Digital-Media Use and Mental Health in Children and Adolescents

Position Statement
by the Societies and Associations for Child and Adolescent Psychiatry, Psychosomatics, and Psychotherapy

Isabel Brandhorst*, Katajun Lindenberg*, Kerstin Paschke*, Frank W. Paulus*,
Andrea M.F. Reiter, Tobias Renner, Marianne Klein, Luise Poustka,
Tanja Legenbauer, Cordula Gimm, Eva Möhler

*equivalent contribution

As of April 2026

Correspondence address:

German Society of Child and Adolescent Psychiatry,
Psychosomatics and Psychotherapy – DGKJP
(lead professional society)

Office
Reinhardtstraße 27B | 10117 Berlin | Germany
T +49 (0)30 28094386
E geschaeftsstelle@dgkjp.de

For a detailed justification of the recommendations, see the basis of the statement: Scientific report by the Ad Hoc Working Group on Media Use and Mental Health: Digital-Media Use and Mental Health in Children and Adolescents

Starting Point

Digitalization offers many opportunities. However, digital offerings driven primarily by commercial interests pose significant risks to children and adolescents. According to the UN Convention on the Rights of the Child, minors have, among other things, a right to development, health, protection from violence and abuse, privacy, (reliable) information, and (balanced) participation. In addition to measures promoting participation and empowerment, this principle of protection should be taken into account in all current debates.

Recommendations

Ages 0 to 3:

- No digital media
- Stickers on digital devices: “Not suitable for children aged 0–3!”
- Media-free public zones

Ages 4 to 5:

- A maximum of 30 minutes of daily media time across all areas of life
- Use of digital media clearly limited, structured, and shared

For the entire age range from 0 to 5 years:

- Recording of media use in all preventive health checkups, including brief counseling by trained staff
- Early childhood education quality standards, mandatory media policies, and mandatory evaluation in daycare centers

For ages 6 to 18:

- Consistent implementation of child and youth protection by digital media providers in accordance with the Digital Services Act (DSA)
- Age restrictions for smartphones and image- and video-oriented, algorithm-based social media, messaging apps, online video games, and video portals with external contact capabilities and unsupervised generative AI chatbots, including effective age verification (no use before age 14, restricted use before age 16, unrestricted use thereafter)
- Restrictions on digital games in accordance with USK guidelines, including effective age verification and the establishment of an independent government rating agency

- Prohibition of manipulative design mechanisms in offerings for children and adolescents
- Parental education on digital parenting and self-efficacy (empowerment)
- Overall strengthening of early detection of psychological stress and disorders
- Standardized media literacy education programs across schools and states, starting in elementary school
- Targeted use of digital media for academic purposes, coupled with a ban on personal smartphones in school
- Training in self-regulation and social skills as resilience factors
- Widespread promotion of analog leisure activities for children
- Research funding and strengthening of evidence-based preventive measures
- Accompanying research on regulatory measures so that they can be adjusted as needed

In detail

Age group 0–5 years: Preschool age

Where do we want to go?

Goal: Binding health policy guidelines and media regulation

Based on the findings described, there is **scientifically grounded cause for concern**. The harmful consequences summarized in the overview for the preschool age group (0–5 years) justify regulation in accordance with the precautionary principle, even if the causal relationships have not yet been fully clarified.

National, age-specific recommendations for the use of digital media are desirable:

Ages 0–3: no screens (e.g., no use of moving image content, digital games, digital books, or social media; this does not include digital picture frames, video calls with relatives, or children's digital cameras)

Ages 4–5: Clearly limit and structure screen time. For children ages 4–5, total daily screen time across all activities should generally not exceed 30 minutes.
Ensure daily routines without screens, prioritize co-viewing, discuss and evaluate content together, and avoid screen use during meals and before bedtime. Ensure balance through physical activity, free play, and social interaction. Do not use media as a disciplinary tool (reward, soothing, punishment).

What should policymakers do?

- **Legal regulation for child protection at the EU level**
- **Integration into all pediatric preventive (U) and school entry examinations:** A brief, standardized screen time assessment with brief expert guidance for parents
- **Comprehensive training programs** for professionals (e.g., pediatricians, midwives, early childhood educators, media educators) on the effects of media on children aged 0–5
- Rethinking **parent education**: moving away from lecturing toward **empowerment**. Free parent courses on early development, flyers on supportive and harmful factors. Rather than regulating parents, create structures that facilitate healthy development.
- **Early childhood education quality standards and mandatory media policies for daycare centers:**
  - Ages 0–3: no screen media
  - Ages 4–5: only supervised, mindful use
  - Raise awareness among educators regarding the use of their own smartphones in front of children
  - Nationwide professional development for staff (neurodevelopment, self-regulation, effects of screen time)
  - Quality over quantity in digital equipment
- **All screen devices,** such as smartphones and tablets, must be labeled with a **sticker** reading: **"Not suitable for children aged 0–3 years**" and "The U.S. Secretary of Health recommends: This screen is harmful to the development of your infant and toddler" (similar to nicotine and alcohol regulations).
- **Ban on "baby targeting**": no advertising for apps, streaming services, or devices "from birth" (e.g., tablet mounts for strollers, I-Potty)
- **Ban on manipulative design mechanisms** in digital offerings for children
- **Federal program "Analog Early Childhood**": Investments in playgrounds, parent-child meetups, family centers, and free services, particularly in socially disadvantaged neighborhoods
- **Media-free public zones,** for example in waiting rooms, family centers, daycare centers, and on playgrounds
- **"Right to a screen-free early childhood"**
- **Research and monitoring** as the basis for sustainable, forward-looking policy:
  - Annual, socially differentiated national monitoring of screen use among children aged 0–5
  - Funding for interdisciplinary research (attachment, stress, trauma transmission)
  - Mandatory evaluation of digital educational programs (especially in daycare centers)

Age group 6–13 years: Elementary school age through early secondary school

Where do we want to go?

The age limits listed below are based on legal capacity according to Sections 104 et seq. of the German Civil Code (BGB), the capacity to understand in civil law (Section 828 BGB), as well as the capacity to understand and control in juvenile and criminal law (JGG, §§ 19–21 StGB), the data protection requirements of the General Data Protection Regulation (in particular Art. 8 GDPR), as well as the concept of capacity to consent developed in medical law (§ 630d BGB) as a benchmark for maturity and decision-making capacity. This serves as the basis for an age-dependent, progressively increasing level of individual responsibility, including for decisions regarding actions and purchases, the handling of personal data, and criminal liability for unlawful conduct in the digital space. Major national and international organizations support these age limits, including *Smartphone-Free Childhood* (UK, USA, Ireland, Austria, Canada, Brazil, UAE, South Africa), Wait Until 8th (USA), Delay Smartphones (Scotland), and Smarter Start from 14 (Germany). Furthermore, half of all mental disorders first manifest by age 14 (Solmi et al., 2022). This underscores the need for special protection of children from potentially harmful influences in accordance with the precautionary principle.

- **Modern communication and the right to access age-appropriate digital media content while being protected from potentially harmful content and contacts (child protection)**
    - No independent ownership or unregulated use of internet-enabled smartphones for children under the age of 14. Instead, targeted internet use supervised by educators at school and at home.
    - No use of commercial, image- and video-focused, algorithm-based social media before the age of 14.
    - No private or independent use of GKI chatbots before the age of 14. Instead, supervised, privacy-compliant, and skill-building use of AI in school.
    - No unrestricted use of messaging apps, especially no large, unmoderated messaging groups. Alternatively: use of non-internet-enabled cell phones or feature-limited smartwatches for text messaging and phone calls.
    - Use of age-appropriate digital games: Effective protection against digital games harmful to children and adolescents, taking into account design mechanisms that promote addiction.
    - No use of digital games that integrate social media functions and thus enable the sharing of personal information and contact by strangers before the age of 14. Instead, use of digital games without contact options.

- Use of age-appropriate video content: Effective protection against films, series, and streaming content harmful to children and adolescents.

- **More analog leisure time for children**
  - Limitation of screen time (combined for school and personal use) by parents (e.g., as a guideline: a maximum of 10 minutes per year of age per day or a maximum of 1 hour per year of age per week).
  - No personal screen devices in children's bedrooms before the age of 14.

- **Resilient and media-literate children**
  - Promote analog learning with targeted supplementation of digital learning in school.
  - Resilient children with strong social and self-regulation skills.
  - Media-literate children who, as part of their development, can recognize and avoid dangers and use digital media creatively and educationally.
  - Reducing social pressure to own a smartphone at an early age.

- **Media-literate parents**
  - Parents who set a good example.
  - Parents who pass on media literacy to their children (e.g., educating them about risks, teaching them about the opportunities of media use, such as for gathering information and organizing daily life). Promotion of educational digital self-efficacy.
  - Reduced potential for conflict within families over media-related issues.

What should policymakers do?

- Free, accessible, effective, and ongoing (adaptive) **information and counseling services for parents** (e.g., ISES! Kids; Brandhorst et al., 2025) to specifically promote digital educational self-efficacy & interactive parent-teacher conferences on media education in schools starting in first grade.
- **Age verification** for social media, messaging apps, digital games, and series/films/streaming content (in accordance with USK and FSK labels, e.g., "harmful to children and adolescents under 6").
- **Additional label** for digital games and series/films/streaming content for educational classification (see Spieleratgeber NRW, Internet ABC, Flimmo, e.g., "recommended for ages 10 and up"). The establishment of an independent government agency is recommended for this assessment.
- **Call for greater child protection from digital media providers** and **enhanced enforcement by the EU of laws already formulated in the Digital Services Act (DSA)**.

- **Restrictive requirements for providers, e.g., no manipulative design elements** that encourage longer usage times or user retention.
- **School-administered digital devices in schools** as a targeted supplement to analog learning.
- Consistent, evidence-based **media literacy programs** across schools and states, **starting in elementary school**, that include **prevention** (e.g., addiction prevention, preventing cyberbullying, dealing with cybergrooming, promoting self-control, verifying information sources, self-regulation and emotional regulation without screen-based media, identifying content that is potentially manipulative or harmful to democracy, recognizing advertising strategies, mental health, and personal development).
- Expansion and development of concepts for **programs** that reach **children through in-person, analog activities**, such as free recreational programs for children and publicly accessible, flexible childcare options (similar to open youth centers).
- Expansion of **computer game schools** to provide shared and limited access to age-appropriate digital games and to teach media literacy.
- **Training in self-regulation and social skills as resilience factors** against problematic media use as an overarching theme.

Age group 14–18 years: Secondary school

Where do we want to go?

We call for an age-appropriate, scientifically grounded child protection framework in the digital space that safeguards

1) for mental health
2) against commercial exploitation, and
3) against the abuse of young people in the digital space.

In addition, enabling principles should be implemented across the board so that minors' digital participation can be introduced gradually. Key guiding principles are situational and behavioral prevention.

Environmental prevention. Children and adolescents must be protected from known and avoidable digital health risks—in accordance with the UN Convention on the Rights of the Child. This protection must be implemented in virtual environments in the same way as in physical environments (e.g., supervision duties, hazard prevention, youth protection). A careful balancing of interests is required between protection, age-appropriate empowerment, and age-appropriate participation. Regulatory measures should be

scientifically supported, evaluated, and adjusted as needed. To promote awareness and acceptance of regulatory measures in society, effective science communication should take place, and young people should be involved in decision-making processes.

Behavioral prevention. Young people should be empowered at the behavioral level to develop a reflective and health-promoting approach to digital media. Use should not endanger one's own mental health or the mental health of others. Efforts should be made to promote mental resilience. In addition, young people should be empowered to recognize manipulation and misinformation as part of media literacy education. Parents and teachers should be empowered to support young people.

What should policymakers do?

Environmental prevention: The protection of children and adolescents in digital environments should be structured in a manner analogous to proven protective mechanisms in areas such as road traffic, alcohol, tobacco, gambling, or voting rights. Minors engaging in group interactions in the digital space should be supervised by adults in a manner appropriate to their age, just as they are in the physical world.

- Age limit for **device** ownership
  - Internet-enabled smartphone from 14 years of age with parental control, clear restrictions, and rules for apps and usage times
  - Internet-enabled smartphone with full functionality, ages 16 and up
- Age limit for **messaging services**
  - Messenger (limited functions) from age 14 (group chat with, for example, a maximum of 5 members, no sending of photos or videos, limited usage times)
  - Messenger (with transparent algorithms) from age 16, option to disable personalized offers
- Age limit for **social media**
  - Social media (limited features, no algorithms, no ads, no option for strangers to contact you, no posting of photos or videos, no option to leave or receive public comments, limited usage times) ages 14 and up
  - Social media (unrestricted use) ages 16 and up
- Age limits for **video games**
  - Online games with a personal account (no sending of photos or videos, no contact from strangers, no ability to leave or receive public comments, limited usage times) ages 14 and up
  - Online games with a personal account (open access, contact with strangers, ability to share images) ages 16 and up

- Age limits for **GKI chatbots**
  - Use of universal gAI chatbots in compliance with youth protection laws for information gathering, with protection against the disclosure of personal data: ages 14 and up
  - Use of gAI chatbots with parasocial relationship formation: 16 years and older
- Age restrictions for **in-game purchases** (microtransactions, in-app purchases, battle passes for loot boxes, skins, coins, extra levels)
  - Loot boxes treated as gambling (18 and older)
  - In-app purchases and microtransactions from age 16; for the 16–18 age group, only in compliance with § 110 BGB (Pocket Money Provision)
  - Sale of and uses of virtual currencies for minors aged 16 and older
- Age limits for **shopping portals**
  - Online shopping (including in-app purchases and microtransactions): restricted use from age 16 in accordance with § 110 BGB (Pocket Money Provision)
  - Online shopping (unrestricted use) from age 18
- Regulations on **the use of digital devices at school**
  - Generally, no personal smartphones allowed at school; use of lockable smartphone pouches (e.g., Yondr pouches, which are used worldwide)
  - Use of educationally managed devices on the school's secure Wi-Fi network
- **Content and design regulations**
  - Restricting access to harmful content and violence, effective filtering mechanisms
  - Prohibition of manipulative design and interaction mechanisms for applications used by minors under 16
  - Protection against commercial exploitation of minors, in particular through personalized advertising, influencer marketing, and algorithmic amplification
- **Effective implementation of legal regulations (DSA)** with clear definitions of potential consequences and the responsibilities of platform operators
- **Promotion of early psychiatric and psychotherapeutic detection**
- **Science communication** to promote societal acceptance of regulatory measures

Behavioral prevention

- Creation of structures to ensure that **evidence-based prevention programs for secondary schools**, such as the PROTECT program (Lindenberg, Kindt & Szász-Janocha, 2020, 2022), can be implemented and funded by qualified professionals (clarification of the diffusion of responsibility regarding cost issues in school-based prevention)
- **Research funding and strengthening the evidence base for preventive measures**
  - Prevention of online behavioral addictions and other mental health disorders that are triggered, exacerbated, or perpetuated by media consumption
  - Media literacy with a focus on promoting the prevention of algorithmic and commercial manipulation of behavior
- Enhanced **dialogue between schools and parents**

References

Brandhorst, I., Lindenberg, K., Paschke, K., Paulus, F. W., Reiter, A., Renner, T. et al. (2026). Digital-Media Use and Mental Health in Children and Adolescents. Zeitschrift für Kinder- und Jugendpsychiatrie und Psychotherapie, 54 (4). https://doi.org/10.1024/1422- 4917/a001082

Lindenberg, K., Kindt, S. & Szász-Janocha, C. (2020). Internet addiction in adolescents: The PROTECT program for evidence-based prevention and treatment. Cham: Springer

Lindenberg, K., Kindt, S. & Szász-Janocha, C. (2022). Effectiveness of cognitive behavioral therapy-based intervention in preventing gaming disorder and unspecified internet use disorder in adolescents: A cluster randomized clinical trial. JAMA Network Open, 5 (2), e2148995. https://doi.org/10.1001/jamanetworkopen.2021.48995

Solmi, M., Radua, J., Olivola, M., Croce, E., Soardo, L., Salazar de Pablo, G. et al. (2022). Age at onset of mental disorders worldwide: Largescale metaanalysis of 192 epidemiological studies. Molecular Psychiatry, 27 (1), 281–295. https://doi.org/10.1038/s41380-021-01161-7

Authors

The authors were members of the ad hoc working group on media use and mental health.

* **Dr. Isabel Brandhorst**, Department of Psychiatry, Psychosomatics, and Psychotherapy in Childhood and Adolescence, University Hospital Tübingen, German Center for Mental Health (DZPG), Tübingen, Germany
* **Prof. Dr. Katajun Lindenberg**, Clinical Psychology of Childhood and Adolescence, Institute for Psychology, Heidelberg University, Heidelberg, Germany
* **PD Dr. med. Dipl.-Psych. Kerstin Paschke**, German Center for Addiction Research in Childhood and Adolescence at the University Medical Center Hamburg-Eppendorf, Hamburg, Germany
* **Dr. phil. Frank W. Paulus**, Clinic for Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy at Saarland University Hospital, Homburg, Germany

  Prof. Dr. Andrea Reiter, Institute for Psychology, Psychotherapy, and Intervention Psychology at the University of Würzburg, Germany

  Prof. Dr. med. Tobias Renner, Department of Psychiatry, Psychosomatics, and Psychotherapy in Childhood and Adolescence, University Hospital Tübingen, German Center for Mental Health (DZPG), Tübingen, Germany

  Dr. med. Marianne Klein, Clinic for Child and Adolescent Psychiatry and Psychotherapy at the Weissenhof Clinic, Weinsberg, Germany

  Prof. Dr. med. Luise Poustka, Clinic for Child and Adolescent Psychiatry at the University of Heidelberg Medical Center, Heidelberg, Germany

  Prof. Dr. Tanja Legenbauer, Clinic for Child and Adolescent Psychiatry, Psychotherapy, and Psychosomatics at the LWL University Hospital Hamm of the Ruhr University Bochum, Germany
+ **Cordula Gimm**, Policy Advisor for the DGKJP, BKJPP, and BAG KJPP
+ **Prof. Dr. med. Eva Möhler**, Clinic for Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy at Saarland University Hospital, Homburg, Germany

* : shared first authorship (listed in alphabetical order)

+ : shared last authorship

In June 2025, the DGKJP Executive Board decided to convene an ad hoc working group of experts to conduct a thorough analysis of the media usage patterns of children and adolescents, focusing on both opportunities and risks, and to compile recommendations for the potential prevention of mental health disorders. This initiative was undertaken, among other reasons, against the backdrop that the safety of children and adolescents in the digital world was—and remains—on the political agenda. The recommendations are directed at policymakers, as well as parents, caregivers, teachers, and other interested parties. This document can be found in the Zeitschrift für Kinder- und Jugendpsychiatrie und Psychotherapie, 54 (4), https://doi.org/10.1024/1422-4917/a001082

The German version was converted to English by DEEPL 26.3.2.

Scientific society and associations of Child and Adolescent Psychiatry, Psychosomatics, and Psychotherapy

German Society of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy (Deutsche Gesellschaft für Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie e. V. – DGKJP)
Reinhardtstraße 27B | 10117 Berlin | Germany
T +49 (0)30 28094386
E geschaeftsstelle@dgkjp.de
www.dgkjp.de

Professional Association of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy in Germany (Berufsverband für Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie in Deutschland e. V. – BKJPP)
Umbach 4 | 55116 Mainz | Germany
T +49 (0)6131 6938070
E mail@bkjpp.de
www.bkjpp.de

National Association of Senior Consultants for Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy (Bundesarbeitsgemeinschaft der Leitenden Klinikärztinnen und -ärzte für Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie e. V. – BAG KJPP)
Helios Clinic Schleswig – Department of Child and Adolescent Psychiatry and Psychotherapy Hesterberg
Friedrich-Ebert-Str. 5a | 24837 Schleswig | Germany
T +49 (0)4621 831605
www.bag-kjpp.de

Supporting Associations

- Federal Association of Senior Staff in Nursing and Educational Services in Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy (Bundesarbeitsgemeinschaft der leitenden Mitarbeiter*innen des Pflege- und Erziehungsdienstes für Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie e.V. – BAG PED)
- German Alliance for Childrens' and Adolescent's Health (Bündnis Kinder- und Jugendgesundheit e.V. Bündnis KJG)
- German Society of Pediatrics and Adolescent Medicine (Deutsche Gesellschaft für Kinder- und Jugendmedizin - DGKJ)
- German Association for Psychiatry, Psychotherapy and Psychosomatics (Deutsche Gesellschaft für Psychiatrie und Psychotherapie, Psychosomatik und Nervenheilkunde e. V. – DGPPN)

- German Society of Social Pediatrics and Adolescent Medicine (Deutsche Gesellschaft für Sozialpädiatrie und Jugendmedizin e.V. – DGSPJ)
- German Society for Addiction Research and Addiction Therapy (Deutsche Gesellschaft für Suchtforschung und Suchttherapie e.V. – DG-Sucht)