

BEYOND END CREDITS & PSAs: STUDYING SECOND-SCREEN MEDIA ON ADOLESCENT MENTAL HEALTH



Authors:

Sisi Peng, MPH
Neeku Salehi
Rebeca Ruiz
Leif Mollo
Willa Song, MD
Yalda T. Uhls, MBA, PhD



Based on research to be published in *the Behavioral Therapist (tBT)* by Sisi Peng, Willa Song, Neeku Salehi, and Yalda T. Uhls

Funder:



Technology & Adolescent Mental Wellness

BIG IDEA

WHAT IF WE CAN HARNESS THE POWER OF STORIES TO HELP YOUNG PEOPLE IN THEIR SEARCH FOR MENTAL HEALTH INFORMATION AND SUPPORT?

At the Center for Scholars & Storytellers (CSS), we believe storytelling can play a distinct role in meeting the challenges of the mental health crisis in two ways:

Indirectly by destigmatizing mental health issues, modeling help-seeking behaviors, and assisting vulnerable youth to feel less alone.

Directly by providing resources alongside the story.

The goal of this entertainment media study was **to understand how story-related, second-screen content supports teen conversations and improves mental health knowledge, attitudes, and information-seeking behaviors.**

KEY DEFINITIONS

Story:

tales about particular events and people

Entertainment media:

fictional and nonfictional content from a variety of sources including TV, streaming services, social media, video games, books, and more.

This content is consumed for non-educational purposes

Second-screen content:

supplemental media or resources affiliated with the show typically accessed on a separate device

Mental health:

includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices.

Some mental health struggles are things like anxiety, depression, or drug or alcohol addiction



CENTER FOR
SCHOLARS &
STORYTELLERS

Content Warning: This report includes discussion of mental health struggles and suicide.

TABLE OF CONTENTS

PAGE 3	NOTE FROM OUR FUNDER
PAGE 4	INTRODUCTION
PAGE 5	PROJECT DESCRIPTION
PAGE 8	KEY FINDINGS
PAGE 9	KEY TAKEAWAYS
PAGE 10	FINDINGS
PAGE 15	METHODOLOGY
PAGE 17	LIMITATIONS
PAGE 18	RESOURCES
PAGE 19	REFERENCES
PAGE 20	ACKNOWLEDGMENTS



1 in 4 youths under the age of 18 are experiencing elevated depression symptoms, and 1 in 5 experience anxiety symptoms¹

Anxiety and depression symptoms in children and teens under the age of 18 have doubled since the start of the pandemic¹

The number of youths under 18 who utilized mental health services declined sharply at the beginning of the pandemic²

Fewer than 1 in 3 youths with severe depression receive consistent mental health care³



A NOTE FROM OUR FUNDER

The Technology & Adolescent Mental Wellness program (TAM) is driven by the following foundational question: How can technology support adolescent mental wellness? The objectives of the TAM program are threefold. First, we aim to develop community and foster ongoing collaboration among researchers, youth, clinical providers, educators, non-profit organizations, and those in industry, policy, and philanthropy. Second, we aim to promote new research on adolescent technology use and mental wellness. This has included providing initial funding for six research projects, and creating the TAM Data Consortium in 2021 to make possible new research projects. Our third aim is to disseminate research findings using both traditional, academic approaches and nontraditional, public-facing approaches.



Mental health matters



This project provides valuable new information following the success of the initial project focused on the TV series *13 Reasons Why*. Focus groups are an ideal way to gain diverse insights from groups of teens, and the online experiment provides novel data in real-world settings.

The focus on second-screen content is innovative and addresses a key gap in our current understanding. While many studies have focused on understanding the content of entertainment media, this area of work advances our understanding of the lived experience of the teen watching that content, including how they use their own smartphones during the experience.

Senior Program Manager,
Technology and Adolescent Mental Wellness
Dr. Megan Moreno, MD, MEd, MPH



INTRODUCTION

At CSS, we believe stories have power and we seek to maximize this power by providing research insights to content creators. Since 2019, we have been studying how media can support young people’s mental health. In our first study, released in 2021, we examined a popular TV show and found that 92% of the teens that watched it looked up mental health information online and that 88% of them spoke to someone about mental health; half of those 88% were parents. These findings indicate that entertainment media can be a really successful way to impact teens.

92%

**OF TEENS THAT
WATCHED THE SHOW
LOOKED UP MENTAL
HEALTH INFORMATION
ONLINE**

The study described here builds upon the [2021 report](#). In this study, we investigated how content creators and marketers can ensure that adolescents will be pointed to the RIGHT information and SUPPORTIVE conversations when teens are stimulated by a mental health storyline.

- THIS REPORT WILL**
- *Provide data on the influence of second-screen content on mental health information-seeking, conversations, and attitudes among teens*
 - *Suggest ways that industry can support adolescent mental well-being*

Our [2022 Authentically Inclusive Representation Summit](#) at UCLA, which coincides with the release of this report, focuses on mental health and its intersection with diversity, equity, inclusion, and accessibility.

The publication of this report, in conjunction with a gathering of thought leaders who care about young people, serves as a starting point for the industry to harness the power of storytelling and think about innovative ways for maximizing entertainment media to positively impact adolescent mental health.



Dr. Yalda T. Uhls, PhD
Founding Director, CSS
Sisi Peng, MPH
Fellow, CSS



PROJECT DESCRIPTION^a

In this study, CSS examined how teens interacted with story-related, second-screen content (related media or resources typically accessed on a separate device from the primary screen where the main content is displayed) specifically when watching a show with a mental health focus.

Thus, we conducted two studies: focus groups and an online experiment to probe how this type of supplemental content could influence teen mental health knowledge, attitudes, and information-seeking behaviors.

STUDY 1

Five **virtual focus groups** were moderated with a sample of 18 teens (13-17 years old) from across the U.S. in the fall of 2020. They answered questions about their media behaviors, understanding of mental health, and opinions on mental health in the media.

STUDY 2

An **online experiment** was conducted with 106 teens (13-17 years old) from across the country in the summer and fall of 2021. Within this study, our participants watched a clip from *All the Bright Places*, a teen romantic drama movie released in 2020. Then some participants received second-screen content and some did not. Before and after receiving the content, all participants completed a survey asking about mental health knowledge, attitudes, and information-seeking behaviors.

94% of youth are second-screening, or using a second device while watching TV. They are usually on their smartphones checking emails, browsing social media, or texting friends or family during a show.⁴

Key Definitions

Knowledge: understanding and awareness of mental health and accompanying resources and skills

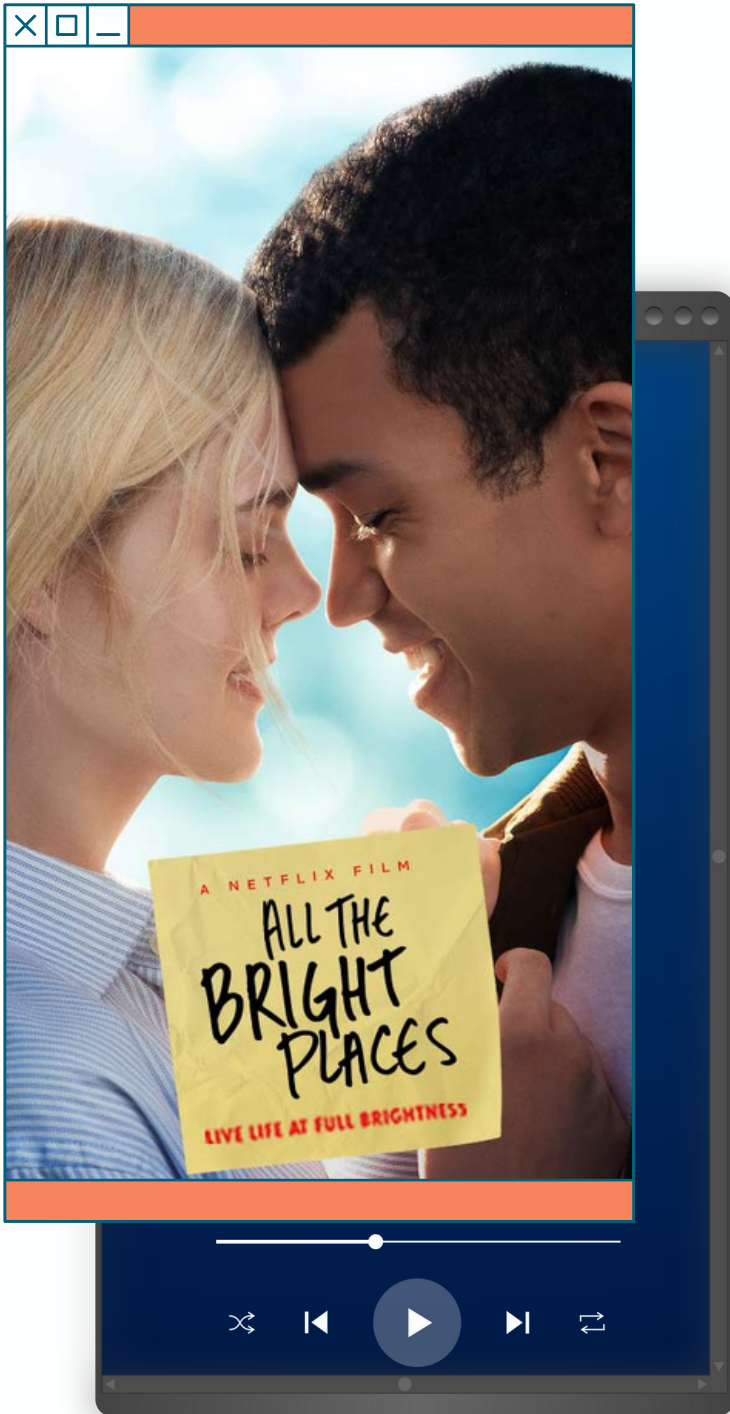
Attitudes: beliefs about people who have mental illnesses

Information-seeking: behavior related to searching for mental health information

In the experiment, the story is *All the Bright Places* and the second-screen content is the Peer Video, Celebrity Video, and GIF



PROJECT DESCRIPTION



The movie is about Violet, a high school girl whose sister dies in a car crash. Still grieving, she meets a boy from her class named Theodore who seems intent on working with her on a school project. The two get to know each other and share their difficult pasts.

SUMMARY OF STORY

All study participants were shown an 11-minute video that combined two scenes from *All the Bright Places*.

In the first scene, the main characters, Theodore and Violet, talk about Violet's loss of a loved one and offer advice on the grieving process.

In the second scene, Theodore is at a group therapy session for people with mental illnesses in which attendees share their diagnoses and journeys to recovery. Theodore speaks up about his mental health and the use of running as a coping strategy.



PROJECT DESCRIPTION

SUMMARY OF SECOND-SCREEN CONTENT

After watching the story, participants were randomly assigned to one of the following conditions:

No Second-Screen Content



Peer Video



Celebrity Video



GIF



THESE KEY MESSAGES WERE EMBEDDED INTO THE SECOND-SCREEN CONTENT:

Mental health issues are complex

It is helpful to open up to a person you trust when you are struggling

You are not alone

RESOURCES

At the end of each second-screen content, there was a link and QR code to online mental health resources.





KEY FINDINGS

SECOND-SCREEN RESOURCES + STORY HELPED TEENS TALK ABOUT MENTAL HEALTH ISSUES TWICE AS MUCH AS STORY ALONE

Watching second-screen content in addition to the story was **2X** more effective in encouraging conversations about mental health issues than just watching the story by itself.

Teens preferred to discuss mental health topics with parents and friends.

SECOND-SCREEN VIDEO FEATURING PEERS WAS THREE TIMES MORE EFFECTIVE THAN A VIDEO FEATURING CELEBRITIES AT NORMALIZING HOW TEENS FELT ABOUT PEOPLE WITH MENTAL ILLNESSES

Teens who received information from peers rather than celebrities were about **3X** less likely to believe that people with a mental illness are strange and weird.

Peers seemed to support normalizing attitudes towards mental health.

TEENS REPORTED THAT THEY WOULD VISIT RESOURCES TO SEEK INFORMATION

A majority of teens (78%) who received the second-screen content would visit the provided resources.

The Internet, family, and social media were the most popular sources of mental health information.

WHY DOES THIS MATTER?

A study found that a story about a person with schizophrenia was more effective in reducing stigma and promoting acceptance of mental illnesses than an informational article with statistics,⁵ revealing that storytelling has the powerful ability to change beliefs and attitudes about mental health.

Second-screen content, or supplemental content related to the story, offers additional information and resources beyond the show in order to positively support youth seeking mental health information and conversation.



KEY TAKEAWAYS

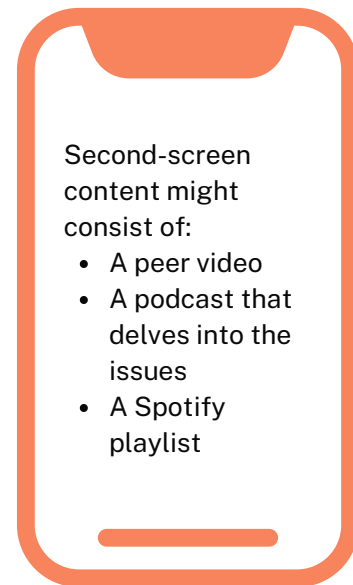
WHERE CAN WE GO FROM HERE: THREE SUGGESTIONS FOR THE ENTERTAINMENT INDUSTRY

#1 Provide second-screen resources that are aligned to the show

Since teens are multitasking while watching shows, studios should develop accompanying information and resources for youth to access on a second device.

This content could be accessed through a search that is inspired by the show and may include a Google Ad Buy connected to the characters and the issues portrayed on the show. It could also be featured on the studio's own social media site.

This content could also be shared by people involved in the making of the show such as the actors, producers, and directors.



#2 Utilize peers to share information

Note: this supplemental content should also include links to find direct mental health care services

Studios should consider engaging everyday teens, instead of celebrities, to create authentic and meaningful content that might resonate more with adolescents.

Because celebrities have a much broader reach, these videos could be shared by the talent on the show.

#3 Leverage research and resources in content creation

93% of parents with kids ages 3-12 believe that it is important for children's entertainment to address emotional and mental health.⁶

For more resources, visit:
[CSS Mental Health Storytelling Resources](#)
[Mental Health Media Guide](#)



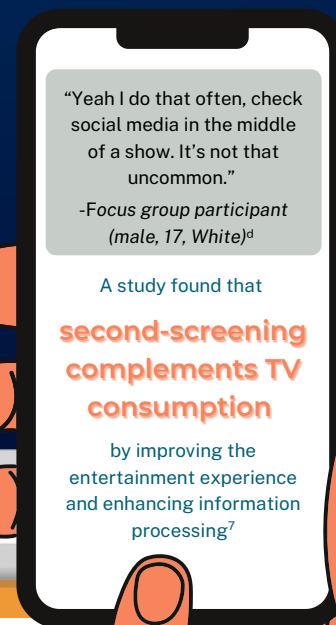
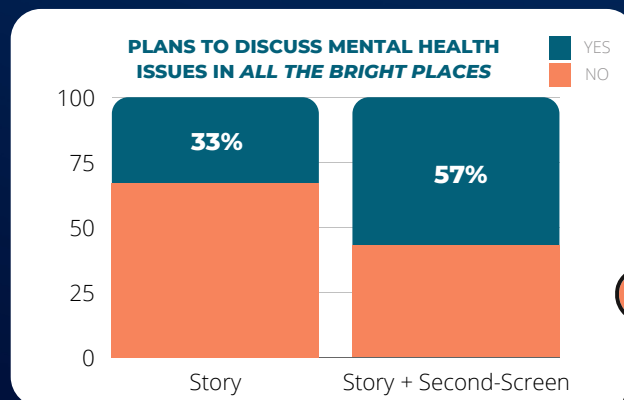


FINDINGS

FINDING #1: SECOND-SCREEN CONTENT + STORY LED TO MORE CONVERSATIONS ABOUT MENTAL HEALTH ^b

TEENS WHO RECEIVED THE SECOND-SCREEN CONTENT WERE ABOUT 2X MORE LIKELY TO REPORT PLANS OF DISCUSSING THE ISSUES PORTRAYED IN THE MOVIE WITH SOMEONE.^c

In the condition where teens watched just the story, one third of teens said they would discuss the issues in the film with someone. If they also watched second screen content, this nearly doubled with 57% saying the same thing.



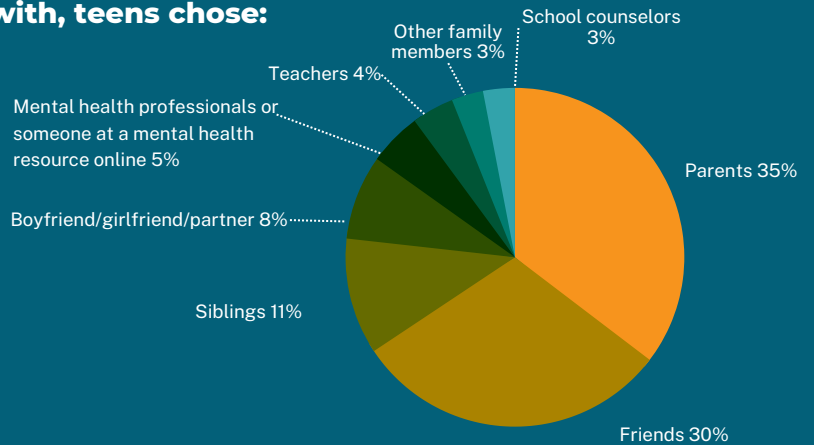


FINDINGS

FINDING #2: TEENS PREFERRED TO CHAT WITH PARENTS AND FRIENDS ABOUT MENTAL HEALTH ISSUES ^e



When asked who they would engage in conversation with, teens chose:



Younger teens (13- and 14-year-olds) preferred to speak with **parents** and sibling members whereas **older teens** (15- to 17-year-olds) preferred to chat with **friends**.

In our [2021 Media & Teen Mental Health Report](#), teens frequently reported discussing issues such as suicide, mental health, and bullying in the 13 Reasons Why storyline with friends and parents.⁸

Parents play an important role in supporting teen mental health. But when it is difficult to talk to family about mental health, friends are trustworthy conversational partners for information and guidance.⁹

“I remember seeing a scene of someone who was bulimic... and I never heard about it before because I was younger so I asked my mom.”
-Focus group participant (female, 14, White)^f



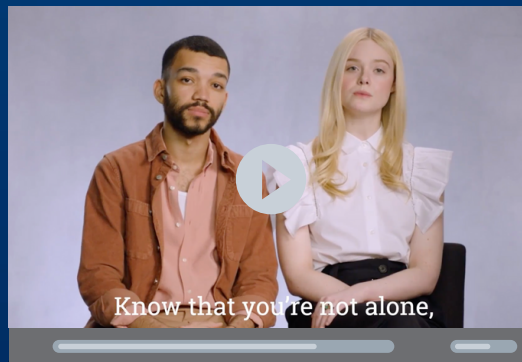
FINDINGS

FINDING #3:

SECOND-SCREEN PEER CONTENT NORMALIZED ATTITUDES TOWARDS PEOPLE WITH MENTAL ILLNESSES MORE THAN CELEBRITY CONTENT ^g



Peer Video



Celebrity Video

Compared to the celebrity video, participants who watched the peer video were almost **3X** *less likely* to believe that people with a mental illness are strange and weird. ^h

There was a statistically significant difference between the Peer and Celebrity conditions.

After watching the Story + Peer Video, participants were *less likely* to agree with the statement that people with mental illnesses are strange and weird (mean difference = -.41).

After watching the Story + Celebrity Video, participants were *more likely* to agree with the statement that people with mental illnesses are strange and weird (mean difference = .24).

A study examining suicide prevention PSAs found that mental health content targeting young people should be delivered by or feature peers.¹⁰

“I had a close friend that was struggling with [mental health], they were kinda self destructive and they felt pretty bad about themselves so I looked into addiction and just mental health so I can get a perspective and see if I can help them.”

-Focus group participant (male, 13, Hispanic/Latino)ⁱ



^gExperimental study.

^hBefore and after participants received the story and second-screen content, we asked how much they agree with the following statement: “I think that mentally ill people are strange and weird.” We calculated the difference in this attitude by subtracting the level of agreement in the pre-survey from the post-survey.

ⁱFocus group study.



FINDINGS

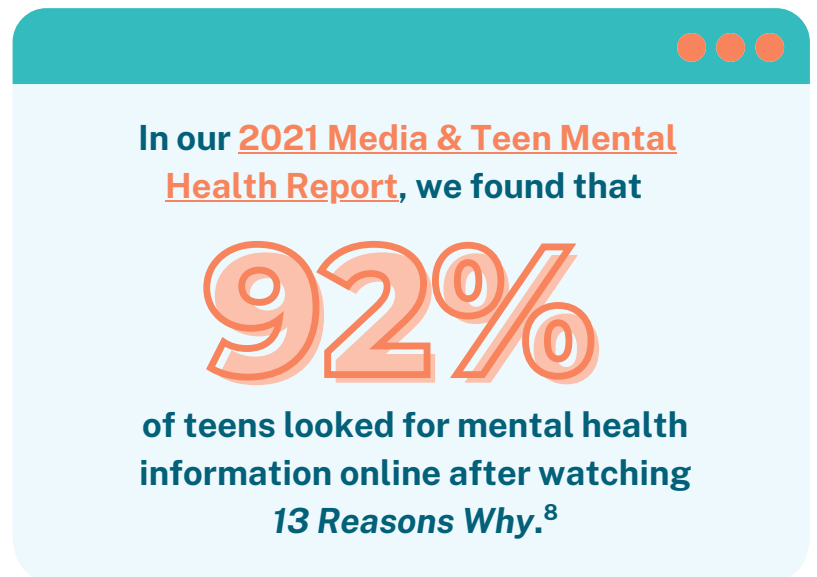
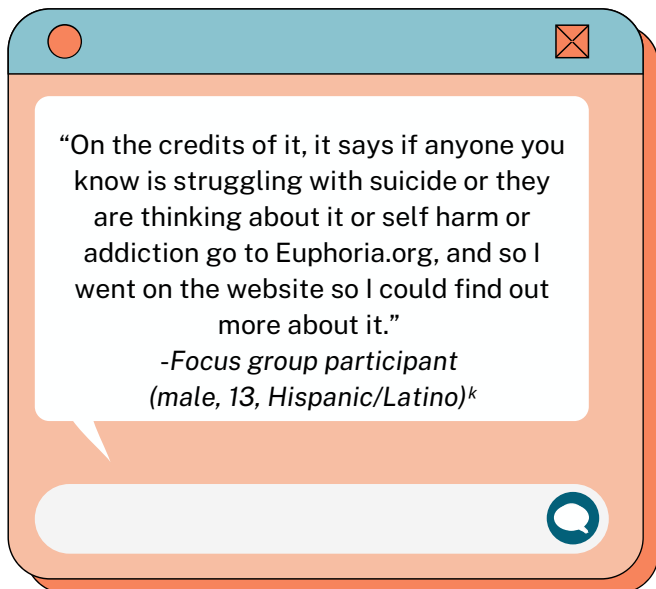
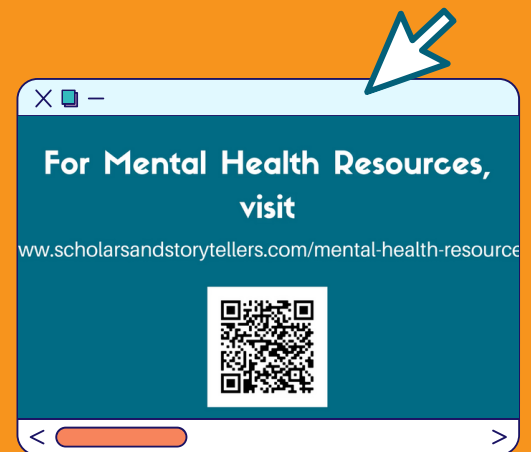
FINDING #4:

A MAJORITY OF TEENS REPORTED THEY WOULD VISIT RESOURCES ^j

IN ALL CONDITIONS, 78% REPORTED THAT THEY WERE LIKELY TO VISIT THE INFORMATIONAL RESOURCES PROVIDED.

The top reasons for visiting the resources were:

- Being curious (36%)
- Wanting to support a friend's well-being (35%)
- Wanting to support one's own well-being (27%)



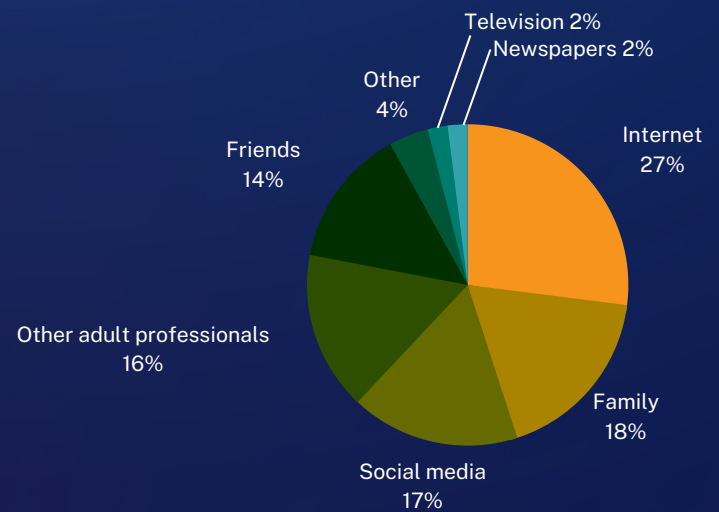


FINDINGS

FINDING #5: TEENS SOUGHT INFORMATION FROM THE INTERNET, FAMILY, AND SOCIAL MEDIA |



Participants commonly sought mental health^m information from:



About 85% of young people go online for health information and those with depression are even more likely to do so.¹¹

“Sometimes I won’t know what the issue is so I’ll look it up to see what it is.”
-Focus group participant
(female, 15, White)ⁿ



¹¹Experimental study.

^mMental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Some mental health struggles are things like anxiety, depression, or drug or alcohol addiction.

ⁿFocus group study.



METHODOLOGY

FOCUS GROUPS

Focus Group

We first conducted virtual focus groups to gain insights around mental health and media usage among teens.

Sample

Eligible teens ages 13-17 years, English-speaking, and residing in the U.S. who had access to a computer with Internet, a microphone, and a webcam were recruited through social media and email. There were 18 participants between the ages of 13-17, from across the U.S. who took part in five focus groups. Sessions were organized by age and gender: 13/14-year-old girls, 13/14-year-old boys, 15/17-year-old girls, 15/17-year-old boys, and 16-year-old girls. The sample was 40% male and 60% female participants. 56% identified as White and 44% identified as Hispanic or Latino. Each participant received a \$25 Amazon e-gift card in compensation.

Procedure

Five focus group sessions were held over password-protected Zoom meetings throughout the fall of 2020. Each 1-hour focus group was conducted by a trained moderator, recorded using the Zoom platform, and later transcribed by a research assistant. Teens were asked questions about their second-screen behaviors, definition of mental health, and perceptions of mental health representations in the media.

The transcriptions were analyzed using reflexive thematic analysis, which reveals patterns in qualitative data.¹² The first coder analyzed the transcriptions to find recurring themes from the focus group sessions. The second coder went through an iterative process with the transcriptions and consolidated the themes that the first coder put together, as well as added themes that were not previously identified. Results from the focus groups helped inform the experimental design.





METHODOLOGY

EXPERIMENTAL STUDY

We then conducted an online experiment to investigate the impact of media on teen mental health.

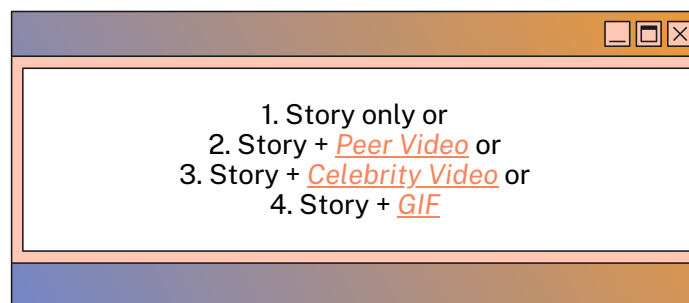
Sample

Eligible teens ages 13-17 years, English-speaking, and residing in the U.S. who had not seen the movie *All the Bright Places* were recruited through social media and email. The sample consisted of 106 participants between the ages of 13-17 located across the U.S. 43% of participants identified as male, 44% identified as female, and 13% identified as nonbinary. A little over half of the participants, 52%, identified as heterosexual and the remaining 48% identified as LGBTQ+ (gay, lesbian, bisexual, pansexual, queer, and other). About 41% of participants identified as White and the rest of the sample was made up of 6% Black or African American, 23% Hispanic or Latino, 7% Asian, 4% Native American, 1% Middle Eastern, and 18% mixed race or other. Each participant received a \$20 Amazon e-gift card in compensation.

Procedure

Prior to fielding the experiment, we pilot tested the study with nine teens from our Youth Engagement Team. Afterwards, we launched the experimental study and data was collected during the summer and fall of 2021. Eligible teens were approved for participation, then parents of qualified teenagers were notified of the study and provided informed consent for their child's participation. Adolescents of consenting parents or guardians were asked for their assent before proceeding with the study. All experimental participants were advised with a content warning: "There will be mention of mental health struggles and/or suicide in the scene that you will watch. Please feel free to discontinue at any time."

Participants filled out a pre-survey, then were randomly assigned to one of the four conditions, and completed a post-survey. Participants were randomly assigned to either:



The pre- and post-survey involved questions about mental health knowledge, attitudes, and information-seeking behaviors. In the post-survey, participants who received the second-screen content were asked if they would visit the provided resources. Data was analyzed through a combination of statistical tests using the IBM SPSS Statistics software (version 27). Our research was governed by the University of California, Los Angeles, which provided ethics approval.



LIMITATIONS

There were limitations regarding both of our studies. Teens were recruited online using social media and mailing lists. Thus, our results may be limited in generalizing to the adolescent population as a whole. Furthermore, when we were recruiting for the experimental study using Facebook, there was an influx of bot activity. We identified and removed bot responses using several criteria: location, name/email address, timing, demographics, and repeat answers. For more information, please visit our [blog post](#) on detecting bots during social media recruitment.

STUDY 1

In the focus group study, participants were White and Hispanic or Latino. As such, our findings may not be representative of other race/ethnicity groups.

STUDY 2

In the experimental study, the story consisted of two scenes selected from the movie *All the Bright Places*. However, one video clip does not represent an entire movie or show. Future research should investigate second-screen content paired with a full feature film or television series. There is also no guarantee that teens closely watched the story and second-screen content, so we included attention checks to make sure that teens were alert during the study. Participants who failed the attention checks were removed from data analysis.

MENTAL HEALTH RESOURCES

FOR PARENTS

[American Academy of Child & Adolescent Psychiatry](#)
Facts for Families

[Child Mind Institute](#)
Facts for Families

[HealthyChildren.org](#)
Facts for Families

[KidsHealth](#)
How to Understand Your Child's Emotions and Behavior

[MentalHealth.gov](#)
For Parents and Caregivers

[National Alliance on Mental Illness](#)
Helpline — 888.950.NAMI (6264)

[Behavioral Health Services Locator](#)
<https://findtreatment.samhsa.gov>

[ActiveMinds.org](#)

[What is Mental Health?](#)
<https://www.cdc.gov/mentalhealth/learn/index.htm>

FOR TEENS

[Suicide and Crisis Lifeline](#)
988

[Youth Resources](#)
American Academy of Child & Adolescent Psychiatry

[Crisis Text Line](#)
text HOME to 741741 to speak with a crisis counselor

[TeenLine](#)
Emotional support for youth

[The Jed Foundation](#)
Helpline — Text "START" to 741-741 or call
1-800-273-TALK (8255)

[The Trevor Project](#)
Lifeline — 1-866-488-7386

[National Sexual Assault Hotline](#)
1-800-656-4673

[OK2Talk Helpline](#)
Teen Helpline — 1-800-273-TALK (8255)

[Joon Teletherapy for Teens and Young Adults](#)
joon.com

For more resources, visit:

[CSS Mental Health Storytelling Resources](#)

[Mental Health Media Guide](#)

REFERENCES

1. Racine N, McArthur BA, Cooke JE, Eirich R, Zhu J, Madigan S. Global Prevalence of Depressive and Anxiety Symptoms in Children and Adolescents During COVID-19: A Meta-analysis. *JAMA Pediatr.* 2021;175(11):1142–1150. doi:10.1001/jamapediatrics.2021.2482
2. Stephenson J. Children and Teens Struggling with Mental Health During COVID-19 Pandemic. *JAMA Health Forum.* 2021;2(6):e211701. doi:10.1001/jamahealthforum.2021.1701
3. *The State of Mental Health in America.* (2022). Mhanational.org. Retrieved 13 May, 2022, <https://www.mhanational.org/issues/state-mental-health-america>
4. Kelley, J. (2021, November 17). *The Rise of Second Screens.* Big Village. Retrieved September 9, 2022, from <https://big-village.com/news/the-rise-of-second-screens/>
5. Ma, & Nan, X. (2018). Role of narratives in promoting mental illnesses acceptance. *Atlantic Journal of Communication,* 26(3), 196–209. <https://doi.org/10.1080/15456870.2018.1471925>
6. UTA IQ. (2022). *The Kids' Entertainment Evolution: Changing Content Preferences in a Post-Pandemic World.* United Talent Agency. <https://unitedtalent.app.box.com/s/0kh4hpok9az7zxygd18kmq95134q62ms>
7. Walter, N., Murphy, S. T., & Rosenthal, E. L. (2018). Narrative persuasion in a new media environment: The impact of binge-watching and second-screening. *Communication Research Reports,* 35(5), 402-412.
8. Levinson, J., Tsai, E., Felt, L., Wartella, E., Uhls, Y. (2022). Seeking Support: *Evaluating the Impact of 13 Reasons Why on Adolescent Mental Health.* Center for Scholars and Storytellers. https://drive.google.com/file/d/1LsrLFOVnVfrqm1zFGt5OvrJ_e7BEz7SF/view
9. Rasmussen, E. E., Shannon, K. L., & Pitchford, B. (2022). Adolescents' Disclosure of Mental Illness to Parents: Preferences and Barriers. *Health communication,* 37(3), 346–355. <https://doi.org/10.1080/10410236.2020.1839201>
10. Ftanou, M., Reavley, N., Robinson, J., Spittal, M. J., & Pirkis, J. (2021). Developing public service announcements to help prevent suicide among young people. *International journal of environmental research and public health,* 18(8), 4158.
11. Rideout, V., Fox, S., Peebles, A., & Robb, M. B. (2021). *Coping with COVID-19: How young people use digital media to manage their mental health.* San Francisco, CA: Common Sense and Hopelab.
12. Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology, Vol. 2. Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57–71). American Psychological Association. <https://doi.org/10.1037/13620-004>

ACKNOWLEDGMENTS

THANK YOU

The authors would like to thank the members of the Center for Scholars & Storytellers laboratory; Laurel Felt and Jordan Levinson who gave key support early on; Maggie Chieffo, Sarah Ullman, and the teenage actors from the Get Lit organization who did the filming and supported the development of the second-screen stimuli; Megan Moreno and Ellen Wartella who provided guidance; our funder and the entire Social Media and Adolescent Health Research Team (SMAHRT) community. The authors would also like to thank the Military Child Education Coalition (MCEC), Common Sense Media, Center for the Developing Adolescent, Representation Project - Youth Media Academy, Geena Davis Institute, Amy Poehler's Smart Girls, ATTN:, Susan Crown Exchange, and Pivotal Ventures.

Note: Funding for this study was provided by a grant from the Technology and Adolescent Mental Wellness program (TAM) at the University of Wisconsin-Madison. The content is solely the responsibility of the authors and does not necessarily represent the official views of the university or the Technology and Adolescent Mental Wellness program.

CSS's Commitment to Mental Health

In 2021, U.S. Surgeon General Dr. Vivek H. Murthy issued an advisory on [*Protecting Youth Mental Health*](#) to address what has become a national health crisis. The advisory outlines steps that families, schools, doctors, and communities can take to address our moral obligation to “step up for children.” An advisory of this kind, issued by the highest health official in the country, demonstrates an “urgent public health issue” that requires “immediate awareness and action.”

The **Center for Scholars & Storytellers (CSS)** at UCLA is taking action to address this issue for a population we know much about and through a medium that we know can make immediate impact at scale, by using stories to promote “help-seeking” and “help-supporting” behaviors. We work at the intersection of adolescent mental health research and the content creators who can have extraordinary impact through media and storytelling on how young people think about themselves, their world, their relationships, and their futures.

CSS collaborates with leading scientists to provide research-based insights for content creators crafting authentic and inclusive stories for children (ages 2-9) and adolescents (ages 10-25). Our resources and tools include tip sheets, workshops, and original research. As the only organization with industry expertise, academic credibility, and institutional affiliation that focuses solely on youth, CSS aims to positively impact kids, tweens, and teens where they are: on screens.

You can learn more about our work at scholarsandstorytellers.com.

For more information about the methods or details about this study, please contact: info@scholarsandstorytellers.com

