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Adolescent Digital Wellness: A Scoping Review of Digital Engagement, Risk Factors, Protective Resources, and Interventions

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Abstract. Introduction: Adolescent digital wellness research is expanding, but studies define outcomes inconsistently, combine age groups, and vary in design strength, leaving the scope of evidence unclear. Purpose: This scoping review mapped the characteristics, constructs, designs, and gaps of recent quantitative research in this field. Method: Following the Arksey and O'Malley framework and PRISMA-ScR, Scopus was searched on 13 October 2026. Filters and a 2021 date limit reduced 1,343 records to 282. After one record without an abstract was removed, 281 titles and abstracts were screened, with no duplicates, and 61 retained. Operational population and concept criteria excluded 12 more, leaving 49 studies. Results: Most studies were cross-sectional (n = 30). Five clusters emerged: digital engagement and mental health, online risk and victimisation, family processes, individual and school resources, and interventions. Panel and daily studies, mostly in the first cluster, often found small or absent within-person links between digital use and distraction or self-control. Observational studies showed that digital resilience buffered the mental health impact of victimisation and digital competence was associated with lower internet addiction. Only two randomised trials involved adolescents. Conclusion: The evidence is largely correlational, so implications for counselling practice remain provisional.

Keyword: dolescents; digital wellness; digital resilience; parental mediation; scoping review

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Introduction

Digital media are part of adolescents' daily lives. A national survey of 44,824 Czech adolescents showed that almost every respondent used social media and 72% to 96% used Instagram, YouTube, or TikTok (Kvintová et al., 2026). Adolescents use these platforms to keep in contact with peers, seek information, and spend leisure time, but the same platforms also expose them to distraction, harassment, and pressure to stay connected (Kvintová et al., 2026; Siebers, Beyens, Pouwels, & Valkenburg, 2023).

Researchers describe this experience with several related constructs. Digital well-being refers to a balanced personal experience of digital consumption (Virós-Martín, Montaña-Blasco, & Jiménez-Morales, 2024). Digital flourishing covers positive perceptions of connectedness, social comparison, self-presentation, civic participation, and self-control (Rosič, Schreurs, Janicke-Bowles, & Vandenbosch, 2024). Digital resilience describes the capacity to recognise, manage, and recover from online risks (Öztürk, Çalışkan, & Oğuz-Duran, 2026). These constructs overlap but are not interchangeable. Digital well-being and digital flourishing describe how adolescents experience their digital lives, whereas digital resilience describes a capacity to cope with harm.

In this review, digital wellness serves as an umbrella term for the indicators that reveal whether digital participation benefits or burdens an adolescent. This term was selected because no narrower construct encompasses subjective experience, behavioural regulation, exposure to harm, and the resources that protect against it. Daily diary data further indicate that the benefits and drawbacks of mobile connectivity can occur in the same adolescent on the same day (Ding, Wang, & Chen, 2026). Accordingly, digital wellness was

operationalised through four indicator domains: (a) mental health and well-being, including digital well-being and flourishing; (b) problematic use and self-regulation of digital media; (c) exposure to or involvement in online harm; and (d) psychosocial functioning and resilience. The term digital well-being is reserved for that specific construct as measured in primary studies.

This balance is harder to achieve in adolescence. Digital rewards are powerful at this age, and self-control is still developing. In a longitudinal study of 2,104 U.S. adolescents, poorer self-control and perceived technological impairment increased together across adolescence, but neither predicted the other within persons over time (Burnell, Andrade, & Hoyle, 2022). Findings like this warn against simple accounts of technology eroding self-control. Instead, they point to pre-existing vulnerabilities and the contexts that shape them.

The evidence base is expanding quickly but is fragmented in three ways. First, studies measure different indicators, from digital resilience and digital competence to problematic social media use and life satisfaction. Second, many samples combine children, adolescents, and young adults. Third, designs range from single surveys to experience sampling, panel studies, and small trials, which support claims of very different strength. Previous reviews have addressed parts of this field (Table 1). Each covered one indicator domain, one type of evidence, or a population wider than adolescents. Our search also retrieved reviews on protecting youth mental health in the digital age (Akarcay Ulutas & Ustabasi Gunduz, 2026) and on problematic digital technology use among youth (Linne, 2026), and a conference paper reports a scoping review of digital well-being among adolescents (Ekici, 2025), but its full content was not available. None of the reviews in Table 1 mapped all four indicator domains together with the risk factors, protective resources, and interventions studied in adolescent samples. As a result, it remains unclear how the field distributes its attention and its designs across these areas.

Table 1. Scope of previous reviews related to adolescent digital wellness

Review	Type and evidence	Population	Focus	Not covered
Pazdur, Tutus, and Haag (2025)	Systematic review; 23 longitudinal studies	Adolescents (mean age 12 to 18)	Risk factors for problematic social media use	Protective resources, online harm, interventions
Öztürk et al. (2026)	Systematic review; 61 studies	Not restricted to adolescents	Definitions, measures, and interventions of digital resilience	Other indicator domains; adolescent-specific evidence
Halliwell, Rose, Cooke, and Herron (2026)	Systematic review; 15 interventions	Children in school settings	School-based digital resilience programmes	Observational evidence; family processes; adolescents outside school programmes
Di Pierdomenico et al. (2025)	Scoping review; 51 studies	Children and youth aged 0 to 18	Universal digital mental health interventions	Digital use itself as a source of benefit or harm

A scoping review fits this situation because it maps the extent, range, and nature of a body of evidence and identifies gaps without pooling effect sizes (Arksey & O'Malley, 2005; Peters et al., 2020). This review addressed six questions: (1) What are the characteristics of recent quantitative studies on adolescent digital wellness, including publication year, region, sample, and design? (2) Which digital wellness indicators do these studies measure? (3) How have studies examined digital engagement and online risk factors in relation to these indicators, and what directions of association have they reported? (4) Which individual, family, and school resources have been examined as protective factors? (5) Which interventions have been evaluated, with what designs and outcomes? (6) Which gaps emerge from the distribution of this evidence?

Method

This review followed the five-stage framework of Arksey and O'Malley (2005), as refined by Levac, Colquhoun, and O'Brien (2010), together with the JBI guidance for scoping reviews (Peters et al., 2020).

The five stages comprised formulating the research questions, identifying relevant studies, selecting studies, charting the data, and collating, summarising, and reporting the findings. Reporting adheres to the PRISMA extension for scoping reviews (PRISMA-ScR; Tricco et al., 2018). In line with common scoping review practice, the methodological quality of individual studies was not appraised. No protocol was registered.

Eligibility was defined using the Population, Concept, and Context (PCC) format, and each criterion was operationalised (Table 2). Regarding population, a study was eligible if its sample was described as adolescents or secondary school students and either the reported mean age fell between 10 and 19 years or, when no mean was reported, at least half of the reported age range fell within 10 to 19 years. Regarding concept, a study had to examine a digital practice, online risk, digital competence, or digital intervention and to measure at least one indicator from the four digital wellness domains. Studies that described only technology use, access, or research feasibility, without any such indicator, were excluded. The review was limited to quantitative findings so that samples, designs, and directions of association could be charted comparably.

Table 2. Operational eligibility criteria based on the PCC framework

Element	Inclusion	Exclusion
Population	Sample described as adolescents or secondary school students, with a mean age of 10 to 19 years, or at least half of the reported age range within 10 to 19 years when no mean was reported	Children only, university students only, adults only, retrospective reports by adults, or mixed samples with a mean age above 19 years
Concept	A digital practice, online risk, digital competence, or digital intervention examined with at least one indicator of mental health and well-being, problematic use and self-regulation, online harm, or psychosocial functioning and resilience	Technology use, access, or research feasibility without any of these indicators
Context	Any country and setting (school, home, community, online)	None
Evidence type	Peer-reviewed primary studies with quantitative findings, including mixed methods; intervention development and feasibility studies when the intervention targeted one of the indicator domains	Reviews and meta-analyses, qualitative-only studies, psychometric validation studies, duplicates
Date, language, document type	Published from 2021 onward; English; journal article	Earlier records; other languages; other document types

The Scopus search combined four concept blocks with the Boolean operator AND: digital wellness terms, adolescent descriptors, digital competence and safety terms, and psychological outcome terms. Within each block, synonyms were linked with the operator OR. The complete search string was as follows:

("digital wellness" OR "digital wellbeing" OR "digital well-being" OR "healthy digital habits" OR "digital self-regulation" OR "digital resilience") AND (adolescen* OR teen* OR teenager* OR youth* OR "young people") AND ("digital literacy" OR "digital citizenship" OR "digital competence" OR "online safety" OR "self-regulation" OR "digital resilience") AND ("psychological wellbeing" OR "mental health" OR "life satisfaction" OR "emotional regulation" OR "social connectedness" OR "psychosocial outcome*")

The search was conducted on 13 October 2026 and limited to titles, abstracts, and keywords (TITLE-ABS-KEY), with support from Scopus AI. Three Scopus filters were applied: language (English), document type (Article), and subject area (Psychology). The retrieved records were then exported to Zotero, which was used to manage and map the articles and references.

The search string was constructed to capture studies framed within digital wellness or closely related constructs (block 1), conducted with adolescents (block 2), involving a competence or safety component (block 3), and reporting a psychological outcome (block 4). Because all four blocks had to be present, the search favoured precision over sensitivity. Consequently, studies that relied only on terms such as problematic social media use, cyberbullying, or parental mediation, without any block 1 term, were not retrieved. The resulting map therefore reflects research that positions itself within the digital wellness literature rather than the full body of work on adolescent digital media use. Scopus provides broad multidisciplinary coverage, and the Psychology subject area aligns with the psychological outcomes examined in this review. However, both choices may have excluded relevant studies indexed in other

databases or published in education, communication, and public health journals. The string was not tested against a broader alternative search, and these constraints are revisited in the interpretation of the results.

The search yielded 1,343 records. Database filters removed 1,058 records, leaving 285. Three records published before 2021 were excluded, leaving 282 records sought for screening, and one record without an abstract was removed. The titles and abstracts of the remaining 281 records were then screened. A comparison of DOIs revealed no duplicates. Screening was conducted by two reviewers with expertise in clinical psychology and one reviewer with expertise in psychology. Each record was screened independently by two reviewers, and discrepancies were resolved through discussion with the third reviewer. This stage excluded 220 records, each assigned one primary reason, and retained 61. At the eligibility stage, the 61 records were re-checked against the operational criteria in Table 2, using the information reported in their titles and abstracts. This step excluded 12 records (Table 3), leaving 49 studies. The full texts of these 49 studies were then read for data charting.

A charting form was developed to record author, year, country, sample size, age or school level, design, focal digital practice or risk, indicator domains, and the main direction of findings. Data for the 49 included studies were extracted from their full texts, whereas eligibility decisions for the 12 records excluded at the second stage were based on titles and abstracts. Country was recorded as the place of data collection reported in each article, not inferred from author affiliations. Each study was coded into one or more of the four indicator domains and assigned to one primary thematic cluster. Study characteristics were then summarised using frequency counts, and clusters were cross-tabulated by design and indicator domain to show where evidence of differing strength is concentrated. Within each cluster, findings were reported narratively and labelled by design, so that associations from observational studies could be distinguished from effects tested in interventions. No pooled estimates were calculated.

Results and Discussions

Figure 1 shows the selection process. Of the 281 records screened, 220 were excluded: 178 fell outside the review topic or population, 15 were qualitative-only studies, 14 were psychometric or instrument validation studies, and 13 were reviews or meta-analyses. Of the 61 records assessed at the eligibility stage, 12 were excluded (Table 3). Ten sampled populations outside the adolescent range, one was a narrative review, and one reported no digital wellness indicator. The final corpus comprised 49 studies.

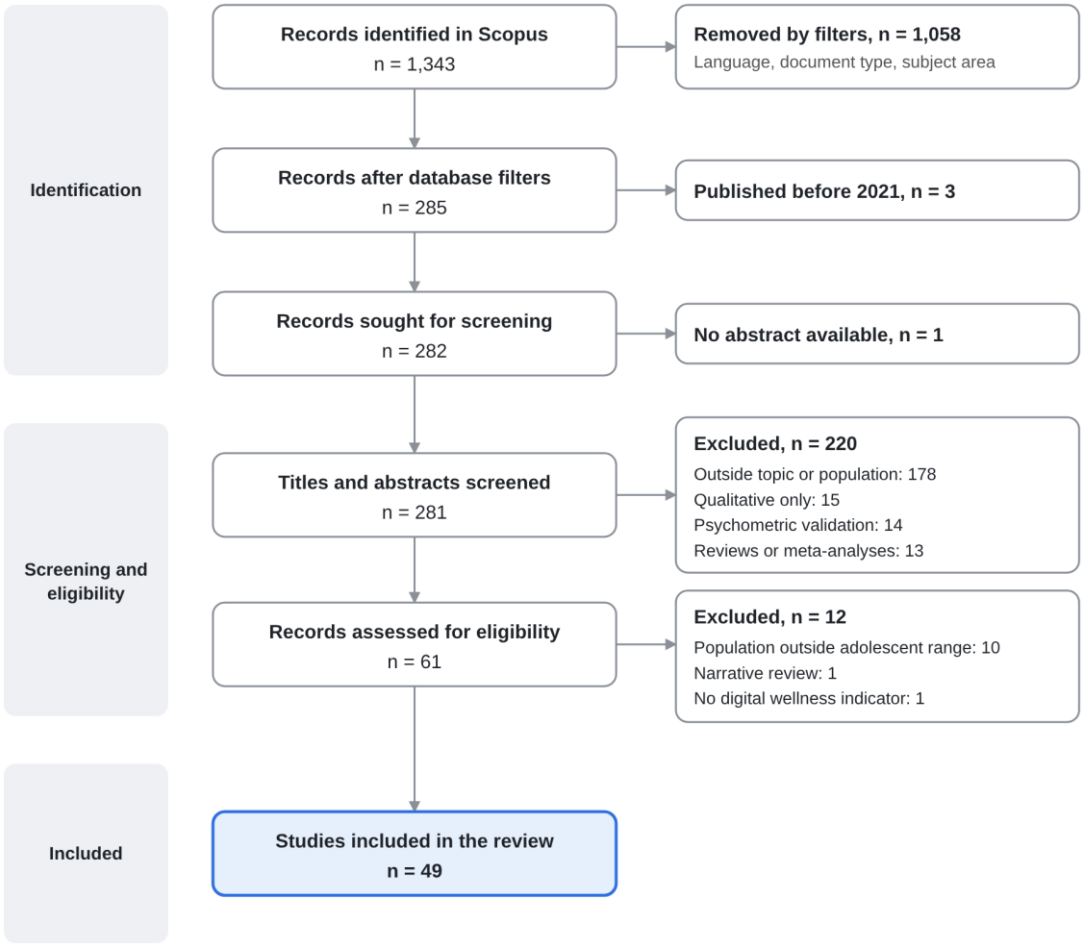


Figure 1. PRISMA-ScR flow diagram of record selection
Each excluded record received one primary reason; DOI comparison found no duplicates.

Table 3. Records excluded at the eligibility stage (n = 12)

Record	Reason for exclusion
Achterberg (2026)	No digital wellness indicator; methodological study of experience sampling feasibility
Díaz-Moreno, Bonilla, and Chamarro (2026)	Mixed sample with a mean age above 19 years (M = 19.25)
Gaztañaga, Idoiaga-Mondragon, Legorburu Fernandez, and Eiguren Munitis (2025)	Children only
Lolowang et al. (2026)	Children only (middle childhood)
Mathews et al. (2026)	Mixed sample with less than half of the age range within 10 to 19 years (16 to 24 years)
Romero Saletti and Van den Broucke (2024)	Narrative review
S. C. Li, Cheung, Lui, Lui, and Chan (2026)	University students only
Saija, Amadori, Prestera, and Brighi (2026)	University students only (18 to 45 years)
Theopilus, Al Mahmud, Davis, and Octavia (2026)	Children only (7 to 11 years)
Turner, Mitchell, and Finkelhor (2026)	Young adults reporting retrospectively on childhood
Xiao et al. (2025)	College students only
Zhang and Wu (2025)	Preschool children

Table 4 summarises the evidence base, and Table 5 lists every included study. More than half of the studies were published in 2026 (n = 26), and 38 were published in 2025 or 2026. Cross-sectional surveys predominated (n = 30). Twelve studies followed participants over time through panel or cohort waves (n = 9) or intensive daily sampling (n = 3). Six evaluated or developed interventions. Sample sizes ranged from 62 to 157,717, with a median of 960. Single-country studies came from 23 countries or territories, and four

studies pooled data across countries, including PISA 2022 (Fang & Mo, 2026), the six-country ySKILLS panel (Wang, 2026), the 39-country HBSC survey (Zhong & Tian, 2026), and Arab families across the Gulf Cooperation Council region (Moqbel et al., 2026). Europe (n = 17) and East Asia (n = 11) together accounted for more than half of the studies, whereas only one study came from Africa and none from Indonesia.

Following the eligibility check, 43 studies involved adolescents only. Five studies combined adolescents with young adults, yet their mean ages or most of their age ranges fell within 10 to 19 years (Alonso-Fernández, Martínez-Bacaicoa, Romero-Suárez, Mateos-Pérez, & Gámez-Guadix, 2025; Fiedler, Geber, & Kellmann, 2026; Levin, Cruz Neri, & Retelsdorf, 2025; Ma & Li, 2026; Wang, 2026). One study included children and adolescents aged 6 to 15 years (Toth et al., 2026). Findings from these six studies are therefore interpreted with their wider age coverage in mind.

Table 4. Characteristics of the included studies (N = 49)

Characteristic	Category	n	%
Publication year	2022	3	6.1
	2023	3	6.1
	2024	5	10.2
	2025	12	24.5
	2026	26	53.1
Design	Cross-sectional survey	30	61.2
	Longitudinal panel or cohort	9	18.4
	Intervention evaluation or development	6	12.2
	Experience sampling or daily diary	3	6.1
	Mixed methods	1	2.0
Population	Adolescents only	43	87.8
	Adolescents and young adults (mean age or most of age range 10 to 19)	5	10.2
	Children and adolescents	1	2.0
Region	Europe	17	34.7
	East Asia	11	22.4
	West Asia and Türkiye	6	12.2
	South and Southeast Asia	5	10.2
	Americas	4	8.2
	Multinational	4	8.2
	Oceania	1	2.0
	Africa	1	2.0
Indicator domain	Problematic use and self-regulation	25	51.0
	Mental health and well-being	20	40.8
	Psychosocial functioning and resilience	17	34.7
	Online harm	13	26.5
Thematic cluster	Digital engagement and mental health	17	34.7
	Online risk and victimisation	12	24.5
	Family and parental processes	9	18.4
	Interventions	6	12.2
	Individual and school resources	5	10.2

Note. Percentages may not sum to 100 because of rounding. Indicator domains are not mutually exclusive; 22 studies were coded to more than one domain. East Asia includes mainland China (n = 8), Hong Kong (n = 2), and South Korea (n = 1).

Table 5. Charting summary of the included studies (N = 49)

Study	Country	N	Age or level	Design	Cl.	Domains
Adella, Gete, Hoque, and Khanam (2026)	Australia	1,605	16 to 17 years at exposure (M = 16.4); outcome at 18 to 19	Longitudinal cohort (LSAC Waves 7 and 8)	A	W, F

Study	Country	N	Age or level	Design	Cl.	Domains
Adıyaman & Geçgel (2026)	Türkiye	526	Grades 5 to 8	Cross-sectional	D	W
Aftab & Iqbal (2026)	Pakistan	384	Grades 9 to 10	Cross-sectional	B	H, F
Akat & Hamarta (2025)	Türkiye	301	12 to 19 years	Two-wave panel	A	P
Alonso-Fernández et al. (2025)	Spain	1,098	13 to 23 years (M = 16.1)	Cross-sectional	B	H
Amadori & Brighi (2025)	Italy	3,807	M = 16.7 years	Cross-sectional	B	H, W, F
Athira & Nithyanandan (2025)	India	400	15 to 18 years	Cross-sectional	D	F
Ayşin & Koltaş (2026)	Türkiye	1,050	High school	Cross-sectional	A	P, W, F
Biju, Smitha, and Aswin (2026)	India	2,632	13 to 19 years	Cross-sectional	A	P, W
Burnell et al. (2022)	USA	2,104; 388	M = 12.4 years at baseline	Panel and daily diary	A	P
Büttner, Büttner, and Mau (2026)	Germany	258	12 to 15 years (M = 13.7)	Preregistered four-arm randomised controlled experiment	E	P
Ceccarini et al. (2026)	Italy	74	High school	Co-design workshop (development study)	E	P
Ciplak (2025)	Türkiye	368	Secondary school	Cross-sectional	B	H
de Armas Cortés, Torres, and Oslé (2025)	Cuba	636	12 to 15 years	Cross-sectional	C	P, W
Ding et al. (2026)	China	192	12 to 18 years	Daily diary, 14 days	A	W, P
Fang & Mo (2026)	Multinational (PISA 2022)	41,490	Secondary students	Secondary survey analysis	D	W
Fiedler et al. (2026)	Germany	114	14 to 21 years (M = 15.5), athletes	Non-randomised controlled intervention (quasi-experimental)	E	W, P
Giansanti, Desideri, Pirrera, and Gregori Grgič (2026)	Italy	807	10 to 19 years	Single-group feasibility evaluation	E	P
Guan, Xu, Huang, and Shen (2025)	China	503 (+30 interviews)	13 to 18 years	Mixed methods	C	P, F
Jia, Li, Lin, and Mlyakado (2026)	Tanzania	1,014	12 to 20 years	Cross-sectional	B	H
Jiang & Zhang (2026)	China	807	11 to 15 years	Two-wave panel	A	P, W
Kim (2026)	South Korea	2,278	14 to 16 years	Three-wave panel	A	P, F, W
Kvintová et al. (2026)	Czech Republic	44,824	13 to 18 years	National cross-sectional	B	H
Levin et al. (2025)	Ukraine	4,160	10 to 25 years	Cross-sectional	B	H
C. Li, Zhang, and Ren (2026)	China	5,476	12 to 18 years	Cross-sectional	C	P
Lu, Ni, and Bai (2026)	China	62	12 to 17 years	Randomised controlled trial	E	F
Ma & Li (2026)	China	810	10 to 20 years (M = 14.7), rural	Cross-sectional	C	P, F
Marciano (2026)	Israel	635	12 to 18 years	Cross-sectional	C	F
Menezes, Nayak, and Yesodharan (2026)	India	960	10 to 16 years	Cross-sectional	B	H
Metheekul (2024)	Thailand	70	11 to 14 years	Quasi-experiment with control group	E	W
Moqbel et al. (2026)	GCC region	220 (+399 parents)	12 to 18 years	Cross-sectional	C	P
Pan et al. (2024)	Hong Kong	1,882 dyads	Secondary school	Cross-sectional	D	F, W, H
Peker & Yalçın (2023)	Türkiye	420	14 to 19 years	Cross-sectional	B	H, F
Pérez-Torres (2024)	Spain	820	14 to 17 years	Cross-sectional	A	P

Study	Country	N	Age or level	Design	Cl.	Domains
Ramljak, Vejmelka, and Matković (2025)	Croatia	2,016	High school	National cross-sectional	B	H, F
Rosič et al. (2024)	Slovenia	1,081	M = 15.3 years	Three-wave panel	A	W
Siebers, Beyens, Pouwels, and Valkenburg (2022)	Netherlands	383	M = 14.1 years	Experience sampling	A	P
Siebers et al. (2023)	Netherlands	300	13 to 16 years (M = 14.6)	Experience sampling, measurement burst	A	P
Skogen, Colman, Sivertsen, Johnsen Hjetland, and Finserås (2026)	Norway	3,347	M = 17.3 years	Cross-sectional	B	H, W
Su, Larsen, Cousijn, Wiers, and Van Den Eijnden (2022)	Netherlands	2,100	High school	Three-wave panel	A	P, F
Tao, Reichert, Law, and Rao (2023)	Hong Kong	569; 775	Secondary school	Repeated cross-sectional	D	P, W
Toth et al. (2026)	Romania	240	6 to 15 years	Cross-sectional	A	F
Virós-Martín et al. (2024)	Spain	737	12 to 18 years	Cross-sectional	A	W, P
Wang (2026)	Six European countries	9,881	11 to 20 years	Three-wave panel	C	W
Yu, Tong, and Guo (2025)	China	3,337	M = 16.2 years	Cross-sectional	C	W, F
Yue, Bickham, Hunt, Schwamm, and Rich (2025)	USA	1,480	13 to 17 years	Cross-sectional	C	P
Y. Zhang, Jin, Huang, and Jiang (2025)	China	1,178	Grades 7 to 8	Cross-sectional	B	H, W
Zhao & Shapka (2026)	Canada	2,374	Grades 8 to 12	Two-wave panel	A	P
Zhong & Tian (2026)	39 countries (HBSC)	157,717	11, 13, and 15 years (M = 13.6)	Secondary survey analysis	A	P, F

Note. GCC = Gulf Cooperation Council. Cl. = cluster: A = digital engagement and mental health; B = online risk and victimisation; C = family and parental processes; D = individual and school resources; E = interventions. Indicator domains: W = mental health and well-being; P = problematic use and self-regulation; H = online harm; F = psychosocial functioning and resilience.

The indicator coding shows how the field measures digital wellness. Problematic use and self-regulation was the most frequent domain (n = 25), followed by mental health and well-being (n = 20), psychosocial functioning and resilience (n = 17), and online harm (n = 13). Only four studies measured positive digital experience directly, through digital well-being or digital flourishing scales (Adıyaman & Geçgel, 2026; Ding et al., 2026; Rosič et al., 2024; Virós-Martín et al., 2024). Most of the field therefore studies digital wellness through its costs rather than its benefits.

Table 6 links the five clusters to the components named in the title and shows where evidence of different strength is located. Eleven of the 12 longitudinal or daily studies fell within the digital engagement cluster. All studies in the online risk cluster and in the individual and school resources cluster were cross-sectional, and only one family study used panel data (Wang, 2026). Claims about direction of effects are therefore possible mainly for digital engagement; for risk, family, and school factors, the map supports associations only.

Table 6. Thematic clusters by title component, design, and indicator domain

Cluster	Title component	n	Designs	Main indicator domains
A. Digital engagement and mental health	Digital engagement	17	8 panel or cohort, 3 daily, 6 cross-sectional	Problematic use (14), well-being (8), functioning (6)
B. Online risk and victimisation	Risk factors	12	12 cross-sectional	Online harm (12), functioning (4), well-being (3)

Cluster	Title component	n	Designs	Main indicator domains
C. Family and parental processes	Risk factors and protective resources	9	1 panel, 1 mixed methods, 7 cross-sectional	Problematic use (6), functioning (4), well-being (3)
D. Individual and school resources	Protective resources	5	5 cross-sectional	Well-being (4), functioning (2)
E. Interventions	Interventions	6	2 RCT, 2 quasi-experimental, 1 feasibility, 1 development	Problematic use (4), well-being (2), functioning (1)

Note. Counts of indicator domains exceed cluster sizes because studies could be coded to more than one domain. RCT = randomised controlled trial; quasi-experimental = control group without random allocation.

The largest cluster (n = 17) examined associations between patterns of digital use and mood, attention, health behaviour, and development, and it contains most of the longitudinal evidence. Studies that distinguished between-person and within-person effects often found that the association was weaker within than between individuals. Burnell et al. (2022) found that poorer self-control and perceived technological impairment increased together over adolescence, but no prospective within-person association emerged. Siebers et al. (2022) reported a positive within-person association between social media use and distraction (β = .12). The association was present in 82.5% of adolescents, absent in 15.7%, and negative in 1.8%. In a follow-up study, 77% of adolescents reported social media distraction, and none of the four connectivity or disconnectivity factors tested explained who was affected (Siebers et al., 2023).

Several panel studies in this cluster identified one-directional or mixed pathways. Social media addiction predicted later doomscrolling, but doomscrolling did not predict later addiction (Akat & Hamarta, 2025). Depressive symptoms and perceived stress predicted later short-video addiction, which in turn predicted a more fixed mindset and higher relative deprivation (Jiang & Zhang, 2026). Low perceived competence in close friendships predicted later problematic smartphone use (Su et al., 2022). Problematic smartphone use at age 14 predicted three of four outcomes at age 16 (Kim, 2026). The time-use pathway remained significant after baseline controls, but the academic stress pathway did not. Habitual smartphone use predicted poorer attention regulation a year later, but it was also associated with online satisfaction of competence and relatedness needs, which supported attention regulation (Zhao & Shapka, 2026). Rosič et al. (2024) identified two digital flourishing trajectories: one high and stable, the other low with decreasing self-control.

Daily designs added detail on mechanisms. On days with higher perceived stress, adolescents reported lower digital well-being, and fear of missing out mediated part of this link (Ding et al., 2026). The cross-sectional studies in this cluster linked specific uses with specific outcomes but cannot establish temporal order. Nomophobia mediated the association between social gratification and problematic social media use (Pérez-Torres, 2024). Adolescents rated their digital well-being on TikTok positively overall, but more use of the app was associated with a weaker ability to set time limits on it (Virós-Martín et al., 2024). Among Indian adolescents, 26.3% reported that gaming interfered with daily life (Biju et al., 2026).

Other studies in this cluster found associations with substance use (Adella et al., 2026; Zhong & Tian, 2026), obesity through depression and eating behaviour (Ayşin & Koltaş, 2026), and poorer executive functioning and pragmatic communication (Toth et al., 2026). In the 39-country HBSC sample, only 2.45% of adolescents were in the highly problematic class, and this class was most strongly associated with smoking, drunkenness, and cannabis use (Zhong & Tian, 2026).

The second cluster (n = 12) concerned harmful online experiences. All of these studies were cross-sectional, so they describe prevalence and correlates rather than causes. In the Czech national survey, 59% of adolescents reported verbal harassment in the past year, and 30% of victims told no one (Kvintová et al., 2026). More than 55% of school students in Pakistan reported cyberbullying victimisation (Aftab & Iqbal, 2026). In Spain, 13.4% of young people reported perpetrating digital sexual harassment in the past year, with higher rates among males (21.1%) than females (7.9%) (Alonso-Fernández et al., 2025). In Norway, 5.4% of adolescents had bought illegal drugs via social media (Skogen et al., 2026).

Sexual harms formed a separate strand within this cluster. Sexual and gender minority youth faced a higher risk of technology-facilitated sexual violence (Amadori & Brighi, 2025). In Tanzania, weekend internet use, attractiveness, and proximity to offenders increased the risk of image-based sexual abuse (Jia et al., 2026).

Victim and perpetrator roles often overlapped. Victims of cyberhate in Ukraine were more likely to engage in cyberhate (Levin et al., 2025). Students in Croatia who had dual roles in online sexual harassment

rarely sought help from adults and often mirrored the harassment they received (Ramljak et al., 2025). Contextual correlates included school alienation and digital social pressure (Ciplak, 2025) and overall internet use (Menezes et al., 2026). Protective factors also appeared. Digital resilience buffered the effect of victimisation on mental health (Amadori & Brighi, 2025), and online ethical values lowered the likelihood of perpetrating harassment (Alonso-Fernández et al., 2025). Active coping mediated the relationship between social networking use and resilience among cyber-victims (Peker & Yalçın, 2023). Junior high students with the highest online risk exposure showed the poorest mental health profile (Y. Zhang et al., 2025).

The third cluster (n = 9) focused on the family. Parental mediation did not show a single direction of effect. Across six European countries, adolescents whose parents were disengaged reported poorer well-being than those whose parents engaged at any level, and the share of disengaged profiles grew by 12.1 to 25.2 percentage points over two years (Wang, 2026). Among rural Chinese adolescents, neither restrictive nor active mediation attenuated the association between habitual phone checking and procrastination, and strict rules strengthened it (Ma & Li, 2026). Yue et al. (2025) found a curvilinear pattern: adolescents reported the least media overuse when they perceived parental rules as reasonable, and rules seemed more reasonable when parents also followed them. Active mediation was the only strategy that mediated the link between adolescents' emotional profiles and appearance-related social media concerns (de Armas Cortés et al., 2025). In the digital engagement cluster, several mediation styles, including autonomy-supportive restrictive and active mediation, predicted membership in the high digital flourishing trajectory, together with high parental digital skills (Rosič et al., 2024).

Parents' own digital behaviour also mattered. Perceived parental phubbing was associated with adolescent gaming disorder symptoms through fear of missing out and self-control (C. Li et al., 2026) and with depression through lower family cohesion (Yu et al., 2025). Parental social media disengagement was associated with lower adolescent social media addiction, partly through better communication and emotion regulation (Guan et al., 2025). Parental problematic internet use and poorer family functioning explained 40.3% of the variance in adolescent-reported problematic use in Gulf families (Moqbel et al., 2026). Location tracking stemmed from both caring and controlling parenting styles, through different relational pathways (Marciano, 2026). Apart from Wang (2026), these family findings come from single time points.

The fourth cluster (n = 5) examined individual competences and school conditions, all with cross-sectional data. In Hong Kong, digital resilience was positively associated with digital literacy, warm parent-child relationships, and school digital literacy programmes, especially those addressing cyberbullying prevention; parental monitoring was associated only with non-productive coping (Pan et al., 2024). Between 2019 and 2021, the prevalence of internet addiction rose from 8% to 12.4%, and in 2021 digital competence was associated with lower internet addiction and, indirectly, with fewer mental health problems (Tao et al., 2023). Cognitive absorption predicted digital resilience more strongly than coping strategies did (Athira & Nithyanandan, 2025).

One result in this cluster ran against expectations. Among Syrian migrant students in Türkiye, higher digital literacy predicted lower digital well-being and weaker digital moral values (Adıyaman & Geçgel, 2026). The authors suggested that literacy may increase sensitivity to online risks. At the school system level, educational digitalisation was associated with higher life satisfaction through greater learning interest and lower learning anxiety (Fang & Mo, 2026).

The fifth cluster (n = 6) addressed interventions. Designs varied, and two studies were randomised controlled trials. A virtual reality game improved resilience among 62 migrant adolescents at immediate post-test (Hedges' g = 0.47, SE = 0.32), although the standard error indicates wide uncertainty around this estimate (Lu et al., 2026). A preregistered four-arm randomised experiment with 258 adolescents compared two brief trainings with an information-only and a no-intervention control group. It found no consistent changes in screen time, frustration, addiction tendency, or digital maturity, and implementation intentions only slightly increased satisfaction with device use at two weeks (Büttner et al., 2026). In a non-randomised controlled study, a brief workshop for adolescent and young adult athletes reduced depressive symptoms, with the reduction maintained at three months, and improved self-efficacy (Fiedler et al., 2026).
A quasi-experimental ten-session programme improved digital literacy and psychological well-being among 70 Thai students compared with a control group (Metheekul, 2024). The remaining two studies did not test effects. A web-based screening with immediate feedback reached 807 adolescents through peer sharing and showed high acceptance, but it did not measure behaviour change (Giansanti et al., 2026). Students co-designed classroom app features and five design guidelines for digital well-being education (Ceccarini et al., 2026).

Taken together, the map shows a young and rapidly growing evidence base dominated by cross-sectional surveys. Across clusters, the type, motive, and context of digital use explained more than its amount. Social gratification, nomophobia, fear of missing out, and online need satisfaction all shaped outcomes, and online need satisfaction supported attention regulation in the same adolescents whose habitual phone use undermined it (Zhao & Shapka, 2026). These findings support defining digital wellness by what adolescents do online and how they experience it. Screen time remains a useful descriptor but a weak proxy. Because only four studies measured positive digital experience directly, this conclusion rests more on studies of costs than of benefits.

The strength of evidence differs sharply across clusters. For digital engagement, panel and daily studies allow cautious statements about direction. Within-person associations were often weak, absent, or one-directional, and in several studies vulnerability preceded problematic use. Low friendship competence (Su et al., 2022) and depressive symptoms (Jiang & Zhang, 2026) predicted later problematic use, and in Kim's (2026) panel a stress pathway disappeared once baseline levels were controlled. Problematic use may therefore act both as a marker and as a possible amplifier of distress. For online risk, family, and school factors, almost all evidence is cross-sectional, and many of these studies tested mediation with data from one time point. Such models describe patterns consistent with a pathway but cannot establish temporal order.

Studies of victimisation addressed a different problem from overuse. Harassment, image-based abuse, and cyberhate involve other people, power imbalances, and sometimes criminal acts. The help-seeking gap is evident: almost a third of Czech victims told no one (Kvintová et al., 2026), and dual-role adolescents in Croatia avoided adults (Ramljak et al., 2025). The overlap between victim and perpetrator roles suggests that prevention should address cycles of retaliation as well as individual safety skills. Individual resilience can buffer harm, but it cannot replace platform accountability, school policy, and accessible routes for reporting. These are inferences from prevalence and correlational data, and no included intervention targeted online harm directly.

Family findings suggested a threshold rather than a dose effect. Some parental engagement was associated with better outcomes than none, but tighter control showed no added benefit and was sometimes associated with worse outcomes. Adolescents responded to rules they perceived as fair and to parents who modelled the behaviour they asked for, which fits the developmental need for autonomy in adolescence. Apart from one panel study (Wang, 2026), these findings are cross-sectional.

Digital resilience and digital competence emerged as promising targets. However, the negative association between digital literacy and digital well-being among migrant students shows that skills do not always translate into well-being (Adıyaman & Geçgel, 2026). Intervention evidence remains thin: two randomised trials with 62 and 258 adolescents, two non-randomised controlled studies, and two studies that did not test effects. Most samples were small, follow-up periods were short, and outcomes ranged from acceptance ratings to depressive symptoms. The null results of the randomised test of brief trainings (Büttner et al., 2026) suggest that one-off, low-intensity sessions are unlikely to change daily habits.

Several features of this review also shape how the map should be read. Because the search required explicit digital wellness vocabulary, used one database, and was limited to the Psychology subject area, the five clusters describe research that frames itself within the digital wellness literature. Large bodies of work on cyberbullying, problematic social media use, and parental mediation that do not use this vocabulary are under-represented, so the small size of the family and school clusters may partly reflect the search rather than the field. Evidence also came mostly from Europe and East Asia, and only one study came from Africa, so the findings may not transfer to other cultural contexts. Table 7 links each practical implication to the evidence that supports it.

Table 7. Practical implications by type and strength of supporting evidence

Implication for counsellors, schools, and families	Supporting evidence	Status
Address how and why adolescents use technology, in addition to time limits	Panel and daily studies in the digital engagement cluster, plus cross-sectional studies	Relatively supported; direction of effects still uncertain
Encourage engaged, reasonable, and consistently modelled parental rules	Mostly cross-sectional family studies; one panel study	Plausible; requires longitudinal and intervention testing
Normalise help-seeking and provide clear reporting routes for online harm	Cross-sectional prevalence studies of victimisation and help-seeking	Plausible; no included intervention tested it

Implication for counsellors, schools, and families	Supporting evidence	Status
Strengthen digital resilience and digital competence	Cross-sectional associations; one RCT on resilience with 62 adolescents	Promising; effects not yet established
Avoid relying on brief, single-session trainings	One randomised experiment with null behavioural effects	Tentative; based on a single study

These implications are preliminary and should be tested before they are adopted as counselling guidelines. Table 8 sets out the research agenda that emerges from the map, in order of priority.

Table 8. Priority research gaps identified by the map

No.	Gap	What the map shows	Suggested direction
1	Construct and measurement consistency	Digital well-being, flourishing, resilience, and competence used side by side; only four studies measured positive digital experience	Shared definitions of digital wellness and validated measures for each indicator domain
2	Adolescent-focused evidence	12 of 61 screened records fell outside the adolescent range or the concept; six included studies still extended beyond it	Samples restricted to adolescents, or results reported by age group
3	Intervention testing	Two RCTs with adolescents (n = 62 and n = 258); short follow-up; no intervention targeting online harm	Adequately powered, preregistered trials with validated outcomes and follow-up beyond three months
4	Causal evidence outside digital engagement	All risk and school studies were cross-sectional, and eight of nine family studies used data from a single time point	Panel and experience sampling designs for risk, family, and school factors
5	Under-represented regions	One study from Africa; no included study from Indonesia; 28 of 49 studies from Europe or East Asia	Studies in under-represented regions, including Indonesia, that account for local technology use and parenting practices

This review has further limitations. The sensitivity of the search string was not tested against a broader alternative. Qualitative studies were excluded, which made designs easier to compare but omitted adolescents' own accounts of digital wellness. Finally, the corpus is weighted toward 2025 and 2026; it therefore reflects the most recent research and may under-represent earlier work within the search window.

Conclusions

This scoping review mapped 49 quantitative studies of adolescent digital wellness. Within this literature, digital wellness was studied mostly through problematic use and mental health, and rarely through positive digital experience. Panel and daily studies of digital engagement suggest that within-person effects are modest and that vulnerability can precede problematic use. Evidence on online risk, family processes, and school resources consists almost entirely of cross-sectional associations, and intervention evidence is limited to a few studies, most of them small and with short follow-up. Implications for counsellors and schools, such as attending to how adolescents use technology, supporting reasonable parental rules, and normalising help-seeking, are therefore preliminary and require testing. Future research should first establish consistent definitions and measures of digital wellness, then focus on adolescent samples and properly powered intervention trials. Studies in Indonesia and other under-represented regions should account for local technology use and parenting practices so that they extend conceptual understanding rather than only adding cases.

Generative AI

The authors used Scopus AI to support the literature search, Zotero to manage and map references, and Claude (Anthropic) to assist with paraphrasing and preparing the figures. The authors reviewed and edited all AI-assisted output and take full responsibility for the content of this article.

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