THE CONNECTED ADOLESCENT

Lifestyle Medicine Approaches to Stress, Social Health, and Healthy Development

A lifestyle medicine framework for treating the behaviors and relationships that shape mental and behavioral health.

Sources: American College of Lifestyle Medicine; U.S. Surgeon General; CDC.

PATIENT CASE

Start with Maya

15-year-old at a well visit

- "Stressed all the time"
- PHQ-A: mild depressive symptoms; no acute safety concern
- Sleeps ~6 hours on school nights
- Stopped soccer this year
- Meals are irregular; often skips breakfast
- Phone in bedroom; social media late at night
- Feels left out despite being "connected" online
- Denies alcohol/drug use

What do you treat first?

Depression?
Sleep?
Stress?
Digital media?
Social isolation?
Movement?
Nutrition?

Lifestyle medicine asks: how are these interacting?

Case is illustrative. Clinical domains informed by ACLM Lifestyle Medicine Toolkit for Adolescent Mental Health.

TODAY

Learning objectives

1. Describe the adolescent mental health crisis and how depression relates to each lifestyle medicine pillar
2. Recognize impacts of digital and social media use on mental health, safety, and development
3. Generate a digital safety treatment plan using the AAP's Online Health and Safety resources and 5C's of Social Media Use toolkit
4. Apply evidence-based coaching techniques to help patients set social and mental health promoting goals

Objectives align with ACLM adolescent mental health resources and AAP 5 Cs clinician guidance.

WHY NOW

YRBS 2023: Adolescent mental health is a primary care problem

40%

persistent sadness or hopelessness

20%

seriously considered suicide

9%

attempted suicide

2023 U.S. high school students

These are surveillance data—not diagnoses—but they define the clinical context in which we practice.

CDC. Mental Health and Suicide Risk Among High School Students and Protective Factors—YRBS, United States, 2023. MMWR. 2024.

Mental health is shaped at multiple levels

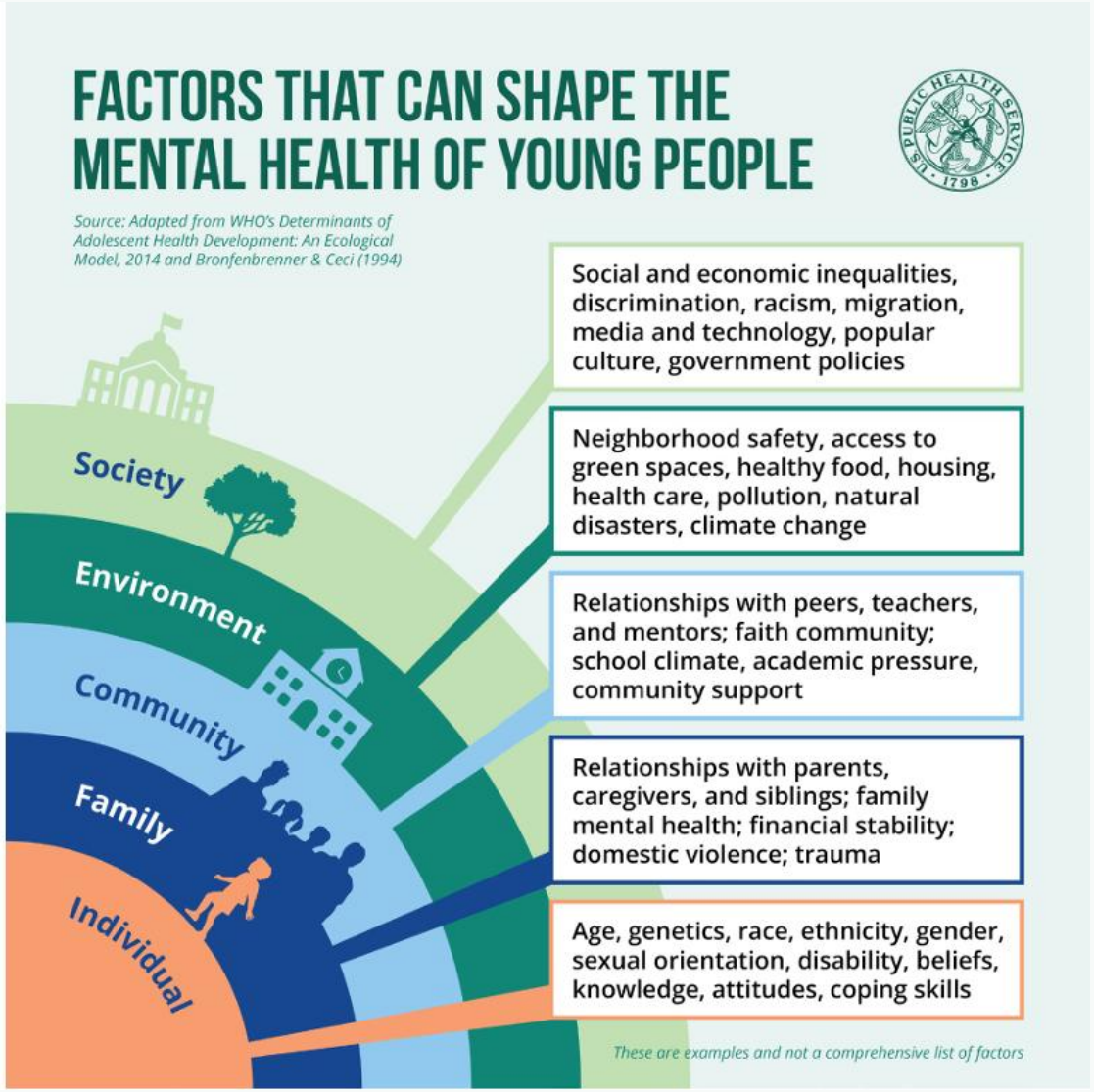


Figure: U.S. Surgeon General. Protecting Youth Mental Health: The U.S. Surgeon General's Advisory. 2021. Figure 1, p 7.

FRAMEWORK

Lifestyle medicine: a clinical framework for modifiable health behaviors

Six interconnected pillars

Nutrition

food pattern

Connectedness

relationships

Stress management

coping

Restorative sleep

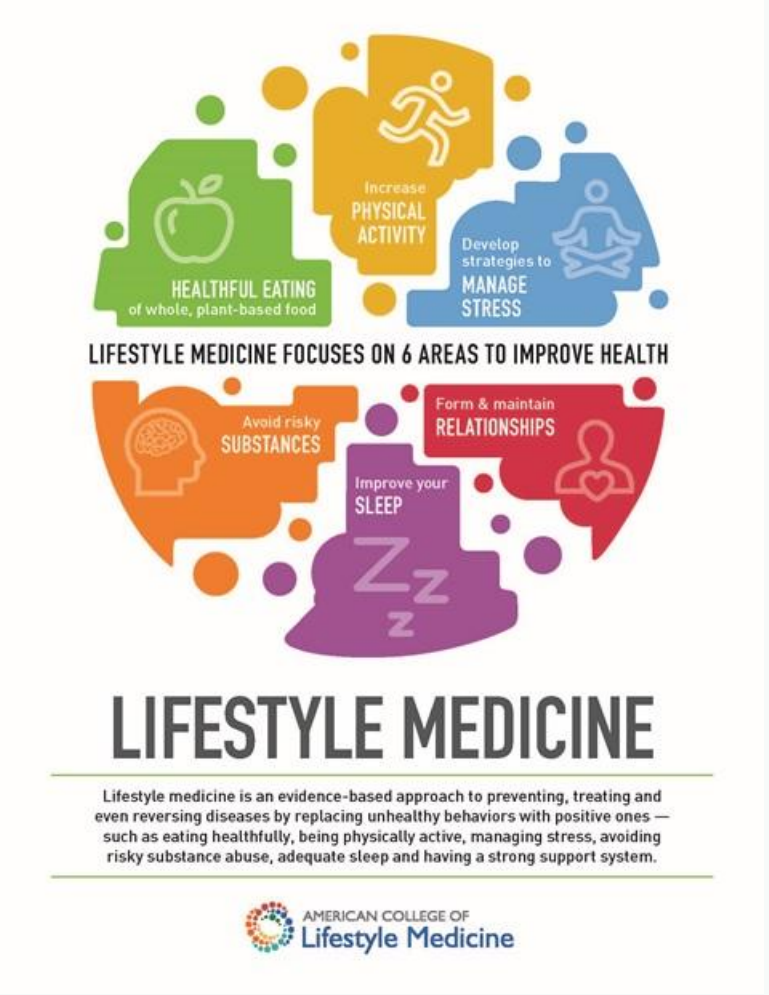
recovery

Physical activity

movement

Risky substance avoidance

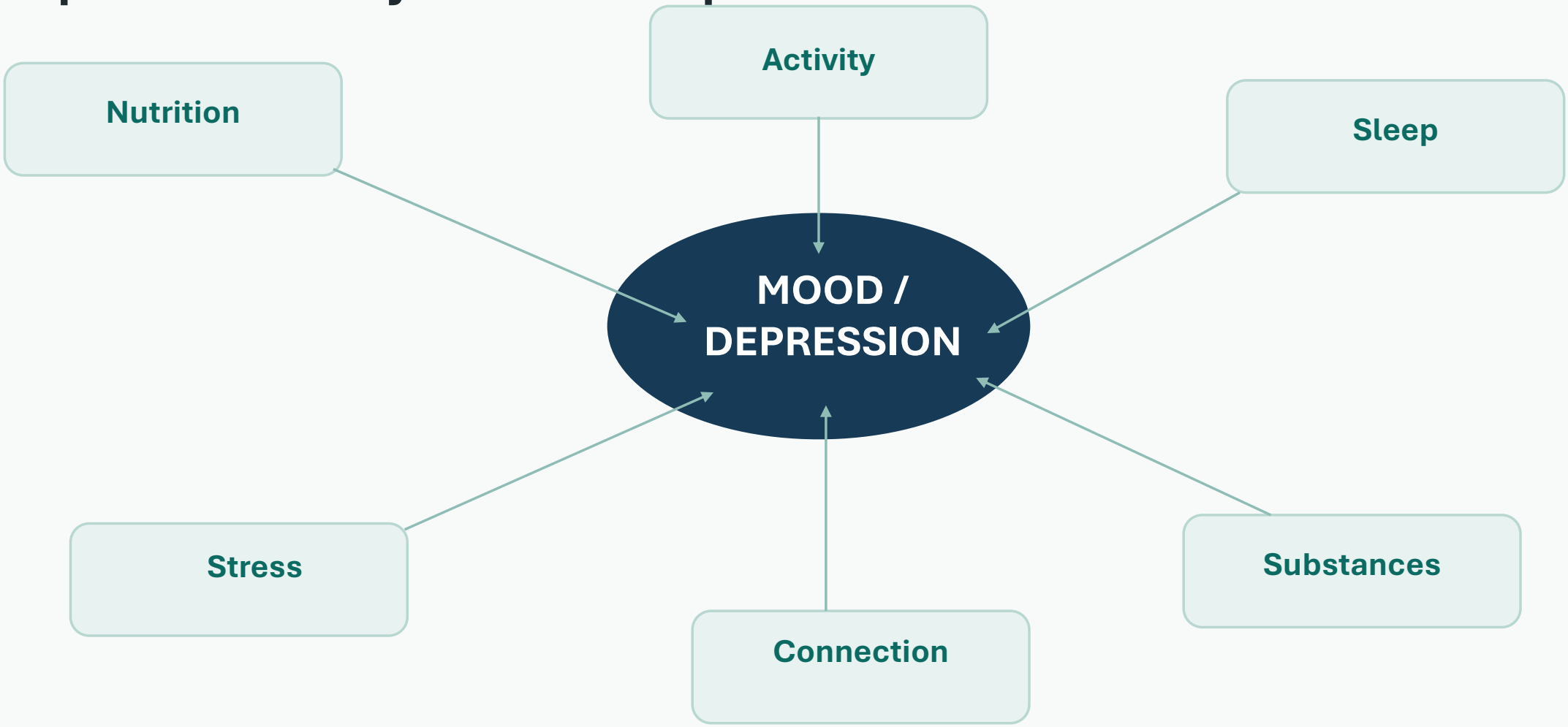
exposure



American College of Lifestyle Medicine. What is Lifestyle Medicine? Accessed Aug 7, 2026.

FRAMEWORK

Depression rarely lives in one pillar



ACLM Lifestyle Medicine Toolkit for Adolescent Mental Health: resources are organized across all six pillars for prevention/treatment of mood disorders.

EVIDENCE

2023 YRBS Data – Why lifestyle medicine pillars matter for mental health

Movement

≥60 min/day on ≥5 days was associated with lower prevalence of persistent sadness/hopelessness.

Sleep

≥8 hours was associated with lower prevalence of all mental-health and suicide-risk indicators examined.

Connection & support

High parental monitoring and high school connectedness were associated with lower mental-health/suicide-risk indicators.

Association ≠ causation — but these are clinically actionable protective domains.

CDC. Mental Health and Suicide Risk Among High School Students and Protective Factors—YRBS, United States, 2023. MMWR. 2024.

PILLAR 1

Physical activity: prescribe movement, not perfection

- Youth ages 6–17: ≥60 minutes of moderate-to-vigorous physical activity daily.
- Physical activity has brain-health benefits, including reduced symptoms/risk of depression.
- For mood: start with enjoyable, feasible activity and build toward the guideline.

MAYA

“I used to like soccer. I just stopped going.”

Re-engagement can target movement + connection at the same time.

Wade *et al. Systematic Reviews* (2026) 15:121
https://doi.org/10.1186/s13643-026-03104-1

Systematic Reviews

RESEARCH Open Access

The impact of sports participation on psychological health and social outcomes in children and adolescents: a systematic review and update to the “Mental Health through Sport” conceptual model

Levi Wade[1,2], Rochelle Eime[3], Aurélie Pankowiak[4], Stewart Vella[5,6], Katie Robinson[1,2], Sarah Kennedy[1,7,8], Rebekah Parkes[1] and Narelle Eather[1,2*]

Wade L et al. The impact of sports participation on psychological health and social outcomes in children and adolescents: a systematic review and update to the "Mental Health through Sport" conceptual model. Syst Rev. 2026 Mar 11;15(1):121.

CDC. Physical Activity Guidelines for School-Aged Children and Adolescents. 2024; ACLM adolescent mental health toolkit.

Playscription

Rx

AMERICAN COLLEGE OF Lifestyle Medicine
PEDIATRIC & ADOLESCENT

Name _____ Date _____

Active play makes your body move and keeps your body and mind strong.

Name three ways you like to play that keep your body moving. (for example: jumping rope, playing games like hula hoop, hopscotch, or freeze tag, basketball, biking, running, dancing, swimming)

1. _____ 2. _____ 3. _____

I pledge to play:

For _____ minutes each day by _____ (date)

Child's Signature _____

Parent's Signature _____

Provider's Signature _____

Credit: Team of RiseVT
Recommended for use with School age children.

Being Active as a Teen

ExeRcise is Medicine® | AMERICAN COLLEGE of SPORTS MEDICINE

Your teen years are a time to discover who you are and who you want to become. That includes learning to feel joy and energy and confidence in your body. Make friends and express YOU through dance, sports and outdoor activities such as skateboarding or hiking.

Did you know that immediately after physical activity you can focus better, think more quickly and be a better problem solver? Being active also helps you sleep better, feel happier, build stronger bones and stay at a healthy weight. Health experts make the following recommendations for teens.

Getting Started

Start Simple
Sit less and move around more! Walk the dog. Dance in your room. Walk or bike to school. Take the stairs. Find opportunities to move throughout your day.

Do SIXTY
Do 60 total minutes of activity every day. This includes activities for your heart, muscles and bones. Exercise should be *vigorous on three days of the week.* Fit in 5 or 10 minutes when you can. Or go for 30-45 minutes. It's all good!

Find What's Fun
If you love it, you'll do it! Are you interested in soccer? Dance? Shooting hoops? Weightlifting? Neighborhood rec center? Get a friend to be active with you. You'll be more likely to stick with it.

Less Screen Time
Spend no more than 2 hours sitting in front of the TV or computer at home each day. Seriously. After you're done with homework, take an active break.

Improving Mood: Increase Physical Activity

Moving Improves:

- Depression
- Anxiety
- Fatigue
- Self-esteem
- Ability to decrease stress and substance use

Positive effects on mood have been found with light AND moderate to vigorous activity. Physical activity sometimes depends on your mood-so do what you can!

Activity Types

Get moving! Start small if you need to - even 10 minutes can make a big difference! Work toward exercising 60 minutes each day. Do things you enjoy and can maintain. Here are some activity ideas:

Aerobic or endurance activities include biking, swimming, dancing, walking your dog, soccer, skateboarding.

Muscle Strength or resistance activities include body weight exercises like planks and push ups, pull ups, monkey bars.

Bone Strength activities include walking, jogging, running, climbing, jumping, jump roping.

What activities do you enjoy?

What could you start doing?

PILLAR 2

Sleep: a foundational protective factor

8–10 h

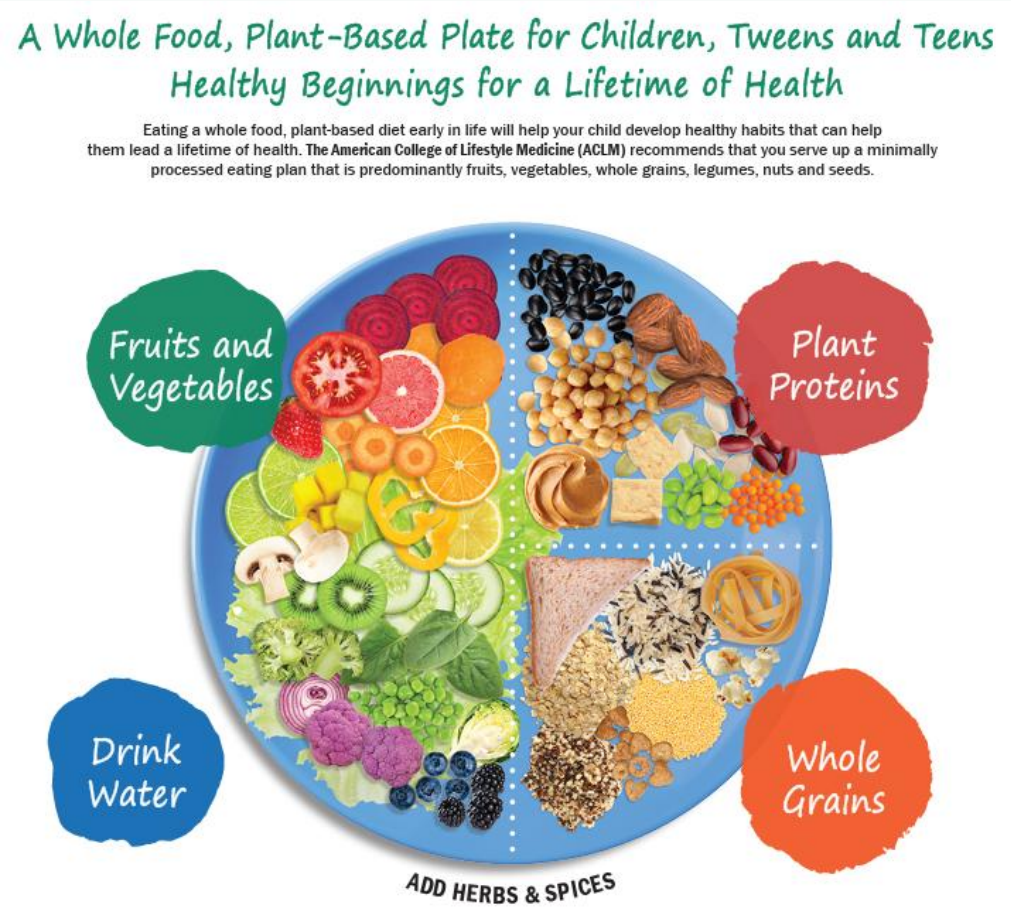
per 24 hours for ages 13–18

- Insufficient sleep can impair emotional regulation, mood, and stress reactivity.
- In 2023 YRBS, ≥8 hours was associated with lower prevalence of every mental-health/suicide-risk indicator examined.
- Digital media can crowd out sleep—ask what happens in the hour before bed.

ACLM Lifestyle Medicine Toolkit for Adolescent Mental Health, p 11; CDC MMWR YRBS 2023 protective factors.

PILLAR 3

Nutrition: assess the pattern, context, and what meals are displaced

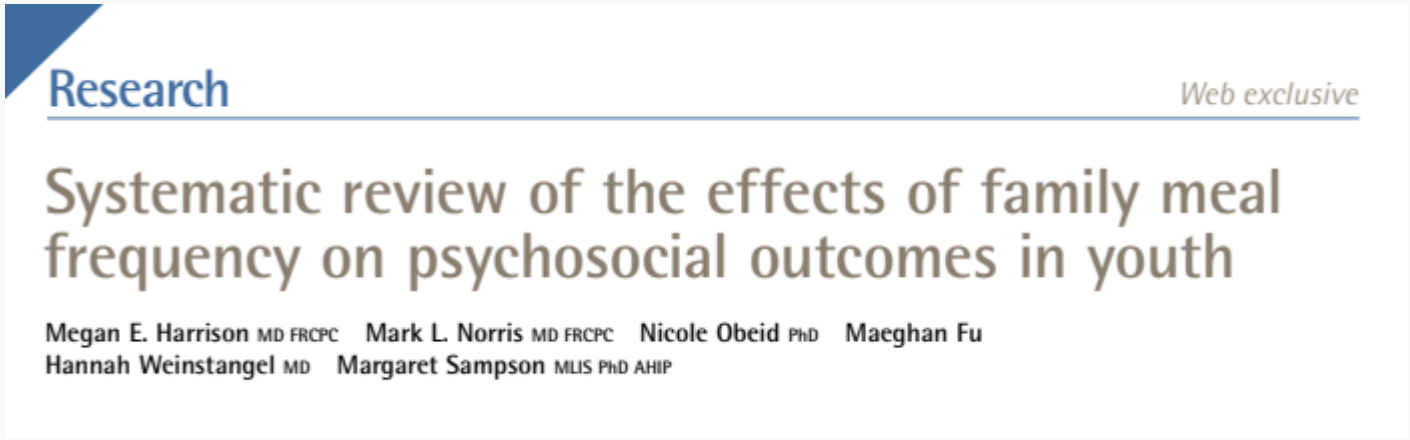


Maya

Often skips breakfast.
Snacks alone after school.
Dinner sometimes occurs with everyone on separate screens.

- ACLM recommends a minimally processed, plant-predominant pattern emphasizing fruits, vegetables, whole grains, legumes, nuts, and seeds.
- The adolescent mental-health toolkit includes nutrition and hydration as components of mood support.
- Meals can also be opportunities for family connection; the toolkit recommends putting screens away during meals.

ACLM Lifestyle Medicine Toolkit for Adolescent Mental Health, pp 6–8; ACLM What is Lifestyle Medicine?



Research

Web exclusive

Systematic review of the effects of family meal frequency on psychosocial outcomes in youth

Megan E. Harrison MD FRCPC Mark L. Norris MD FRCPC Nicole Obeid PhD Maeghan Fu
Hannah Weinstangel MD Margaret Sampson MLIS PhD AHIP

- Frequent family meals is associated with better psychosocial outcomes for children and adolescents.
  - Increased Self esteem
  - Commitment to Learning
  - Higher grade point average
- Frequent family meals were inversely associated with
  - disordered eating,
  - alcohol and substance use,
  - violent behavior
  - feelings of depression or thoughts of suicide.
- females gained more protective effects from frequent family meals than males

Harrison ME, Norris ML, Obeid N, Fu M, Weinstangel H, Sampson M. Systematic review of the effects of family meal frequency on psychosocial outcomes in youth. Can Fam Physician. 2015 Feb;61(2):e96-106. PMID: 25676655;

PILLAR 4

Risky substances: prevention and screening belong in the same framework

Ask without judgment

Nicotine / vaping
Alcohol
Cannabis
Other substances
Caffeine / energy drinks

- Adolescent mood, coping, sleep, peer context, and substance use can reinforce one another.
- The ACLM toolkit points clinicians to adolescent substance-use screening and brief intervention resources.

PLEDGE

YOUTH DRUG-FREE WORLD PLEDGE

I pledge to lead the way by:

- Living a drug-free life.
- Showing my friends that a drug-free life is more fun.
- Learning more about how drugs really harm people.
- Telling people the truth about the harmful effects of drugs.
- Helping my family and friends be drug-free.
- Working with others to help spread the truth about drugs so together we create a drug-free _____.

(name of school or community)

American College of Lifestyle Medicine. What is Lifestyle Medicine?; ACLM adolescent mental health toolkit, pp 14, 21.

PILLAR 5

Stress management is a skill set—not a command to “stress less”

Recognize

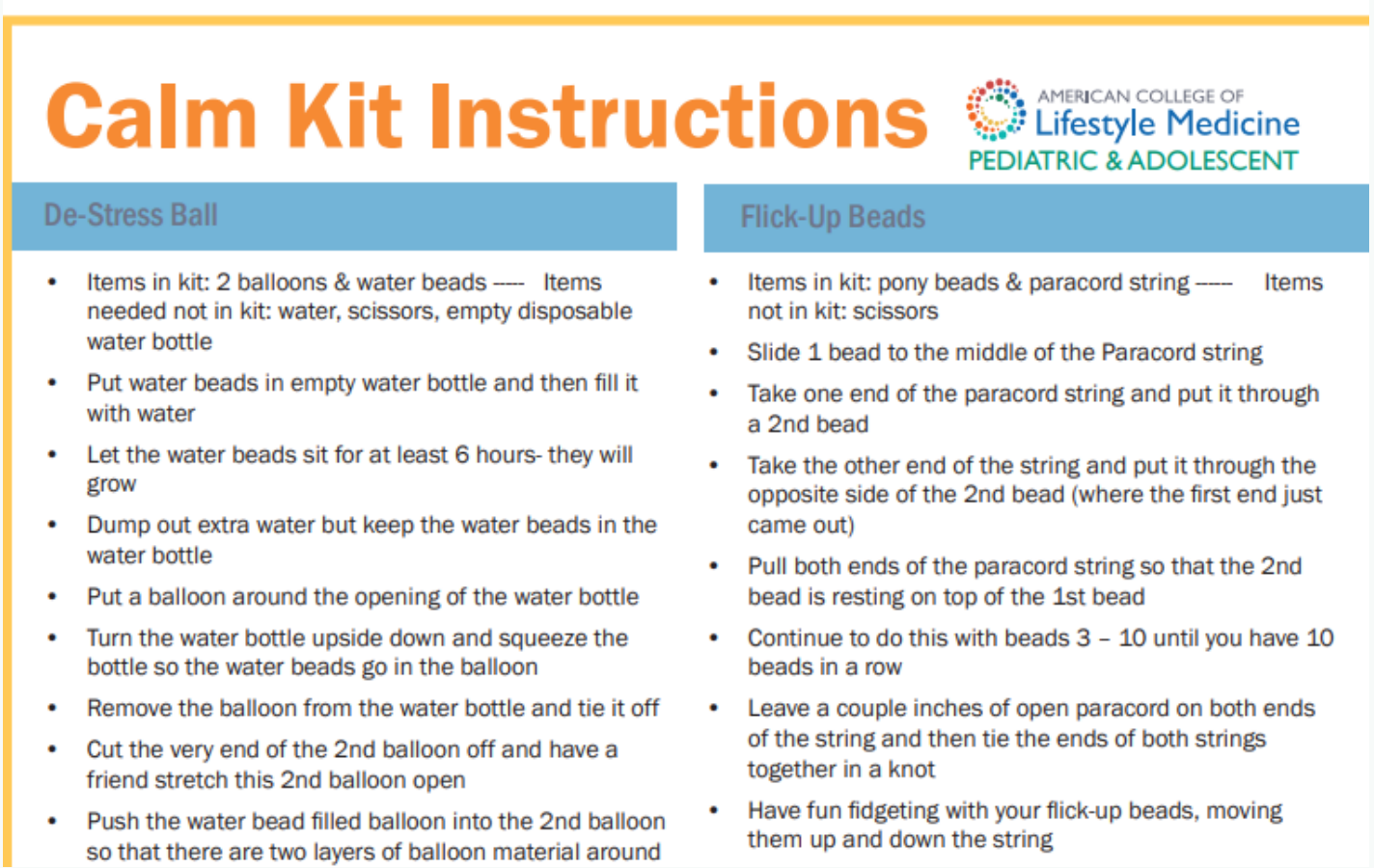
Name stressors, body cues, emotions, and what is controllable.

Regulate

Breathing, mindfulness, relaxation, movement, sleep, and self-care can be practiced.

Reach out

Talking with trusted people and strengthening support are part of stress management.



Calm Kit Instructions

AMERICAN COLLEGE OF Lifestyle Medicine PEDIATRIC & ADOLESCENT

De-Stress Ball

- Items in kit: 2 balloons & water beads ---- Items needed not in kit: water, scissors, empty disposable water bottle
- Put water beads in empty water bottle and then fill it with water
- Let the water beads sit for at least 6 hours- they will grow
- Dump out extra water but keep the water beads in the water bottle
- Put a balloon around the opening of the water bottle
- Turn the water bottle upside down and squeeze the bottle so the water beads go in the balloon
- Remove the balloon from the water bottle and tie it off
- Cut the very end of the 2nd balloon off and have a friend stretch this 2nd balloon open
- Push the water bead filled balloon into the 2nd balloon so that there are two layers of balloon material around

Flick-Up Beads

- Items in kit: pony beads & paracord string ---- Items not in kit: scissors
- Slide 1 bead to the middle of the Paracord string
- Take one end of the paracord string and put it through a 2nd bead
- Take the other end of the string and put it through the opposite side of the 2nd bead (where the first end just came out)
- Pull both ends of the paracord string so that the 2nd bead is resting on top of the 1st bead
- Continue to do this with beads 3 – 10 until you have 10 beads in a row
- Leave a couple inches of open paracord on both ends of the string and then tie the ends of both strings together in a knot
- Have fun fidgeting with your flick-up beads, moving them up and down the string

Stress and connection are not separate topics.

ACLM Lifestyle Medicine Toolkit for Adolescent Mental Health, pp 15–17; U.S. Surgeon General Youth Mental Health Advisory.

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For Teens: Creating Your Personal Stress-Management Plan

Editor's Note: This article is written specifically for young people from 12 to 18 years of age. Your teen will get the most out of this article if he or she also reads For Teens: A Personal Guide for Managing Stress and downloads My Personal Stress Plan (PDF).

Here is a 10-point plan to help you manage stress. All of these ideas can lower stress without doing any harm. None are quick fixes, but they will lead you toward a healthy and successful life. The plan is divided into 4 parts.

- Tackling the problem
- Taking care of my body
- Dealing with emotions
- Making the world better

Bac

1

My Personal Stress Plan

Part 1: Tackling the Problem

Point 1: Identify and Then Address the Problem.

When I have too many problems, I will work on just one at a time. For example, I am going to pick one huge problem and break it into smaller pieces.

- I will seek advice from family members and learn from their experience how to better handle problems.
- I will take big assignments and learn to make lists or timelines.
- I will work in teams so that I will learn that when people work well together they can do much more than if they each work alone.

Point 2: Avoid Stress When Possible.

I know that everyone has stress, but there are things that I could stay away from that really stress me out. I will

- Avoid certain people, like _____
- Avoid certain places, like _____
- Avoid certain things, like _____
- Avoid certain memories that create pain for me, like _____

Point 3: Let Some Things Go.

I realize that I waste some of my energy worrying about things I can't fix. Here are some things that I will try to let go so I can focus on the problems I can change.

- _____
- _____
- _____

I know I waste some of my energy when I take things personally that really have nothing to do with me. I am going to learn this lesson by remembering a time I did this and by choosing not to repeat that mistake.

_____
_____
_____
_____

Part 2: Taking Care of My Body

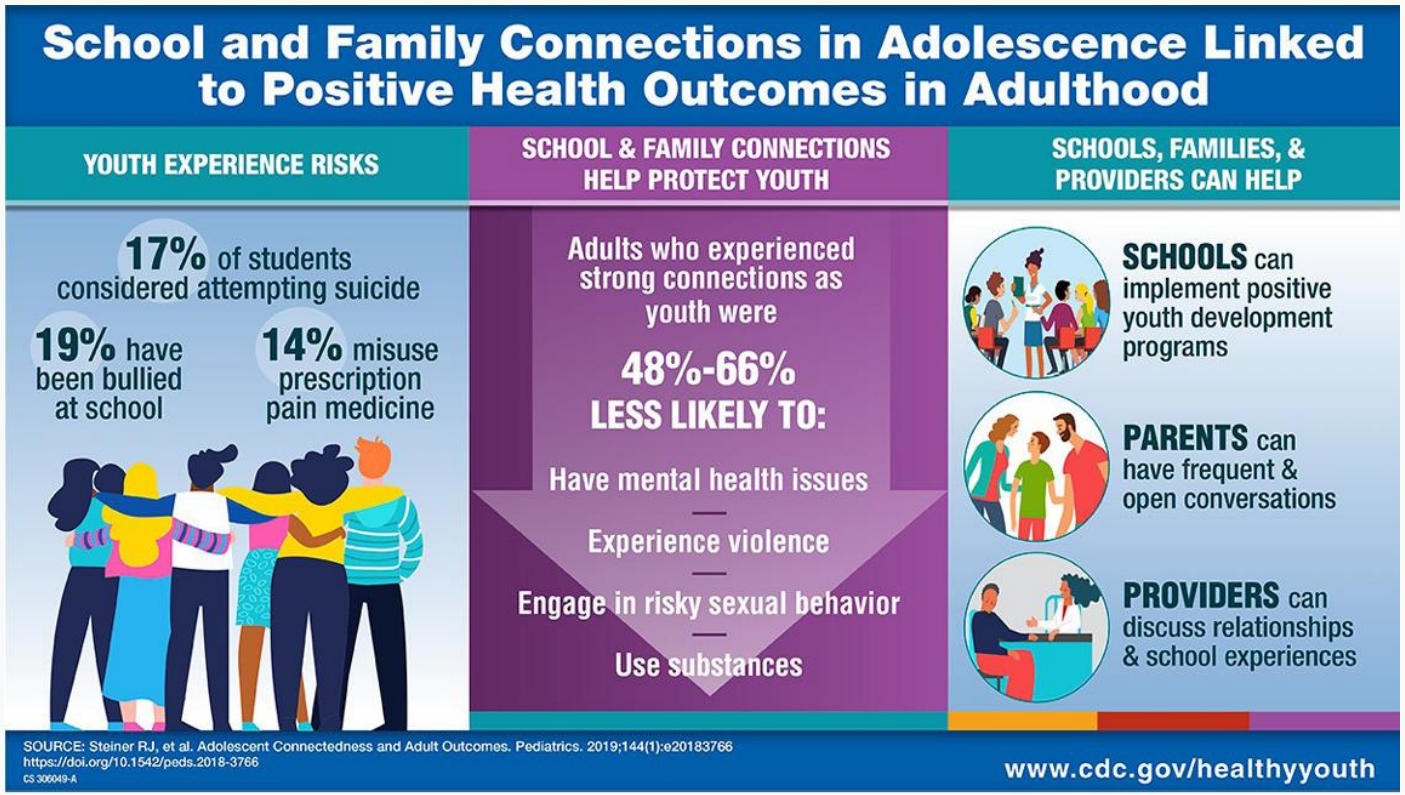
Point 4: The Power of Exercise.

I will do something that makes my body work hard for at least 20 minutes every other day—more is better. I know that strong bodies help people better deal with stress, and this will keep me in shape. The kinds of things I like to do include

- _____
- _____
- _____

PILLAR 6

Connectedness is a health behavior and a protective environment



- School connectedness: feeling cared for, supported, and that one belongs.
- Higher school connectedness is associated with less poor mental health, substance use, violence, and suicide risk.
- Primary care can ask directly about family relationships and school experiences.

Graphic reproduced in ACLM toolkit from CDC; CDC School Connectedness / YRBS 2023. ACLM toolkit p 18.

Improving Mood: Improving Social Connections

Connecting with Others at Home, School, and Within the Community Makes a Difference!

Connectedness means being socially close, interrelated, or sharing resources. When connections are not made, one might feel lonely, isolated and disconnected. This can affect mood.

Improving Connectedness = Improved Mood

Ways to Connect:

- Volunteer. Helping others improves health, increases happiness and allows you to meet new people; Help at a local animal shelter
- Join a club, sport or group-if there isn't one you like, start one!
- Start a conversation!
- Strength Social Connections:
- Try connecting with people you see a lot during the week- smile, wave or start a conversation! Body language matters!
- When possible, stay positive while connecting with others
- Share new experiences
- Make and spend time with others
- Be there for those who need you
- Be flexible, supportive and excited about what others are doing in their lives

ACLM Lifestyle Medicine Toolkit for Adolescent Mental Health, pp 15–17; U.S. Surgeon General Youth Mental Health Advisory.

PATIENT CASE

Return to Maya: A reinforcing loop of poor lifestyle behaviors

Conceptual synthesis based on ACLM adolescent mental health toolkit, AAP 5 Cs guidance, and CDC YRBS protective-factor findings.

Social Media Exposure: How Much Matters?

U.S. Surgeon General Advisory on Social Media and Youth Mental Health

95% of youth ages 13–17 use a social media platform

>1 in 3 report using social media "almost constantly"

~3.5 h/day average use among U.S. 8th and 10th graders

>3 HOURS / DAY

≈ 2× RISK

of poor mental-health outcomes, including depression and anxiety symptoms

Frequent use was associated with higher prevalence of bullying, persistent sadness/hopelessness, and suicide risk.

Current evidence is insufficient to conclude that social media is sufficiently safe for children and adolescents.

Office of the Surgeon General. Social Media and Youth Mental Health: The U.S. Surgeon General's Advisory. HHS; 2023:4–7. https://www.hhs.gov/sites/default/files/sg-youth-mental-health-social-media-advisory.pdf

How Might Social Media Affect Mental Health?

Multiple pathways can operate simultaneously—and effects are not uniformly negative

CONTENT EXPOSURE

- Self-harm and suicide-related content
- Hate-based or inappropriate content
- Idealized and appearance-focused content

SOCIAL & PSYCHOLOGICAL

- Social comparison
- Body dissatisfaction / low self-esteem
- Cyberbullying and online harassment

LIFESTYLE DISPLACEMENT

- Poorer sleep quality or duration
- Displacement of physical activity
- Less time for in-person relationships

46% of adolescents 13–17 say social media makes them feel worse about their body image

Potential benefits

Community • social support • identity affirmation • self-expression • connection

Office of the Surgeon General. Social Media and Youth Mental Health: The U.S. Surgeon General's Advisory. HHS; 2023:5–10. https://www.hhs.gov/sites/default/files/sg-youth-mental-health-social-media-advisory.pdf

DIGITAL HEALTH

Digital media: benefits and harms can coexist

Potential benefits

- Community and belonging
- Access to information and support
- Creative expression and identity exploration
- Maintaining relationships

Potential risks

- Harmful or developmentally inappropriate content
- Cyberbullying / harassment
- Social comparison and body-image concerns
- Sleep and activity displacement
- Compulsive or dysregulated use

The clinical question is not simply “How many hours?”

Content, context, and the individual adolescent matter.

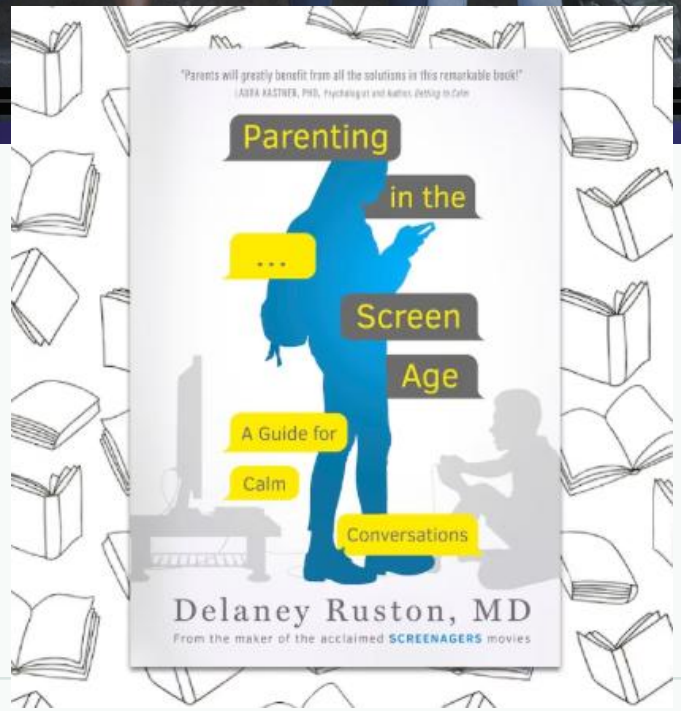
U.S. Surgeon General. Social Media and Youth Mental Health; AAP 5 Cs guidance.

Are you watching young people immersed in their screens — scrolling through social media, playing video games, and losing focus with ever-decreasing attention spans?

Physician and filmmaker Delaney Ruston faced this challenge with her own kids and screens. She questioned how this was affecting family dynamics, education, and the mental well-being of young people.

Screenagers: Growing Up in the Digital Age takes a deeply personal and relatable approach. Delaney opens the doors to her own family life and meets with others to explore the messy struggles over social media, video games, academics, and internet addiction.

Through poignant and unexpectedly humorous stories, paired with surprising insights from leading experts, Screenagers: Growing Up in the Digital Age reveals how screens are shaping kids' development. Most importantly, it offers actionable solutions to help adults empower kids to navigate the digital age and find balance.



American Academy of Pediatrics

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CENTER OF EXCELLENCE
Social Media and Youth Mental Health

The 5 Cs of Media Use

A New Approach to Help Families Balance Media and Promote Healthy Habits

Pediatricians and providers often need quick, simple ways to discuss digital media with families. To help, we developed The 5 Cs of Media Use.

DIGITAL HEALTH

AAP’s 5 Cs: a useful conversation guide for digital health

CHILD	Who is this teen? How is the teen using social media?
CONTENT	What are they seeing/doing? (commonsensemedia.org)
CALM	Is media the main regulation tool?
CROWDING OUT	What is being displaced?
COMMUNICATION	Can the family talk about it?

American Academy of Pediatrics. How to Use the 5 Cs of Media Use: Tips for Pediatric Clinicians. Updated Apr 26, 2024.

PATIENT CASE

Apply the 5 Cs to Maya

Child

Anxiety/low mood; peer sensitivity; what online experiences help vs worsen symptoms?

Content

Body-image content? conflict? harassment? supportive communities?

Calm

Scrolling is her default strategy when stressed and at bedtime.

Crowding Out

Sleep, soccer, family meals, homework, in-person time.

Communication

Parents mostly discuss media during conflict; no shared plan.

Application of AAP 5 Cs clinician guidance to illustrative patient case.

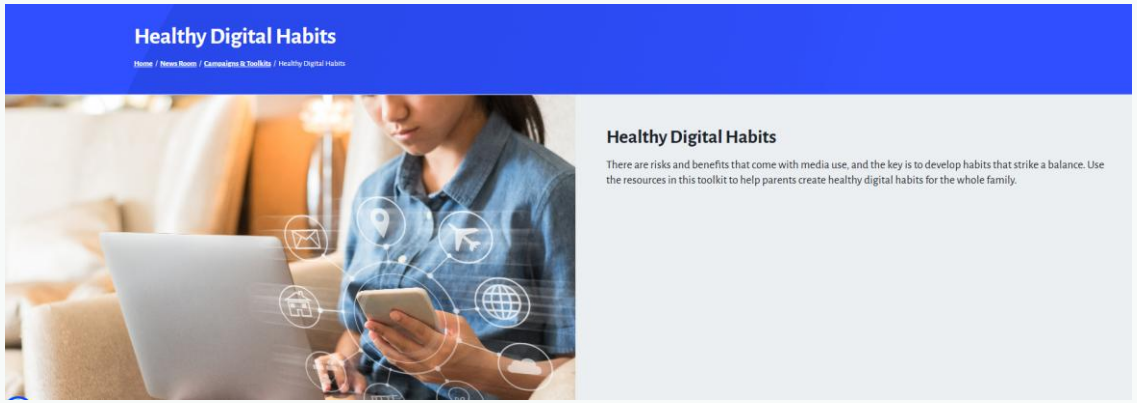
DIGITAL HEALTH

Digital safety treatment plan: make it specific

- Identify the teen-specific risk and benefit profile (Child + Content).
- Protect sleep and offline priorities by changing when/where media is used (Crowding Out).
- Build non-screen coping options for stress and sleep (Calm).
- Create recurring, non-punitive parent–teen conversations (Communication).
- Address cyberbullying/harassment; know how to block/report and involve a trusted adult.
- Place AAP Online Health & Safety and 5 Cs resources in the after-visit summary.

AAP Online Health and Safety Resources; AAP 5 Cs clinician guidance; U.S. Surgeon General Social Media and Youth Mental Health.

AAP Healthy Digital Habits Toolkit



The 5 Cs of Media Use

CENTER OF EXCELLENCE Social Media and Youth Mental Health

American Academy of Pediatrics

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OLDER TEENS: 15-17 YEARS

The older teen years are a time of increasing independence, building a sense of self, and intense peer group involvement. Media use can be one way that teens explore themselves and others as a healthy and normal part of adolescent development, communication, and peer relationships. This can also be a time in which peer relationships endure rocky times and challenging situations, some of which can be amplified by communicating online. Teens often want to feel a sense of power and control at this age, which can lead to more arguments with caregivers. However, they still need you to be a reliable, consistent, and understanding presence in their lives. For some teens, this phase is when they start to have more realistic visions of their future, which can lead to feeling nervous, excited or disappointed about their future options, sometimes all in the same day! Monitor media use, enjoy movies and shows together, have open-minded and caring conversations, and check in on device and/or social media habits. Give increasing independence as teens show responsibility.

ASK YOURSELF THE 5 Cs	WHAT YOU CAN DO
Child *Who is your child, how do they react to media, and what are their motivations for using it?*	Make sure your teen knows that you want to understand them. Parents can support their teens by checking in on how they are feeling, how things are going with friends, and whether they want to share any challenges or successes. If your child shares a recent conflict with friends, listen and ask questions to support them, such as "How did you feel?" or "What did you learn from that?". Avoid overly simplistic solutions, such as "Well let's take your phone away then". If your child made a mistake in a situation, help them understand that you support them, that everyone makes mistakes, and it is a valuable learning opportunity. Support their personal reflections about their online and offline relationships and experiences.
Content *What is worth their attention?*	The teen years are also a time in which youth have more choices and independence around the media content they choose. Teens may get exposed to content that is quite different than what they had seen as a child, and they may be unsure of how to think about it. On social media, content by other users is generally unrated/unreviewed, so it can range from silly to dangerous. Social media algorithms (programmed rules that decide how content is sorted and recommended to users) decide what shows up in feeds, for better or worse. Help your child process and think through experiences with outrageous, false, or mean videos. As teens are becoming more independent, help them develop digital literacy skills, talk about viral challenges and other more risky behaviors. Encourage them to have more control over the content that they see on their feeds by managing their algorithms using the "I'm not interested" button, word-based content filters, and/or turning off algorithm recommended content.

COACHING

Behavior change: evoke before you prescribe

“On a scale from 0–10, how ready are you to…?”

Low readiness

Reflect resistance.
Demonstrate acceptance.
Do not push until resistance increases.

Explore

“Why X and not lower?”
“What would move you X → X+1?”
Reflect and summarize.

Action

Ask what the next step is.
Offer a menu—with permission.
Let the patient choose.

ACLM Lifestyle Medicine Toolkit for Adolescent Mental Health, p 19: Motivational Interviewing Quick Reference Sheet.

COACHING

Turn motivation into one SMART goal

S **Specific**

What exactly?

M **Measurable**

How often/how much?

A **Attainable**

How confident?

R **Realistic**

What barriers?

T **Timely**

When?

Maya's goal

"For the next 2 weeks, I will charge my phone in the kitchen by 10:30 PM on school nights at least 4 nights each week."

ACLM Lifestyle Medicine Toolkit for Adolescent Mental Health, pp 3 and 19.

PATIENT CASE

Maya’s first digital prescription

FOR THE NEXT 2 WEEKS

Phone charges outside the bedroom at 10:30 PM.

Replace the last 30 minutes of scrolling with shower + music + text/call with one supportive friend if desired.

Why this target? Sleep + stress regulation + connection + digital boundaries

Illustrative plan based on AAP 5 Cs (Calm, Crowding Out, Communication) and ACLM teen sleep guidance.

CLINICAL INTEGRATION

A primary-care workflow: screen → map → choose → coach → follow

1	**SCREEN**	Mood, suicide risk, anxiety, substance use as clinically indicated
2	**MAP**	Sleep • movement • nutrition • stress • connection • substances • digital context
3	**CHOOSE**	Identify one high-leverage target with the adolescent
4	**COACH**	Readiness ruler + reflective listening + SMART goal
5	**FOLLOW**	Reassess symptoms, safety, function, goal, and barriers

Synthesis based on ACLM adolescent mental health toolkit; CDC provider recommendations; AAP 5 Cs clinician guidance.

PATIENT CASE

Maya at follow-up: what would count as progress?

Symptoms & safety

PHQ-A / clinical symptoms
Suicide risk if indicated
Anxiety / irritability
Function at home & school

Protective behaviors

Sleep duration/timing
Movement
Meals
Stress coping
In-person connection
Substance use

Digital function

What is media adding?
What is it crowding out?
Any harmful content or harassment?
Did the family plan work?

Progress ≠ perfect adherence. Look for function, self-efficacy, and safer patterns.

ACLM adolescent mental health toolkit: screening, MI, SMART goals; AAP 5 Cs clinician guidance.

CLOSE

Key takeaways

- Adolescent mental health is shaped by biology, relationships, environments, and daily behaviors.
- Lifestyle medicine offers a six-pillar framework that fits naturally into pediatric primary care.
- Sleep, movement, supportive adults, and school connectedness are measurable protective correlates in national youth data.
- Digital media is neither uniformly harmful nor benign: assess Child, Content, Calm, Crowding Out, and Communication.
- Use brief motivational interviewing and one achievable SMART goal to convert counseling into action.

Sources: U.S. Surgeon General; CDC YRBS 2023; ACLM adolescent mental health toolkit; AAP 5 Cs.

USE AT THE POINT OF CARE

Clinical resources

AAP 5 Cs of Media Use	www.aap.org/en/patient-care/media-and-children/center-of-excellence-on-social-media-and-youth-mental-health/5cs-of-media-use/
AAP 5 Cs — clinician guide	www.aap.org/en/patient-care/media-and-children/center-of-excellence-on-social-media-and-youth-mental-health/how-to-use-the-5-cs-of-media-use-tips-for-pediatric-clinicians/
AAP Online Health & Safety Resources	www.aap.org/en/patient-care/media-and-children/center-of-excellence-on-social-media-and-youth-mental-health/online-health-and-safety-resources/
ACLM Adolescent Mental Health Toolkit	assets.ctfassets.net/pxcfulgsd9e2/2nYhdSXnH9VIrm9DsSffut/81751ffd77a9b169a7a66df60c782812/American_College_of_Lifestyle_Medicine_Child_Mental_Health_Toolkit.pdf
CDC Youth Mental Health / YRBS	www.cdc.gov/healthy-youth/mental-health/index.html
U.S. Surgeon General — Youth Mental Health	www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf

All resources above are among the sources specified for this presentation.

REFERENCES

Selected references

1. Office of the Surgeon General (US). Protecting Youth Mental Health: The U.S. Surgeon General's Advisory. US Dept of Health and Human Services; 2021.
2. American College of Lifestyle Medicine. Lifestyle Medicine Toolkit for Adolescent Mental Health. Accessed August 7, 2026.
3. American College of Lifestyle Medicine. What is Lifestyle Medicine? Accessed August 7, 2026.
4. Centers for Disease Control and Prevention. Mental Health and Suicide Risk Among High School Students and Protective Factors—Youth Risk Behavior Survey, United States, 2023. MMWR Suppl. 2024.
5. Centers for Disease Control and Prevention. 2023 Youth Risk Behavior Survey Results. Updated September 29, 2024.
6. American Academy of Pediatrics. The 5 Cs of Media Use. Updated May 27, 2025.
7. American Academy of Pediatrics. How to Use the 5 Cs of Media Use: Tips for Pediatric Clinicians. Updated April 26, 2024.
8. Office of the Surgeon General (US). Social Media and Youth Mental Health. US Dept of Health and Human Services.

URLs are embedded in slide-level citations and the Clinical Resources slide.