD and are associated with perceived improved patient reported outcomes (Merolli et al. 2015). Here, outcomes relate to quality of life and social and emotional wellbeing. Specifically, the items considered here relate to specific therapeutic affordances that are also reflected in the existing therapeutic affordances described in the SCENA model, self-presentation, connection, exploration, and adaptation (Merolli et al. 2015), while additional items relate to further therapeutic affordances, *collaboration* and *introspection*, which link directly to our previous research findings examining the lived experience of young adults using social media (Dodemaide et al. 2023).

Nature and intention of social media use

The concept of active versus passive engagement of social media is explored in recent research. Escobar-Viera et al. (2018) describe active users as creating content, sharing their life experiences, responding to others. Passive users are described as far less engaged and tending to observe the social media engagement and activity of others. Their research demonstrated that higher

scores for passive use of social media were associated with increased depression scores. Despite this, there was no association between increased active social media use and decreased depression scores (Escobar-Viera et al. 2018). Similarly, reducing the amount of *passive* use of social media resulted in reduced scores for depression over four-weeks, while the outcomes for *active* use of social media were not clear in their study (Hunt et al. 2021).

Young adults—skills and self-care

Existing research has been increasingly interested in the notion of social comparison in social media, and Facebook's own internal research has found high levels of social comparison amongst teenagers, with levels higher for those using Instagram (Wells, Horwitz, and Seetharaman 2021).

These guidelines inform social work, while highlighting the need for continued research and attention towards the issue of self-comparison within social media. Importantly, the concept of self-diagnosis raises concerns. While social media may be effective in normalizing mental illness, it can lead to a tendency for increased self-diagnosis, without accessing appropriate offline support for a formal diagnosis, especially where some people may be encouraged to pursue non-evidence-based treatment pathways (e.g. Hasan, Foster, and Cho 2023).

Social work—competence and resources

Carlyle et al. (2018) contend that mental health professionals need to increase their involvement with social media and digital health platforms (Carlyle et al. 2018), doing so to provide psychoeducation, referrals, and posts about self-help content and resources. In practical terms, the guidelines can inform clinical and educational contexts where social workers practice, for example, family services, general practice. These guidelines are only an initial step towards further refinement by researchers within this evolving field, but merit consideration in the educational curricula of social work students as well as the professional development of existing social workers (Steiner 2021).

Social workers need to keep remain informed about the changes to social media and other digital tools, as the peak body for social work in Australia, the AASW argues that the ethical commitment of social workers involves 'lifelong learning, education, training and supervision to maintain professional competence and commitment to integrity' (AASW 2020: 10). Steiner (2021) argues that the digitalization of social work needs to be a key feature of social work training and professional development, including attention to the theoretical and ethical aspects, not just the features and functions of digital tools such as social media.

Considering social work practice wisdom in the context of developing artificial intelligence (AI), Goldkind (2021) contends that a social worker's ethics and social justice lens must be prioritized in their engagement with AI, while Hawkins (2024) argues the social work profession must adapt their practice to incorporate AI, to balance the potential threats and opportunities. We contend that some guideline items from this current study may hold true for young adults using AI, e.g. avoiding self-diagnosis item, however further research is required to establish the strength of these. Following the recent Royal Commission into Victorian Mental Health System in Australia, their Recommendations 60, calls for adequate funding and provision of resources to ensure that digital functionality is available for all publicly funded services (State of Victoria 2021). Importantly, this is to ensure that service capacity and technological support can keep pace with the needs of young adults in the social media and digital health context.

The social workers' competency items also highlight the role social workers must play in educating and upskilling the young adults they support, and therefore social workers must be competent in navigating the settings and distinct platforms themselves. This reinforces the need for continuing professional development to keep up with the changing social media and digital health landscape to ensure that their delivery of contemporary and evidence-based practice in keeping with social work ethical responsibilities (AASW 2020).

Finally, the guidelines indicate the need for social workers and young adults alike to have access to reputable resources and digital tools, so to be able to reliably recommend evidence-based tools and reputable content (e.g. eMHprac 2024), rather than providing uninformed and un-resourced advice such as, 'just log off', 'don't read the comments', or 'google it'. Here, the role for social workers must be informed and competent, aligning with Teixeira and Hash (2017) contention that social work educators need to ensure that social work students are prepared to use social media and digital tools professionally. Bettmann et al. (2021) argue that clinical social workers need to be aware of the relationship between social media and poor mental health and that their informed clinical assessments and judgement are applied when supporting young adults.

Specific social media

Considering the notion that young adults in a mental health crisis should not use photo-sharing sites such as Instagram, a similar case made by Wells, Horwitz, and Seetharaman (2021) when revealing the results of internal research by Facebook [Meta]. Importantly, short videos are increasingly becoming a feature of photo-sharing sites such as Instagram, and the evolving nature of social media and its definitions over time (e.g.

Aichner et al. 2021) means it is difficult to single out a specific social media type as more helpful or harmful than others.

Positive community engagement-oriented experiences were found in a study aimed at people with mental health issues (Brusilovskiy et al. 2016), while a brief increase in stress and anxiety for some social media consumers was highlighted in research considering the increased exposure to body image content via photo sharing (Kohler, Turner, and Webster 2021). Moreover, image-based self-comparison featured in prior social media research, with a connection made to increased disordered eating risk (de Valle and Wade 2022). It is worth considering that there may be something unique to photo-sharing sites that can be problematic for some consumers particularly when they are in a mental health crisis. While the item remains in the guidelines, future research may also look to better understand what it is particularly about photo-sharing, or more broadly, 'media-sharing' platforms that is important to safeguard those in a crisis from.

Limitations of the study

This study has limitations mainly relating to design-based features. Selection-bias is a real consideration, as participants were initially specifically targeted through by email and through the AASW website; this relied on a self-selection for possessing the requested level of expertise or clinical experience. Sample size and attrition across the three iterations were also limitations. While there are no set criteria nor consensus about the sample size required for a Delphi (Keeney, Hasson, and McKenna 2001), the sample size in the final iteration was small due to the incrementally low retention rates between the first, second, and third iterations; this may have limited the scope of exploratory responses and level of consensus across the tested items.

A further limitation relates to the interpretation by the researchers, which was an essential component in the inductive analysis of the exploratory results from rounds one and two. The concern for trustworthiness of these data was managed through the steps undertaken for coding and formulating of the three additional item groups. Another limitation was that all participants were based in Australia, and consequently, caution is required when considering these guidelines to other countries and cultural settings. Finally, these guidelines are provisional, with further research required to trial their translation to practice.

Conclusion

These guidelines refer to therapeutic social media use by young adults, informing both social workers and young adults on potential benefit in

using alongside existing support, and should not be considered as an intervention in isolation. The guidelines demonstrate important and tangible progress for improved evidence-informed integration of social media and digital tools into the social work practice context. They provide a foundation on which social work clinicians can build upon to develop their knowledge and clinical practice in this social media enabled space. The guidelines inform the educational curricula of social work students as well as the professional development of existing social workers. Further research is indicated to evaluate the clinical and practical application of these guidelines across various social work practice domains, in different cultural and linguistic populations and with larger sample sizes.

Conflicts of interest. No conflicts of interest to declare

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