FLASH EUROBAROMETER 579

Impact of excessive screen time and social media on young people's mental health

EUROBAROMETER **REPORT**

April 2026

Flash Eurobarometer

Impact of excessive screen time and social media on young people's mental health

Survey conducted by Demoscopy at the request of the European Commission, Directorate-General for Health and Food Safety (DG SANTE)

Survey coordinated by the European Commission, Directorate-General for Communication (DG COMM 'Public Opinion and Citizens Engagement' Unit)

This document does not represent the point of view of the European Commission. The interpretations and opinions contained in it are solely those of the authors.

Project title	Flash Eurobarometer 579 – Impact of excessive screen time and social media on young people's mental health
	Report
	EN
Catalogue number	EW-01-26-076-EN-N
ISBN	978-92-68-40169-9
	doi: 10.2875/1010564

https://europa.eu/eurobarometer

Document prepared by Pierre Dieumegard for Europokune - Europe Together - and Europe-Democracy-Esperanto.

The purpose of this "provisional" document is to enable more people in the European Union to become aware of documents produced by the European Union (and financed by their taxes).

If there are no translations, citizens are excluded from the debate.

This document "Eurobarometer" only existed in English, in a pdf-file. From the initial file, we created a odt-file, prepared by Libre Office software, for machine translation to other languages. The results are now available in all official languages.

It is desirable that the EU administration takes over the translation of important documents. "Important documents" are not only laws and regulations, but also the important information needed to make informed decisions together.

In order to discuss our common future together, and to enable reliable translations, the international language Esperanto would be very useful because of its simplicity, regularity and accuracy.

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Introduction

According to a 2025 policy brief by the European Commission's Joint Research Centre, 15-year-olds who spend more than three hours per day on social media are around 10 percentage points more likely to report depression or anxiety than those who spend less than one hour per day[1]. Mental health and social media use are therefore increasingly treated as a priority at EU level, particularly in relation to children's online safety and the wider digital environment. Against this background, the present Flash Eurobarometer is intended to inform the EU policy debate at the intersection of public health, online safety and digital regulation.

The survey is designed to provide structured and comparable evidence on the prevalence, intensity and contexts of screen use and social media use among adolescents aged 13 to 18 across the European Union. It looks beyond overall time spent online to examine patterns of use by purpose and context, while also exploring self-reported impacts on mental wellbeing, including both positive dimensions such as connectedness and self-expression, and negative experiences such as stress, anxiety, social comparison, fear of missing out and concentration difficulties. The study also investigates exposure to key online risks, including cyberbullying, hate speech, harmful standards or body image pressure, and misinformation or AI-generated content.

A central feature of the study is its dual perspective: alongside the adolescent survey, a separate survey was conducted among parents of dependent children living at home. This two-strand design makes it possible to compare young people's reported experiences with parents' perceptions, expectations and concerns, thereby providing a richer and more policy- relevant evidence base on both vulnerabilities and protective factors.

On behalf of the European Commission, Directorate-General for Health and Food Safety (DG SANTE), Demoscopy interviewed adolescents (aged 13 to 18 years old) and parents with dependent children, across all 27 Members States of the European Union (EU).

Between 30 March and 16 April 2026, 39,047 interviews were conducted using CAWI (Computer Assisted Web Interviewing) collection data mode: 26,297 adolescents and 12,750 parents were interviewed, with around 1,000 adolescents and 500 parents surveyed in each Member State, except in Luxembourg, Cyprus and Malta, where the corresponding sample sizes were approximately 500 and 250 interviews.

1 European Commission, Joint Research Centre, Elena Bertoni, Cinzia Centeno et Romina Cachia, Social media usage and adolescents' mental health in the EU, Ispra, European Commission, 2025, JRC141047.

Notes

- Survey data are weighted
- Survey results are subject to sampling tolerances meaning that not all apparent differences between countries or groups may be statistically significant.
- Results describe statistical associations observed in cross-sectional self-reported data and should not be interpreted as evidence of direct causal effects
- When respondents could select more than one answer, the sum of response percentages may exceed 100%.
- In this report, countries are referred to by their official abbreviation as indicated below

BE	Belgium	FR	France	NL	Netherlands
BG	Bulgaria	HR	Croatia	AT	Austria
CZ	Czechia	IT	Italy	PL	Poland
DK	Denmark	CY	Rep. of Cyprus*	PT	Portugal
DE	Germany	LV	Latvia	RO	Romania
EE	Estonia	LT	Lithuania	SI	Slovenia
IE	Ireland	LU	Luxembourg	SK	Slovakia
EL	Greece	HU	Hungary	fi	finland
ES	Spain	MT	Malta	SE	Sweden

* Cyprus as a whole is one of the 27 EU Member States. For practical reasons, interviews were only carried out in the part of the country controlled by the government of the Republic of Cyprus

1. Key findings

Screen time is a major part of adolescent's daily life, averaging 4.5 hours on a school day and 6.1 hours on a weekend day, with one in four already exceeding six hours mid-week

- On a typical school day, 25% of European adolescents already exceed six hours of screen time, a figure that rises to 46% on weekend days, when 14% even pass the ten-hour threshold. Country variation is wide, ranging from 4.3 hours in Cyprus to 7.3 hours in Sweden on a weekend day. This shows that adolescent screen use differs substantially across Member States.
- Within the time spent per day, social media is the leading online activity at 2.6 hours, ahead of gaming, schoolwork and streaming (2.2 hours each) and messaging (2.0 hours). 30% of adolescents who use social media exceed three hours per day on this activity alone, and motivations are dominated by entertainment (57%) and contact with friends or family (53%), well ahead of news (35%) or status-driven uses such as likes (26%).

Parents systematically underestimate their child's screen time, with a gap of 1.1 hours on a school day

- On a school day, parents estimate 3.4 hours of screen time compared to 4.5 hours declared by adolescents themselves; on weekend day, 5.3 hours against 6.1 hours. The misperception is sharpest at the high end: only 10% of parents identify their child as a heavy user (more than six hours) against 25% of adolescents who declare it, a 15- percentage point gap that narrows to 10 points on weekends (36% vs 46%).
- Age of first social media use emerges as the strongest individual amplifier of exposure: those who started before age 10 report 7.5 hours of weekend day screen time against 5.7 hours among those who started after age 14, an 1.8- hour gap whose effects extend several years beyond the moment of first use and remain visible across subsequent socio-demographic comparisons.

A structural generation gap divides adolescents and parents on the perceived impact of screens, uniform in direction across all 27 Member States

- Adolescents take a much more positive view than parents of the impact of screens and social media. They are more than twice as likely as parents to see screens positively (40% vs 17%) and also more than twice as likely to see social media's impact on mental wellbeing positively (48% vs 21%). 48% of adolescents see social media as a positive influence on their wellbeing against only 18% who see a negative one, the highest assessment recorded in the entire survey.
- Parental concerns are concentrated on external risks rather than internal effects, that is, the impact of screens on the child's own health and functioning: 72% are concerned about exposure to harmful content and 61% about contact with strangers, against 54% on sleep and 51% on school performance. Parental criticism peaks in Greece (66% negative), Portugal (62%), Czechia (60%) and Poland (62%), and is at its lowest in Malta, Luxembourg, Denmark and Ireland.

A third of European adolescents report headaches (33%) or concentration problems (32%) over the past month, while similarly high proportions report tired eyes (34%) or fatigue (33%); overall, only 11% report none of the twelve symptoms measured

- Behavioural and lifestyle indicators form a second tier: 27% of adolescents report eating less healthily, 24% pain in the back, neck or wrists, 21% lack of time for hobbies, 19% lack of physical exercise, 19% lack of time to meet friends in person, 15% lack of family time, and 13%

the use of substances such as tobacco, nicotine, alcohol or drugs.

- Parents systematically underestimate every symptom, with the largest absolute gaps observed on tired eyes (34% vs 18%), headaches (33% vs 17%), back, neck or wrist pain (24% vs 10%) and sleep problems (30% vs 16%); 21% of parents report having noticed no symptom against 11% of adolescents themselves.

A clear and steady dose-response relationship links screen time to symptoms, with social media driving the steepest gradient on sleep and emotional indicators while schoolwork shows none

- Across weekend screen-time brackets, the four physiological and cognitive symptoms more than double between light and heavy users: tired eyes rise from 17% to 46%, fatigue from 19% to 46%, concentration difficulties from 18% to 45% and sleep problems from 18% to 44%, with no plateau or inversion at any point along the curve up to twelve hours.
- Activity by activity, social media drives the steepest gradient: difficulty falling asleep rises from 28% to 48% with daily exposure, social comparison from 36% to 52%, concentration difficulties from 30% to 47%, stress and anxiety from 25% to 39%. Time spent on schoolwork, by contrast, shows no gradient at all (31% to 30% on sleep problems), confirming the specific contribution of entertainment-driven use.

Nine in ten European adolescents have encountered at least one harmful or distressing piece of content online in the past three months, led by AI-generated content (39%) and misinformation (35%)

- A second tier of exposures concerns commercial and normative pressures: gambling promotion (28%), hate speech (25%), promotion of unhealthy products (25%), pressure on how to look or what to buy (24%) and pressure to follow body standards (21%). Severe interpersonal harms reach 19% on unwanted violent content, 18% on sexualised content, 17% on cyberbullying or harassment and 10% on pressure to share intimate pictures.
- Heavy weekend users and early social media starters are systematically more exposed across all severe interpersonal harms (unwanted violent or sexualised content, cyberbullying, pressure to share intimate pictures), with prevalence roughly doubling between light and heavy users on hate speech, sexualised content, violence and cyberbullying. 55% of parents become aware of an incident, mostly through their child's own disclosure (32%), and underestimate every category of online risk by 4 to 9 percentage points.

When it comes to protecting their child online, parental responses are dominated by dialogue (47% proactively, 63% after an incident), well ahead of more coercive measures, while professional help remains a marginal recourse (9%)

- Beyond dialogue, parents limit their child's time online (41%), encourage breaks from social media (40%), use parental control or screen-time tools (33%), delete apps (20%) or report harmful content (18%). 74% of parents hold weekly conversations with their child on social media, including 20% on a daily basis, with daily dialogue more frequent among mothers (24% vs 15% among fathers) and varying widely across countries, from 33% in Romania and 29% in Bulgaria to 12% in finland and 7% in Denmark. Reporting incidents to platforms (22%) and contacting a public authority (9%) remain minority responses.
- Adolescents are notably less likely than parents to rely on dialogue (26% vs 47%), but more inclined to limit notifications (26% vs 17%), to report harmful content (25% vs 18%) and to seek professional help (14% vs 9%). Access to the latter ranges fourfold across the EU, from 8% in Bulgaria and Czechia, 25% in Cyprus, 28% in Malta and 30% in Luxembourg.
- Both populations rank protective actors identically (family 71-75% see them as

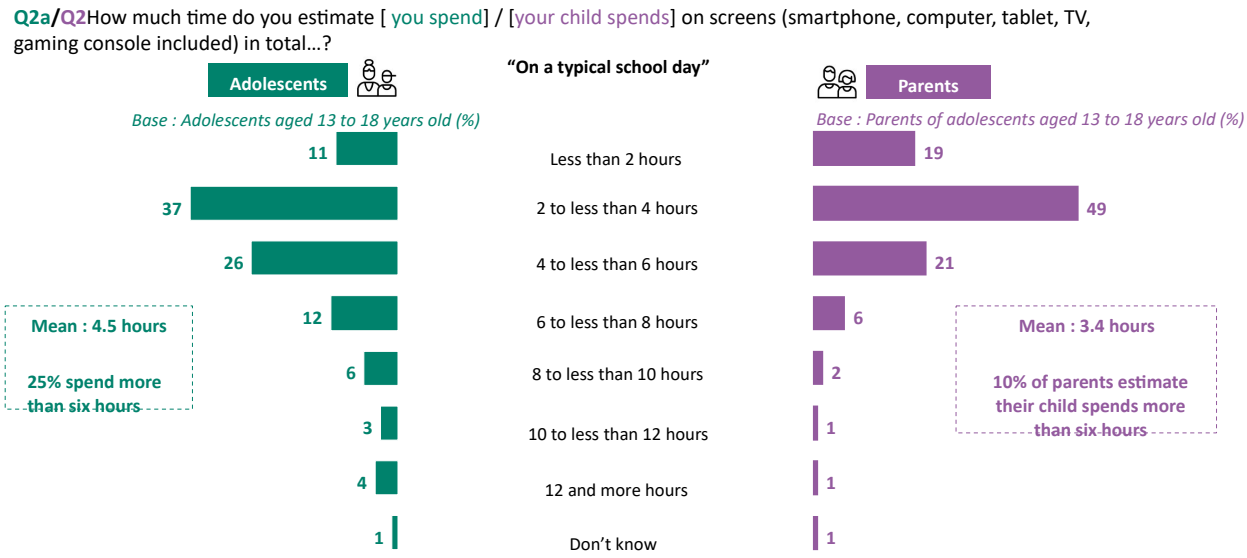
doing enough, schools 56-61%, public authorities 42-53%, social media platforms 37-52%), but parents are systematically more critical, with the 15-percentage point gap on platforms peaking. On the actions that would most help, the two populations converge on a single shared priority: 47% of parents and 48% of adolescents call for better implementation of existing platform rules, ahead of age limits (parents 54% vs adolescents 45%) and better access to mental health support (adolescents 42% vs parents 26%, the widest divergence).

2. Time spent on screens and digital activities

2.1 Daily screen time

Adolescents declare an average of 4.5 hours of screen time on a typical school day, rising to 6.1 hours on a weekend day

On a typical school day, European adolescents aged 13 to 18 declare spending on average 4.5 hours on screens, all devices combined (smartphone, computer, tablet, TV, gaming console). The distribution is spread across the entire scale: 11% report less than two hours, 37% between two and four, 26% between four and six, 12% between six and eight, 6% between eight and ten, 3% between ten and twelve, and 4% twelve hours or more. Overall, 25% of adolescents (one in four) already exceed six hours of screen time on a regular school day. Combined with around seven hours of school and the recommended nine hours of sleep, this leaves barely two hours for everything else: homework, meals, sport and in-person sociability.



At the weekend, the volume climbs sharply. On a Saturday or Sunday, mean adolescent screen time reaches 6.1 hours, an increase of 1.6 hours compared to a school day. The distribution shifts upwards across all categories: 5% report less than two hours (against 11% on a school day), 18% between two and four, 30% between four and six, 19% between six and eight, 13% between eight and ten, 7% between ten and twelve, and 7% twelve hours or more.

Aggregated, 46% of adolescents exceed six hours of screen time on a weekend day (close to one in two) and 14% exceed ten hours, an exposure that consumes more than half of waking hours. Weekend screen time, less constrained by school schedules, therefore reveals the upper bound of adolescent digital exposure once institutional structures are removed, although parental rules and supervision remain a key moderating factor.

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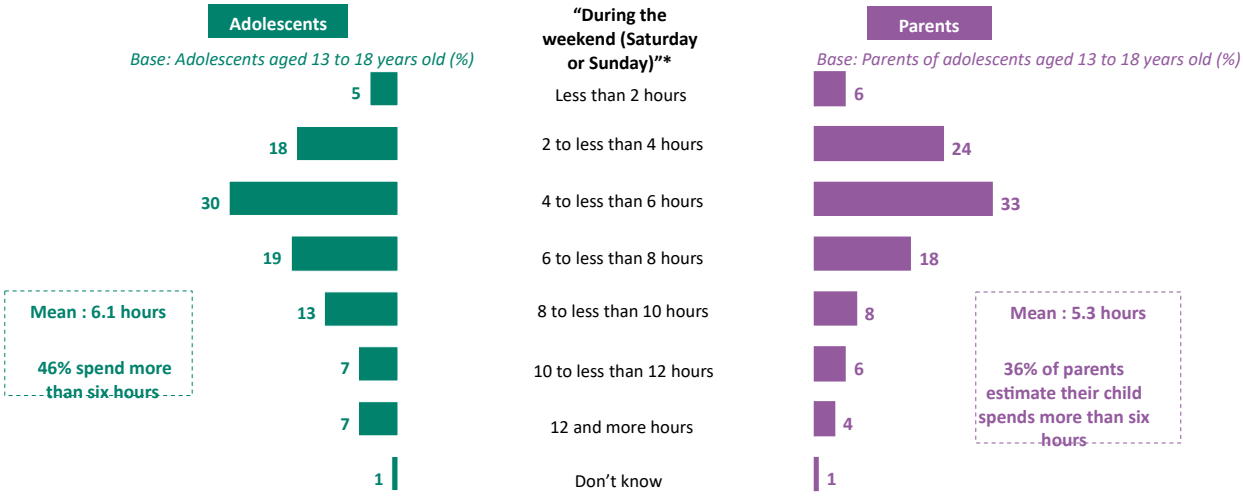
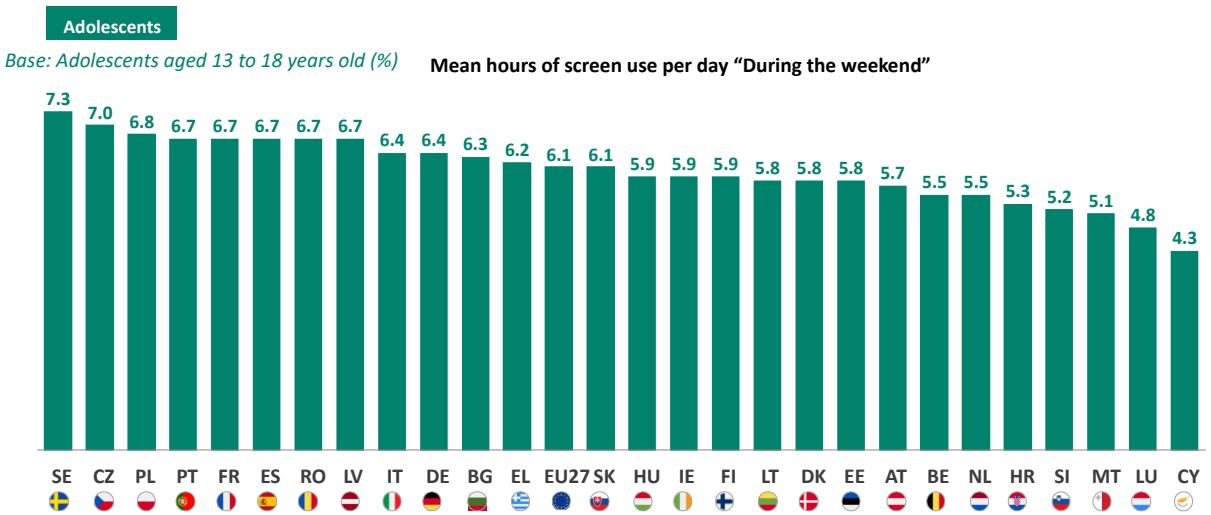
Q2b/Q2 How much time do you estimate [you spend] / [your child spends] on screens (smartphone, computer, tablet, TV, gaming console included) in total…?



(*) The items refer to screen time per day.

Country variation in weekend screen time is substantial. Reported mean ranges from 4.3 hours in Cyprus to 7.3 hours in Sweden, around an EU27 average of 6.1 hours, a gap of three hours between the lowest and the highest country. A geographically diverse group of countries (Sweden, Czechia, Poland, Portugal, France, Spain, Romania and Latvia) cluster at the top of the ranking, with means above 6.5 hours. Cyprus, Malta, Luxembourg, Slovenia, Croatia, and the Netherlands fall below the EU27 average.

Q2b How much time do you estimate you spend on screens (smartphone, computer, tablet, TV, gaming console included) in total…?



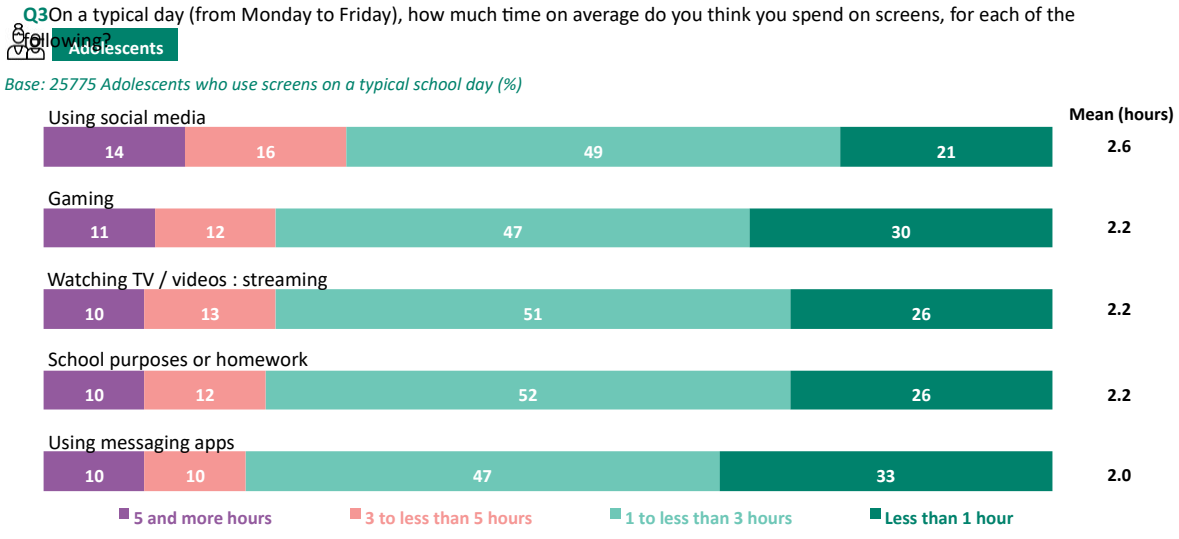
Two socio-demographic gradients structure these averages. Age first: weekend screen time rises from 5.5 hours among 13–14-year-olds to 7.1 hours among 17–18-year-olds, a difference of 1.6 hours that mirrors the age gap between school day and weekend exposure for the youngest. Gender second: girls report on average 6.3 hours on a weekend day, against 5.9 hours for boys, a difference of 0.4 hours that is modest but consistent. Education level, urbanisation and household composition show no comparable effect. The strongest individual predictor of weekend screen time is, however, neither age nor gender but the age at which the adolescent first started using social media, a variable analysed in detail in section 2.3.

2.2 Distribution across digital activities

Across digital activities, adolescents allocate similar daily time budgets, with social media leading the hierarchy at 2.6 hours per school day, ahead of gaming, schoolwork, streaming and messaging

When adolescents are asked to break down their daily screen time by activity, the resulting hierarchy is relatively flat. Mean time spent on a typical school day reaches 2.6 hours on social media, against 2.2 hours each for gaming, schoolwork or homework, and watching TV or videos through streaming, and 2.0 hours for using messaging apps. Social media is therefore the single largest digital activity in adolescent daily life, but only by a margin of half an hour, and the cumulative weight of all four other activities far exceeds it.

Within each activity, the distribution is heavily skewed. On social media specifically, 21% of adolescents report less than one hour of use per school day, 49% between one and three hours, 16% between three and five hours, and 14% five hours or more. The combined share of those spending three hours or more, at 30% of adolescents who use social media on a typical school day, is the highest of all five activities tested, and signals that heavy social media use is not a marginal phenomenon but a widespread pattern across the European adolescent population.



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The motivations behind social media use are dominated by two purposes. Entertainment is the leading reason, cited by 57% of adolescents (and ranked first by 27%), followed by staying in contact with friends or family at 53% (first reason for 23%). A second tier comprises following the content of influencers or content creators (40%), following news or gathering information (35%), expressing oneself or sharing content (29%) and meeting new people (28%). A third tier covers more transactional or status- driven motivations: getting likes, comments or followers (26%) and participating in online group discussions (24%). Only 7% of adolescents say they use social media because they have nothing else to do, which suggests that the dominant uses are intentional rather than residual.

Q6 What are the main reasons why you use social media? Firstly? And for which other reasons do you use social media?

Adolescents

Base : 23702 Adolescents who spend time using social media on a typical school day (%)

(*) Total exceeds 100%, as respondents were allowed to give two answers.

2.3 Adolescent self-reports compared to parental estimates

Parents systematically underestimate their child's screen time, with a gap of 1.1 hours on a school day and 0.8 hours on a weekend day, and a fifteen-percentage point misperception on heavy use

The mirror question put to parents reveals a pattern of systematic underestimation that holds across all measures of screen time. On a typical school day, parents estimate that their child spends on average 3.4 hours on screens, against 4.5 hours declared by adolescents themselves, a gap of 1.1 hours. On a weekend day, parents estimate 5.3 hours against the 6.1 hours adolescents report, a narrower but still substantial gap of 0.8 hours. The fact that the weekend gap is smaller most likely reflects the simple visibility of weekend screen use within the household, whereas school-day exposure happens partly outside parental observation.

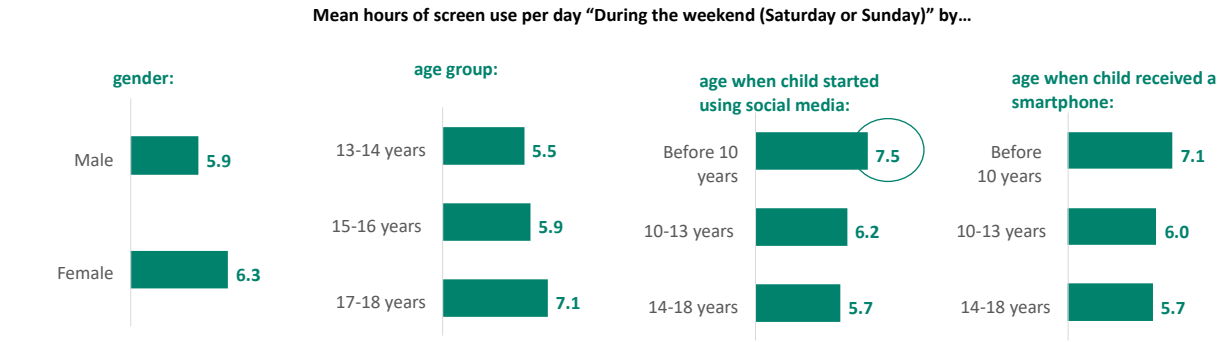
The misperception is sharpest at the high end of the distribution. On a school day, 25% of adolescents declare more than six hours of screen time, against only 10% of parents who estimate their child spends that much, a 15-point gap. On a weekend day, 46% of adolescents exceed six hours, against 36% of parents, a 10-point gap. In other words, parents tend to anchor their estimate on the average adolescent rather than on the upper portion of the distribution, and the share of parents who recognise that their child belongs to the heaviest user group is markedly lower than the share of adolescents who report doing so.

The single variable that most strongly differentiates adolescent screen time is the age at which the adolescent first started using social media. Those who began before age 10 report on average 7.5 hours of screen time on a weekend day, against 6.2 hours among those who started between 10 and 13, and 5.7 hours among those who started between 14 and 18, a gap of 1.8 hours between early and late starters. The corresponding gradient on the age at which the adolescent first received a smartphone is similar but slightly weaker, at 7.1 hours, 6.0 hours and 5.7 hours respectively. Early entry into social media therefore acts as a structural amplifier of digital exposure, with effects that extend several years beyond the moment of first use.

Q2b How much time do you estimate you spend on screens (smartphone, computer, tablet, TV, gaming console included) in total…?

Adolescents

Base: Adolescents aged 13 to 18 years old (%)



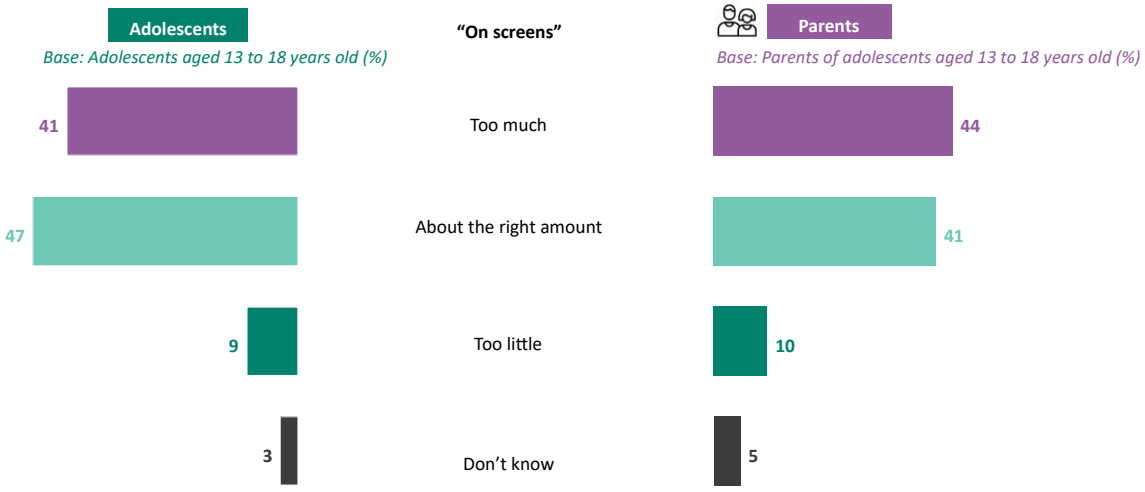
3. Perceptions of screens and social media

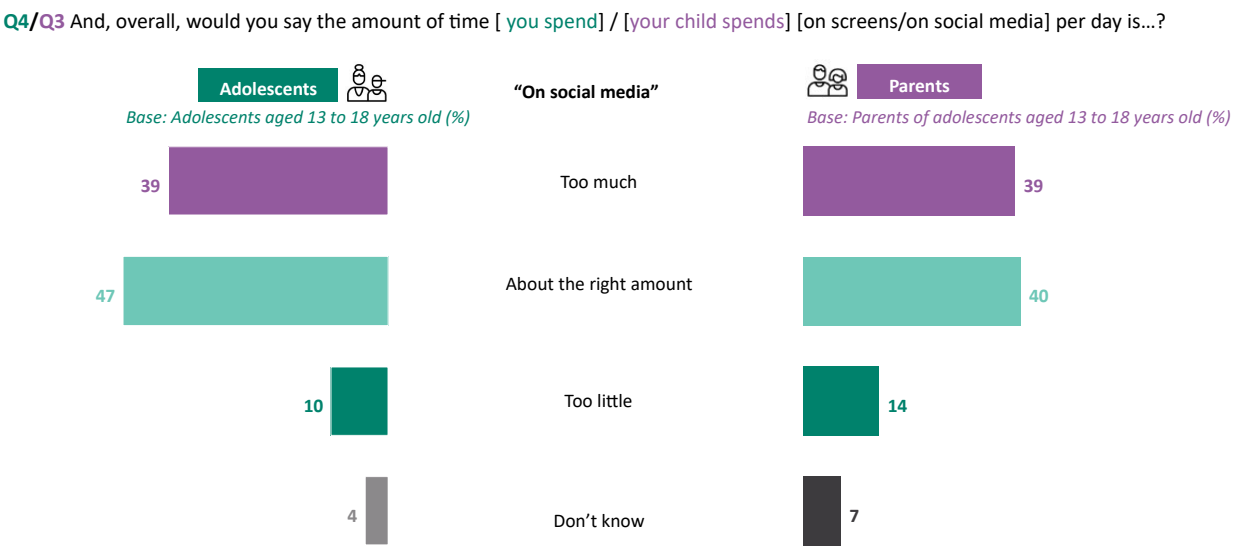
3.1 Adolescent perceptions

Adolescents are evenly split on their own screen use: 41% consider it excessive against 47% who see it as about right, but their qualitative assessment of social media's impact on their wellbeing remains predominantly positive (48% against 18%)

When asked to evaluate the volume of their own screen time, European adolescents are split into two near-equal halves. On screens overall, 41% declare that the amount of time they spend per day is too much, 47% consider it about right, 9% would even like more time, and 3% are unable to say. The same question on social media specifically yields 39% too much, 47% about right and 10% too little. The distance between adolescents' descriptive declaration of heavy screen use and their normative assessment of that use is therefore substantial: a sizeable share of adolescents who exceed six hours of screen time on a school day still consider their volume to be about right, which suggests that heavy use is partly normalised within the adolescent population.

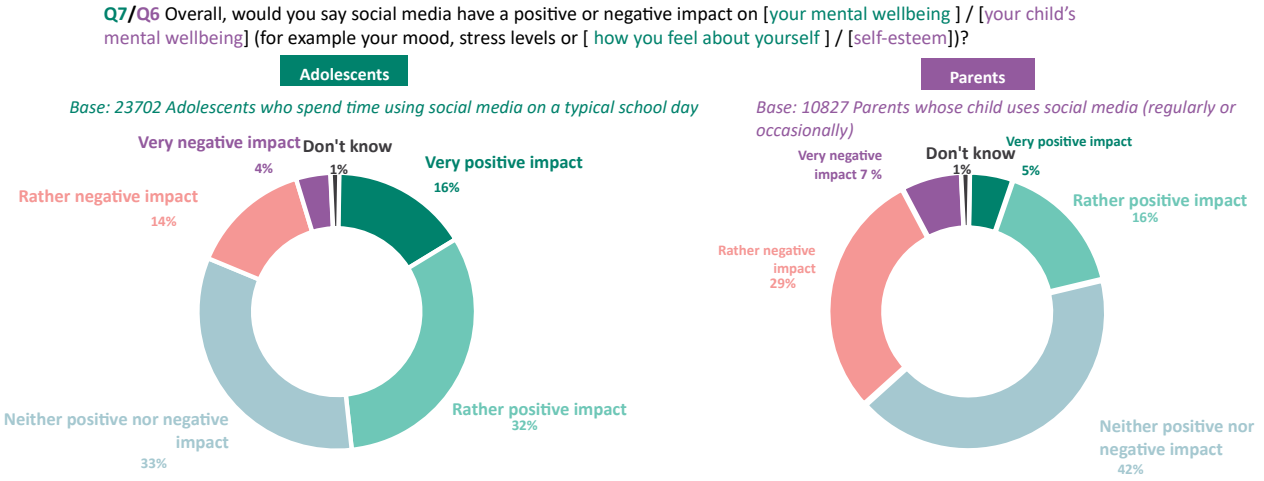
Q4/Q3 And, overall, would you say the amount of time [you spend] / [your child spends] [on screens/on social media] per day is…?





The qualitative assessment of screen use is more nuanced. On the impact of screens on the lives of young people their age, 14% of adolescents see a very positive impact and 26% a rather positive one, totalling 40% positive, against 24% rather negative and 5% very negative, totalling 29% negative. A residual 30% see neither positive nor negative impact. Adolescents are therefore globally more positive than negative about screens, but a noticeable minority recognises adverse effects.

On social media's impact on their own mental wellbeing, the balance becomes even more positive: 16% very positive, 32% rather positive (totalling 48%), against 14% rather negative and 4% very negative (totalling 18%), with 33% neither. Adolescents, in other words, distinguish clearly between screens in general, perceived through the lens of generic time saturation, and social media specifically, perceived through the lens of personal experience and immediate gratification. T**he 48% positive figure on social media's impact on mental wellbeing is the highest assessment recorded in the entire survey.**

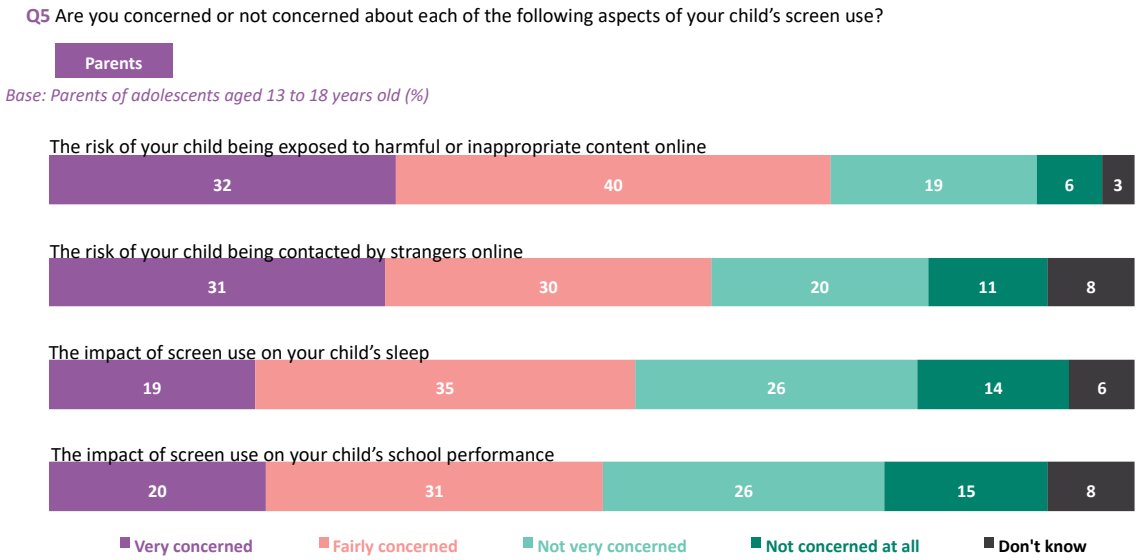


3.2 Parental perceptions

Parental views are substantially more critical: 51% of parents see screens as having a negative impact on young people, against only 17% positive, with concerns concentrated on external risks more than on internal effects

Parental assessment of screen and social media use is markedly more negative than that of adolescents. On the volume of screen time, 44% of parents whose child uses screens consider it too much, 41% about right, 10% too little and 5% don't know, a pattern broadly comparable to adolescent self-reports, with a slightly higher share considering use excessive. On social media specifically, 39% of parents consider their child's volume excessive, 40% about right, 14% too little, and the share of parents who would welcome more social media use (14%) is notably higher than among adolescents themselves (10%), a finding that may reflect parental views of social media as a legitimate channel of social belonging and communication.

The qualitative assessment is more sharply divergent from adolescent views. On the impact of screens on the lives of young people of their child's age, only 4% of parents see a very positive impact and 13% a rather positive one (17% positive in total), against 41% rather negative and 10% very negative (51% negative), with 31% neither. Parents are therefore three times more critical than positive about screens, and the share of strongly negative assessments (10%) is double that of adolescents (5%). On social media's impact on their child's mental wellbeing, the pattern is less severe but still tilts negative: 21% positive against 36% negative, with 42% neutral.



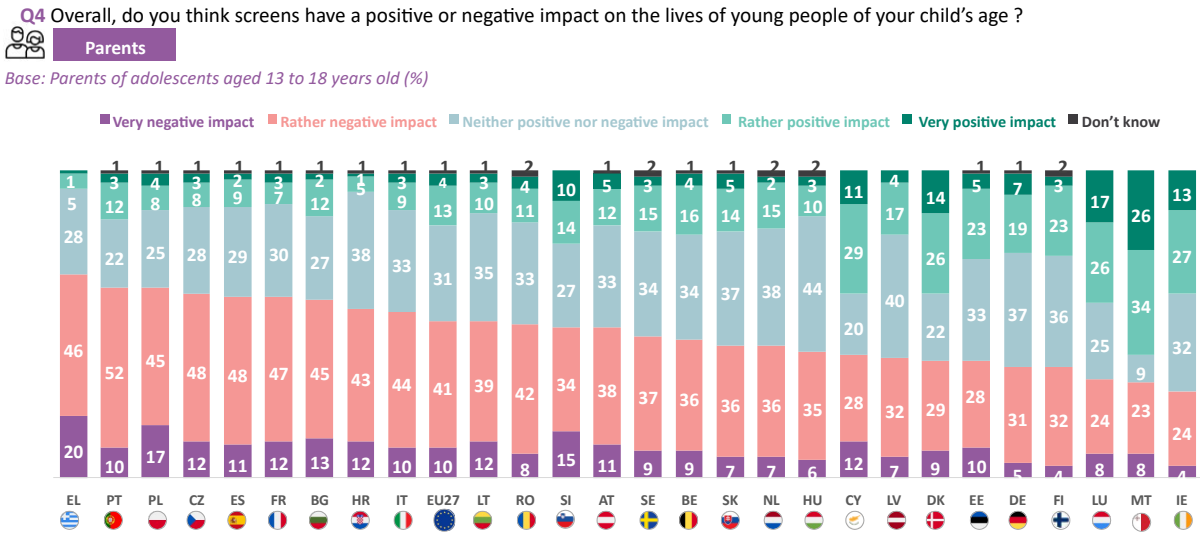
Parental concern is not, however, evenly distributed across the dimensions of screen use. When asked specifically about four sources of concern, parents place external risks above internal effects. The risk of being exposed to harmful or inappropriate content online concentrates 72% of concerns (32% very, 40% fairly), and the risk of being contacted by strangers online 61% (31% very, 30% fairly). The internal effects of screen use are clearly behind: the impact on sleep concerns 54% of parents (19% very, 35% fairly), and the impact on school performance 51% (20% very, 31% fairly).

Parents are more concerned about visible external risks, such as harmful content and contact with strangers, than about less directly observable issues such as sleep or school performance. The variables most strongly associated with adolescent mental health symptoms in the survey, namely daily volume of screen time, heavy social media use and age of first use, generate, accumulative effects that are difficult to detect from outside. Conversely, the external threats parents prioritise (harmful content, strangers) are more visible, more mediatised, and more readily mobilised by collective anxiety. The risk is that parental attention focuses on the latter while underestimating the former, a misalignment that section 4 of this report develops in detail.

3.3 Country variation and the generation gap

Parental criticism of screens is widespread across the EU27 but reaches its peak in Greece and Portugal (66% and 62% negative) and its lowest level in Malta and Ireland, while the generation gap between adolescents and parents is structural and persistent across all Member States

The country distribution of parental views on screens is broad and structured by geography. In every EU27 Member State, at least one parent in three considers that screens have a negative impact on young people's lives, but the shares range widely. Greece (66% negative), Portugal and Poland (62% each), and France, Spain and Czechia (59% each) cluster at the top of the critical hierarchy. At the other end, Malta, Luxembourg, Denmark and Ireland show the most positive parental views, with combined positive shares above 30%.



The generation gap between adolescents and parents is consistent across Member States, suggesting a broad and recurring pattern rather than a country-specific effect. On the impact of screens, adolescents are 23 percentage points more positive than parents at EU27 level (40% vs 17%) and 22 points less negative (29% vs 51%). On social media's impact on mental wellbeing, the gap narrows but remains substantial: 27 points more positive among adolescents (48% vs 21%) and 18 points less negative (18% vs 36%). The direction of the gap is uniform across all EU27 countries, although its size varies. In countries where parents are less critical of screens, such as Ireland, Malta and Luxembourg, the generational divergence appears more moderate. Conversely, in countries where negative parental assessments are highest, notably Greece, Portugal and Poland, followed by France, Spain and Czechia, the gap tends to be wider. The pattern echoes a long- standing finding in media socialisation research: each new dominant medium tends to be evaluated more positively by the generation growing up with it than by the one observing its arrival[2].

What is specific to the screens and social media moment, however, is the conjunction of a strong adolescent-positive view with already substantial adolescent recognition of negative effects (29% on screens, 18% on social media). The generation gap, in other words, is not a binary opposition between a positive adolescent block and a critical parental block. Both populations contain a substantial minority of internally critical voices, and the cross-generational mandate for action that emerges from the survey draws on this shared, if asymmetrically distributed, awareness.

2 See Drotner, K. (1999), "Dangerous Media? Panic Discourses and Dilemmas of Modernity," *Paedagogica Historica*, 35(3), 593–619, who documents the recurring pattern by which each new dominant medium (novel, cinema, television, internet) is welcomed by the generation growing up with it and viewed with suspicion by the generation observing its emergence.

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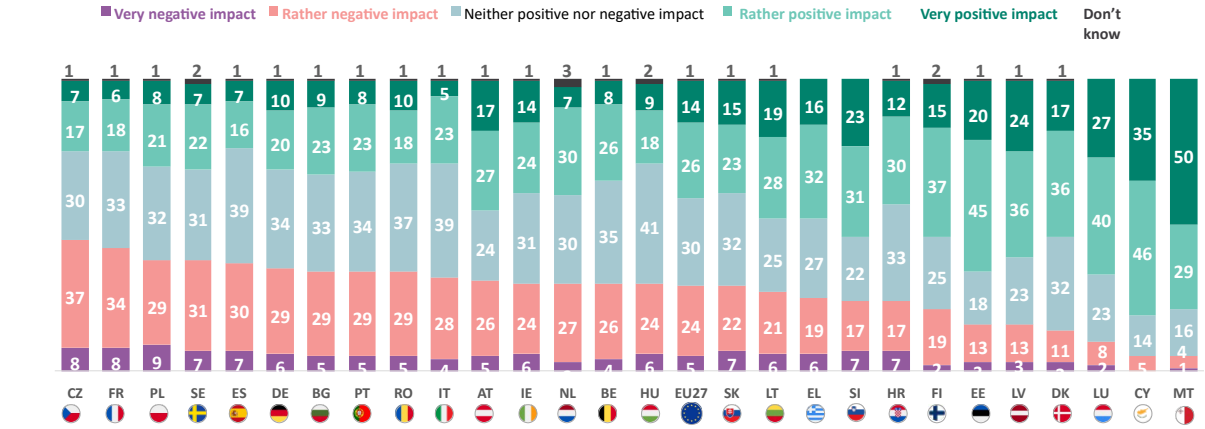
Q5 Overall, do you think screens have a positive or negative impact on the lives of young people your age ?

Adolescents

Base: Adolescents aged 13 to 18 years old (%)



4. Impact on adolescent wellbeing

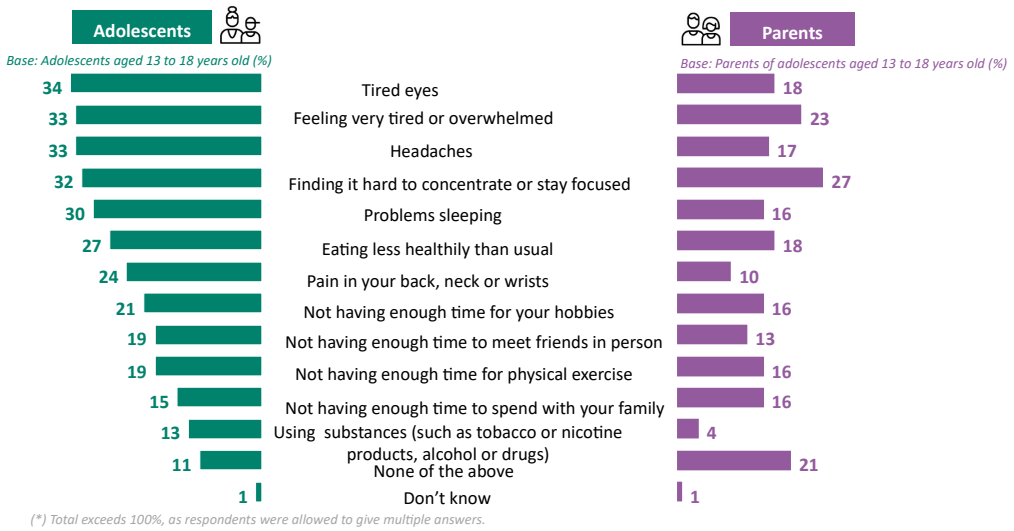
4.1 - Reported symptoms among adolescents

A third of European adolescents report tired eyes (34%), fatigue (33%), headaches (33%) or concentration problems (32%) over the past month, with parents systematically underestimating each of these symptoms

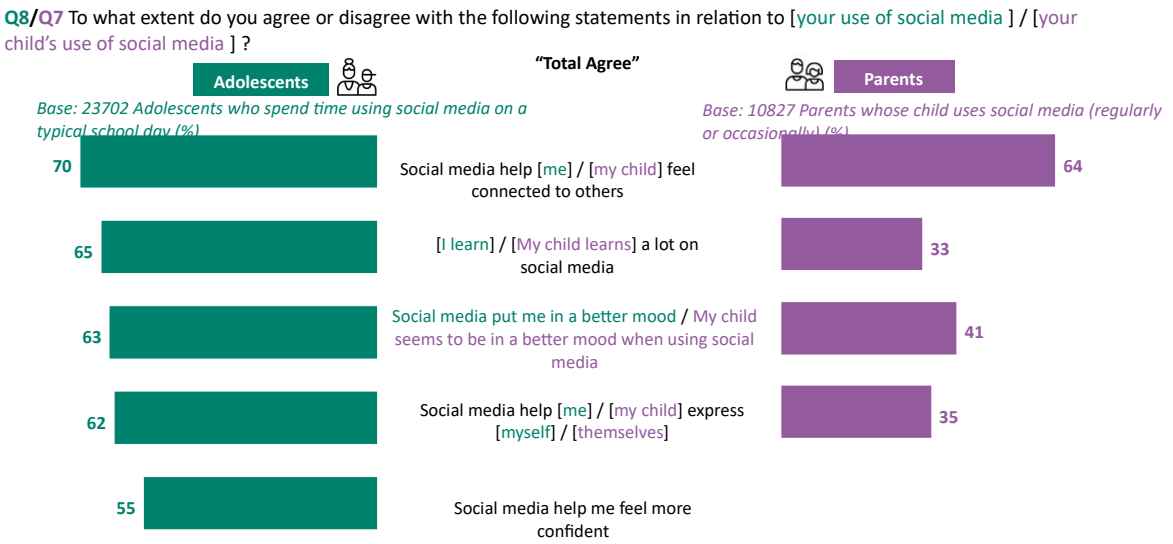
The survey records adolescent mental and physical health through twelve self-reported situations experienced in the past 30 days, asked in mirror format to adolescents and to parents about their child. The hierarchy of adolescent self-reports is led by four physiological and cognitive indicators, all clustered between 30% and 35%. Tired eyes are the most cited indicator, reported by 34% of adolescents. Feeling very tired or overwhelmed and headaches both reach 33% and finding it hard to concentrate or stay focused reaches 32%. Slightly behind, sleeping problems affect 30% of adolescents. Aggregated, around nine adolescents out of ten report at least one of the twelve situations tested over the past month, and only 11% declare none. At this stage, these findings should be understood as broad self-reported wellbeing and lifestyle indicators, independently of any specific attribution to screen or social media use. Their relationship with patterns of digital exposure is examined in the following sections.

A second tier covers behavioural and lifestyle indicators. Eating less healthily than usual is reported by 27% of adolescents, pain in the back, neck or wrists by 24%, lack of time for hobbies by 21%, lack of time to meet friends in person and lack of physical exercise by 19% each, and lack of family time by 15%. The use of substances such as tobacco, nicotine, alcohol or drugs is reported by 13%. The mirror question put to parents reveals a systematic underestimation that holds across all symptoms tested. While 11% of adolescents declare no symptom, 21% of parents report having noticed none in their child, a gap of ten percentage points. On most items, parental estimates remain consistently below adolescent self-reports, with the largest absolute gaps observed on tired eyes (34% vs 18%, a 16-point gap), headaches (33% vs 17%, also 16 points), pain in the back, neck or wrists (24% vs 10%, 14 points) and problems sleeping (30% vs 16%, 14 points). Parents are closest to

Q1 Which of the following situations, if any, [have happened to you] / [have you noticed happening to your child]in the past 30 days?

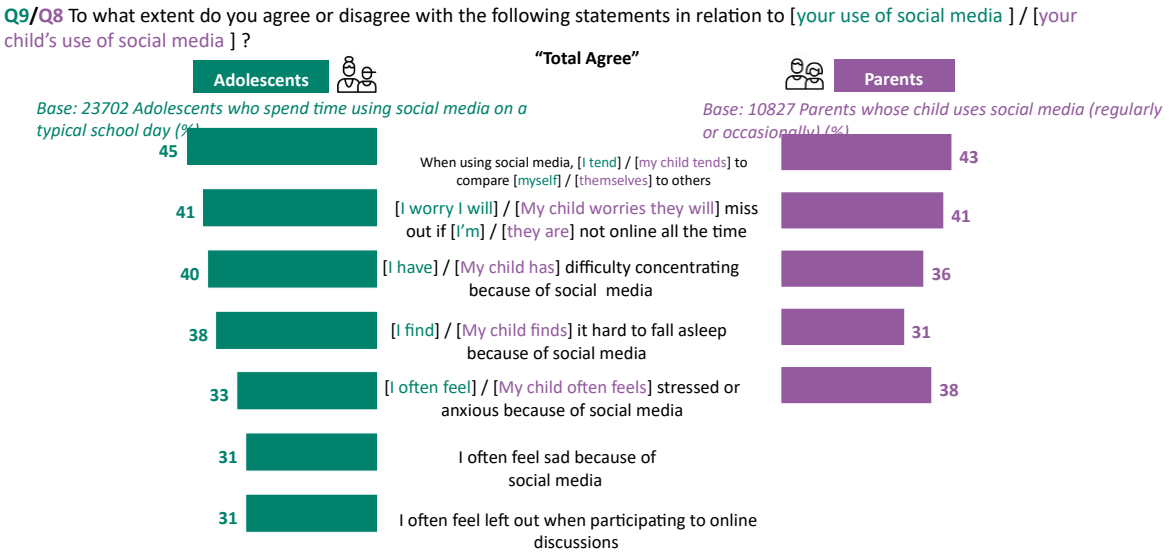


adolescent self-reports on lack of family time (15% vs 16%) and on concentration difficulties (32% vs 27%), two indicators that can be directly observable in the household.



The qualitative assessment by adolescents themselves of social media's effects mixes recognised benefits and acknowledged negatives. On the positive side, 70% of adolescents who use social media agree that it helps them feel connected to others, 65% that they learn a lot through it, 63% that it puts them in a better mood, 62% that it helps them express themselves, and 55% that it helps them feel more confident.

On the negative side, 45% acknowledge that they tend to compare themselves to others when using social media, 41% worry they will miss out if not online all the time, 40% have difficulty concentrating because of it, 38% find it hard to fall asleep, 33% feel stressed or anxious, 31% feel sad and 31% feel left out in online discussions. Nearly one in three adolescents therefore explicitly recognise feeling stressed, sad or socially excluded because of social media.

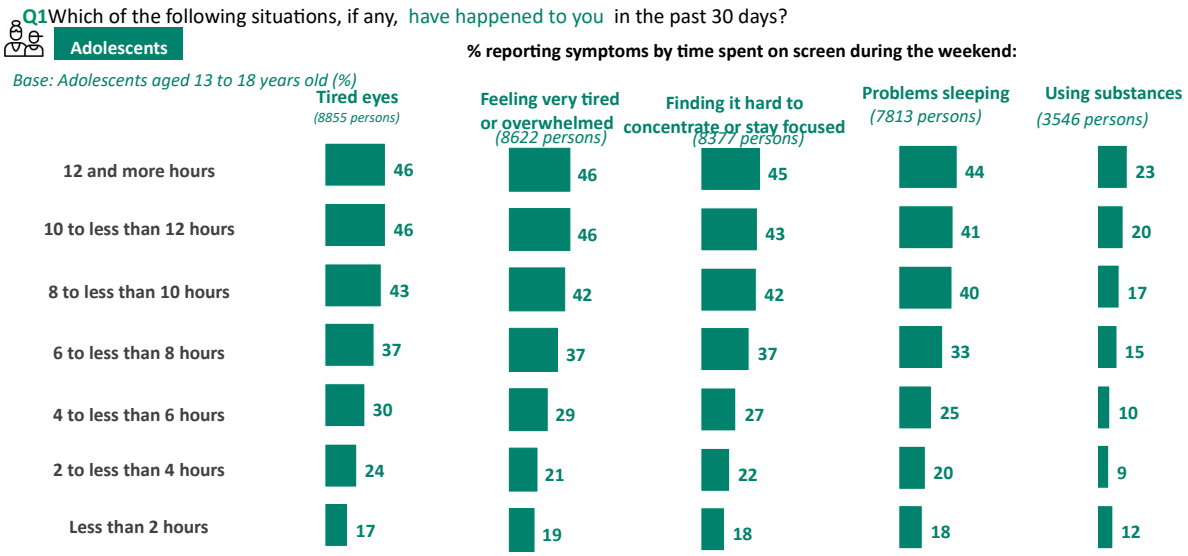


4.2 - Screen time and reported wellbeing indicators

A clear association between screen time and reported wellbeing indicators

The descriptive results show a clear association between weekend screen time and several reported wellbeing and lifestyle indicators among adolescents. As this survey is based on self-reported cross-sectional data, these results should be interpreted as statistical associations rather than evidence of a direct causal relationship between screen time and the reported outcomes.

Across the five indicators tested by screen-time bracket, prevalence generally increases with weekend screen time. However, the pattern is not perfectly linear for every indicator: tired eyes and feeling very tired or overwhelmed plateau in the last two screen-time brackets, while substance use shows a slight inversion between the first and second brackets. Tired eyes rise from 17% among adolescents with less than two hours of weekend screen time, to 24% in the two-to-four hours bracket, 30% in four-to-six hours, 37% in six-to-eight hours, 43% in eight-to-ten hours, 46% in ten-to-twelve hours and 46% in twelve hours or more, a 29 percentage point increase, and a near-tripling of prevalence between the lightest and heaviest categories.



The same gradient applies, with comparable amplitude, to fatigue (19% to 46%), concentration difficulties (18% to 45%) and sleep problems (18% to 44%). The use of substances such as tobacco, nicotine, alcohol or drugs follows the same pattern with a smaller absolute gap but a steep relative increase, from 12% among the lightest users to 23% among the heaviest, almost doubling.

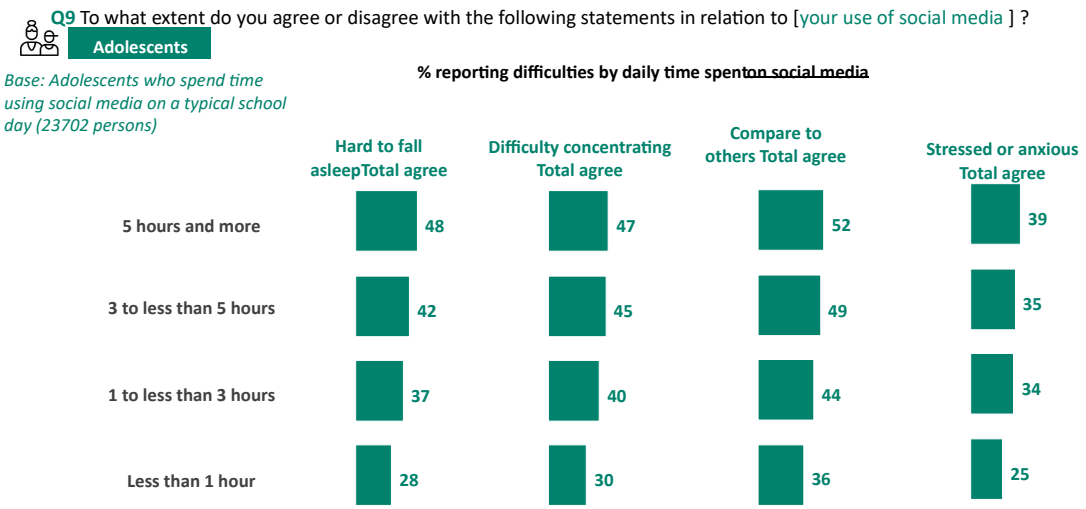
The four physiological and cognitive indicators, in other words, more than double between the lower and upper extremes of the weekend exposure scale, while substance use also rises substantially. The gradient flattens slightly above ten hours per day, suggesting a saturation effect at the very top of the distribution, particularly for tired eyes and feeling very tired or overwhelmed.

The substantive implication is nonetheless noteworthy. The dimension on which parental concern was shown in section 3.2 to focus least, namely internal effects on sleep, fatigue and concentration, is also the dimension where the strongest statistical associations with screen time are observed in the survey, compared to the feeling of being left out or the fear of missing out. Conversely, parental concerns over harmful content and online predators, do not capture the accumulative dynamic that the symptoms data point to.

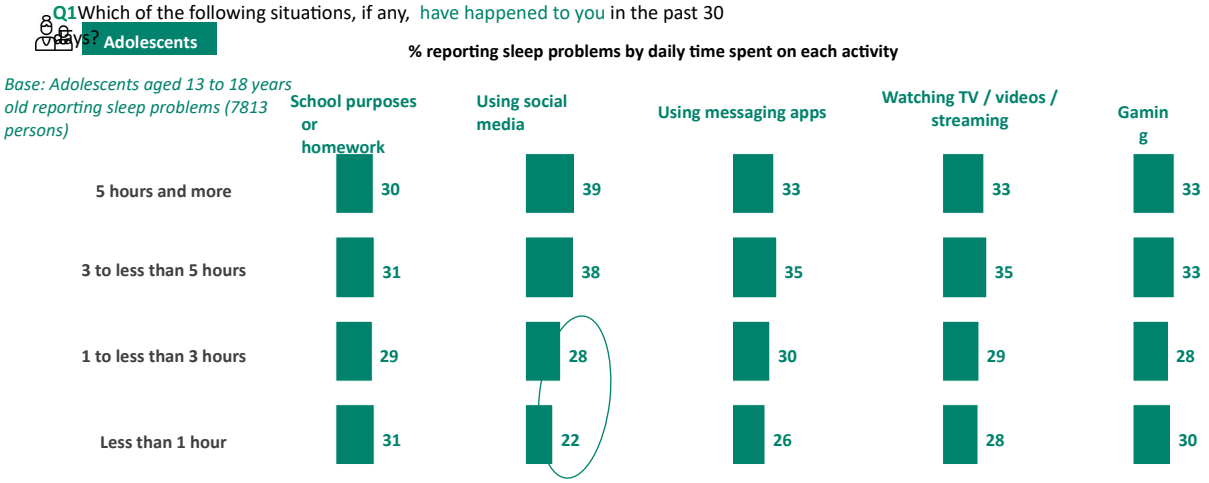
4.3 - Patterns of social media use and symptoms

Among digital activities, social media use is most strongly associated with sleep and emotional symptoms

When the dose-response analysis is broken down by type of digital activity, the patterns associated with each activity diverge sharply. On sleep problems, the gradient is steepest for social media: 22% of adolescents who use social media less than one hour a day report sleep problem, against 28% in the one-to-three hours bracket, 38% in three-to-five hours, and 39% above five hours, a 17-point increase. Messaging apps follow a milder but still noticeable gradient (26%, 30%, 35%, 33%), as does watching TV or videos through streaming (28%, 29%, 35%, 33%). Gaming shows a modest gradient (30%, 28%, 33%, 33%) and time spent on schoolwork or homework, by contrast, shows no gradient at all (31%, 29%, 31%, 30%): the duration of daily school-related screen time does not show the same statistical association with adolescent sleep problems, in stark contrast with entertainment-driven use. As throughout this report, these results describe statistical associations observed in cross-sectional self-reported data and should not be interpreted as evidence of direct causal effects between specific digital activities and wellbeing outcomes.



The same hierarchy holds across the symptoms most directly linked to social media. On difficulty falling asleep, the share of adolescents who



agree rises from 28% among those who spend less than one hour a day on social media to 48% among those who exceed five hours, a twenty- point gap. On difficulty concentrating because of social media, the gradient runs from 30% to 47%. On comparing oneself to others, from 36% to 52%. On feeling stressed or anxious, from 25% to 39%. The dose-response relationship, in other words, is not limited to a single dimension of wellbeing. It touches sleep, cognition, social comparison and emotional regulation simultaneously, and the four indicators rise together as exposure grows.

These patterns confirm the specific contribution of social media within the broader category of screen activities. Adolescents themselves implicitly recognise this distinction: as section 2.1 showed, their qualitative assessment of social media is more positive than that of screens overall, but their self-reported symptoms of social media use are substantial. 31% feel sad because of it, 33% stressed or anxious, 38% find it hard to fall asleep, 40% have difficulty concentrating. The gap between the dominant positive framing and the prevalence of negative self-reports is one of the central tensions identified by the survey: adolescents value social media as a vector of connection and self- expression while recognising its emotional and cognitive costs in their own daily life.

5. Online risks and harmful experiences

5.1 - Adolescent exposure to online risks

Over a recent three-month window, nine adolescents out of ten reports encountering at least one piece of potentially harmful, misleading or distressing online content.

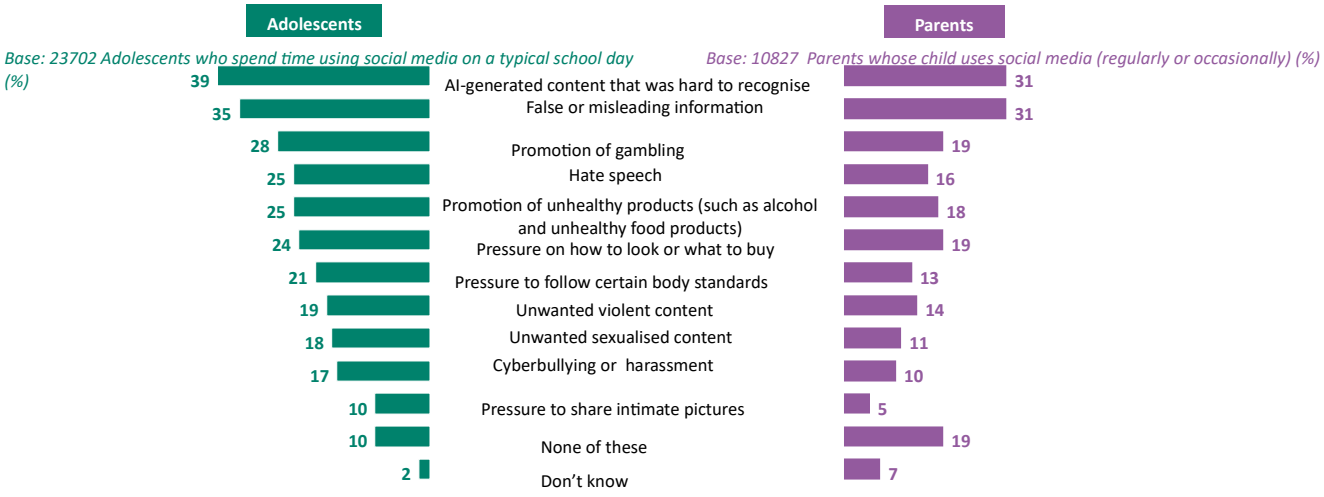
The question was deliberately posed in mirror format and on a short three-month window, to capture recent and concrete exposures rather than lifetime experiences. Only 10% of adolescents who use social media on a typical school day report having seen or experienced none of the eleven categories tested. This means that nine out of ten European adolescents have encountered at least one piece of potentially problematic content over the past three months alone. The hierarchy of exposures is led by two relatively new categories. AI-generated content that was hard to recognise comes first, mentioned by 39% of adolescents. False or misleading information follows at 35%. Although not all AI-generated content is harmful in itself, the prevalence of these two categories illustrates the saturation of the adolescent online environment with content whose authenticity is difficult to assess. A second tier of exposures, between one in five and one in four adolescents, includes the promotion of gambling (28%), hate speech (25%), the promotion of unhealthy products such as alcohol or unhealthy food (25%), pressure on how to look or what to buy (24%), and pressure to follow certain body standards (21%). Each of these alone touches a substantial share of the adolescent population, and aggregated they amount to a near-systematic exposure to commercial, normative or hostile pressures during regular social media use.

A third tier covers the most clinically severe interpersonal harms. Unwanted violent content reaches 19% of adolescents, unwanted sexualised content 18%, cyberbullying or harassment 17%, and pressure to share intimate pictures 10%. Even at the lower end of the scale, ten per cent of European adolescents who use social media represent several million individuals, which means that none of these exposures are marginal, especially given the three-month timeframe.

The mirror question put to parents reveals a systematic underestimation that holds across all eleven categories. Nineteen per cent of parents whose child uses social media report that their child has been exposed to none of these contents, against 10% of adolescents themselves; an additional 7% of parents say they do not know, against 2% of adolescents. Item by item, parental estimates remain consistently below adolescent self-reports, with absolute gaps ranging between four and nine percentage points. The largest gaps concern the promotion of gambling and exposure to hate speech (9 points each), AI-generated content and pressure to follow body standards (8 points each). Parents are closest to adolescent self-reports on the spread of false information (4 points), and on items such as pressure on how to look or what to buy, exposure to violent content, or pressure to share intimate pictures (5 points each). What stands out is less the variation between items than the regularity of the underestimation: regardless of the type of content tested, parents perceive a less prevalent online risk environment than the one their children actually report.

Impact of excessive screen time and social media on young people's mental health

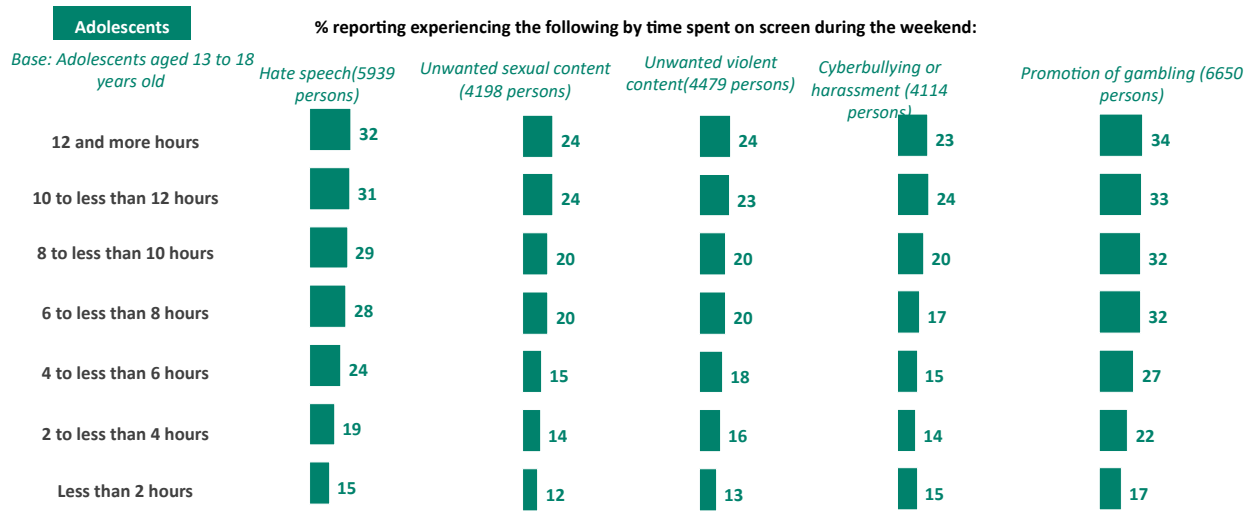
Q10/Q9cIn the past 3 months, [have you] / [has your child] seen or experienced any of the following when using social media?



The relationship between weekend screen time and exposure to harmful content is monotonic and continuous across the four most clinically severe categories. Exposure to hate speech rises from 15% among adolescents who spend less than two hours on screens during a weekend day, to 32% among those who spend twelve hours or more, which more than doubles the prevalence. Unwanted sexual content rises from 12% to 24% over the same range, an exact doubling. Unwanted violent content follows the same pattern, from 13% to 24%. Cyberbullying or harassment rises from 15% to 23%, with the gradient flattening at the lower end and steepening above six hours per day.

The mechanism is intuitive: more time spent on screens mechanically increases the probability of encountering any given type of content, including harmful ones. The variable that previous sections of this report have shown to be the most strongly associated with adolescent mental health symptoms is also the variable most strongly associated with concrete risk exposure. Heavy weekend screen time therefore carries a double penalty: it is correlated with internal symptoms (sleep, fatigue, concentration) and with external exposure to content risks (hate speech, sexualised content, violence, cyberbullying).

Q10 In the past 3 months, [have you] seen or experienced any of the following when using social media?



5.2 - Variation by age of first social media use

A similar correlation is observed with the age at which adolescents started using social media.

Those who began before age 10 are more exposed across all four severe categories than those who started after age 14: 34% against 19% on hate speech, 28% against 17% on pressure to follow body standards, 25% against 16% on unwanted sexualised content, and 23% against 16% on cyberbullying or harassment. These two variables, weekend screen time and age of first social media use, are themselves correlated: early starters spend on average 7.5 hours on screens during a weekend day, against 5.7 hours for those who started after age 14.

Beyond screen time and age of first use, two socio-demographic patterns deserve attention. Pressure to follow certain body standards is markedly gendered, reaching 25% among girls against 17% among boys, a difference of eight points; on the other ten categories tested, gender plays a marginal role. Age itself also matters: 17–18-year-olds are more exposed than 13–14- year-olds across all severe categories, with the largest gaps observed on unwanted sexualised content (23% against 14%) and pressure to follow body standards (26% against 18%). Education level, urbanisation and household composition, by contrast, show minimal effects.

5.3 - Parental concerns and awareness of incidents

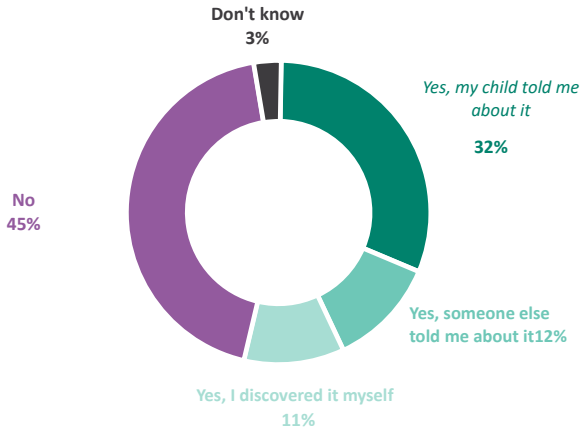
A majority of parents whose child uses social media (55%) report having become aware that their child had a negative experience online.

The pattern of discovery is informative: in 32% of cases the child told the parent directly, in 12% the discovery came through someone else, and in 11% the parent identified the incident themselves. Parental awareness, when it exists, therefore depends primarily on the child's own willingness to disclose, which echoes the systematic underestimation observed earlier on the eleven content categories: parents largely see what their children choose to show them.

Q9a Has your child ever come to you, or have you ever discovered, that your child had a negative experience online?

Parents

Base : 10827 Parents whose child uses social media (regularly or occasionally)



Three socio-demographic patterns emerge from the data. first, parental awareness of negative experiences rises with the number of children aged under 15, from 45% among parents with no other child aged under 15 to 65% among those with three or more. This gradient most likely reflects the mechanical multiplication of opportunities for incidents to occur. Second, and more counter-intuitively, parents who hold a positive view of social media are markedly more aware of incidents (76%) than those with a neutral or negative view (46% and 54% respectively). This pattern could hypothetically be explained by adolescents being more inclined to confide in parents who do not stigmatise social media use. finally, parents whose child started using social media before age 10 report more incidents (69%) than those whose child started between 10 and 13 (53%), a finding consistent with the adolescent data, which previously showed that early entry into social media is associated with a higher exposure to negative content.

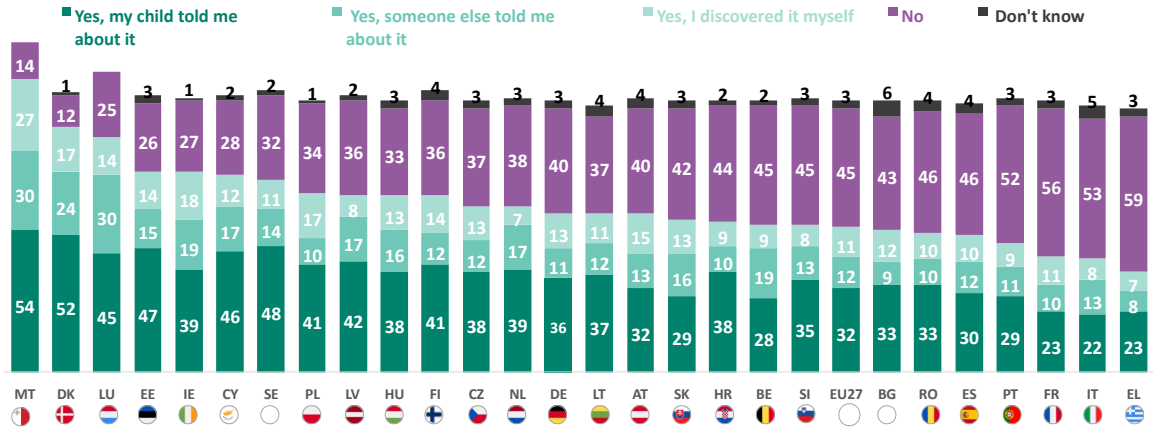
Country-level data on parental awareness of incidents show substantial variation. Malta, Denmark, Luxembourg, Estonia, Ireland, Cyprus, Sweden sit at the top of the ranking, while Greece, Italy, France, Portugal and Spain are at the bottom. In all Member States, direct disclosure from the child is the leading mode of discovery, although its share varies notably across countries.

Impact of excessive screen time and social media on young people's mental health

Q9a Has your child ever come to you, or have you ever discovered, that your child had a negative experience online?

Parents

Base : 10827 Parents whose child uses social media (regularly or occasionally) (%)



(*) Total exceeds 100%, as respondents were allowed to give multiple answers.

6. Protection strategies and regulatory expectations

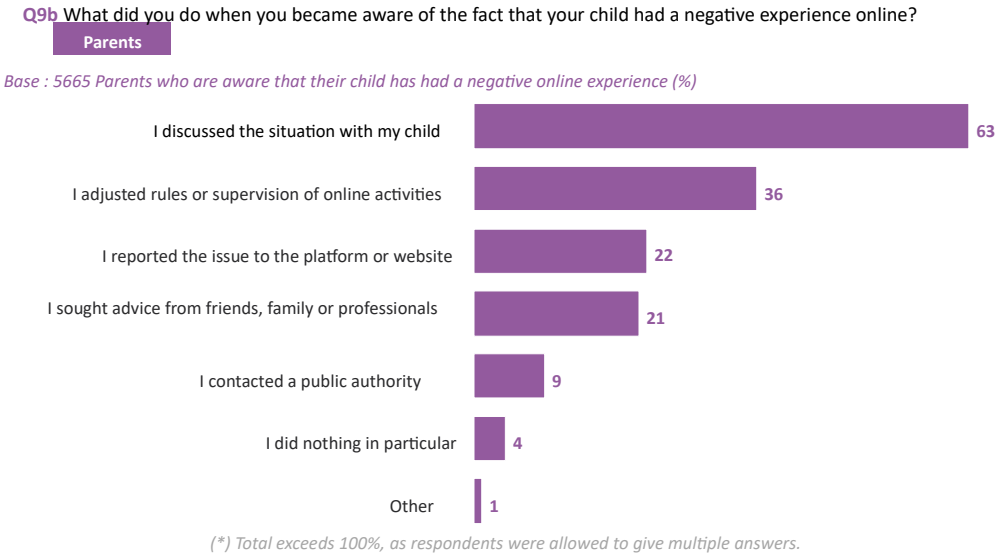
6.1 - Parental responses following online incidents

When parents become aware of a negative online experience involving their child, dialogue is by far the most common response

63% of parents who detected an incident report having discussed the situation with their child, ahead of any other action. This pattern echoes the dominant mode of awareness identified in the previous section, where parents primarily learn about incidents through the child's own disclosure: they respond first by reopening that channel of conversation. The adjustment of rules or supervision of online activities follows as the second action, cited by 36%, well behind dialogue. Reporting the incident to the platform or website is mentioned by 22% of parents, seeking advice from friends, family or professionals by 21%, and contacting a public authority by only 9%. Institutional and platform-based escalation therefore remains minority responses among parents who become aware of an incident.

A few socio-demographic differences emerge. Dialogue with the child is somewhat more frequent among mothers, among older parents (whose children are typically older as well), and among parents whose child received a smartphone before age 10. Conversely, younger parents are slightly more inclined to adjust rules of supervision or to report the incident to the platform. These differences remain limited in magnitude, which suggests that the overall hierarchy of responses (dialogue first, rule adjustment second, institutional escalation last) holds across most socio-demographic groups.

The same stability is found at country level. Although the precise share of each response varies from one Member State to another, discussing the situation with the child is the most cited reaction in all countries except Malta, where adjustment of rules or supervision ranks first. In most countries, adjustment of rules or supervision comes second, while reporting the issue to the platform and contacting a public authority remain minority responses.

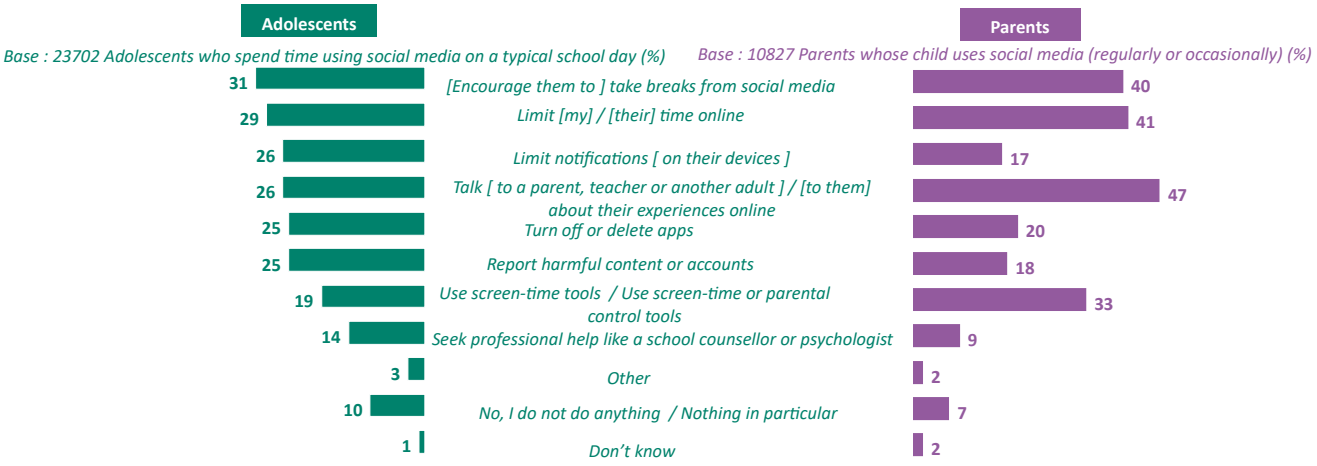


6.2 - Protection strategies and perception of actors

Patterns of protective action show that parents adopt a diversified set of strategies, dominated by dialogue and encouragement rather than by strict coercion.

Talking with the child about their online experience is by far the most cited measure (47%), followed by limiting time online (41%) and encouraging breaks from social media (40%). More coercive or external measures are notably less frequent: parental control tools are cited by 33% of parents, deletion of apps by 20%, reporting harmful content by 18%, and seeking professional help by only 9%, the lowest share among all measures. On the adolescent side, and as reported by adolescents themselves the hierarchy is markedly less pronounced: most measures are cited by between one in five and one in three respondents, and only 10% say they do nothing in particular. A relative asymmetry emerges however on dialogue: only 26% of adolescents say they talk to a parent, a teacher or another adult about what they experience online, against 47% of parents who say they hold this conversation. Adolescents also appear more inclined than their parents to limit notifications (26% vs 17%), to report harmful content (25% vs 18%) and to seek professional help (14% vs 9%), which points to a form of self protection that complements parental action.

Q11/Q10 Do you do any of the following to protect [your] / [your child's] mental wellbeing when [using] / [they use] social media?



(*) Total exceeds 100%, as respondents were allowed to give multiple answers.

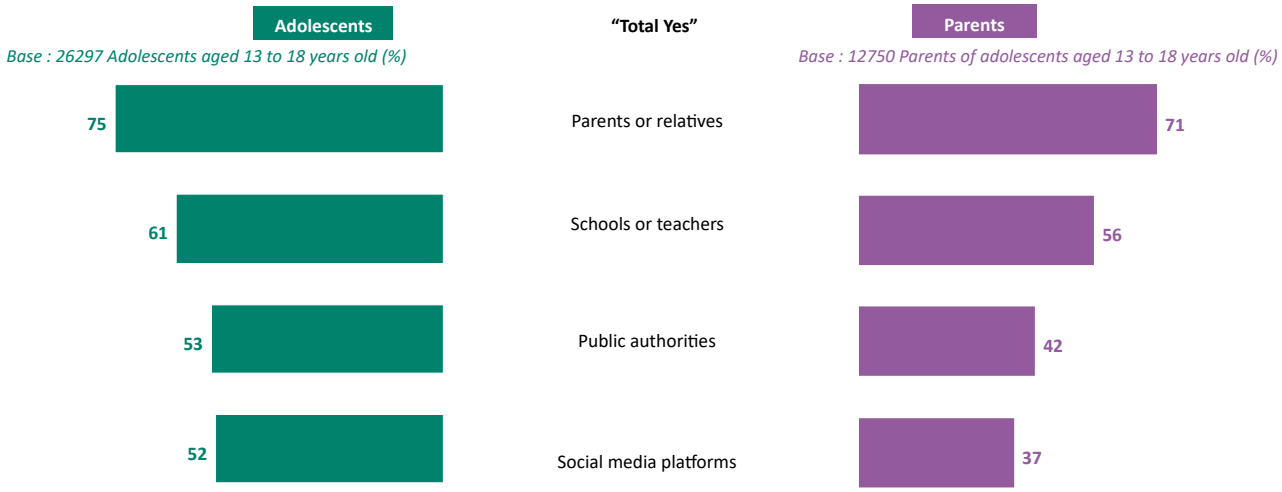
Two patterns stand out from socio-demographic analysis on the parental side. Parents who hold a positive view of screens are markedly less interventionist on most measures, with gaps of around fifteen percentage points compared to the European average on dialogue, time limitation and break encouragement. Conversely, parents whose child started using social media before age 10 prioritise dialogue (52%) and the encouragement of breaks (51%) more than the average, and rely slightly less on parental control tools, suggesting an experiential adaptation towards softer practices over time.

Two patterns stand out among adolescents themselves. Those who started using social media before age 10 rely less on structured tools (screen-time apps 14% versus 19% on average) and on professional help (10% versus 14%) and are slightly more likely to do nothing in particular (13% versus 10%), suggesting a form of habituation that softens self-protective reflexes over time. Younger adolescents (13-14 years old) report higher rates of dialogue with a parent, a teacher or another adult (32%, against 26% on average), indicating that the early teenage years remain a period of open communication with adults that gradually narrows with age.

schools second, public authorities third, social media platforms last. Parents and relatives are seen as doing enough by 71% of parents and 75% of adolescents, the slight overshoot from the adolescent side reflecting the dialogue established between the two. Schools and teachers follow at a comparable level, with 56% of parents and 61% of adolescents granting them a clear majority of confidence. Trust falls noticeably for public authorities (42% of parents, 53% of adolescents) and further still for social media platforms (37% of parents, 52% of adolescents), the lowest-rated actor of all.

A consistent pattern runs across the four actors: parents are systematically more critical than adolescents, and the gap widens as one move from proximate actors (parents, schools) to institutional ones (authorities, platforms). The widest gap, observed on platforms at fifteen percentage points, highlights to a generational divergence concerning this actor.

Q12 Do you think each of the following do enough to protect adolescents' mental well-being online?

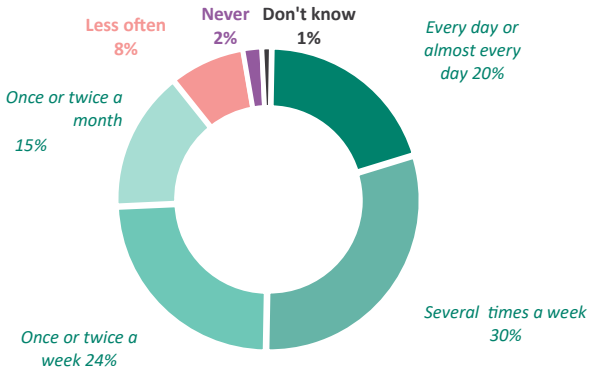


Perceptions of the actors who protect young people's mental wellbeing online follow the same hierarchy in both populations: family first,

These data corroborate the central place of dialogue identified earlier. Three quarters of parents (74%) report talking with their child about what they do or experience on social media at least once a week, including one parent in five (20%) who does so every day or almost every day, 30% several times a week, and 24% once or twice a week. The remaining quarter (25%) reports a less regular rhythm, with 15% talking once or twice a month, 8% less often, and 2% never. Across the EU, parental dialogue on social media use thus appears as a routine, embedded practice for the large majority of households whose adolescent is on social media.

Parents

Base : 10827 Parents whose child uses social media (regularly or occasionally)



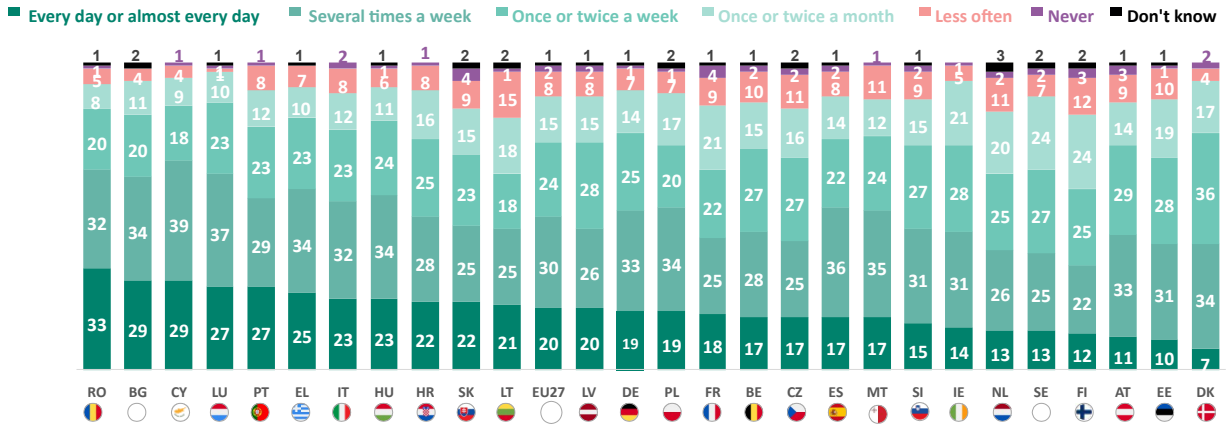
Impact of excessive screen time and social media on young people's mental health

A few socio-demographic differences emerge in the frequency of parent-child dialogue. Daily conversations are more often reported by mothers than by fathers (24% against 15%), by parents aged 30 to 39 than by older parents (23% against 18%), and by parents with at least three children at home than those who have none (24% against 16%). The time the child actually spends on screens, however, has little bearing on the frequency of conversation: parents whose adolescent uses screens heavily and parents whose adolescent uses them lightly report similar rhythms. Country-level data show wide variation in the frequency of parent-child dialogue on social media use. Daily conversations are most common in Romania and Bulgaria (33% and 29% respectively), followed by Cyprus, Luxembourg, Portugal and Greece, all between 25% and 29%. They are markedly less frequent in Nordic countries, with Denmark at 7%, finland at 12% and Sweden at 13%, and at similar levels in Estonia, Austria and Ireland. On the aggregated rate of weekly conversation, the gap reaches nearly thirty points, from 87% in Luxembourg and 86% in Cyprus down to 59% in finland. The variation does not closely follow country differences in adolescent screen time, suggesting that it reflects broader patterns of family communication.

Q11How often do you talk with your child about what they do or experience on social media?

Parents

Base : 10827 Parents whose child uses social media (regularly or occasionally) (%)

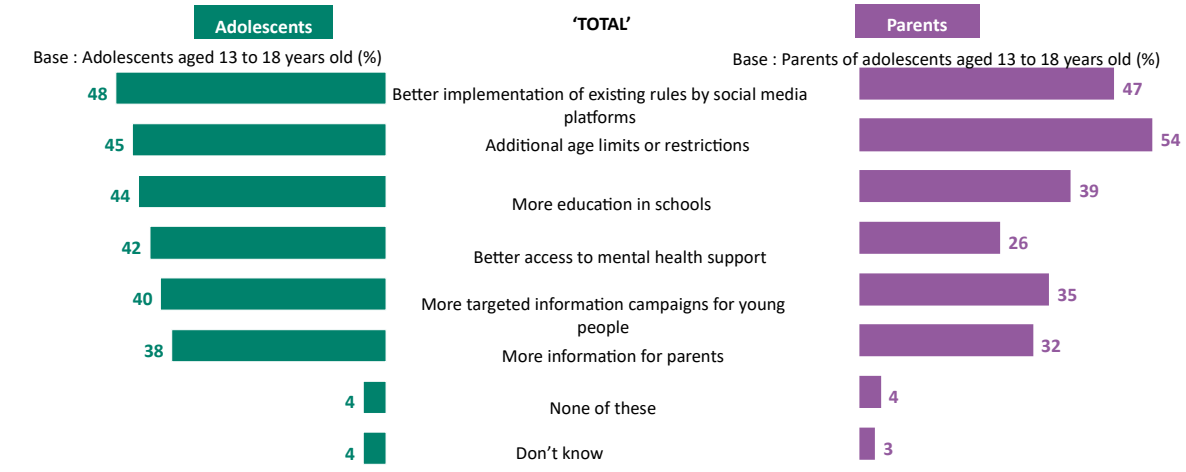


6.3 - A cross-generational mandate for action

On the actions that would most help to improve adolescent mental wellbeing online, both populations converge on a single shared priority: 47% of parents and 48% of adolescents call for better implementation of existing platform rules

Beyond this convergence, two divergences stand out. Parents push more strongly for age limits and restrictions (54% against 45% of adolescents), which constitute the most cited measure on the parental side. Adolescents, in turn, call markedly more often for better access to mental health support (42% against 26% of parents), the largest divergence between the two populations on this question. The remaining measures, including more education in schools, more targeted information campaigns and more information for parents, are supported by 32% to 44% on both sides without major divergence. The parental priority list points to a single dominant lever (age limits), while the adolescent list is notably flatter, with four measures between 42% and 48%, suggesting that adolescents themselves call for a comprehensive response rather than a single answer.

Q13 To improve the mental wellbeing of young people online, which of the following actions you think is most effective? Firstly? And then?



(*) Total exceeds 100%, as respondents were allowed to give multiple answers.

7. Technical specifications

Between the 30th of March and the 16th of April 2026, Demoscopy carried out this Flash Eurobarometer 579 at the request of the European Commission, Directorate-General for Health and Food Safety (DG SANTE). It is a survey coordinated by the Directorate-General for Communication (DG COMM 'Public Opinion and Citizens Engagement' Unit).

This Flash Eurobarometer covers adolescents (aged 13 to 18 years old) and parents with dependent children, across all 27 EU Member States. In total, 39,047 interviews were completed (26,297 adolescents and 12,750 parents) via Computer Assisted Web Interviewing (CAWI).

Number of interviews per country

		Youth	Parents			Youth	Parents
EU	EU	26297	12750	LV	Latvia	1000	500
BE	Belgium	1016	500	LT	Lithuania	1000	500
BG	Bulgaria	1000	500	LU	Luxembourg	500	250
CZ	Czech Republic	1000	500	HU	Hungary	1000	500
DK	Denmark	1000	500	MT	Malta	595	250
DE	Germany	1121	500	NL	Netherlands	1029	500
EE	Estonia	1000	500	AT	Austria	1040	500
IE	Ireland	1041	500	PL	Poland	1000	500
EL	Greece	1000	500	PT	Portugal	1000	500
ES	Spain	1052	500	RO	Romania	1042	500
FR	France	1043	500	SI	Slovenia	1033	500
HR	Croatia	1000	500	SK	Slovakia	1000	500
IT	Italy	1051	500	fi	finland	1000	500
CY	Cyprus	597	250	SE	Sweden	1137	500

Margin of error

Survey results are subject to sampling tolerances. The 'margin of error' quantifies uncertainty about (or confidence in) a survey result. As a general rule, the more interviews conducted (sample size), the smaller the margin of error. A sample of 500 will produce a margin of error of not more than 4.4 percentage points, and a sample of 1 000 will produce a margin of error of not more than 3.1 percentage points.

Statistical margins due to sampling tolerances

(at the 95 % level of confidence)

various sample sizes are in rows — various observed results are in columns

	0,05	0,1	0,25	0,5	0,75	0,9	0,95
n=50	±6.0	±8.3	±12.0	±13.9	±12.0	±8.3	±6.0
n=100	±4.3	±5.9	±8.5	±9.8	±8.5	±5.9	±4.3
n=200	±3.0	±4.2	±6.0	±6.9	±6.0	±4.2	±3.0
n=500	±1.9	±2.6	±3.8	±4.4	±3.8	±2.6	±1.9
n=1000	±1.4	±1.9	±2.7	±3.1	±2.7	±1.9	±1.4
n=1500	±1.1	±1.5	±2.2	±2.5	±2.2	±1.5	±1.1
n=2000	±1.0	±1.3	±1.9	±2.2	±1.9	±1.3	±1.0

Comments

An interesting report, with scientific references in some of the footnotes.

It's a bit of a shame that the captions for the illustrations are in such small type (sometimes 5.4 or 6.2), but it's good that they're captioned using proper text strings.

8. Questionnaire

Interview mode: Online (CAWI)

Target population: Adolescent (aged 13 to 18 years old) and Parents with dependent children

Coverage: 27 EU Member States

fieldwork dates: 30th of March to 16th of April 2026

Sample size: 39,047 interviews: 26,297 adolescents (approximately 1,000 per country) and 12,750 parents (approximately 500 per country)

Socio-demographic questions covered: age, gender, region of residence, education level, urbanisation, household composition.

QUESTIONNAIRE A - YOUTH (13 – 18 years old)

Experiences of mental or physical disorders

Q1. Which of the following situations, if any, have happened to you in the past 30 days?

(SELECT ALL THAT APPLIES)

(Scripting instructions: MULTIPLE – RANDOMIZED – None of the above & DK = EXCLUSIVE)

1. Not having enough time to meet friends in person
2. Not having enough time to spend with your family
3. Not having enough time for your hobbies (for example sports, music, reading or other activities you enjoy)
4. Not having enough time for physical exercise
5. finding it hard to concentrate or stay focused
6. Feeling very tired or overwhelmed
7. Pain in your back, neck or wrists
8. Tired eyes
9. Headaches
10. Problems sleeping (for example difficulty falling asleep or not sleeping well)
11. Eating less healthily than usual (for example skipping meals or eating more unhealthy food)
12. Using substances (such as tobacco or nicotine products, alcohol or drugs)
13. None of the above
14. Don't know

Impact of excessive screen time and social media on young people's mental health

Use of screens

Q2a. How much time on average do you think you spend on screens (smartphone, computer, tablet, TV, gaming console included) in total…?

(ONE ANSWER ONLY)

IF YOU DON'T USE SCREENS, TYPE 0 FOR HOURS AND 0 FOR MINUTES

IF YOU USE SCREENS FOR LESS THAN ONE HOUR, TYPE 0 FOR HOURS AND THE NUMBER OF MINUTES

IF DON'T KNOW TYPE IN 99 FOR HOURS AND MINUTES

	Number of hours	Number of minutes
TIME SPENT ON SCREENS PER DAY		
1. On a typical school day		
2. During the weekend (Saturday or Sunday)		

T*ime spent on screens for different purposes*

ASK IF Q2 <> 0 OR 99

Q3. On a typical day (from Monday to Friday), how much time on average do you think you spend on screens, for each of the following?

(ONE ANSWER PER LINE – INDICATE THE NUMBER OF HOURS SPENT)

IF YOU DON'T USE SCREENS FOR THIS USAGE, TYPE 0 FOR HOURS AND 0 FOR MINUTES

IF YOU USE SCREENS FOR LESS THAN ONE HOUR, TYPE 0 FOR HOURS AND THE NUMBER OF MINUTES

IF DON'T KNOW TYPE IN 99 FOR HOURS AND MINUTES

(Scripting instructions: EXCLUSIVE ANSWER PER LINE – RANDOMIZE 2 TO 5)

	Number of hours	Number of minutes
School purposes or homework		
Using social media		
Using messaging apps		
Watching TV / videos / streaming		
Gaming		

Self-assessment

Q4. And, overall, would you say the amount of time you spend [on screens/on social media] per day is…?

(ONE ANSWER PER LINE ONLY)

(Scripting instructions: EXCLUSIVE – RANDOMIZE 1 and 2)

• Too much
• About the right amount
• Too little
• Don't know

1. On screens
2. On social media

Impact of screens

ASK ALL

Q5. Overall, do you think screens have a positive or negative impact on the lives of young people your age?

(ONE ANSWER ONLY)

(Scripting instructions: EXCLUSIVE)

1. Very positive impact
2. Rather positive impact
3. Neither positive nor negative impact
4. Rather negative impact
5. Very negative impact
6. Don't know

Reasons for using social media

ASK IF Q3.2 <> 0 OR 99

Q6. What are the main reasons why you use social media? firstly? And for which other reasons do you use social media?

(MULTIPLE ANSWERS POSSIBLE) - (Scripting instructions: fiRSTLY IS EXCLUSIVE – 2 IS MULTIPLE – RANDOMIZED 1TO 8 – DK = EXCLUSIVE)

• Staying in contact with friends or family
• Entertainment
• Following the content of influencers or creators
• Following news or gathering information
• Expressing myself or sharing content
• Participating in online group discussions
• Getting likes, comments or followers
• Meeting new people
• I have nothing else to do
• Don't know

1. firstly

2. And for which other reasons?

Overall assessment of the impact of social media on mental health

ASK IF Q3.2 <> 0 OR 99

Q7. Overall, would you say social media have a positive or negative impact on your mental wellbeing (for example your mood, stress levels or how you feel about yourself)?

(ONE ANSWER ONLY)

(Scripting instructions: EXCLUSIVE)

1. Very positive
2. Rather positive
3. Neither positive nor negative
4. Rather negative
5. Very negative
6. Don't know

Attitudes towards positive experiences on social media

(SCRIPT INSTRUCTIONS: RANDOMIZE Q8 and Q9)

ASK IF Q3.2 <> 0 OR 99

Q8. To what extent do you agree or disagree with the following statements i<u>n relation to your use of social media</u>?

(ONE ANSWER PER LINE)

(Scripting instructions: EXCLUSIVE ANSWER PER LINE - RANDOMIZED)

	Totally agree	Tend to agree	Tend to disagree	Totally disagree	DK
Social media help me feel connected to others					
Social media put me in a better mood					
Social media help me express myself					
Social media help me feel more confident					
I learn a lot on social media					

Impact of excessive screen time and social media on young people's mental health

Attitudes towards negative impact of social media on mental health

ASK IF Q3.2 <> 0 OR 99

Q9. To what extent do you agree or disagree with the following statements in relation to your use of social media?

(ONE ANSWER PER LINE)

(Scripting instructions: EXCLUSIVE ANSWER PER LINE - RANDOMIZED)

	Totally agree	Tend to agree	Tend to disagree	Totally disagree	DK
I often feel stressed or anxious because of social media					
When using social media, I tend to compare myself to others					
I worry I will miss out if I'm not online					
I have difficulty concentrating because of social media					
I often feel left out when participating to online discussions					
I find it hard to fall asleep because of social media					
I often feel sad because of social media					

Exposure to risks on social media

ASK IF Q3.2 <> 0 OR 99

Q10. In the past 3 months, have you seen or experienced any of the following when using social media?

(SELECT ALL THAT APPLIES)

(Scripting instructions: MULTIPLE – RANDOMIZED – DK = EXCLUSIVE)

1. Cyberbullying or harassment
2. Pressure to follow certain body standards
3. Pressure on how to look or what to buy
4. Pressure to share intimate pictures
5. Unwanted sexualised content
6. Unwanted violent content
7. Hate speech
8. False or misleading information
9. AI-generated content that was hard to recognise
10. Promotion of gambling
11. Promotion of unhealthy products (such as alcohol and unhealthy food products)
12. None of these
13. Don't know

Coping strategies

ASK IF Q3.2 <> 0 OR 99

Q11. Do you do any of the following to protect your mental wellbeing when using social media?

(SELECT ALL THAT APPLIES)

(Scripting instructions: MULTIPLE – RANDOMIZED – "Nothing in particular" & "DK" = EXCLUSIVE)

1. Limit my time online
2. Take breaks from social media
3. Report harmful content or accounts
4. Talk to a parent, teacher or another adult
5. Seek professional help like a school counsellor or psychologist
6. Turning off or delete apps
7. Limiting notifications
8. Using screen-time tools
9. Other
10. No, I do not do anything
11. Don't know

Role of adults

ASK ALL

Q12. Do you think each of the following do enough to protect young people's mental wellbeing online?

(ONE ANSWER PER LINE)

(Scripting instructions: EXCLUSIVE ANSWER PER LINE - RANDOMIZED)

• Yes, definitely
• Yes, to some extent
• No, not really
• No, not at all
• Don't know / Prefer not to say

1. Parents or relatives
2. Schools or teachers
3. Social media platforms
4. Public authorities

Most effective measure to protect young people

Q13. To improve the mental wellbeing of young people online, which of the following actions you think is most effective? firstly? And then?

(Scripting instructions: "And then: MAX 2" – RANDOMIZED – firstly = EXCLUSIVE / None of these / DK =

EXCLUSIVE)

• More education in schools
• Better implementation of existing rules by social media platforms
• Additional age limits or restrictions
• More information for parents
• Better access to mental health support
• More targeted information campaigns for young people
• None of these
• Don't know

1. firstly

2. And then?

Additional possible contextual questions

Age when started to use social media

DX1. At what age did you start using social media?

(ONE ANSWER ONLY)

(Scripting instructions: EXCLUSIVE)

1. Before 10 years old
2. 10 years old
3. 11 years old
4. 12 years old
5. 13 years old
6. 14 years old
7. 15 years old
8. 16 years old
9. 17 years old
10. 18 years old
11. I do not use social media
12. Don't know

QUESTIONNAIRE B – Parents of teenagers aged 13 to 18 years old

Use of screens

ASK ALL

Experiences of mental or physical disorders

Q1. Which of the following situations, if any, have you noticed happening to your child in the past 30 days?

(*SELECT ALL THAT APPLY) (Scripting instructions: MULTIPLE – RANDOMIZED – "None of the above" & "Don't know" = EXCLUSIVE)*

1. Not having enough time to meet friends in person
2. Not having enough time to spend with family
3. Not having enough time for hobbies (for example sports, music, reading or other activities they enjoy)
4. Not having enough time for physical exercise
5. finding it hard to concentrate or stay focused
6. Feeling very tired or overwhelmed
7. Pain in their back, neck or wrists
8. Tired eyes
9. Headaches
10. Problems sleeping (for example difficulty falling asleep or not sleeping well)
11. Eating less healthily than usual (for example skipping meals or eating more unhealthy food)
12. Using substances (such as tobacco or nicotine products, alcohol or drugs)
13. None of the above
14. Don't know

Q2. How much time do you estimate your child spends on screens (smartphone, computer, tablet, TV, gaming console included) in total…?

(ONE ANSWER PER LINE ONLY)

IF YOUR CHILD DOESN'T USE SCREENS, TYPE 0 FOR HOURS AND 0 FOR MINUTES

IF YOUR CHILD USES SCREENS FOR LESS THAN ONE HOUR, TYPE 0 FOR HOURS AND THE NUMBER OF MINUTES

IF DON'T KNOW TYPE IN 99 FOR HOURS AND MINUTES

	Number of hours	Number of minutes
TIME SPENT ON SCREENS PER DAY		
1. On a typical school day		
2. During the weekend (Saturday or Sunday)		

Self-assessment

Q3. And, overall, would you say the amount of time your child spends [on screens/on social media] per day is…?

(ONE ANSWER PER LINE ONLY) (Scripting instructions: EXCLUSIVE – RANDOMIZE 1 and 2)

	Too much	About the right amount	Too little	Don't know
1. On screens				
2. On social media				

Impact of excessive screen time and social media on young people's mental health

Overall impact of screens

ASK ALL

Q4. Overall, do you think screens have a positive or negative impact on the lives of young people of your child's age?

(ONE ANSWER ONLY) (Scripting instructions: EXCLUSIVE)

1. Very positive impact
2. Rather positive impact
3. Neither positive nor negative impact
4. Rather negative impact
5. Very negative impact
6. Don't know

Level of concern

ASK ALL

Q5. Are you concerned or not concerned about each of the following aspects of your child's screen use?

(ONE ANSWER PER LINE) (Scripting instructions: EXCLUSIVE ANSWER PER LINE – RANDOMIZED)

	Very concerned	Fairly concerned	Not very concerned	Not concerned at all	DK
The risk of your child being exposed to harmful or inappropriate content online					
The impact of screen use on your child's sleep					
The impact of screen use on your child's school performance					
The risk of your child being contacted by strangers online					

Impact of excessive screen time and social media on young people's mental health

Use of social media

ASK ALL

Let's now talk specifically about social media.

DX1. To the best of your knowledge, does your child use social media?

(ONE ANSWER ONLY) (Scripting instructions: EXCLUSIVE)

1. Yes, regularly
2. Yes, occasionally
3. No
4. Don't know

Contextual – filter question for social media section

ASK Q6 IF DX1 = 1 OR 2

Overall assessment of the impact of social media on mental health

Q6. Overall, would you say social media have a positive or negative impact on your child's mental wellbeing (for example their mood, stress levels or self-esteem)?

(ONE ANSWER ONLY) (Scripting instructions: EXCLUSIVE)

1. Very positive
2. Rather positive
3. Neither positive nor negative
4. Rather negative
5. Very negative
6. Don't know

(SCRIPT INSTRUCTIONS: RANDOMIZE Q7 and Q8)

ASK Q7 IF DX1 = 1 OR 2

Perceived positive experiences on social media

Q7. To what extent do you agree or disagree with the following statements in relation to your child's use of social media?

(ONE ANSWER PER LINE) (Scripting instructions: EXCLUSIVE ANSWER PER LINE – RANDOMIZED)

	Totally agree	Tend to agree	Tend to disagree	Totally disagree	DK
Social media help my child feel connected to others					
My child seems to be in a better mood when using social media					
Social media help my child express themselves					
My child learns a lot on social media					

Perceived negative impacts of social media on mental health

ASK Q8 IF DX1 = 1 OR 2

Q8. To what extent do you agree or disagree with the following statements in relation to your child's use of social media?

(ONE ANSWER PER LINE) (Scripting instructions: EXCLUSIVE ANSWER PER LINE – RANDOMIZED)

	Totally agree	Tend to agree	Tend to disagree	Totally disagree	DK
My child often feels stressed or anxious because of social media					
When using social media, my child tends to compare themselves to others					
My child worries they will miss out if they are not online all the time					
My child has difficulty concentrating because of social media					
My child finds it hard to fall asleep because of social media					

Experience of child's negative online experience

ASK Q9a IF DX1 = 1 OR 2

Q9a. Has your child ever come to you, or have you ever discovered, that your child had a negative experience online?

(MULTIPLE ANSWERS POSSIBLE) (Scripting instructions: MULTIPLE - NO / DK = EXCLUSIVE)

1. Yes, my child told me about it
2. Yes, someone else told me about it
3. Yes, I discovered it myself
4. No
5. Don't know

ASK Q9b IF Q9a = 1, 2 OR 3

Q9b. What did you do when you became aware of the fact that your child had a negative experience online?

(SELECT ALL THAT APPLY) (Scripting instructions: MULTIPLE – "Don't know" = EXCLUSIVE)

1. I discussed the situation with my child
2. I adjusted rules or supervision of online activities
3. I reported the issue to the platform or website
4. I contacted a public authority
5. I sought advice from friends, family or professionals
6. I did nothing in particular
7. Other
8. Don't know

Exposure to risks on social media

ASK Q9c IF DX1 = 1 OR 2

Q9c. In the past 3 months, has your child seen or experienced any of the following when using social media?

(SELECT ALL THAT APPLY) (Scripting instructions: MULTIPLE – RANDOMIZED – "None of these" & "Don't know" = EXCLUSIVE)

1. Cyberbullying or harassment
2. Pressure to follow certain body standards
3. Pressure on how to look or what to buy
4. Pressure to share intimate pictures
5. Unwanted sexualised content
6. Unwanted violent content
7. Hate speech
8. False or misleading information
9. AI-generated content that was hard to recognise
10. Promotion of gambling
11. Promotion of unhealthy products (such as alcohol and unhealthy food products)
12. None of these
13. Don't know

Parental mediation and coping strategies

ASK Q10 IF DX1 = 1 OR 2

Q10. Do you do any of the following to protect your child's mental wellbeing when they use social media?

(SELECT ALL THAT APPLY) (Scripting instructions: MULTIPLE – RANDOMIZED – "Nothing in particular" & "Don't know" = EXCLUSIVE)

a. Limit their time online
b. Encourage them to take breaks from social media
c. Report harmful content or accounts
d. Talk to them about their experiences online
e. Report harmful content or accounts
f. Seek professional help like a school counsellor or psychologist
g. Turn off or delete apps
h. Limit notifications on their devices
i. Use screen-time or parental control tools
j. Other
k. Nothing in particular
l. Don't know

Communication about online experiences

ASK Q11 IF DX1 = 1 OR 2

Q11. How often do you talk with your child about what they do or experience on social media?

(ONE ANSWER ONLY) (Scripting instructions: EXCLUSIVE)

1. Every day or almost every day
2. Several times a week
3. Once or twice a week
4. Once or twice a month
5. Less often
6. Never
7. Don't know

Role of actors

ASK ALL

Q12. Do you think each of the following do enough to protect young people's mental wellbeing online?

(ONE ANSWER PER LINE) (Scripting instructions: EXCLUSIVE ANSWER PER LINE – RANDOMIZED)

	Yes, definitely	Yes, to some extent	No, not really	No, not at all	DK
Parents or relatives					
Schools or teachers					
Social media platforms					
Public authorities					

Most effective measures to protect young people

Q13. To improve the mental wellbeing of young people online, which of the following actions you think is most effective? firstly? And then?

Scripting instructions: "And then: MAX 2" – RANDOMIZED – firstly = EXCLUSIVE / DK = EXCLUSIVE)

• More education in schools
• Better implementation of existing rules by social media platforms
• Additional age limits or restrictions
• More information for parents
• Better access to mental health support
• More targeted information campaigns for young people
• None of these
• Don't know

1. firstly
2. And then?

Additional contextual questions

ASK ALL

DX2. To the best of your knowledge, at what age did your child start using social media?

(*ONE ANSWER ONLY) (Scripting instructions: EXCLUSIVE)*

1. Before 10 years old
2. 10 years old
3. 11 years old
4. 12 years old
5. 13 years old
6. 14 years old
7. 15 years old
8. 16 years old
9. 17 years old
10. 18 years old
11. My child does not use social media
12. Don't know