

Breaking the Cycle of Screen-Driven Anxiety Among Kids and Teens

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VIRTUAL EDUCATION SERIES

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No disclosures

Welcome

Virtual Conference Reminders

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 - OR**
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What We'll Cover

01

Trends in Youth Screen Use and Rates of Anxiety

How screen habits and rates of anxiety among youth have evolved

03

Mechanisms of Risk

Why screens might increase anxiety symptoms

02

Screen Use & Anxiety Among Youth

What research tells us about the connection

04

Practical Guidance

What providers and parents can do

Is Screen Time Bad for Kids' Brains?

A study featured on “60 Minutes” is sure to alarm parents. Here’s what scientists know, and don’t know, about the link between screens, behavior, and development.

NEWS SCIENCE & SOCIETY

Screen addiction affects teens’ mental health. How to spot it, and help

Parents and caregivers should focus on how teens use screens rather than just how much

Social media is driving teen mental health crisis, surgeon general warns

≡ **CNN Health** Life, But Better Fitness Food Sleep Mindfulness Relationships

Screen time: Mental health menace or scapegoat?



Screen time linked with developmental delays in toddlerhood, study finds

By Kristen Rogers, CNN

🕒 6 min read · Updated 12:37 PM EDT, Mon August 21, 2023

What screen time does to children's brains is more complicated than it seems

30 July 2025

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 **Zoe Kleinman**
Technology editor

U.S. Surgeon General Advisory-May 2023

FOR IMMEDIATE RELEASE

May 23, 2023

Contact: ASH Media

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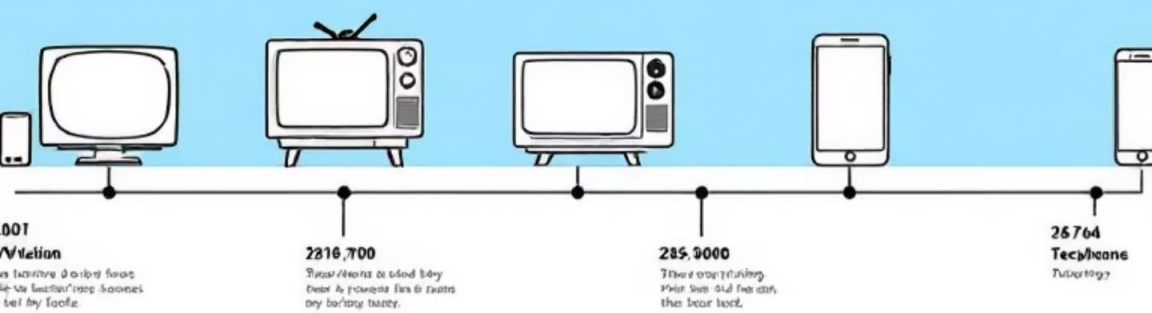
ashmedia@hhs.gov

Surgeon General Issues New Advisory About Effects Social Media Use Has on Youth Mental Health

*Surgeon General Dr. Vivek Murthy Urges Action to Ensure Social Media Environments are Healthy and Safe, as
Previously-Advised National Youth Mental Health Crisis Continues*

Today, United States Surgeon General Dr. Vivek Murthy released a new [Surgeon General's Advisory on Social Media and Youth Mental Health - PDF](#). While social media may offer some benefits, there are ample indicators that social media can also pose a risk of harm to the mental health and well-being of children and adolescents. Social media use by young people is nearly universal, with up to 95% of young people ages 13-17 reporting using a social media platform and more than a third saying they use social media “almost constantly.”

The Shift in Youth Screen Use Over the Past Decade



- 1** — Pre-2010: Stationary Era
Screens were primarily shared, stationary devices—televisions and desktop computers used in common spaces
- 2** — 2010-2015: Mobile Transition
Rapid adoption of smartphones and tablets; screens became portable and increasingly personalized
- 3** — 2015-Present: Social Media Dominance
Shift toward social platforms and video content; continuous connectivity becomes the norm the norm

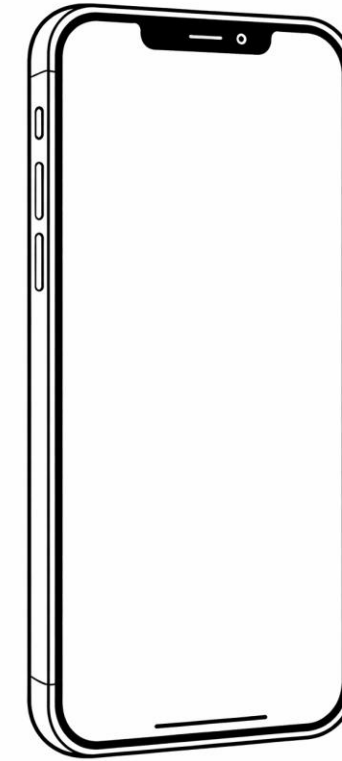
How much are kids using screens? screens?

Younger children:

- Under 2 years: 1h 3m/day
- Ages 2-4: 2h 8m/day
- Ages 5-8: 3h 30m/day

Adolescents (12-17 year-olds)

- 50.4% average >4 hours/day excluding schoolwork
 - Total use increases with age:
 - Ages 12-14: 45.6% had 4+ hrs/day
 - Ages 15-17: 55% had 4+ hrs/day
- 95% of US Teens have access to a smartphone

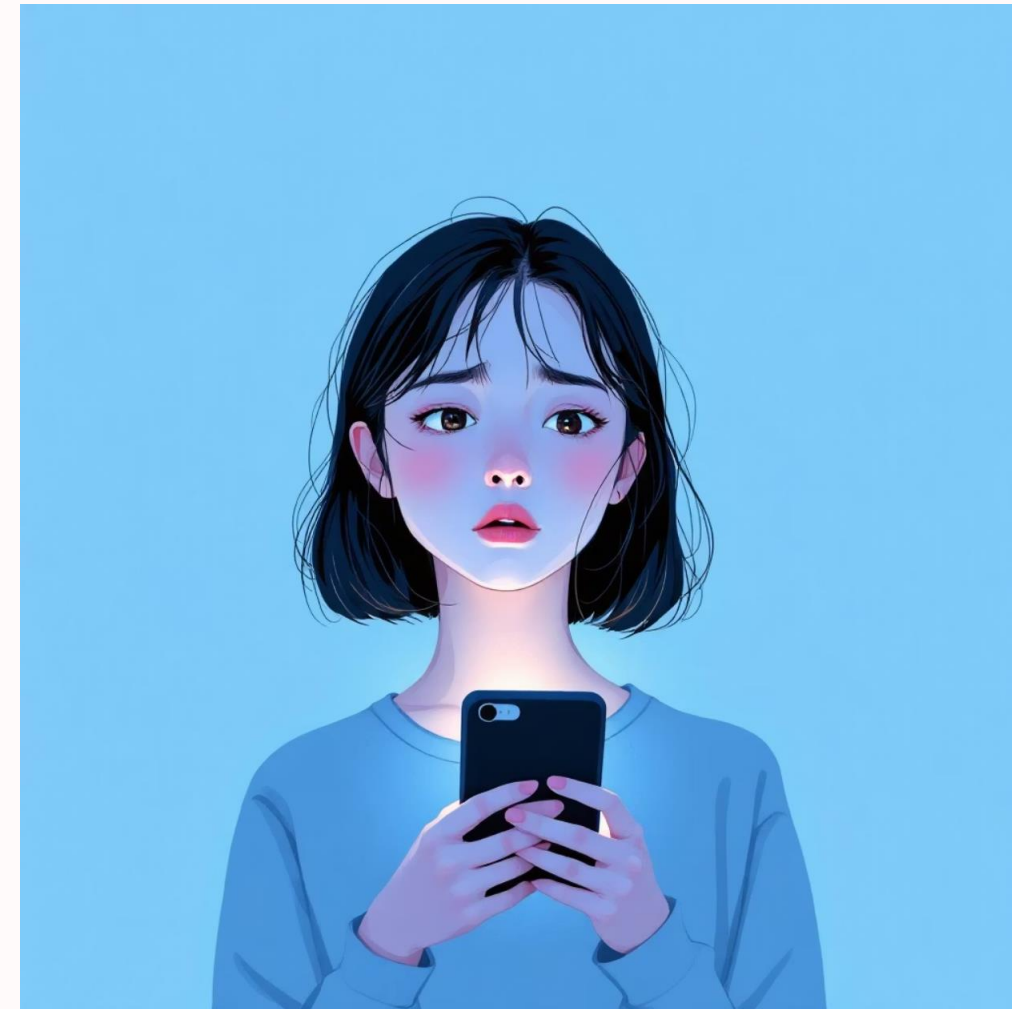


Developmental Vulnerabilities



Younger Children

- Rapid brain development phase
- Self-regulation skills still emerging
- Greater susceptibility to overstimulation



Adolescents

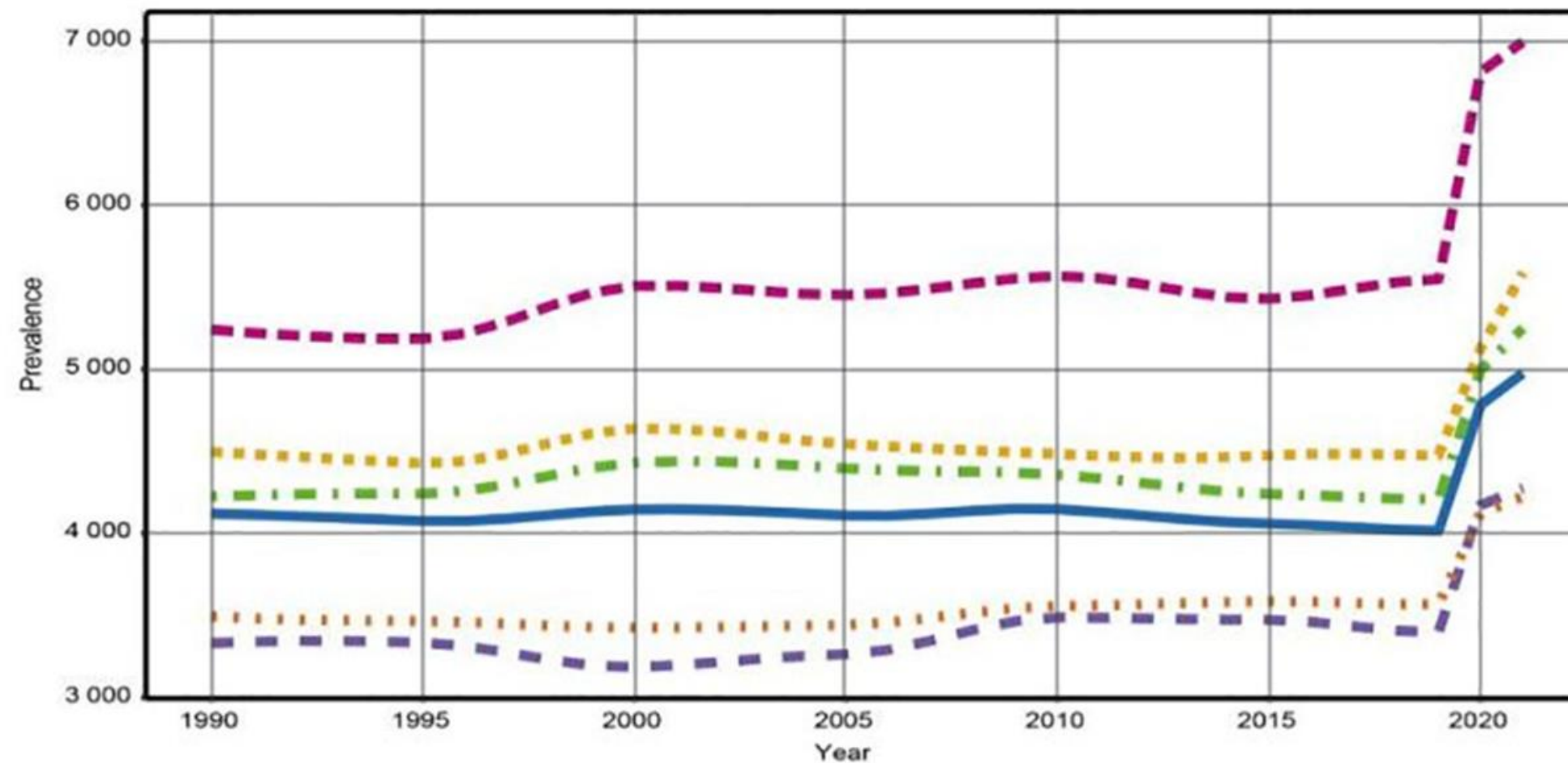
- Heightened sensitivity to peer evaluation
- Identity formation in progress
- Sleep patterns particularly vulnerable
- Increased risk-taking and social comparison

Anxiety among youth

- **The earliest and most common form of mental illness among youth**
- **Persistent , waxing and waning course**
- **Anxiety disorders confer risk for other mental health problems in adulthood**
- **Untreated anxiety creates impairment across all domains of life**
 - **Physical health**
 - **Mental health**
 - **Occupational functioning**
 - **Social functioning**

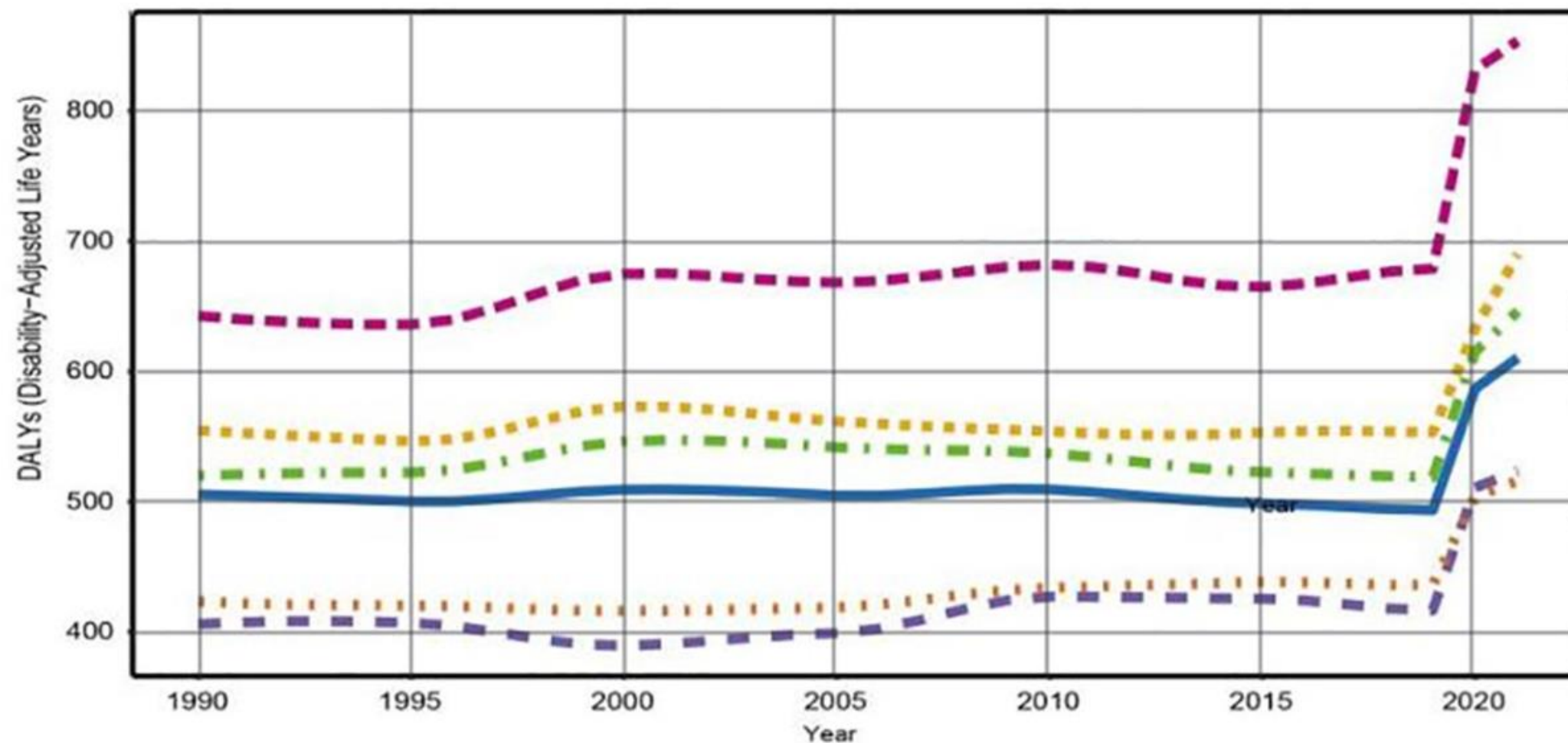
Rates of anxiety among youth

Global High SDI High-middle SDI Middle SDI Low-middle SDI Low SDI



Disability associated with anxiety among youth

Global High SDI High-middle SDI Middle SDI Low-middle SDI Low SDI



Screen Use and Anxiety: What the Evidence Shows



Cross-Sectional Associations

A substantial body of research demonstrates associations between higher screen use and elevated anxiety symptoms in youth. These relationships are especially strong among girls.



Longitudinal Associations

Fewer studies, and evidence is more inconsistent linking screen usage and later development of anxiety. Effect sizes are typically very small. More research is required.



Likely Bidirectional

Evidence suggests the relationship works in both directions: screens may contribute to anxiety, while anxious youth may be more drawn to certain online behaviors as coping mechanisms.

Screen Use and Anxiety: What the Evidence Shows

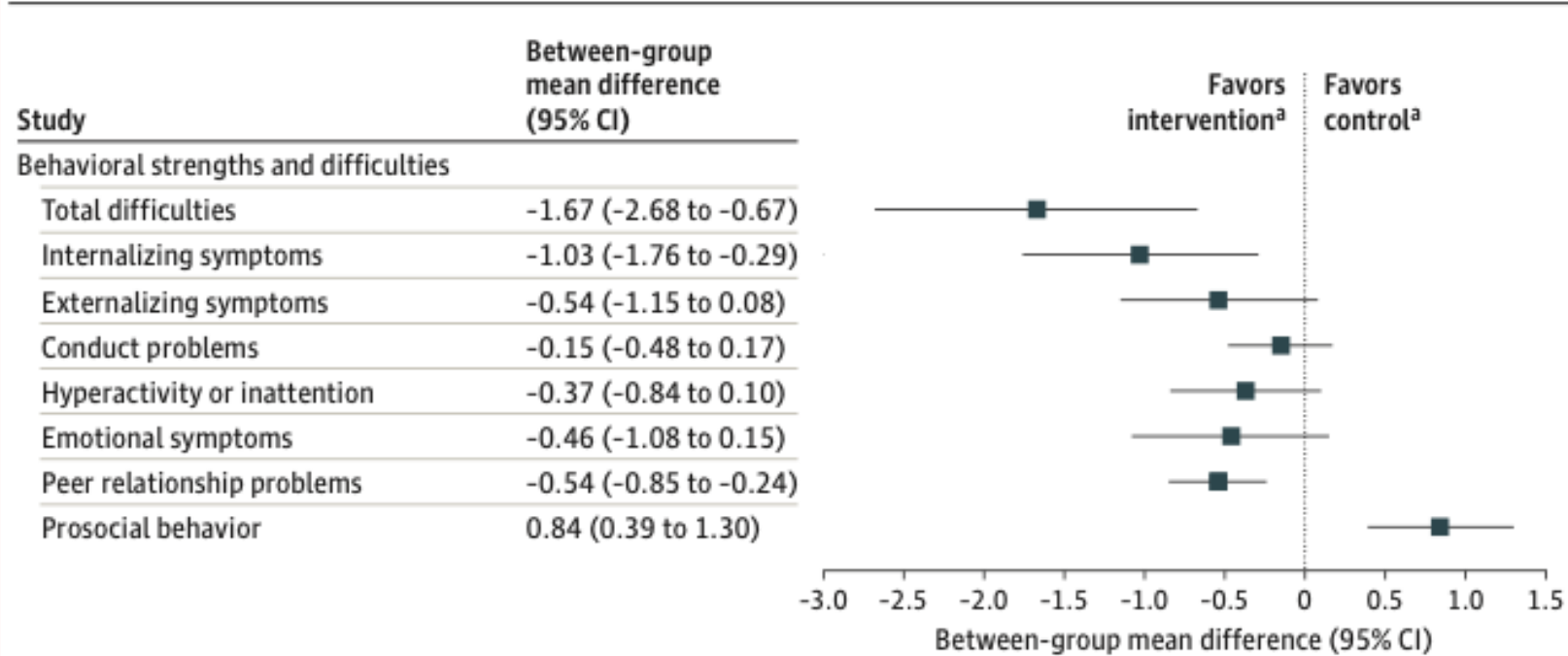
Original Investigation | Pediatrics

Screen Media Use and Mental Health of Children and Adolescents
A Secondary Analysis of a Randomized Clinical Trial

Jesper Schmidt-Persson, PhD; Martin Gillies Banke Rasmussen, PhD; Sarah Overgaard Sørensen, MSc; Sofie Rath Mortensen, MSc; Line Grønholt Olesen, PhD; Søren Brage, PhD; Peter Lund Kristensen, PhD; Niels Bilenberg, PhD; Anders Grøntved, PhD

- Testing the effects of a two-week screen reduction intervention
- No smartphones or tablets (flip phones only)
 - 30 minutes of screen media/day for appointments, school assignments, and other tasks
 - No more than 3 hours/week of TV

Figure 2. Between-Group Mean Difference in Change in Behavioral Strengths and Difficulties From Baseline to Follow-Up



Mechanisms: Why Screens May Increase Anxiety



Activity Displacement

Screen time may displace sleep, physical activity, academic efforts, and in-person social interaction—each protective for mental health



Avoidance

Screen usage provides a means of avoiding activities that might be uncomfortable but are ultimately important. Avoidance promotes greater anxiety over time.



Social Comparison

Constant exposure to curated content triggers upward comparisons, reducing self-esteem and increasing social vigilance



FOMO & Reactivity

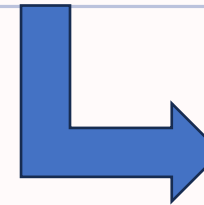
Fear of missing out and reward-based platform designs increase emotional reactivity and difficulty disengaging



Not all screen time is created equal!

Passive usage

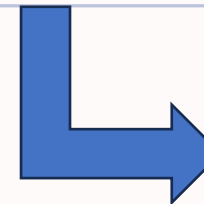
- Non-communicative, consuming content without interaction
- Scrolling, viewing photos or stories, watching video content



Increased mental health problems

Active usage

- Effortful engagement with content, usually involving involving content creation, communication, interaction, interaction, problem-solving
- Testing, chatting, posting, drawing, video editing, blog blog posts



Fewer anxiety/depressive symptoms
May have protective effects overall.

Table 1
Risk and benefits of online habits for youth with anxiety

Risks for Developing Problematic Internet Use/Consequences of PIU	Benefits of Online Engagement
History of premorbid mental health concerns	Identity exploration and expression
Loneliness	Practice with self-disclosure
Shyness	Increased creativity
Preference for online social interactions	Augmenting real-world social relationships
Great need for social assurance	Access to health-related information
High levels of Fear of Missing Out (FOMO)	Increased availability of mental health treatments
Use social media for more than 2 h daily	Destigmatizing mental health forums
Multiple social media accounts	Companionship for members of marginalized groups
<i>Case Example 1: A 10-year-old with long history of anxiety; separation concerns, social phobia, generalized anxiety concerns has open access to constant news feed and recent mass shootings, COVID deaths, and natural disasters has led to further fears of leaving home and returning to school.</i>	<i>Case Example 1: A 13-year-old female adolescent always socially shy, able to connect with peers online to “practice” social conversations and engagement. Family monitors to ensure peers are “real peers”, from school or extracurricular activities.</i>

How do we talk to patients and families?

For older children/teens:

- What are the rules in your house around screen time?
- What are the social media sites you use most?
- Are there times when you feel like you use screens too much?
- Do screens make it harder to get enough sleep or complete homework?
- Are there things you would like to change in terms of how you use screens?
- Do you connect with strangers online? Have you ever met someone in person that you met online?
- Do you text and drive?

For Caregivers

- What are the rules in your house around screen time?
 - Do you have any concerns about your child's use of screens or social media?
 - Do you feel like you have a good grasp of how your child is using screens and what they are accessing?
 - How do you use your phone and social media at home?
 - Are there rules around screen-free times in your home? Do you eat dinner together?
-



American Academy of Pediatrics now emphasizes the “5 Cs” to help families manage media use more effectively than just relying on screen time limits:

Child: Consider the child’s unique personality and how they react to different media. Is an anxious child seeking content that seems to reinforce their anxiety? Is a child seeking age-inappropriate content?

Content: Prioritize high-quality, educational, or interactive content over passive scrolling. Parents should

Calm: How do kids self-soothe and regulate emotions at night? Identify ways of doing so without relying on screens.

Crowding out: Ensure screen time doesn’t replace essential health behaviors, especially sleep (8+ hours) and physical activity (at least 1 hour daily)

Communication: Maintain an open, ongoing dialogue with children and teens about their online experiences and digital citizenship. Make these into ongoing, frequent, check-ins rather than exhaustive discussions.

The 5Cs seek to meet families where they are, build insight and communication and motivate families to make healthy changes

Evidence-Based Guidance for Providers and Families

1

Shift from Time Limits to Intentional Use

Move beyond rigid hour restrictions. Focus conversations on *how* screens are used—passive vs. active, social vs. isolating, educational vs. recreational.

2

Protect Key Health Behaviors

Emphasize screen-free zones and times: during meals, one hour before bed, and during physical activities. These boundaries protect sleep and face-to-face connection.

3

Create a Family Media Plan

Encourage families to use the AAP's Family Media Plan tool to collaboratively set boundaries that reflect their values, routines, and developmental needs.

4

Normalize Challenges and Avoid Shame

Acknowledge that managing screens is difficult for all families. Use motivational interviewing to identify small, achievable changes rather than overwhelming overhauls.



Key Takeaways and Clinical Applications

High Screen Use Is Normative

For many adolescents, substantial daily screen time is typical. Clinical guidance should be contextualized, not alarmist.

Evidence Shows Consistent Associations

Screen use—especially social media and evening use—is linked to anxiety through multiple pathways including sleep disruption and social comparison.

Screens Are One Factor, Not the Sole Cause

Anxiety is multifactorial. Screens may contribute, but individual vulnerability, family dynamics, and other stressors matter greatly.

Providers Can Support Balance

Emphasize intentional use, sleep protection, and family media planning. Small, collaborative changes are more sustainable than strict prohibitions.

Questions & Discussion

What challenges and successes have you encountered when counseling families about screen use and mental health?

CASE EXAMPLE (TIME PERMITTING)

“Damian”

- 15 yo cisgender male IOP patient
- Primary diagnosis of social anxiety disorder
- Chronic school refusal
- Socially isolated, depressed
- Sedentary hobbies/interests
- 10+ hours daily screen time (video games, youtube scrolling, snapchat), often into the late night
- *“I don’t want to meet people in person, I’d rather just have online friends.”*

“Damian”

- How did we work to empower parents to create reasonable limits?
 - Recalibrated family norms- digital access is not a birthright
 - Educated them about how to better control access (app limits, wifi timing)
 - Discussed video game and phone limits that were consistent with family’s values
 - Parents needed to model their own modified digital habits (no phones during meals or after 9pm, reduced TV time)

“Damian”

- Creating values-guided digital habits
- Values: The ideals or beliefs that govern your life (e.g., friendship, spirituality, loyalty, independence)
- In 50 years, when your family and friends gather around to celebrate you, what would you want them to say about the kind of person you are and the life you have lived?



Desired Outcomes for Damian

- Video game and phone access dependent on school attendance
- Improved school attendance with lessening pushback on house rules/cutoff times
- Circadian shift back toward more reasonable sleep/wake cycle
- Increasing in-person interactions, pursuit of in-person or hybrid friendships, and joining of in-person clubs/activities