

# ADDICTIVE AND HARMFUL USE OF SCREENS AND SOCIAL MEDIA



**IT IS  
TIME  
TO ACT**



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# WHY?

## Every part of a child's life is impacted



### ADDICTION

Problematic smartphone and social media use is on the rise. Reports show:

**25%** of 3-4 year olds in the UK own a smartphone.

**23%** of 13 year old English girls display problematic social media usage.



On a typical weekday, parents said their children spend on average 3 hours and 20 minutes on electronic devices outside of school.

"The evidence shows that between 1 in 3 to 1 in 10 young people are exhibiting problematic smartphone use (PSU). These are behaviours that are consistent with the symptoms of a behavioural addiction."

—  
Professor Ben Carter, Professor of Medical Statistics, Institute of Psychiatry, Psychology and Neuroscience, King's College London

### SLEEP



Smartphones significantly impact sleep patterns and the ability to fall or stay asleep. This is true for all ages, from pre-schoolers to adolescents.

"There is a strong and consistent association with bedtime media use and inadequate sleep quantity, poor quality, and excessive daytime sleepiness. A 2016 JAMA study found children who had access to (but did not use) media devices at night had comparable sleep disturbance. Quality sleep is critical for a child's healthy development and its absence drives untoward behaviour, impaired learning and impedes overall wellness."

—  
Dr Peter Cosgrove, MBBChBAO, FAAP, MRCP. Consultant in Paediatric Emergency Medicine. Honorary Lecturer, Queen's University Belfast

### MENTAL HEALTH

Children and young people are 24 per cent of the population and account for 11 per cent of NHS expenditure. Child contact with mental health services is up from 96k in 2016 to 458k in 2024 = 477% increase. There is also strong evidence that those in areas of higher deprivation are more likely to be in contact with mental health services.

Evidence now supports that increased internet use is causing depression and anxiety in adolescents, particularly in girls.

"Across the ages of 13 through 17, greater amounts of time spent online by girls is linked to increases in major depression symptoms and generalised and social anxiety. These results held up after controlling for possible reverse correlation, or the possibility that adolescents with worse mental health may choose to spend more time online."

—  
Professor Caroline Fitzpatrick, Ph.D. Associate Professor, Department of Preschool and Primary Education at the University of Sherbrooke and Canada Research Chair in Digital Media Use by Children and Its Implications for Promoting Togetherness: An Ecosystemic Approach

There has been a five-fold increase in prevalence of any eating disorder in 11 to 16 year olds. This rise was evident in girls, but not in boys. (We know girls are particularly vulnerable to social media influence in this age group). Left untreated, eating disorders can lead to severe malnutrition, family dysfunction, relationship breakdown and sometimes, tragically, death. Anorexia is known to have the highest mortality rate of any psychiatric condition. The number of children starting treatment for eating disorders has more than doubled since 2016-17 and waiting lists for urgent and routine care continue to miss targets. This surge in eating disorder cases in children has been seen across the world and it strongly overlaps with the exponential increase in use of social media by younger children and ever-increasing sophistication of social media algorithms and addictive features.

Mental health services simply cannot cope with this increased demand. As of June 2024, 109,000 children and young people under the age of 18 were waiting over a year for community mental health services.

## SPEECH AND LANGUAGE DEVELOPMENT

Speech and Language UK report there are now

**1.9 MILLION**

children with speech and language challenges in the UK

**27%**

an increase of 27% in the past 2 years

This report, 'Getting in early - interventions that transform young lives,' states the importance of early intervention in order to prevent adverse outcomes; more mental health problems (81% of children with emotional and behavioural disorders have significant speech and language challenges), worse literacy and numeracy (6x more likely to be behind in English and 11 times more likely to be behind in Maths), increased risk of offending (60% of young offenders have language difficulties) and less secure employment (twice as likely to experience insecure employment as adults).

There is compelling evidence across many longitudinal studies that greater screen use is associated with lower language skills and developmental delays in communication. Children's early language exposure impacts their later linguistic skills, cognitive abilities, and academic achievement, and large disparities in language exposure are associated with family socioeconomic status.

*"The number of children with speech and language challenges is increasing in line with the increasing use of screens, particularly smartphones, to pacify and entertain young children. The impact of children's screen use is compounded by time parents spend on screens and time that TV is left on in the background!"*

—  
Sandy Chappell, Paediatric Speech & Language Therapist, BA (Hons), HCPC Reg. MRCSLT, MASLTIP

## ADHD

There has been a dramatic increase in children requiring assessments for ADHD. Between 2004 and 2023 the number of patients on ADHD medication has been increasing by just over 10 per cent each year. Access to mental health services is a huge problem for children and young people.

*"Since the widespread adoption of smartphones in the early 2000s, ADHD diagnosis rates have seen a substantial relative increase of approximately 56%. Constant exposure to fast-paced, highly stimulating content, such as social media and video games, may contribute to attentional difficulties by conditioning the brain to expect frequent, rapid rewards,*

*making it harder to sustain focus on less stimulating tasks. Additionally, excessive screen time can disrupt sleep patterns, which are crucial for cognitive and emotional regulation."*

—  
Dr. Federico Campos MD MSc  
Deputy Medical Director / Child, Adolescent & Adult Psychiatrist. The Giaroli Centre.  
Neurodevelopmental Psychiatry

## EYESIGHT



Childhood myopia has increased from 24% in 1990 to 36% in 2023 and this is expected to rise.

*"As an optometrist, the impact of screen use and spending less time outside on children's eye development is well documented."*

—  
Daniel Hardiman-McCartney MBE, FCOptom, FRSA

## EDUCATIONAL ATTAINMENT AND LIFE CHANCES



We know that educational attainment is a key factor in determining life chances. Since 2012, with the advent of smartphones and social media, PISA grades have progressively dropped, and lower scores in maths correlate with more smartphone usage.

There is now evidence of what parents and teachers have long suspected, 'digital distractions' are dragging down the educational attainment of many children.

Children from deprived backgrounds are less likely to receive the education they deserve. These children and those with special educational needs are significantly more likely to experience online sexual abuse or partake in high-risk activities online.

Anything that interferes with a child's education has the potential to interfere with all other areas of their life. The inexhaustive list of harms can directly impact a child's ability to attend school and we know school attendance is associated with better health outcomes. The health and education profession and the government need to now align on communicating the potential harms of this technoference in a child's life.

# WHAT SHOULD HEALTH PROFESSIONALS AND THE GOVERNMENT BE DOING TO CREATE CHANGE?



## Launch a full public health campaign

that speaks to parents, the public and other health professionals to influence clinical practice in frontline settings.

This will allow parents to make more informed decisions around their child's device use and have better awareness of the potential harms.

It will allow health professionals to improve their awareness of the potential harms of these devices and consider this in their communications with patients, especially children from deprived backgrounds, or those with mental health conditions or neurodiversity.

We need an early years focus with midwives, health visitors and nurseries. This is essential to equip new parents with information around the potential harms of these devices on their newborn baby's development and the importance of moderated parental screen use.

## CMO statement and communications

We need our lead clinicians in this country to communicate their health concerns about these devices in a much clearer way and to update their 2019 commentary on this issue.

This revised CMO message should include not only a call on tech companies to urgently reform their safeguarding measures around child use of these addictive by design devices and apps, but also demand that any research conducted in this area is carried out and funded independently of any technology companies (including gambling and gaming), with all researcher conflicts declared.

## Support calls for legislative change

Parental collective action on this issue will only carry us so far and is unlikely to reach children in deprived backgrounds who we know often use these devices for the longest periods unsupervised, and are most at risk of sexual exploitation. Only legislative change can help protect all children.

## WE CAN FIX THIS



Leaflet



References

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