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"Like twined cords we are stronger, Together we shall conquer!"

Position Paper submitted by the
Philippine Psychiatric Association (PPA):
Consolidated House Bills on
Regulating Learners' Use of Gadgets

Submitted to: Joint Meeting of the House Committee on Basic Education and Culture and the House Committee on Health

Presented to: **Rep. Roman T. Romulo** (Basic Education and Culture) and **Rep. Ciriaco B. Gato, Jr., M.D., FPSO-HNS** (Health)

Date**: 20 July 2026**

I. INTRODUCTION

The Philippine Psychiatric Association (PPA) welcomes the opportunity to serve as a resource in the Committees' deliberation on measures regulating children's use of mobile devices and electronic gadgets in schools, at home, and in the community.
Parents, teachers, and school administrators are navigating a digital environment with no precedent in prior generations, and are asking for clearer guidance and stronger safeguards.

The PPA position paper draws on child and adolescent psychiatry, together with local and international research, to offer a clinical and developmental perspective. It is intended to support the Committees, the Department of Education (DepEd), the Commission on Higher Education (CHED), the Department of Health (DOH), the Department of the Interior and Local Government (DILG), Local Government Units (LGUs), schools, and families in shaping regulation that protects children and is workable in practice.

II. A BIOPSYCHOSOCIAL-SPIRITUAL FRAMEWORK FOR UNDERSTANDING NORMAL CHILD DEVELOPMENT

Philippine psychiatry, consistent with the holistic tradition of Filipino medicine, understands the child as a whole person developing across four interconnected dimensions: biological, psychological, social, and spiritual. A regulation that engages only one dimension, e.g. treating technology purely as a disciplinary or academic matter, will miss real needs children have in other aspects. To note, children's capacities across these four dimensions differ profoundly from one developmental stage to the next.

A. The Biological Dimension

A child's brain does not develop the way an adult's does. The prefrontal cortex, which governs impulse control, planning, and weighing long-term consequences against immediate reward, continues maturing well into early adulthood (Casey, Jones, & Hare, 2008). The brain's reward circuitry — the dopaminergic systems that reinforce compelling experiences — matures earlier and becomes especially reactive during adolescence (Steinberg, 2008). Researchers sometimes describe this mismatch as an accelerator that matures before the brakes. It is a normal feature of adolescent neurodevelopment, and it is also why adolescents are more susceptible than adults to the variable, unpredictable rewards built into digital platforms: **notifications**, **likes**, **streaks**, and **infinite scroll**. Regulatory approaches designed with adults in mind will often underperform for younger users for exactly this reason.

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B. The Psychological Dimension

Self-regulation, attention, identity, and resilience are built during childhood and adolescence, largely through supervised practice, secure attachment, and a gradual widening of independence. Executive function grows through repeated, age-appropriate exposure to challenge; not through either extreme of total restriction or unrestricted access. Excessive or unsupervised gadget use in the earliest years has been associated with measurable delays in these capacities. Later in adolescence, the picture changes: age-appropriate, supervised digital literacy can build self-regulation rather than erode it.

C. The Social Dimension:

Children practice empathy and learn to read another person's emotional cues largely through face-to-face interaction with parents, siblings, teachers, and peers — through play and unstructured social time. This capacity is not fixed in early childhood: the brain networks that support recognizing others' emotions and inferring their intentions continue to develop structurally and functionally through adolescence, which is why face-to-face peer interaction remains developmentally important well beyond the early years. (Blakemore, 2008). When gadget use displaces those interactions, especially in the early years, the developmental cost occurs. When it is shared, supervised, or used as a bridge into social connection, it can support the social dimension instead of undermining it.

D. The Spiritual Dimension

The Filipino family plays a central role in a child's moral and spiritual formation — the emerging sense of meaning, values, conscience, and connectedness to family and community. Excessive or isolating gadget use can crowd out the shared rituals, conversations, and unstructured quiet time in which this dimension is often nurtured.

III. THE MENTAL HEALTH PERSPECTIVE: GADGET USE ACROSS THE DEVELOPMENTAL SPECTRUM

Philippine psychiatry offers the following summary of current evidence, organized by developmental stage and consistent with the World Health Organization's 2019 and 2020 Guidelines on Physical Activity, Sedentary Behavior and Sleep.

A. Infancy and Early Childhood (Below Age 5)

For **children under two**, WHO (2019) guidelines recommend against encouraging screen time at all; infants need direct, responsive human interaction — "serve-and-return" exchanges with caregivers — for healthy brain architecture to form. For **children two to five**, WHO recommends no more than one hour of sedentary screen time a day, with less being better. A 2023 Philippine study of Filipino toddlers aged 24 to 36 months (Dy, Dy, & Santos, 2023) found that screen use beyond two hours a day was significantly associated with lower receptive and expressive language scores, and that the odds of excessive use rose sharply when children viewed screens alone rather than with a parent or sibling. The protective factor at this age is co-viewing and adult presence, not the device itself.

B. Middle Childhood (Ages 6 to 12)

WHO's 2020 guidelines for ages 5 to 17 (Chaput et al., 2020) recommend limiting recreational sedentary screen time in favor of adequate sleep and physical activity. The large U.S. Adolescent Brain Cognitive Development (ABCD) cohort study has repeatedly linked high-frequency, unstructured screen media use in this age range to elevated internalizing symptoms and disrupted sleep (Nagata et al., 2024). This is also the age at which children benefit most from structured, supervised, time-bound exposure to **educational technology** — evidence that favors a graduated approach over an absolute one.

C. Adolescence (Ages 13 to 18)

Adolescence is the stage of greatest vulnerability to compulsive or problematic gadget use, reflecting the imbalance between rapidly maturing reward systems and still-developing impulse control. A 2023 systematic review of 50 studies covering nearly 1.9 million adolescents (Santos et al., 2023) found smartphone and social media exposure consistently associated with diminished mental well-being, with girls showing elevated depression risk. A separate longitudinal review (Tang et al., 2021) found that screen time predicted later depressive symptoms in young people. At the same time, adolescence is the critical window for practicing supervised independence, building digital literacy, and strengthening self-regulation.

D. On School-Based Restrictions and Academic Outcomes

Several bills under review propose gadget-free classrooms or campuses. The evidence on blanket school phone bans is genuinely mixed. A 2025 quasi-experimental working paper examining a large Florida district (Figlio & Özek, 2025, not yet peer-reviewed) found modest test-score gains and reduced absences in the ban's second year. A 2024 scoping review of 22 international studies (Campbell et al., 2024) found the evidence base thin and inconsistent overall, with no consistent academic, wellbeing, or bullying-related

benefit across studies and outcomes varying widely depending on whether a ban was partial or total and how strictly it was enforced. Read together, these findings do not settle the question of whether restriction works; they suggest that **how a restriction is designed and enforced** — with clear exceptions, consistent implementation, attention to relationships rather than confiscation alone — is decisive in determining outcomes.

IV. ON THE QUESTION OF PROHIBITION: TOWARD DEVELOPMENTALLY-TIERED REGULATION

In the face of documented harms, outright prohibition may appear to be the most direct response. Clinical evidence, however, supports a more **calibrated approach**. For the youngest learners — **Kindergarten to Grade 3** — the developmental case for near-total restriction during class hours, subject only to narrow emergency or medical exceptions, is strong and well supported. This age group has the least capacity for self-regulation and the most to lose developmentally from gadget-displaced learning and play. As children progress through the elementary grades and into **junior and senior high school**, the more protective approach shifts from prohibition toward supervised, graduated, and increasingly self-directed use. **Adolescence**, in particular, is the stage in which digital literacy and self-regulation must be actively practiced under guidance, not simply deferred until adulthood.

Clearly defined exceptions for instructional, health, and emergency use, together with due-process safeguards such as parental notification and chain-of-custody protection in cases of confiscation, are consistent with clinical evidence. **Visible, supervised, rule-governed use is safer** for a child's development than use pushed underground by blanket bans.

V. MENTAL HEALTH PERSPECTIVES FOR COLLABORATIVE IMPLEMENTATION

Supporting children's digital well-being depends on coordinated effort across families, schools, health systems, and local government. Philippine psychiatry offers the following mental health perspectives to inform that collaboration.

For Schools and the Department of Education (DepEd)

- A tiered approach protects better than a uniform rule: near-total restriction for Kindergarten to Grade 3, controlled and time-bound access for Grades 4 to 6, and supervised, graduated use with digital-literacy instruction for Junior and Senior High School. We recommend DepEd's implementing guidelines translate "controlled and time-bound" into specific, auditable parameters — for example, defined windows for **instructional versus break-time use** — so schools are not left to interpret the standard on their own.
- Digital well-being, media literacy, and self-regulation are best taught as a sustained, age-appropriate curricular thread, not a one-time orientation.
- Restorative, proportionate responses to violations — digital well-being sessions, parental conferences — align better with child mental health and protection principles than purely disciplinary sanctions.
- Teachers and guidance counselors are often the first to notice behavioral signs of difficulty tied to gadget use, such as: irritability when access is limited, sleep disruption, withdrawal, and declining function. School design aimed towards simple recognition and referral pathways to guidance offices and community mental health resources is needed.
- Confiscation practices that include parental notification and clear safeguards reduce distress and preserve trust between students, families, and schools. Exceptions for documented health conditions or learning accommodations should remain protected, including for students under IEP-type or SPED arrangements.
- The bills under review also **regulate gadget use by teachers during instructional hours**. We recommend the same principles apply: clear, narrow, well-communicated rules rather than blanket restriction, since teachers' own device use for instructional and safety purposes is part of a functioning classroom.

For Higher Education (CHED)

- Pre-service teacher education that includes basic child and adolescent mental health literacy — recognizing developmental stages and early signs of psychological distress — helps new teachers apply gadget-related guidelines with attention to student well-being, not compliance alone.

For Local Government, DILG, and Community Health

- Community-level education for parents and caregivers, delivered through barangay health centers and existing parenting programs, strengthens awareness of age-appropriate gadget use.
- Any monitoring in home or community settings is most protective when it remains voluntary, non-intrusive, and educational in character; information gathered by Barangay Health Workers regarding a family's digital habits should be treated as confidential and handled consistent with the Data Privacy Act (RA 10173).
- Digital well-being guidance fits naturally within existing barangay health and nutrition programs.

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For Parents, Teachers, and School Administrators

- Parents remain a child's most consistent influence; household media plans, co-viewing, and modeling responsible gadget use are more protective than restriction alone.
- Clear, predictable structures — such as designated technology zones and published exception categories — help children internalize self-regulation rather than experience rules as arbitrary.
- Reliable emergency communication channels support a child's sense of safety regardless of the gadget policy otherwise in force. We recognize that for some families, a shared or lower-cost device is a household's only means of emergency contact with a child; implementing guidelines should account for this rather than assume uniform personal-device access across income levels.

For the Health System (DOH)

- Periodic review of age-appropriate standards, ideally every three years or sooner as evidence evolves, keeps regulation aligned with the current understanding of child and adolescent development; The Philippine Psychiatric Association remains available as a technical resource in this review.
- Brief, non-judgmental screening for digital habits fits well within routine child and adolescent consultations, coordinated with pediatric and primary care providers.

VI. THE ROLE OF PSYCHIATRY: A COLLABORATIVE SPECIALIST RESOURCE

Given the limited number of psychiatrists relative to the population of Filipino children, day-to-day identification and support of students with gadget-related difficulties is most appropriately carried by guidance counselors, school-based psychologists, social workers, and primary care and pediatric providers, supported at the community level by Barangay Health Workers. Philippine psychiatry — PPA together with PSCAP as the child and adolescent specialty society — functions within this system as a specialist resource and technical consultant, available to schools, health authorities, and this Committee, rather than as a service provider stationed within individual schools or barangays.

- Referral pathways connecting schools and community health workers to licensed mental health professionals help ensure that children whose gadget-related difficulties progress to a diagnosable condition receive appropriate care.

PPA looks forward to continuing this collaboration as the Committees, and later the implementing agencies, take this work forward.

VII. CONCLUSION

PPA recognizes the seriousness with which the Committees are addressing children's digital well-being. Distraction, displaced learning, disrupted sleep, and the psychological toll of excessive or unsupervised gadget use are realities we encounter directly in clinical practice.

The most protective framework treats the child as a developing whole person — biological, psychological, social, and spiritual — and calibrates gadget use to age and setting. It includes clear exceptions for instructional, health, and emergency use; due-process safeguards for confiscation; and coordinated implementation across families, schools, health systems, and local government. The Philippine Psychiatric Association remains available as a collaborative resource throughout this process.

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House Bill No. 472 (Screen Time Management in Schools Act), Rep. Jaime R. Fresnedi, 20th Congress.

House Bill Nos. 1169, 3725, 6432, and 8695 (Electronic Gadget-Free Schools Act), Reps. Robes, Del Mar, Zubiri, and Gatchalian, 20th Congress.

House Bill No. 7887 (Children's Gadget Use Regulation Act), Rep. Henry “Indy” F. Oaminal, Jr., 20th Congress.

APPENDIX A: SUMMARY OF BILLS UNDER JOINT REVIEW

- House Bill No. 472 — Screen Time Management in Schools Act (Rep. Jaime R. Fresnedi). Promotes, rather than prohibits, responsible use of mobile devices and electronic gadgets in all public and private basic education institutions; directs DepEd to issue guidelines on digital well-being programs, designated technology zones, and restorative (non-punitive) sanctions for non-compliance.
- House Bill No. 1169 — Electronic Gadget-Free Schools Act (Rep. Robes).
- House Bill No. 3725 — Electronic Gadget-Free Schools Act (Rep. Del Mar).
- House Bill No. 6432 — Electronic Gadget-Free Schools Act (Rep. Zubiri).
- House Bill No. 8695 — Electronic Gadget-Free Schools Act (Rep. Gatchalian). HB Nos. 1169, 3725, 6432, and 8695 are substantially similar measures that prohibit the use of mobile devices and other electronic gadgets by learners and teachers during class and teaching hours, from Kindergarten to Senior High School, subject to defined learning-related, health-related, and emergency-related exceptions; they direct DepEd to issue implementing guidelines and sanctions.
- House Bill No. 7887 — Children's Gadget Use Regulation Act (Rep. Henry “Indy” F. Oaminal, Jr.). The most comprehensive of the six measures; regulates gadget use by all persons under eighteen and by basic education students across school, home, and community settings; sets pediatric, age-banded screen-time standards (Sec. 5) subject to triennial review by DOH and the ECCD Council (Sec. 6); assigns implementation across DepEd, DOH, DILG, and the ECCD Council by age band and setting (Sec. 12); and includes due-process safeguards for gadget confiscation (Sec. 9) and privacy safeguards for home and community-level monitoring (Sec. 13).

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