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The 'New Uses of Screens in Post-Lockdown Britain' (NUSPB) study carried out by the University of Leeds investigated the current lived experiences of British people and how screen technologies may or may not have become more permanently integrated within their day-to-day lives as a result of the pandemic. NUSPB conducted a survey of 500 UK adults selected to be nationally representative for age, gender, marital status, presence of children in the household, socio-economic group, ethnicity and region. The sample size ensured a 95% confidence level so that the results are accurate. Twenty qualitative interviews were completed at the start of 2022 to gain a deeper understanding of the survey results. The research builds upon a wider body of data collected during the pandemic by the 'British Families in Lockdown' study at Leeds Trinity University.

Why the Health and Social Care Committee should consider this issue as part of its Prevention inquiry.

Our research has found that there has been a steep rise in total screen use during the pandemic as the use of screens has become integral to our work and leisure in the UK. 50% of UK adults now look at screens for a combined total of 11 hours or more a day. Of particular concern is that 59% of study participants reported negative impacts on their health from looking at screens, with younger people, women, minority ethnic people and higher social grades being impacted most.

- Physical health impacts reported included: *Eye strain, headaches, dry eyes, lethargy, stiffness, body pain from posture, worsening eyesight, neck pain, finger problems, repetitive strain, fatigue, putting on weight, lack of exercise, less time outdoors, wrist pain, back ache, shoulder pain, lack of fresh air.*
- Mental health impacts included: *Less motivation, mood swings, no social interaction, reclusiveness, dependency on screens, habitual use, addiction, arguing online, jealousy of others, depressing/negative content, vicarious living, feeling unproductive, guilt, toxic people online, social anxiety, hard to switch off, irritability, losing attention span.*

What is the cost to the NHS of these ailments? We estimate that if each affected person has just one related GP appointment, then the approximate cost to the NHS would be £990 million.

When adult participants were asked how they self-regulate screen time, they told us that they respond to symptoms as and when they present. Waiting for the onset of symptoms before taking action. This may not be an appropriate strategy, particularly for cared for and vulnerable adults and children, as it relies on the treatment of resulting problems rather than prevention, and requires someone to acknowledge there is a problem, which may be difficult in the case of internet addiction or amongst those who feel forced to use screens.

Why the Committee should look at it now: In particular, whether there is an opportunity for it to add value to existing research and evidence.

Through the Government's digital strategy, we anticipate that people will be using technology and screens even more in the future. As digital technology permeates multiple aspects of our lives, some people may find themselves facing increasing work and social pressure to use screens more, which may place vulnerable groups further at risk.

The Chief Medical Officer's advice in 2019 was that adults should be setting the example of appropriate screen use for children, however with half of UK adults currently looking at screens for 11 hours or more each day, what examples are being set?

Why this area would benefit from scrutiny.

Screen use is increasing and affects us all:

- 67% of adults currently look at a TV screen for 3 hours or more each day.
- 12% of adults look at TV screens for 7 hours or more.

- 50% of adults currently look at a computer screen for 4 hours or more each day
- 26% of adults look at computer screens for 6 hours or more.

- 44% of adults currently look at a smartphone screen for 4 hours or more each day.
- 20% of adults look at smartphone screens for 6 hours or more.

Data indicates that the likelihood of experiencing negative health impacts occurs almost exclusively amongst those looking at screens for a combination of 6 hours or more each day. Health impacts are significantly more likely to be perceived by those who look at screens for a combination of 9 hours or more each day.

Why the Government needs to take action in this area.

While most adults understand the benefits of using screens, it seems difficult for them to be able to recognise when screens begin to disadvantage them. They wait for the onset of physical symptoms before self-regulating their behaviour. Our study has shown that adults overwhelmingly want clear guidance and expect guidelines, but no national guidelines on screen limits for adults exist.

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