When Your Patients Are Binge Watching: Challenges Associated With Streaming Television in Child and Adolescent Psychiatry

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Brief Case Illustration

Sierra is a 16-year old girl who is in psychiatric treatment for major depressive disorder without psychotic features. Several months after starting treatment, Sierra's mother brought her into the office for an urgent safety assessment. Sierra had been sent home from school after reporting new onset command auditory hallucinations to harm herself and perceptions that she was not in control of her body's actions. Sierra described hearing an unknown male voice that instructed her to kill herself; while Sierra had not acted on this, she was scared that she could no longer keep herself safe. During the emergent psychiatric appointment, Sierra revealed that she first heard the voice shortly after watching the streaming television show *Black Mirror* on Netflix. Specifically, Sierra had watched the *Black Mirror* film *Bandersnatch*, which piloted a novel interactive format where the show's viewers could direct the actions of the show's teenage protagonist through use of a remote control, trackpad or computer mouse. Decisions made for the protagonist ranged from choosing his breakfast cereal to choosing to physically assault another character. Sierra's mother was unaware that her daughter had watched *Bandersnatch*, and was unfamiliar with the episode's interactive format. Sierra's psychiatrist, however, had recently watched *Bandersnatch* and recognized both the show's underlying theme of loss of free will and the viewer's unique ability to "become" the show's protagonist. Sierra's psychiatrist explored possible connections between the new symptoms and the show, to which Sierra responded positively. Sierra reported often feeling affected by screen media, but never before for this long or with this symptomatology. Sierra reported significant symptom improvement at the end of the appointment. This acute improvement, coupled with the lack of other indicators of organic psychosis, led the psychiatrist to recommend continued treatment at the outpatient level of care with watchful waiting and increased surveillance. One week following their onset, Sierra's symptoms resolved without additional intervention.

Clinical Considerations

Watching television remains a favorite activity for most American teenagers,[1] but the viewing experience has significantly changed. Catching the new episode of a popular television show used to require access to a stationary device at one specific time. Now, many shows can be watched through multiple digital platforms (eg, Netflix, YouTube) and increased device portability ensures that access to these media platforms is limited only by battery life and Internet access. Streaming services like Netflix and Hulu have eliminated the limitations of weekly programming previously imposed by broadcast or cable television, changing how television content is created and released. A show's entire season can now be released at once so that content that formerly took months to view in entirety can be binge watched in a single day. Streaming television also removes restrictions on the number of new programs released annually; 2018 was the first year where streaming shows outnumbered those totaled on traditional television formats, with 495 original, streaming programs.[2] Embracing these advancements, twice the number of American teenagers choose Netflix over cable and consider a cable subscription to be unnecessary.[3,4]

However, these innovations are not without potential disadvantages. Monitoring teenage screen time is now significantly more complicated. There is no longer one

stationary location for television viewing within a home, nor even a requirement that an individual remains indoors to watch a program. Additionally, because an entire season's episodes are released simultaneously, parents and providers may only hear about a controversial new program after children have already watched the whole season. Parental controls exist for both devices and streaming platforms, but there are multiple points of access to age inappropriate digital content online and controls may have limited utility for older children when what is age-inappropriate may be less obvious. Even streaming shows that are created specifically for teenage audiences may be triggering for some viewers, especially youth with significant mental health concerns.

Perhaps the most well-known example of triggering content in streaming television remains the first season of *13 Reasons Why*, which includes the graphic portrayal of a completed suicide. While many psychiatrists voiced concerns about the show's potential impact on patients, the response was neither fast nor concerted enough to caution many patients and parents prior to their viewing. Subsequent research studies observed temporal correlations between both an increase in teen suicide attempts and Emergency Department visits around the time of the show's release.[5,6] Netflix shows have since continued to provoke concern from mental health providers. *Insatiable* portrayed a teenager with a presumed binge-eating disorder. Before the show's release, critics stated that *Insatiable* might glamorize thinness and extreme weight loss methods, potentially harming youth struggling with eating disorders.[7] Despite these concerns, Netflix released all 12 episodes at once. *Bandersnatch*, too, incited significant alarm, although notably not from mental health providers, but from viewers themselves who were struggling with psychiatric illness and hoped to caution other vulnerable viewers. Twitter and Reddit lit up with warnings, "if you're triggered by suicide…stay away from the new *Black Mirror* episode 'Bandersnatch'" and "it's like it's out to set off OCD and paranoia."[8]

The American Academy of Child and Adolescent Psychiatry encourages proactive parenting, writing, "Parents cannot assume that their child will be protected by the supervision or regulation provided by the online services,"[9] but parents cannot realistically screen all streaming television for potential triggering content. Individual mental health providers also lack sufficient time to view streaming programs before their patients. Therefore, if the psychiatric community wants to provide timely, anticipatory guidance surrounding a show's content, it will likely require an active, efficient, and collective response.

Potential Responses and Associated Challenges

Attempts at primary prevention are unlikely to be met with success. Firstly, it is improbable that television producers will choose to remove all potentially triggering content for the benefit of those with serious psychiatric illness (although Netflix did eventually remove the controversial suicide scene from *13 Reasons Why*). Increasing psychiatric input in show development might help to temper triggering mental health portrayals, but because controversy often buys viewership, this influence may still be limited. Thus, a coordinated response by mental health providers will likely need to remain retroactive in the form of damage control.

One such example is the *13 Reasons Why* Toolkit, released after the show's first season in anticipation of its sophomore season. Created by an international collaboration of organizations, this online resource provides information about the series for children, parents, and clinicians. While novel, response in this form is not without significant issue. For example, how does one inform the toolkit's target audience about its release? For any comprehensive response, disseminating news about the intervention will be a significant hurdle. Creation of a toolkit is also time intensive and often show-specific; it is not logistically possible to create a new toolkit for each controversial program, especially given the increasing number of new streaming programs each year. Another possible solution might be the creation of a centralized, multidisciplinary website

that includes comprehensive cautions and recommendations about controversial content. However, this approach would still be time intensive and would require continuous maintenance both to determine what shows merit reporting and to update the site accordingly, as well as require some mechanism to provide ongoing communication about these updates to the target audience. Finally, evaluating the success of any intervention also requires the ability to measure how well it intervenes upon a target problem, but measuring such interventions will likely be challenging.

Controversial portrayals of teenage mental health are not new to screen media, but streaming television does pose unique challenges for mental health professionals who work with children and adolescents. These challenges may be best addressed by those same technological advances that created streaming television, and no response will be without complications and barriers to implementation. However, the absence thus far of timely or coordinated reactions from the psychiatric community indicates that the first step may simply be recognizing the necessity of a unified response to this ongoing dilemma.

Take Home Summary

Streaming television and other advances in screen technology have significantly changed television watching. The growing number of streaming shows released annually, instant availability of a show's entire season, and multiple content-viewing platforms, make monitoring teen television consumption increasingly challenging. Triggering content often comes without warnings and parents and clinicians may be unaware of controversy prior to an adolescent patient's viewing. A collaborative, effective, and timely response regarding potentially dangerous mental health portrayals is needed from the mental health community in order to protect our young patients.

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Meredith Gansner, MD, is an attending child and adolescent psychiatrist at Cambridge Health Alliance, Instructor in Psychiatry through Harvard Medical School, and AACAP Media Committee member. She has given talks nationally and published several papers on her research interest, digital media use in adolescents with psychiatric illness. She is also a contributor to *The Psychiatric Times*, *The Boston Globe, and Slate Magazine*, where she has written about mental health portrayals in the media and other aspects of digital media use. She is a recipient of the Dupont-Warren Research Fellowship where she is working with the Beth Israel Deaconess Medical Center Department of Digital Psychiatry on a two-year grant researching the use of digital phenotyping in child and adolescent psychiatry.

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