Screen time: A call for action

he next time you are in a public place, look around: chances are you will see a child, teen, or even a toddler looking at a screen. Perhaps their parents are as well. You have likely observed how frequently children walk into your clinic holding a screen in front of their faces. Maybe in your practice you are overwhelmed with the demand to manage an explosion of teens with depression, anxiety, self-harm, poor sleep, or disordered eating. Counseling families about the need for physical activity, sleep hygiene, and interpersonal interactions has become part of medical practice.

Screens are now ubiquitous in daily life, and their negative impact was accelerated during the isolation of the pandemic. However, in contrast to the rapid pandemic response, the crisis of screen time's negative impact on children is being addressed too slowly. Authorities including the Canadian Paediatric Society (CPS) and the Office of the Surgeon General are calling for action against the normalization of unregulated social media that are negatively affecting speech development, cognition, social-emotional development, attention, and physical health in young children and

Policy intervention is crucial. Although some opine that it is an individual's responsibility to formulate a family media plan, the surgeon general reminds us that "parents and their children, trying to figure it out on their own, [are] pitted against some of the best product engineers and most well-resourced companies in the world."1

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The CPS reminds us that the safe amount of screen time for children under 2 years of age is 0 hours per day. Any exposure to an activity or substance that has been demonstrated to reduce a child's ability to think, learn, and communicate should be reacted to urgently.

The surgeon general calls the mental health crisis among young people an emergency. The CPS states: "We are in the midst

of a youth mental health crisis that demands meaningful and conscientious mitigation measures."2 Research shows that face-to-face interactions among teens have declined sharply since the advent of smartphones. The CMAJ highlights the clear impact of social

media in causing an "increase in mental distress, self-injurious behaviour and suicidality among youth; there is a dose-response relationship, and the effects appear to be greatest among girls."3

Social media use exposes youth to cyberbullying and exploitation, including sextortion, negatively affecting self-view and relationships. High social media use and media multitasking are related to chronic sleep deprivation, harming cognitive control, academics, and social-emotional functioning. The rise of smartphones has drastically reduced how much children and teens see each other and talk to each other, which is detrimental—potentially catastrophic—for their well-being.

What can we do?

Start education about the effects of screen time on the brains of infants, children, and youth at prenatal visits, and give it the same importance as discussions about breastfeeding, plans for birth control, vaccines, dental

health, and other anticipatory health topics.

Include information, guidelines, and warnings about screen time—specifying that the right amount of screen time before age 2 is 0 hours per day—both with postnatal discharge material and at every public health visit.

Equip parents with knowledge about social, developmental, mental, and physical health effects of screen time, gaming,

> and social media early and often, and provide accessible and equitable resources on the importance of face-to-face time with others and the importance of media-free times and spaces.

> Start educating children and youth early in school with a curricu-

lum on the effects of screen time, social media, and gaming on their brain health, and empower them as their own health advocates.

Support public funding, grants, and innovations for free and low-cost activities and parent coaching in safe public spaces that encourage face-to-face time and development of literacy and social skills.

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