# Cellphone use in Ontario Schools: Preliminary Data Examining Policy Implications for Child and Youth Mental Health

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## Enforcing cellphone policies in schools is linked to improved mental health through limiting children's overall screen use.

## Background

Child and youth screen use and mental health problems have significantly increased in recent years.[1,2]

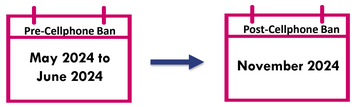
Schools have been identified as a point of intervention to reduce screen use and provide mental health support.[3]

Ontario schools implemented cellphone policies in the 2024/25 school year, however, empirical data on these policies are limited and their subsequent effectiveness in reducing child and youth screen use and MH symptoms is not known.

Can cellphone policies improve mental health outcomes by reducing screen use?

## Methods

Children and adolescents ($N$ = 809; $M_{age}$ = 10.8 years) were recruited from community and clinical settings in Ontario.




**Cellphone Use and School Policies** (6-items)
**Total Screentime** (5-items)
TV, Social Media, Video Games, E-learning, Video Chatting
**Depressive Symptoms** (RCADS and CESDC)
**Anxiety Symptoms** (SCARED)
**Irritability Symptoms** (TIDES)
**Attention and Hyperactivity Symptoms** (SWAN)
**Covariates:** Age, Sex, Income, Ethnicity, Prior MH/NDD Diagnosis

**Analysis:** Mediation models were conducted using structural equation modeling

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**REFERENCES**
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3. Dekkers, T. J., & Luman, M. (2024). Editorial: The need for more effective school-based youth mental health interventions. *Child and Adolescent Mental Health*, *29*(1), 1–3.

## Results

**Figure 1.**
*Child and Youth Cellphone Use and School Policies Before and After Cellphone Ban (N = 745)*

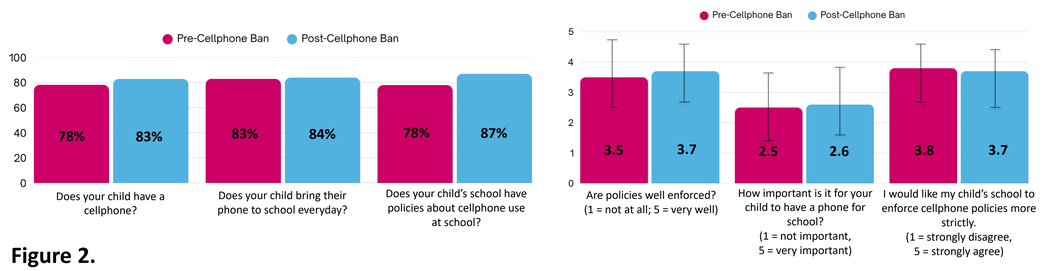
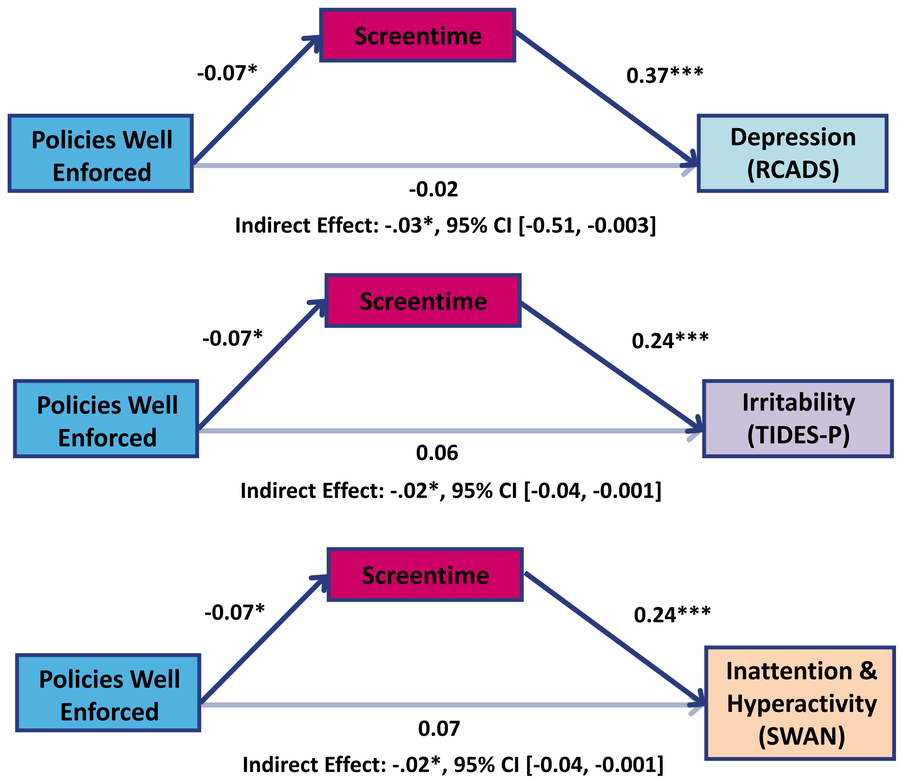



**Figure 2.**
*Indirect Association of Enforcement of Cellphone Policies on Mental Health Symptoms through Screentime Post-Cellphone Ban*




*$p$ <.05, **$p$ < .01, ***$p$ < .001
Models did not hold following inclusion of covariates.

**Table 1.**
*Child and Youth Characteristics*

| Characteristic | *n* | % |
|---|---|---|
| **Age** | | |
| 6-7 years | 143 | 17.7 |
| 8-12 years | 427 | 52.8 |
| 13-18 years | 239 | 29.5 |
| **Sex** | | |
| Male | 427 | 52.9 |
| Female | 380 | 47.1 |
| **Income** | | |
| High Income (>$80k/yr) | 473 | 71.1 |
| Low Income (<$80k/yr) | 192 | 28.9 |
| **Ethnicity** | | |
| Caucasian/European | 489 | 62.9 |
| Not Caucasian/European | 289 | 37.1 |
| **Prior MH/NDD Diagnosis** | | |
| None | 352 | 43.5 |
| MH only | 338 | 41.8 |
| ASD only | 25 | 3.1 |
| MH+ASD | 94 | 11.6 |

## Conclusions

In the early period following cellphone policy implementation, we found a 9% increase in the number of schools with a cellphone policy and a small increase in their enforcement ($M_{diff}$ = 0.2) compared with the pre-cellphone policy implementation period.

Cellphone policy enforcement in school was associated with lower screen time, which in turn was associated with lower depressive, irritability, inattention and hyperactivity symptoms.

Study results provide preliminary and promising results of the effect of school cellphone bans in decreasing screen use and potential protective mental health effects.

Research examining the effects of school cellphone policies on children's mental health is needed over time, as policies are adopted by more Ontario school boards.

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