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## “Digital Technology Exposure and Mental Health in Adolescents: A Systematic Review and Narrative Synthesis of Risks, Protective Factors, and Emerging Digital Interventions”

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**Abstract: Background:** Adolescence is a critical developmental period during which emotional, behavioural, social, and psychological difficulties may emerge. At the same time, adolescents are increasingly embedded in digital environments involving smartphones, social media, online gaming, artificial intelligence (AI)-enabled applications, wearable technologies, and other interactive digital platforms. Digital technologies can facilitate communication, education, social connection, mental-health information, and access to psychological interventions; however, problematic or poorly regulated use has been associated with sleep disturbance, anxiety, depressive symptoms, social comparison, cyber-victimisation, and impaired psychosocial functioning. Increasing evidence suggests that the relationship between digital technology and adolescent mental health cannot be adequately explained by total screen time alone.

**Objective:** To systematically review and narratively synthesize contemporary evidence concerning the relationship between advanced digital technology exposure and mental-health outcomes among adolescents, with particular emphasis on patterns of use, problematic engagement, sleep, social media, gaming, emerging AI technologies, digital mental-health interventions, and contextual factors that may modify risk or benefit.

**Methods:** A systematic review framework was developed using a Population–Intervention/Exposure–Comparator–Outcome–Time (PICOT) structure and informed by Joanna Briggs Institute (JBI) methodological principles and PRISMA 2020 reporting recommendations. PubMed/MEDLINE, Scopus, Web of Science, CINAHL, ScienceDirect, PsycINFO, and Google Scholar were identified as relevant information sources. Eligible evidence comprised peer-reviewed English-language studies published between 2020 and 2026 involving adolescents, predominantly aged 10–19 years, and examining digital technology exposure or digital mental-health interventions in relation to psychological, behavioural, sleep, or psychosocial outcomes. Because of substantial heterogeneity in technologies, exposure definitions, populations, and outcomes, findings were synthesized narratively rather than pooled into a single quantitative estimate.

**Results:** Contemporary evidence indicates a complex and potentially bidirectional relationship between digital technology and adolescent mental health. Problematic social media use and dysregulated digital engagement show more consistent associations with anxiety and internalizing symptoms than simple measures of frequency. Prospective evidence suggests that problematic device use, cyber-victimisation, and excessive engagement can adversely affect sleep, while sleep may partially mediate relationships between digital behaviour and mental-health outcomes. Problematic gaming is associated with psychiatric comorbidity in vulnerable adolescents, although gaming itself should not be considered uniformly harmful. Digital mental-health interventions demonstrate promising but heterogeneous effects, particularly when based on cognitive-behavioural principles, self-monitoring, human guidance, or blended delivery. AI-enabled conversational agents represent an emerging intervention domain, but evidence specific to adolescents remains comparatively limited and safety, privacy, reliability, and safeguarding concerns require careful consideration.

**Conclusion:** Adolescent digital mental health should be understood through a multidimensional model incorporating technology type, content, purpose, timing, intensity, problematic engagement, sleep, social context, developmental vulnerability, and digital literacy. Clinical practice should move beyond a simple focus on screen duration and assess the quality and consequences of digital engagement. Digital technologies should neither be universally restricted nor assumed to be inherently therapeutic; rather, they should be integrated into developmentally appropriate, evidence-based, and ethically governed approaches to adolescent mental-health promotion.

**Keywords:** adolescent; digital technology; mental health; social media; smartphone; gaming; artificial intelligence; sleep; digital mental health; psychiatric nursing; systematic review

### 1. Introduction

Adolescence represents a period of substantial biological, psychological, cognitive, and social development. During these years, young people develop greater autonomy, establish peer relationships, construct identity, and acquire skills for emotional regulation and

independent decision-making. It is also a period during which mental-health difficulties may emerge or become clinically significant. The contemporary adolescent developmental environment differs considerably from that of previous generations because digital



technologies are now deeply integrated into everyday communication, education, entertainment, social interaction, and healthcare.

Smartphones and internet-connected devices provide continuous access to social networking platforms, messaging applications, streaming services, online gaming, educational resources, health information, and increasingly sophisticated artificial intelligence (AI) applications. Digital environments can therefore function simultaneously as sources of opportunity and potential risk. The same smartphone may facilitate supportive communication with friends, provide access to mental-health information, enable educational activities, or contribute to late-night social-media engagement and sleep displacement.

This complexity has challenged the traditional concept of “screen time” as the principal indicator of digital-health risk. Contemporary evidence increasingly suggests that the psychological consequences of digital engagement depend on what adolescents do online, the purpose and timing of their activity, the content encountered, whether use is voluntary or compulsive, and how digital activity interacts with sleep, relationships, school functioning, and pre-existing vulnerabilities.

A systematic review of prospective studies found evidence that adverse forms of interactive device use, including overuse, problematic use, tele pressure, and cyber-victimisation, can affect adolescent sleep, while evidence connecting other forms of device use with sleep was less consistent. The review also identified a small but consistent body of evidence suggesting that sleep can mediate the relationship between device use and adolescent mental health.

Similarly, a 2024 systematic review and meta-analysis of social-media use and internalizing symptoms demonstrated that the association is heterogeneous and varies according to how social-media exposure is conceptualized and measured. A systematic review specifically examining social media and anxiety among adolescents found that more than half of included studies reported positive associations with anxiety, with problematic use producing more consistent associations than other forms of social-media exposure.

At the same time, digital technology can support mental-health promotion and treatment. Digital interventions have been developed for anxiety, depression, social anxiety, insomnia, stress, and general psychological well-being. Evidence from reviews of adolescent digital interventions suggests that cognitive-behavioural approaches, self-monitoring, human guidance, parental or peer involvement, and appropriate engagement strategies may improve intervention effectiveness.

The emergence of generative AI and conversational agents introduces an additional dimension. AI-enabled systems may provide scalable psychoeducation, conversational support, symptom monitoring, and access to structured psychological interventions.

However, evidence specifically concerning adolescents remains developing, and concerns about inaccurate responses, privacy, dependency, inappropriate advice, safeguarding, and the absence of human clinical oversight remain important. Recent evidence indicates that AI conversational agents may reduce mental distress among young people, but generative systems remain less conclusively evaluated than established retrieval-based approaches.

Against this background, a comprehensive synthesis should examine digital technology not as a single exposure but as a multidimensional environment. The present review therefore focuses on both potentially harmful and potentially beneficial dimensions of adolescent digital engagement.

## 2. Review Question and Objective

The primary review question was:

**What is the relationship between advanced digital technology exposure and mental-health outcomes among adolescents, and what factors determine whether digital engagement is harmful, neutral, or beneficial?**

The objectives were to examine the association between digital technology use and adolescent mental health; identify patterns of digital engagement associated with psychological risk; evaluate the role of sleep and psychosocial pathways; examine gaming and social-media-related outcomes; assess emerging evidence concerning AI-enabled mental-health technologies; and identify implications for adolescent mental-health promotion, psychiatric nursing, families, schools, and health policy.

## 3. PICOT Framework

The review question was structured using a modified PICOT framework.

### Population

The population comprised adolescents, primarily those aged 10–19 years, including community and clinical populations where adolescent findings could be identified separately.

### Intervention or Exposure

The exposure included smartphones, social-media platforms, internet-connected devices, online gaming, AI-enabled applications and conversational agents, wearable technologies, virtual and augmented reality, and digital mental-health interventions.

### Comparator

Where applicable, comparison groups included lower levels or different patterns of digital exposure, non-problematic versus problematic use, conventional or non-digital mental-health support, wait-list or usual-care conditions, and adolescents with differing patterns of digital engagement. Because many observational studies do not include a conventional comparator, the synthesis also considered within-study exposure contrasts and longitudinal changes.

### Outcomes



Relevant outcomes included depressive symptoms, anxiety, psychological distress, loneliness, self-esteem, emotional well-being, social functioning, sleep duration and quality, cyber-victimisation, problematic technology use, gaming-related impairment, and outcomes associated with digital mental-health interventions.

#### Time

The principal evidence period was January 2020 through August 2026, allowing contemporary evidence concerning rapidly evolving digital technologies to be considered. Earlier seminal studies were considered only where necessary to contextualize established concepts or methodological foundations.

#### 4. Methods

##### 4.1 Study Design and Reporting

The review was structured as a systematic review with narrative synthesis. The methodological framework was aligned with JBI principles for systematic reviews and PRISMA 2020 reporting recommendations. JBI emphasizes critical appraisal of included evidence according to the design and risk-of-bias characteristics of individual studies rather than applying a single generic quality instrument to heterogeneous evidence.

Because the digital-health literature includes observational, longitudinal, qualitative, interventional, and systematic-review evidence with substantial methodological heterogeneity, narrative synthesis was considered more appropriate than combining all evidence into a single pooled estimate.

##### 4.2 Eligibility Criteria

Studies were considered eligible when they involved adolescents predominantly within the 10–19-year age range or reported adolescent findings separately; investigated a digital technology, digital behaviour, or digital mental-health intervention; reported a psychological, behavioural, sleep-related, or psychosocial outcome; and provided sufficient methodological information for interpretation. Peer-reviewed English-language studies published during the defined contemporary period were prioritized. Studies addressing smartphones, social media, gaming, internet use, digital interventions, AI-enabled conversational systems, and emerging digital technologies were considered relevant when there was a clear relationship to adolescent mental health.

Studies were excluded when they focused exclusively on technical development without meaningful clinical or psychosocial relevance, were editorials or opinion pieces without primary or review evidence, involved populations outside the adolescent age range without separately extractable adolescent findings, or lacked sufficient methodological information.

##### 4.3 Information Sources and Search Strategy

Relevant literature was identified from PubMed/MEDLINE, Scopus, Web of Science, CINAHL, PsycINFO, ScienceDirect, and Google

Scholar. Reference-list searching and citation tracking were considered supplementary approaches.

Search concepts incorporated terms relating to adolescence, digital technology, social media, smartphones, internet use, gaming, artificial intelligence, conversational agents, digital mental health, anxiety, depression, psychological distress, sleep, well-being, cyberbullying, and problematic technology use.

A representative search structure was:

(adolescent OR adolescence OR teenager OR youth) AND (digital technology OR smartphone OR social media OR internet OR gaming OR artificial intelligence OR chatbot OR conversational agent OR wearable OR virtual reality) AND (mental health OR depression OR anxiety OR psychological distress OR well-being OR sleep OR loneliness OR self-esteem OR problematic use).

Boolean operators were used to combine concepts, while database-specific subject headings and indexing terms were incorporated where available.

##### 4.4 Study Selection and Data Extraction

Records were screened according to predefined eligibility criteria. Duplicate publications were removed before title and abstract screening, followed by full-text assessment of potentially relevant studies.

Data extracted from eligible evidence included study characteristics, population, age range, geographic setting, technology or exposure examined, method of exposure measurement, mental-health outcome, measurement instrument, principal findings, direction of association, potential mediators or moderators, intervention characteristics where applicable, and major methodological limitations.

##### 4.5 Methodological Quality and Risk of Bias

Risk of bias was considered using design-appropriate JBI critical appraisal tools. The JBI resource provides specific tools for analytical cross-sectional studies, cohort studies, qualitative research, systematic reviews, and other study designs, supporting design-specific appraisal rather than a one-size-fits-all assessment.

Particular attention was given to sampling, exposure measurement, outcome measurement, confounding, temporal relationships, attrition, statistical analysis, and the extent to which conclusions were justified by the underlying design.

##### 4.6 Data Synthesis

Because studies differed substantially in their definitions of digital exposure and mental-health outcomes, a narrative synthesis was undertaken. Evidence was organized around six principal domains: social media and internalizing symptoms; smartphones and problematic digital engagement; sleep; gaming; digital mental-health interventions; and AI-enabled mental-health technologies.



The synthesis distinguished association from causation and considered the possibility of bidirectional relationships. Findings from longitudinal studies were given particular interpretive importance when discussing temporal pathways.

## 5. Results and Narrative Synthesis

### 5.1 Digital Technology and Adolescent Mental Health

The overall evidence does not support a simple conclusion that digital technology is either harmful or beneficial to adolescent mental health. Instead, effects appear to depend on the characteristics of digital engagement and the developmental and social circumstances of the adolescent.

The most consistent concerns relate to problematic or dysregulated use rather than technology ownership itself. Digital activities may become problematic when adolescents experience difficulty controlling use, continue engagement despite negative consequences, sacrifice sleep or school responsibilities, or experience significant emotional dependence on digital platforms.

This distinction is important because high-frequency use is not necessarily equivalent to problematic use. An adolescent spending several hours online for education, creative activity, communication with supportive peers, or therapeutic intervention may have a substantially different digital experience from an adolescent spending the same amount of time compulsively monitoring social media, engaging in social comparison, or remaining online late into the night.

### 5.2 Social Media and Internalizing Symptoms

Social media represents one of the most extensively investigated components of adolescent digital life. Contemporary systematic evidence indicates associations between social-media engagement and internalizing symptoms, including anxiety and depressive symptoms, although the magnitude and direction of these relationships vary across studies.

A 2024 systematic review focusing on adolescent anxiety included 32 studies and found that 56.3% reported positive associations between social-media use and anxiety. Associations were particularly frequent for problematic social-media use and screen-time measures, while results for other definitions of social-media exposure were more heterogeneous.

A separate systematic review and meta-analysis published in *JAMA Pediatrics* examined social-media use and internalizing symptoms across clinical and community adolescent samples. Its inclusion of both cross-sectional and longitudinal evidence highlights the importance of distinguishing temporal associations from cross-sectional correlations.

Potential mechanisms include social comparison, fear of missing out, exposure to negative or harmful content, cyber-victimisation, pressure to maintain online identities, and disrupted sleep. However, social media may also strengthen peer relationships, provide emotional

support, facilitate identity exploration, and connect adolescents with communities that may be unavailable in their offline environment.

Accordingly, clinical assessment should focus not merely on whether an adolescent uses social media but on what occurs during and after use. Emotional responses, content exposure, social interactions, perceived belonging, and changes in sleep or daily functioning may be more informative than duration alone.

### 5.3 Smartphones and Problematic Digital Engagement

Smartphones represent a gateway to numerous digital environments, making smartphone ownership itself a relatively nonspecific exposure. The clinically relevant issue is often the pattern of engagement facilitated by the device.

Problematic smartphone or internet use may interfere with concentration, sleep, academic responsibilities, family relationships, and emotional regulation. Repeated checking behaviour, inability to disengage, notification-driven attention, and nighttime use may contribute to a cycle of arousal and sleep displacement.

Evidence should nevertheless be interpreted cautiously because many studies rely on self-reported screen time. Self-report may not accurately capture application-specific behaviour, multitasking, passive exposure, or the timing of use. Objective device-use measures are therefore increasingly important for future research.

### 5.4 Sleep as a Central Pathway

Sleep represents one of the strongest potential pathways linking digital behaviour with adolescent mental health. Adolescents require adequate sleep for emotional regulation, cognitive functioning, learning, and physical health. Digital engagement can interfere with sleep through several mechanisms, including delayed bedtime, psychological stimulation, social expectations to remain available, and displacement of sleep opportunity.

A systematic review of prospective studies identified adverse associations between problematic forms of interactive device use and adolescent sleep. Importantly, the review identified evidence that sleep may mediate the relationship between digital device use and mental-health outcomes.

More recent evidence further supports the importance of timing and problematic use. A 2025 umbrella review incorporating seven systematic reviews and 127 primary studies involving approximately 867,000 participants reported adverse associations between digital-device use and sleep duration, bedtime procrastination, and sleep quality, with particularly notable concerns involving smartphones, social media, internet use, and late-night engagement.

These findings support a clinically important shift: rather than asking only "How many hours does the adolescent spend on a screen?", clinicians should ask whether digital activity delays bedtime, interrupts sleep, causes nighttime awakenings, or produces difficulty disengaging.



## 5.5 Gaming and Psychological Outcomes

Gaming should not be conceptualized as intrinsically harmful. Online and offline gaming can provide recreation, mastery, problem-solving, cooperation, and social interaction. However, problematic gaming may become associated with impaired functioning and psychiatric symptoms.

A 2024 systematic review specifically examining problematic gaming and psychiatric comorbidities in adolescents identified the importance of considering gaming within a broader psychiatric and developmental context.

The distinction between recreational gaming and problematic gaming is therefore essential. Clinical concern should arise when gaming is associated with loss of control, substantial functional impairment, deterioration in relationships or academic performance, sleep disruption, or persistence despite negative consequences.

## 5.6 Digital Mental-Health Interventions

Digital technologies are not solely potential sources of risk. They are increasingly used to deliver mental-health promotion and treatment. Digital interventions can potentially reduce geographical, financial, and stigma-related barriers to care.

A systematic review of digital interventions for adolescent anxiety and depression published in 2025 identified 20 studies representing 17 distinct interventions. The review found considerable variability in intervention characteristics and levels of promise, emphasizing that digital interventions cannot be treated as a homogeneous category.

Evidence from interventions involving 11–18-year-olds has demonstrated small but promising effects for well-being, anxiety reduction, and protective factors, with effectiveness influenced by factors such as setting, guidance, support, and adherence.

Similarly, a systematic review of eHealth interventions involving children and adolescents found that cognitive-behavioural approaches, self-monitoring, blended interventions, peer or parental involvement, and gamification were among the elements frequently associated with better outcomes.

These findings indicate that digital mental-health interventions may be most effective when technology complements rather than completely replaces human support.

## 5.7 Artificial Intelligence and Conversational Mental-Health Technologies

AI represents the most rapidly developing component of the digital mental-health landscape. Conversational agents and AI-enabled applications may provide psychoeducation, structured psychological exercises, symptom monitoring, behavioural prompts, and conversational support.

Evidence concerning AI and young people is emerging. A 2025 systematic review and meta-analysis of AI-driven conversational agents in people aged 12–25 years reported beneficial effects for

depressive symptoms, anxiety, stress, and some other psychological outcomes. However, the included population extended beyond adolescents, meaning the findings cannot be assumed to represent adolescents exclusively.

A more recent systematic review of AI chatbots involving adolescents and young adults similarly reported potentially beneficial effects on mental distress and health behaviours, while emphasizing the need for safety protocols and further evaluation of generative AI systems.

The potential advantages of AI include scalability, availability outside conventional clinical hours, personalization, and reduced perceived stigma. Nevertheless, adolescents represent a population requiring particularly strong safeguards. AI systems may generate inaccurate or inappropriate information, misunderstand developmental context, fail to recognize safeguarding concerns, or create inappropriate perceptions of therapeutic relationships. Privacy and data governance are also major concerns.

Consequently, AI should currently be regarded as a potentially useful adjunct to adolescent mental-health services rather than an autonomous replacement for qualified mental-health professionals.

## 6. Discussion

The evidence synthesized in this review supports a transition from a screen-time model to a digital-ecology model of adolescent mental health. The screen-time model assumes that increasing duration necessarily corresponds to increasing harm. The digital-ecology model instead recognizes that technology exposure consists of multiple interacting dimensions: device, platform, content, purpose, timing, intensity, social context, emotional state, and individual vulnerability.

This interpretation is consistent with the contemporary evidence base. Social-media studies demonstrate greater consistency when problematic use is examined rather than frequency alone. Sleep research demonstrates the importance of nighttime use and behavioural dysregulation. Gaming research highlights the difference between recreational and problematic engagement. Digital-intervention research demonstrates that the same broad category of “digital technology” can produce beneficial outcomes when designed to provide structured, evidence-based support.

The relationship is also likely bidirectional. Adolescents experiencing anxiety, loneliness, depression, or social difficulties may turn toward digital environments for distraction, connection, reassurance, or emotional regulation. Digital experiences may subsequently influence their mental health. Cross-sectional studies cannot adequately distinguish these pathways. Longitudinal and experimental research is therefore required to clarify causality.

Sleep appears particularly important because it may connect several domains. Late-night social-media use or gaming can reduce sleep duration, while inadequate sleep may increase emotional reactivity



and vulnerability to psychological distress. This creates a potentially reinforcing cycle in which digital engagement and mental-health difficulties influence one another.

For psychiatric nursing, these findings have direct relevance. Digital behaviour should increasingly be considered part of routine adolescent psychosocial assessment. Nurses can ask about the technologies used, the purpose of use, nighttime engagement, emotional responses, cyberbullying, unwanted online interactions, problematic use, and effects on sleep, school, relationships, and daily functioning.

Importantly, adolescent assessment should avoid moralizing or assuming that digital activity is inherently pathological. A non-judgmental approach is more likely to encourage adolescents to disclose cyberbullying, harmful content exposure, compulsive use, or online experiences associated with distress.

#### 7. Implications for Psychiatric Nursing and Clinical Practice

Digital mental-health assessment should become an extension of conventional psychosocial assessment. Nurses should explore the adolescent's digital environment alongside family relationships, peer relationships, school functioning, sleep, mood, coping strategies, and risk behaviours.

The **DIGITAL** approach may provide a practical clinical conversation framework: **Devices, Intensity and timing, Goals, Impact, Type of content, Ability to regulate, and Life balance**. This framework is proposed as a clinical communication aid rather than a validated diagnostic instrument.

Clinical interventions should prioritize sleep protection, healthy digital routines, critical digital literacy, cyberbullying prevention, identification of problematic use, and development of alternative coping strategies. Adolescents should also be supported to recognize when online information is unreliable and when professional assistance is required. For AI-enabled mental-health applications, clinicians should assess whether a tool has appropriate privacy safeguards, evidence of effectiveness, age-appropriate design, transparent limitations, and mechanisms for escalation when significant psychological distress or safeguarding concerns are detected.

#### 8. Implications for Families, Schools, and Policy

Parents and caregivers should be encouraged to establish developmentally appropriate expectations around nighttime device use, privacy, online communication, and balanced daily routines. Evidence does not justify a universal prohibition of digital technology. Instead, family strategies should emphasize communication, monitoring appropriate to developmental maturity, sleep protection, and collaborative problem-solving.

Schools also have an important role in promoting digital literacy. Adolescents require skills to evaluate online information, recognize manipulative content, respond to cyberbullying, protect personal

information, and understand how algorithms influence digital experiences.

At policy level, stronger standards are required for age-appropriate digital design, privacy protection, recommendation systems, advertising practices, and AI-enabled mental-health applications. Digital technologies used with adolescents should incorporate safeguarding mechanisms rather than relying exclusively on individual users to identify risk.

#### 9. Limitations of the Evidence

The evidence base has several important limitations. First, digital technology changes rapidly, meaning that findings concerning particular platforms or applications may become outdated relatively quickly. Second, many studies rely on self-reported technology exposure, which may introduce recall and measurement bias. Third, observational designs predominate in several domains, limiting causal inference.

Fourth, definitions of problematic technology use vary considerably between studies. Fifth, adolescents are not a homogeneous population; developmental stage, gender, socioeconomic circumstances, family environment, culture, pre-existing mental-health difficulties, and digital literacy may modify outcomes. Sixth, research concerning AI-enabled technologies remains relatively immature compared with the evidence concerning social media, smartphones, and sleep.

These limitations reinforce the need for longitudinal research incorporating objective digital-use measures, standardized definitions, clinically meaningful outcomes, and diverse adolescent populations.

#### 10. Future Research Priorities

Future research should prioritize longitudinal and experimental designs capable of clarifying directionality and causality. Objective measures of application-specific and time-specific digital engagement should increasingly complement self-report.

Researchers should distinguish passive from active social-media use, recreational from problematic gaming, educational from entertainment use, and supportive from distress-associated digital interactions. Studies should also examine how sleep, social comparison, cyber-victimisation, emotional regulation, and offline relationships mediate associations.

AI research requires particular attention. Future studies should evaluate adolescent-specific AI interventions rather than extrapolating from young-adult populations. Generative AI systems require rigorous evaluation of accuracy, bias, privacy, safeguarding, crisis recognition, developmental appropriateness, and long-term effects.

Greater representation of low- and middle-income countries, including India, is also necessary. Digital experiences are shaped by cultural, socioeconomic, educational, linguistic, and healthcare-system



contexts, and evidence derived predominantly from high-income countries may not be directly transferable to other populations.

## 11. Conclusion

Advanced digital technologies have become an integral component of adolescent development and cannot be meaningfully classified as either universally harmful or universally beneficial. The contemporary evidence indicates that mental-health consequences depend substantially on the nature and context of digital engagement.

Problematic social-media use, dysregulated technology engagement, cyber-victimisation, late-night digital activity, and sleep disruption show more consistent relationships with adverse psychological outcomes than technology ownership or total screen duration alone. At the same time, digital interventions can provide accessible and potentially effective support for anxiety, depression, social anxiety, sleep difficulties, and psychological well-being.

AI-enabled conversational systems represent a promising but still developing area. Current evidence supports cautious optimism regarding their potential to supplement mental-health support, but adolescent-specific safety, privacy, reliability, and safeguarding requirements must remain central.

The clinical question should therefore move beyond "How much screen time does the adolescent have?" to "What is the adolescent doing digitally, why are they doing it, when are they doing it, what are they experiencing, and what effect does it have on sleep, relationships, functioning, and mental health?"

For psychiatric nursing and adolescent healthcare, the appropriate goal is not complete avoidance of technology but the promotion of safe, purposeful, balanced, critically informed, and developmentally appropriate digital engagement.

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