Video game addiction: Implications for Social Work Practice in Child and Adolescent Mental Health Services

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Abstract
This study is concerned with the debate around video game addiction. The main research question relates to an investigation into whether the use of video gaming among children and adolescents become problematic to the point of addiction. If so what are the implications for social work practice and what are the implications if any for child and adolescent mental health. The study undertakes an extensive literature exploration and invokes much theoretical discussion on the effects of video game addiction on identity formation and mental health for children and adolescents. Furthermore it employs a case study to contextualise the debate. Primary research includes personal interviews from the qualitative and interpretivist ethnography, which brings to light the opinions of mental health social workers on whether video gaming is addictive. The impact of the addiction on their practice is also highlighted as well as practical considerations for current and future social work practice, in regard to treatment and working with this recent phenomenon. To conclude the research will offer recommendations for future social work practice in child and adolescent mental health service.
Introduction

‘There are many benefits that video game players get from engaging in their chosen activity. These can be educational, social and/or therapeutic. However there is evidence that when taken to the excess, video game playing can be addictive, especially online video game where the game never pauses or ends and has the potential to be a never ending activity’ (Griffiths and Meredith 2009:247)

There appears to be a constant debate in the literature about whether video game preoccupation/ excessive usage can be classed as an addiction in its own right or whether it is a component of something else. This paper will focus the debate around whether video game addiction exists among children in the child and adolescent mental health service in Ireland.

Kimberly Young is a key theorist in this debate. Young (2009) highlights that like an addiction to alcohol or drugs, gamers show several classic signs of addiction. They become preoccupied with gaming, lie about their gaming use, loose interest in other activities...withdraw from family and friends...and use gaming as a means of psychological escape. (Young, 2009:355)

She states that the concept of internet addiction has been ‘proposed as an explanation for uncontrollable, damaging use of this technology...excessive gaming has been identified as a specific subtype’ (Young 2009:356). Throughout this paper the terms video game addiction and internet addiction will be used as the latter is a kind of ‘umbrella’ term including video game addiction in its remit. However there is a body of literature dedicated specifically to gaming addiction also. At this point it is also important to understand what video game use itself means as in our contemporary society video games have hit the internet age where gaming involves multi-users and virtual reality games (MMORPG’s) (Young 2009). No longer do video games only exist with consoles they too now have an internet connection and well as the mobility of these new technologies.
This research will focus on three main themes:

a) Examining the existing theory and literature relating to video game addiction among young people
b) Exploring the point of view of both the child and adolescent mental health social workers on whether video game addiction exists among young people
c) What if any are the implications for social work practice?

**Question, Aims and Objectives**

The research questions are as follows:

In the Child and Adolescent Mental Health service has the use of video gaming among children and adolescent’s become problematic to the point of addiction? If so what are the implications for social work practice in the mental health service and what are the implications if any for child and adolescent mental health.

There are three research objectives that will be investigated in order to achieve an in-depth understanding of the issues raised in the research question. These include:

1. To explore theory of video game addiction as it is related to child and adolescent mental health especially regarding identity formation in children and adolescents.
2. To gain an understanding of Mental Health Social workers perspective on childhood addiction to video gaming including their perspective of whether it is as an addiction.
3. To explore the role of Child and Adolescent Mental Health Social Workers in the debate and response to video game addiction.

**Theoretical Framework**

The framework used is Qualitative Interpretivist ethnography which explores the social world, and understands the experiences of those active participants of the service being researched, i.e. the Child and Adolescent Social Workers. This is the.

According to Mason (2005) qualitative research investigates the depth, multidimensionality and complexity of real life experiences of a working service while the interpretivist ethnography is interested in the ‘interpretations, perceptions, meanings and understandings’ of those involved in what is being researched’ (Mason, 2002:56).

Research methods employed are the exploration of literature and theory, a case study and primary research which examines the perceptions and beliefs of mental health
social workers around the existence of video game/ internet addiction. It explores
social workers understanding of the possible effects video game addiction may have
on a child’s mental health and the practical impact this addiction may have for their
role. Within the Interpretivist epistemology there are research methods, e.g. Data
Collection, Data Selection and these will be discussed in the primary research
findings of this paper.

**Ethical Considerations and Limitations to the Study**
The research is focusing on specific areas relating to children and adolescents use of
computers and video gaming and how it has implications for social work practice.
However it is important to maintain a clear focus on the topic of this specific research
as the objectives outline above. So while there may be other issues relevant to the
subject of video gaming, such the dangers / safety of the internet and the effect on
children’s mental health of violent video gaming they are outside of the focus and
scope of this research.

Due to the scale of the project and limitations of the word count this research focuses
on the possible effects video game addiction has on children and adolescent’s mental
health with specific focus on identity formation. It is important to note that the
research has been undertaken on a small localised scale. It has used its sample from
the southern region of Ireland and therefore its results may be specific to this area and
not generalisable outside of it.

**Child and Adolescent Mental Health**
According to Anderson and Anderson (1995: 56) Mental Health is ‘a relative state of
mind in which a person...is able to cope with, and adjust to, the recurrent stress of
everyday living’. Cultural perspectives, spirituality and religious beliefs too can affect
how mental health is defined. Walker (2003:53) outlines how the western models of
illness ‘regards the mind as distinct from the body and defines mental illness or
mental health according to negative, deficit characteristics’. The World Health
Organisation, in contrast, takes a positive position on mental health and defines it as
‘a state of wellbeing in which the individual realises his or her abilities, can cope with
the normal stresses of life, can work productively and multiply and is able to make a
contribution to his/her her community’ (World Health Organisation Mental Health in the EU 2008).

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is a fundamental classificatory or diagnostic tool used in Mental Health generally, including Child and Adolescent Mental Health (CAMH). This offers clinicians definitions of disorders under a multi-axial classification system (Clinical disorders, Personality disorders, General mental condition, Psychosocial and Environmental problems and Global assessment of Functioning) (Kerig and Wenar 2006).

The International Classification of Diseases shortened to the ICD – 10 Classification of Mental and Behavioural Disorders in Children and Adolescents is used to support diagnosticians in assessing and defining mental health conditions. It does this using different axes as follows Clinical Psychiatric Syndrome, Specific Disorders of Psychological Development (assesses the extent to which there is a delay in development), Intellectual level, Medical Conditions, Associated Abnormal Psychosocial Situations (implications of psychosocial environment) and Global Assessment of Psychosocial Disability (Kerig and Wenar 2006). The term development is one that is fundamental to child and adolescent mental health, whereby lifespan psychology as well as developmental psychology and developmental psychopathology is significant in understanding mental health in childhood; ‘The lifespan perspective maintains that important changes occur during every period of development and that these changes may be interpreted in terms of the culture and context in which they occur’ (Bee and Boyd 2004).

Within the developmental position it is made clear that in children and adolescence there are important periods where individual difference are generated. These are called, ‘sensitive periods and critical periods’ which are affected by the contexts of development, biological context (organic influences), individual context (psychological variations with the individual – personality/ cognitions, emotions), family context (parenting style, attachment, social learning), social context (social relation outside the family – peers/extra familial adults) and cultural context (socio cultural factors - cultural beliefs and norms/ social class) (Kerig and Wenar 2006:3/4). According to Kerig and Wenar (2006) these contexts are not static entities rather they
are in constant interaction with each other and influence the child’s development through many models of developmental theory.

Developmental psychopathology is a facet of developmental psychology which features heavily in CAMH. According to Kerig and Wenar (2006), Developmental Psychopathology should be regarded as ‘normal development gone awry’ (Kerig and Wenar 2006:1). Mental health difficulties may be a result of a psychopathology. It is, ‘the field that uses insights into typical development to study and treat developmental disorders and vice versa’ (Berger 2006:344). Berger (2006:345) goes further in outlining psychopathology’s significance in CAMH and the study of video gaming addiction. She asserts that the, ‘core identity of the person is dynamic, not static’ and that developmental psychopathology can influence its development.

Video Game Addiction
The conceptualisations or definitions of video game addiction are varied and debated. More and more standalone off line video games are becoming multi-user internet accessible games. These online games can include multi-user online games as well as virtual reality worlds known as MMORPS (Young 2009:243). It is therefore important to keep in mind that throughout the research video games may be both offline and online games using the internet.

Internet addiction or computer use addiction have been used to include video game addiction in their remit. Block (2008:306) states that excessive gaming has been identified as a specific subtype of internet addiction. While Black et al (1999) describes the addiction in terms of ‘compulsive computer users’ where effects include ‘compulsive computer use that had contributed to personal distress, or social, occupational, financial, or legal consequences’ (Black et al 1999:840). Shaw and Black (2008) offer the definition that, internet addiction is characterised by excessive or poorly controlled preoccupation, urges or behaviours regarding computer use and internet access that lead to impairment or distress’ (Shaw and Black 2008:353) Young (2009) has stated that the method to clinically detect compulsive use is to compare it against criteria for other established addictions. As such in 1998 she developed the Internet Addiction Diagnostic Questionnaire (IADQ) as an initial screening instrument for diagnosis.
Case Studies

Finn is a young adolescent boy, 14 years of age. His family consists of father, mother and three older siblings 23, 24 and 28 years old. Finn has violent outbursts in the home and school and finds it hard to express his emotions. He is said to find it difficult to make or maintain friendships and at the moment it is feared he does not have any friends. This is compounded by a speech impediment and learning difficulties. Finn regularly remains in his room with the curtains drawn playing his video games on a game console and not taking part in everyday family life. He is described as solitary and despondent. There has also been a physically violent outburst with a family member at home when he was told to stop playing his video games.

Jack is a young adolescent boy, 13 years of age. He lives with his mother and father and four siblings all older bar one who is 18 months. His father has a mental health concern and this has caused much stress in the home as his father has attempted to self harm and to harm one of the children during a psychotic episode. The atmosphere at home is said to be stressful and tension filled. Jack is described as a nice young boy however he is increasingly withdrawn and spends most of his time playing video games both on a console and on the computer. Jack is described as withdrawn and having difficulty socialising with peers and family. He is also described as having low mood.

From the above descriptions of real cases there are many similarities between the boys. They both appear to be having some difficulties in their lives and are both highly involved in the overuse of video games to the point where they are solitary in their own worlds and despondent to their family.

As outlined earlier the addiction to video games is a contested issue. However as can be seen in the introduction to this research Young (2009) states, like an addiction to alcohol or drugs, gamers show several classic signs of addiction. They become preoccupied with gaming, lie about their gaming use, loose interest in other activities...withdraw from family and friends...and use gaming as a means of psychological escape (Young, 2009:355)
Impact on Development

Developmental psychology shows us that psychological development involves many functions. The child in order to develop his/her identity in a healthy way must engage with more individuals than themselves. If however an addiction to video games occurs in childhood/adolescence this can impede on their ability to engage with family and socially with peers and social elders such as teachers, youth leaders etc. Each child experiences events and interactions with peers and family members which influence the child’s learning about the world they live in, how to interact with other people and also about themselves, who they are, and the kind of person they are. Epstein and Reiss call this the ‘internal working model’ (Epstein and Reiss in Bee and Boyd 2004). This is a theoretical concept which emphasises ‘that each child creates a set of core ideas and assumptions about the world, the self, and relationships with others through which all subsequent experience if filtered’ (ibid). It also is about the development of the child’s self concept and self esteem. The self concept in a developing child will influence the child throughout their life. Self concept according to Berger (2006:286) is a person’s ‘understanding of who she or he is’. It includes ‘appearance, personality and various traits’. Berger (2006:286) illustrates the importance of self esteem and states: ‘Self esteem is the belief in one’s own ability, a personal estimation of success and worthiness. As self esteem builds children become more confident and independent’. The Behaviourist model of development states that is ‘observable behaviour and outside stimuli in the environment’ (Feldman 2003:18) that influences a child’s development, an idea influential on the idea of video gaming addictions impact on children’s mental health. Feldman quotes the theorist Watson when he said that

one could gain a full understanding of development by carefully studying the stimuli that compose the environment...and that...by effectively controlling a person’s environment, it was possible to produce virtually any behaviour. (Feldman 2003:19)

Within this field of thought some of the important ideas revolve around how children learn to act, emote and behave which creates a picture of who they are and how they react to life’s tumultuous journey. Pavlov’s classical conditioning, Skinner’s operant conditioning and Bandura’s social cognitive theory are important (Bee and Boyd 2004). In classical conditioning a ‘conditioned stimulus’ is one that brings about a
specific emotion in a person (ibid). If nice things happen when mom and dad are around they become the conditioned stimulus for nice emotions and behaviours. A bully might do the exact opposite. These conditioned emotions can run through the lifespan and with many different people, there are conditioned feelings and responses for bullies and nice people.

Operant conditioning is the, ‘type of learning in which the probability of a person’s performing some behaviour is increased or decreased because of the consequences it produces’ (Bee and Boyd 2004:19). This is concerned with ‘reinforcement’ (ibid). That is, if a child is punished for behaving badly in a situation such as hitting another child, they will be less likely to do that again. However if the behaviour is ‘reinforced’ by a ‘positive reinforcement’ where a child gets something good for a specific behaviour they are more likely to behave that way again, while negatively reinforcing an action leading to the removal of a pleasant stimulus will decrease the likelihood of the child doing that again (Bee and Boyd 2004: 19). This learning process continues throughout one’s life but in the sensitive periods in childhood and adolescence the behaviours are imprinted and likely to have an influence later in life (Bee and Boyd 2004).

Bandura’s Social Cognitive theory is useful to this study of understanding video game addiction’s impact on mental health. It contributes that a child learns by ‘observing the behaviour of another person called a model’ (Feldman 2003:20). Learning occurs through observation and so there can be positive and negative influences or models in a child’s life. There can also be a time when a child simply has no positive model to work from and is left to piece together a model of what is ‘good’ from fragments of encounters with models.

The above learning is central for a child’s sense of self to be built and is fundamentally a social activity. If a child is addicted to video games and are not engaging with model’s or engaging with guardians who teach through reinforcement this may inherently impede on the child’s positive growth and mental health.
Virtual Reality, Identity and Addiction

Caplan’s (1998) ‘Social Skills Deficit Theory’ is effective in highlighting the issues for children’s development and positive mental health in relation to video game addiction. As Caplan states, this idea is that children and adolescents may find:

- computer mediated communication interactions give people a greater flexibility in self presentation than face to face communication and one may omit or edit information... fabricate, exaggerate or intensify the positive aspect of one’s self. (Caplan 1998:1020)

In the study of online multi-user games that involve the creation of online virtual worlds and identities (MMORPG’s) Yee (2006:773) says that ‘immersion into online games allows users to become addicted’. While the Porter et al’s (2010) study is useful in looking at the effects of MMORPG’s. It states that children and adolescents with problem video game use ‘has fewer friends in real life...and higher levels of social anxiety have been found in real life’ (2010; 26). They conclude in their study that,

- whether or not problem video game use should be conceptualised as a mental disorder, the present survey confirms that a minority of people who play video games become excessively preoccupied with activity and lose control over it ... consequences affect multiple domains of physical and mental health and functioning (Porter et al 2010:126)

‘Socializing difficulties’ was one area which this study highlighted as a consequence of problem video game use. This is something which in the above case studies could be a cause and effect of the video game addiction of the boys.

Virtual worlds allow players to create their own world, and as the software has evolved and become more advanced so has the world children can make for themselves, and what a child can make for themselves into has also advanced. Young (2009:337) says a child can ‘evolve’ in this world. Here they can create for themselves a super/ideal identity which can fulfil all the wishes they have for themselves. Popular, beautiful, intelligent, successful and attractive to both friends and potential partners is what can be achieved. Young (2009) asserts that players can ‘spend hours
living as this other person and begins to identify with a character that feels more real and less fictional the longer they play’ (2009:337).

‘Self Discrepancy Theory’ by Higgins (1987) is an interesting identity theory. He distinguishes between three types of self- the ‘actual’ self which is how we currently are, the ‘ideal’ self which is how we would like to be and the ‘ought’ self which is how we think we should be (Hogg and Vaughan 2005:121). Like what has been described above in the building of one’s self concept there are real consequences when there are discrepancies in the 3 self’s. Hogg and Vaughan (2005) describe how in children and adolescents failure to resolve the ‘actual-ideal’ discrepancy produces ‘dejection’ related emotions including sadness and dissatisfaction with oneself. While failure to resolve the ‘actual-ought’ discrepancy produces agitation like emotions including anxiety and fear.

If a child/adolescent can find all they desire in a virtual reality game does it not avoid working through the above selves? Does it then not fill a deep need for that child and therefore is it not open to becoming an addictive activity? Could a child/adolescent who cannot find a coherent version of their self concept/ identity become addicted to video gaming in order to fill the void in their self esteem and live in a virtual world so to avoid the mental pain/anguish of living with personal confusion and frustration?

**Social Identity**

Personal Identity is not the only identity which children and especially adolescents must contend with. There is also the ‘Social Identity’. This is the, ‘part of the self – concept that derives from our membership of social groups’ (Hogg and Vaughan 2005:125). The idea that a child and adolescent must develop a congruent sense of self but must also learn the social skills to interact positively with peers’ highlights the complexity of personal development. It also illustrates the pressure that is placed on children’s mental health in this way.

‘Contextual sensitivity of self and identity’ is a concept of social psychology which depicts the potential for a person to have ‘many selves’ (Hogg and Vaughan 2005: 126). This means that the person we are can be dependent on the people/group we are with and the situation we are in. People have a different identity with different people.
However this idea must be kept in perspective. Hogg and Vaughan (2005:126) illustrate the importance of having self concept ‘integration and coherence’ that provides the person with a ‘continuing theme’ that ‘weaves the various identities and selves together into a whole person’. If a child cannot find a stable self concept that can cope with the need to transform their identity in different situations this could be very stressful. Without the ability to construct coping strategies to understand the core attributes that make a person themselves and not lose grasp of their core self concept, fragmentation of the self concept can cause high levels of mental distress.

Video game addiction as discussed above in relation to MMORPGs could have an impact on developing these skills. If a child and adolescent in core periods of development avoid interaction with social groups they may not learn these skills or develop coping strategies. Without face to face contact with peers and learning through trial and error in social situations these skills may be neglected and underdeveloped. When a child is in a social situation without these skills and coping mechanisms stress and anxiety could be caused and mental health affected.

**Outcomes for the Child and Identity formation**

The case studies highlight the real life influence of video games on mental health. Lawrence et al (2009: 551) states ‘internet addiction has become an increasing mental problem among adolescents’. Studies they say indicate it is predominantly young men with ‘introverted personalities’ that are addicted while females are beginning to rise in the figures. They also say there is a clear association between internet addiction (which includes computer use and video games) psychiatric symptoms and depression among adolescents (ibid).

Importantly for this research is how Lawrence *et al’s* (2009:554) describes internet addiction and stress. They say that,

internet addiction is a behavioural manifestation of internal stress experienced by young people ... and the...internet provides a means for young people to be distracted from these stressful experiences and hence the usage of the internet becomes a coping mechanism.
Both young boys in the case study are at a sensitive period of identity development and have numerous stressors in their environments which appear to be impacting on their mood.

Finn has a learning difficulty and speech impediment which impacts on his ability to associate and communicate with his peers. His anger outbursts could be related to poor coping abilities and the inner stress and turmoil that accrue from not being able to communicate effectively in social groups and having few to no friendships outside of his family. This too could be the reason for his possible addiction to video gaming a way out of the turmoil of his situation but leaving him with little learning of how to exist in the real world, and with low mood.

Jack has a family situation which is deeply traumatic. A parent who is a ‘teacher/protector’ does not fill that role rather they are the cause of stress. Could gaming be a coping mechanism for this? Leaving little space for learning about whom he is and how to cope in social situations, leaving him introverted and with low mood?

Erikson’s theory of ‘Identity versus Identity Confusion’ proposes that in adolescence the youth confronts a crisis in forming their self portrait (Kerig and Wenar 2006:54). Identity confusion occurs when children have difficulty resolving the identity crisis and these children are more vulnerable to risk in adolescence (ibid). As has been outlined in ‘social identity’ the task of incorporating gender, ethnic and sexual identities into one’s self concept also bears a load on a child’s mental health. If a youth successfully navigates this process of building a self concept a child achieves a coherent sense of self and are more socially mature. If a youth is confused and uncertain about their identity and aren’t making progress in understanding themselves they are ‘identity diffuse’ and can be ‘socially isolated, unmotivated and attracted to substance abuse’ (Kerig and Wenar 2006:54).

Another result of poor identity cohesion may be low self esteem. This arises from a negative self concept and is a ‘risk mechanism for depression and suicide’ (Kerig and Wenar 2006: 56). A child who perceives himself of herself as defective or unworthy is more vulnerable to feeling of ‘sadness, hopelessness and futurelessness’ (ibid).
All of the above theory has highlighted the vulnerability that some children may have to mental health difficulties and that addiction to video games may be a result and causal factor in this. The potential risk of low mood and depression have been stated a number of times.

The DSM IV – TR classifications for depressive spectrum disorder and are useful to read and understand, especially when considering the treatment options and possible co-morbidity of video game addiction with these issues.

Clinical considerations in Diagnosis and Treatment of VG Addiction

Definition of Video Game and Internet Addiction

Video game addiction does not appear in the DSM IV – TR or the ICD 10 specifically. To work with a mental health concern that is not recognised as a specific disorder in itself leaves workers with a dilemma as to how to proceed with diagnosis and treatment options.

Shaw and Black (2008:355) propose the opinion that,‘until internet addiction achieves recognition as a disorder, we recommend that clinicians use the Axis-I DSM –IV- TR category ‘impulse control disorder not otherwise specified’. However because of the many affiliated issues and psychopathologies associated with video game addiction a broad holistic assessment is required by CAMHS. Shaw and Black (2008:358) promote the Psychiatric Co-Morbidity of mood disorders, anxiety disorders, psychotic disorders and substance use which they say are associated with adolescents with video game addiction.

Treatment Considerations

Young (2009:363) offers the effective realisation that successful treatment must not only address the gaming behaviour but help an adolescent to,

navigate the normal developmental tasks of identity formation that are often neglected while using gaming as a means of coping with life’s problems...treatment should focus on effective problem solving skills necessary to build self esteem...treatment must focus on ways to build/rebuild their identities within a non gaming environment.
This point of view is congruent with the above discussion of video gaming’s impact on children and adolescent’s mental health as it relates to identity formation. Cognitive Behavioural Therapy (CBT) has been highlighted as a therapeutic option as it is based on the premise that thoughts determine feelings (Chou et al 2005:382). Young (2009:244) states that CBT has been shown to be an effective treatment for ‘compulsive disorders’ as well as substance abuse, emotional disorders, and eating disorders.

Motivational interviewing or Motivational Enhancement therapy is proposed by Orzack and Orzack (1999) as a treatment option. This ‘allows addicts and their therapists to collaborate on treatment plans and set attainable goals’ (Chou et al 2005:283/4).

Young (2009: 364) promotes the importance of parental involvement in the treatment of adolescent video game addiction (internet addiction). Knowing the warning signs is central which she says include, ‘withdrawal including anxiety, depression, irritability, trembling hands, restlessness, obsessive thinking or fantasizing about the internet’. Family therapy is a treatment option that is highly promoted. Young (2009:366) states, ‘it is important to educate the entire family on ways they can help the addict’. It is also seen as important because this method may include counselling for the family, coping mechanisms around loss of trust, as well as offering the family a space to understand the underlying ‘dynamics’ associated with the child’s addiction (ibid).

**Primary Research**

The investigation in the field involves personal interviews with social workers in the mental health service. The interview process follows the Qualitative methodology and the interpretivist ethnography of this research. The collection method employed was that of Semi structured personal interviews. The interviews were devised out of the research aims and objectives of the research project. Those aims related to identifying social work role in child and adolescent mental health service, exploring the views of Mental Health Social Workers about whether video game addiction exists. As well as exploring the effects this addiction may have for mental health. The final aim involves exploring the role of Social Workers in the debate and response to video game addiction i.e. role and responsibilities.
Reducing and analysing the data received through the interviews involved coding the information into a small number of categories. From here the information collected was thematically deciphered. Three core areas were identified out of the initial research aims which work as the coding mechanism. Interview questions assessing social work in child and adolescent mental health is the first. Followed by Video Game Addiction and finished with Implications of video game addiction for Social Work Practice.

Questions posed under section one ‘Child and Adolescent Mental Health Social Work’ are concerned with the interviewees’ perspective of the social worker role in working with child and adolescent mental health. It also brings into the discussion the presence of addiction in the service. Section two, ‘Video Game Addiction’, includes questions related to the interviewee’s experience of working with video game addiction and whether there is an impact for children’s mental health. And the final section of the interview ‘Implications for Social Work Practice’ consists of questions related to identifying the effects of the addiction for the social work role, response and the treatment options available to them. Finally the opinion of the interviewee was asked in respect to whether they believe video game addiction is a growing phenomenon and the impact that has for future practice.

Findings of the Research
Child and Adolescent Mental Health
Social workers highlighted the varied aspects of working with child and adolescent mental health with special regard to what they understand their role to be. Each participant included the aspect of working as part of a multi-disciplinary team. While participant four offers a useful explanation as to the social work role:

The role of Social Work is to contribute to the formulation of the psycho-social assessment in terms of a child’s environment, focusing on family and extended supports, attachments, parenting experiences, supports and safety/risk. Further to this Social Work contributes therapeutically in terms of family work (and the child within the family system) focused on a variety of presenting difficulties, and the facilitation of group programmes (parenting and social skills).
The participants also included in their insights the benefits the social work profession brings to CAMHS. These views include how in an holistic assessment, which is central to the work of CAMHS, social work through its focus on holism and the social aspect can offer balance to the medical model of assessment which is utilised in mental health type working.

**Video Game Addiction**

This section raised points around the interviewees’ personal experiences of working with addiction generally and video game addiction specifically. Firstly when asked about whether addiction is an issue in the service, the opinion generally was that while addiction may not be the primary reason for referral addiction issues were prevalent. Participant 1 highlighted the Vision for Change Policy (2007) where it is recommended that children and adolescents with addiction problems should be offered assessment by the generic addiction services. The majority of the participants however emphasised addiction as a contributory factor. Participant 3 illustrates this point effectively by saying,

‘Yes – but usually an ‘add-on’ to the presenting mental health issues. However a good deal of the mental health problems experienced by our patients were caused by substance abuse in the first place. For instance drug induced psychosis etc.’

While participant 3 states,

‘Addictive behaviour is prevalent in many cases and is particularly noticeable in cases where there is vulnerability in families, such as poor supervision/ boundaries or communication difficulties. The addiction in many cases represents a loss in relationship’.

The views were highly similar in this respect with addiction seen as a secondary or even pre-emptive aspect to mental health difficulties in children and adolescents. The second area covered in this section was in relation to exploring the possible effects addiction has for child and adolescent mental health. Attitudes in this respect were also quite similar with many aspects repeated throughout the accounts. Participant 4 describes what an addiction means ‘Addiction is defined as when a particular activity interferes or eclipses daily functioning (i.e. sleep, meal, and social activity)’. Following this they illustrate how addiction therefore,
‘often replaces other important aspects of daily living such as peer
socialisation, academic performance, forming supportive relationships,
sleep, appetite. This can have detrimental affects depending on the severity
of the addiction to issues such as physical and mental health and can cause
secondary disorders in terms of anxiety, mood etc.’ (Participant 4)

Participant 3 offers a very comprehensive insight into the effects, when they say,
‘In our experience addictions have an extremely negative impact on child
and adolescent mental health both on a cognitive and emotional basis.
Addictions cause an amount of social and psychological problems.
Psychological problems include the issue of compromised neural
development. Social problems include financial issues, withdrawal from
friends, and family, anti-social problems etc, as well as poor self-esteem,
poor problem solving skills and so on’.

When asked had the participants come across video game addiction in their practice
the response was surprising. In the literature it was clear that this area is highly
debated and the theory lies predominantly in journal articles. However each
participant notes they had come across incidents where children have a severe
preoccupation with video games. Each contributor stated ‘yes’ and added sentiments
like, ‘the incidents appear to be rising’, ‘games go on forever’ and ‘we see
withdrawal symptoms that correspond with other addiction withdrawal signs’.

Perhaps most importantly for the aims and objectives of this research was the question
of whether or not these social work practitioners felt this over usage of video games
could be addictive. Each participant believed ‘yes’ video game preoccupation could
become an addiction.

Implications for Social Work Practice

The responses were thought provoking as each had both similarities but very
individual perspectives on the meaning of this addiction for them. These points are
important for future practices around video game addiction as they draw attention to
the needs for future training and practice requirements to deal with this issue.

The first question searched for the contributors opinion on the impact of this addiction
for their work, that of role, response and treatment options. For most the social
workers the impact on their role was what they felt was most important. Participant 1
believed the impact is more for the child’s life whereby,
'(I) will work with parents and children to support them to “regulate” their internet use and to engage in activities that are “people” orientated as opposed to “screen” orientated. Usually Children and families are very receptive to intervention around spending too much time “gaming” as children don’t like feeling isolated from peers’.

Participant 2 highlighted the importance of ‘naming’ the new issues that social workers are being faced with when working with children and adolescents. Points to note,

‘I feel that if it begins to be uncovered more and more then we as social workers will become more confident in working with it. We have skills from working with kids generally with issues like impulsivity and mood disorders and this addiction I think could be part of that so we need to become confident in working with new issues. It’s more about naming issues because we inadvertently work with issues that are not named all the time’.

The perspective of the third participant was very interesting as they took it from the team perspective, and the consequences of the addiction on a child’s participation with the service, by saying,

‘Our greatest issue with this addiction is that it isolates the young person or connects them with cyber relationships which are of little social value to them. They are unmotivated, have difficulty with maintaining relationships, school attendance, work commitments etc Poor self-care and so on. As it is not seen as a ‘mental illness’ per se we do not have treatment options available to us on our team. Our biggest problem is trying to help motivate the patient to deal with his/her other mental health issues that brought him/her to our team in the first place’.

While participant 4 speaks about the way they feel they would work with video game addiction. This perspective enriches this study because it offers the reader a practical perspective on treatment. The participant says,

‘Social work response should be in providing education/ awareness and support to families who are faced with such issues. Treatment follows any addiction model of treatment 1) Assessment of impact of daily living 2) psycho - educational component as to normal functioning and impact of addiction on child's development 3) Parental work to manage difficult behaviours and establish boundaries- using cost -response methods
4) Addressing issues of balance in a young person’s life. 5) Providing support to young person- supporting models of positive communication.’

Finally for the primary investigation the social workers were asked about the potential for video game addiction as a growing phenomenon and the implications of that for social work practice. The responses in this segment were the same, ‘yes’ this is a growing phenomenon. As for the future implication they were similar to the implications for present practice with the addition that training is a definite requirement. Each participant added to the discussion with points including,

‘Social Work needs to keep abreast with what children and teenagers like doing on the internet and to understand the addictive nature of some of the games available on line’.

‘I think it’s about gaining more experience of working with this issue and working through treatment and possibly contacting people/professionals with an expertise around it’.

‘problems will be diagnosis and recognition by professionals of the issue. It will be an extensive problem I think in future for child protection, CAMHS, probation, community work etc Training, support and treatment options for the young people are required’

And finally,

‘We have entered an age where computers are a part of everyday life ... it needs to be taken seriously and considered when assessing a young person - it should form part of an overall risk assessment framework in Social Work ... and ... offer support to families in advising them of the need for supervision and monitoring of behaviours to ensure addictive behaviours do not develop’.

These points contribute valuable practical advice around the study of video game addiction as it impacts on present and future social workers and their practice.

**Conclusive Remarks**

Arising from this primary research there emerged definite findings which relate to the research aim and objectives of assessing the debate on video game addiction, its impact for mental health and the impact on social work practice.
The Social workers interviewed have worked with children that have a severe preoccupation with video games

The Social workers interviewed felt video gaming can be addictive.

It was felt that children’s mental health is impacted upon by video game addiction

There are implications for social work practice including issues around working with families and children around the issue.

Finally the participants believe that video game addiction is a growing phenomenon and finding more information and training about working with the addiction is necessary

**Literature and Case Study Findings**

Conclusions which can be drawn from the extensive literature and case examination indicate that there is a clear body of literature which demonstrates the link between the diagnostic criteria required for established addictions with that of the criteria required for pathological preoccupation with video games to be an addiction. This is important for social work practice to acknowledge and is useful for my own future practice.

With regards to the implications for the development of positive mental health among children, the literature in this piece of research has highlighted that video game addiction may impede a child’s sense of self concept, leading to issues of social isolation, low mood due to identity confusion and poor social integration. This links with Porter et al (2010) and Lawrence et al (2009) studies which highlight the negative effect of video games on mental health. It also correlates with the DSM-IV-TR’s definition of a mental health disorder, when it states mental health disorder is a: clinically significant behavioural or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g. a painful symptom) or disability (i.e. impairment in one or more areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. (Kerig and Wenar 2006:86)
Social work implications include the lack of statistical diagnostic tools to aid social workers working with video game addiction. It does not exist in the DSM –IV- TR or the ICD – 10 which may hinder the diffusion of knowledge about the issue and the development of specific treatment options.

There was a positive correlation between the outcomes of the literature exploration and that of the opinions of practicing mental health social workers. These include the conclusions that each social worker believed video game addiction should be recognised as an addiction. The occurrences of the addiction in their practice are rising and there are definite implications for both children’s mental health and social work practice, like social isolation and low mood. These implications for social work practice include the need for further research to be done on the area and training on the subject so that social workers can work with children and their families in the best way.

**Recommendations**

The fieldwork undertaken in this research coupled with the research undertaken into the theory, literature and case studies regarding video game addiction have resulted in highlighting areas which have implications for current and future social work practice. This research concludes with some recommendations as follows:

- The need for further research on the area of video game addiction, with special attention paid to categorising the disorder in the classificatory tools such as the DSM-IV-TR and the ICD 10. This will give the disorder more ‘credibility’ leading to the legitimation of the disorder and legitimating further research on treatment options.

- The need for further research on diagnostic tools and treatment options for children and adolescents with video game addiction is required.

- Like Porter et al (2010:126) in their study recommend it may be useful (and precautionary) that, ‘mental health professionals routinely enquire about the use of electronic media when assessing at risk patients’

- Sharing of information between professionals working with video game addiction. For example in a special interest forum, where expertise can be accumulated and shared to offer support to social workers (and other mental
health professionals). This may also be useful in collaborating and creating practical treatment plans for children and families with the disorder as well as updating CAMHS assessment policy to include video game addiction.

- The availability of Young’s Internet Addiction Diagnostic Questionnaire as an initial screening instrument for diagnosis to CAMHS teams may be an initial step in aiding professionals work with and acknowledge the effects of video game addiction on their service users.

- The dissemination of information on video game addiction to parents and family members, and schools youth groups etc could be useful to help parents, peers and adults know the warning signs, which Young 2009 has derived.

Overall this study focuses on literature, case studies and primary research with mental health social workers. The key findings as outlined above make a direct contribution to the body of thought that video gaming and internet use can be addictive and have a direct impact on children’s mental health, leading the need for social workers in the CAMHS service to educate themselves regarding this issue in order for them to support both children and their families as part of their treatment plans. It may be true that there are also positive connotations to computer use and by understanding both perspectives social workers may be able to help children find a safe balance in their use.
Bibliography


**Online Resources**

European Commission (2008) ‘Mental Health in the EU Key facts, figures, and activities’ Available from:

