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BRIEF COMMUNICATION

Digital health and well-being: fostering healthy relationships with CIT

Salud y bienestar digital: fomentando relaciones saludables con las TIC

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ABSTRACT

The document proposes a psychosocial and psychoeducational intervention aimed at promoting healthy relationships with Information and Communication Technologies (ICT) among students, faculty, and staff at the Universidad Autónoma de Sinaloa. It is based on the recognition that hyperconnectivity, excessive smartphone use, and constant exposure to digital environments are generating educational, physical, psychological, and social impacts that directly affect academic performance, mental health, and school coexistence. The proposal underscores the need to strengthen digital literacy from a well-being perspective, distinguishing between healthy use and misuse of ICT, and incorporating concepts such as digital self-regulation, digital resilience, digital hygiene, and netiquette. It is aligned with the Sustainable Development Goals (SDGs 3 and 4) and the UAS Educational Model 2022, highlighting the relevance of a humanistic, constructivist, and learner-centered approach to education in the digital era. The concrete strategy consists of workshop-lectures designed for upper secondary and higher education students, as well as for faculty and staff, structured around phases of awareness, prevention, and coping. Through reflective activities, statistical data, analysis of everyday classroom challenges, and the application of a digital well-being decalogue and netiquette guidelines, the initiative seeks to raise awareness, promote self-care habits, and foster a balanced digital culture. These sessions are conceived as an institutional preventive strategy that strengthens socioemotional and digital competencies, contributing to the comprehensive development of the university community.

Keywords: Digital Well-Being; Digital Literacy; Digital Self-Regulation; Netiquette; Mental Health.

RESUMEN

El documento plantea una intervención psicosocial y psicoeducativa orientada a promover relaciones saludables con las Tecnologías de la Información y Comunicación (TIC) en estudiantes, docentes y trabajadores de la Universidad Autónoma de Sinaloa. Parte del reconocimiento de que la hiperconectividad, el uso excesivo del *smartphone* y la exposición constante a entornos digitales están generando afectaciones educativas, físicas, psicológicas y sociales que impactan directamente el rendimiento académico, la salud mental y la convivencia escolar. El documento fundamenta la necesidad de fortalecer la alfabetización digital desde una perspectiva de bienestar, diferenciando entre el uso saludable y el abuso de las TIC, e incorporando conceptos como autorregulación digital, resiliencia digital, higiene digital y netiqueta. Se articula con los Objetivos de Desarrollo Sostenible (ODS 3 y 4) y con el Modelo Educativo UAS 2022, resaltando la pertinencia de una educación humanista, constructivista y centrada en el aprendizaje en la era digital. La propuesta concreta consiste en talleres–conferencia dirigidos a estudiantes de nivel medio superior y superior, así como a docentes y trabajadores, con una estructura que integra sensibilización, prevención y afrontamiento. A través de actividades reflexivas, datos estadísticos, análisis de problemáticas cotidianas en el aula y la aplicación de un decálogo de bienestar digital y reglas de netiqueta, se busca generar conciencia, promover hábitos de autocuidado y fomentar una cultura digital equilibrada. Estas jornadas se conciben como una estrategia preventiva institucional que fortalece competencias socioemocionales y digitales, contribuyendo al desarrollo integral de la comunidad universitaria.

Palabras clave: Bienestar Digital; Alfabetización Digital; Autorregulación Digital; Netiqueta; Salud Mental.

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INTRODUCTION

Digital well-being is an emerging and novel field of study[1,2,3,4] addressed by the UN in its global strategy on digital health from 2020–2025 and is defined as "the field of knowledge and practice associated with the development and use of digital technologies to improve the health of individuals"[5], which looks at information and communication technologies (ICT) and new artificial intelligence (AI) tools from a comprehensive approach to health through the conscious and responsible use of technology and virtual (learning) environments.

The proliferation of ICT in all areas of human life (education, work, commerce, health, leisure/entertainment, among others) has created the need for digital literacy, taken up by the New Mexican School (NEM) as a training process that involves learning skills to locate, analyze, organize, understand, and evaluate information using digital technology.[6]

On the other hand, we recognize that the educational process is a prolific setting for social interactions where technology and human development are interrelated. Therefore, promoting the appropriate and healthy use of ICT to achieve healthy digital literacy and prevent "digital discomfort" due to excessive and problematic use, also known as cyberpathology[7], is necessary.

Table 1. Comparative table: Digital health and well-being vs. digital discomfort

Digital Health and Well-being	Digital Discomfort
• Physical well-being • Psychological well-being • Emotional stability • Digital Resilience • Digital self-regulation (digital diet) • Healthy study habits • Good self-esteem • Functional socialization • Ethical digital interaction (netiquette) • Respectful coexistence • Digital use aimed at learning	• Physical problems: eyes, ears, technological insomnia, posture, musculoskeletal disorders, sedentary lifestyle, eating disorders, etc. • Psychological problems: techno-fatigue, generalized anxiety, social media depression, addiction to social media and video games, shopping, etc. • Emotional dysregulation • Intolerance to frustration • Infoxication (information overload) • Difficulty concentrating and processing information • Attention and memory problems • Irritability and emotional instability • Social isolation and interference in coexistence due to smartphones • Cyberbullying and hate on social media • Excessive and abusive entertainment

To address the process of adequate digital literacy, we propose the promotion of digital well-being through digital health and well-being workshops, beginning with interventions from a preventive psychosocial and psychoeducational approach and working in groups (and communities) through talks and group workshops that promote the development and maintenance of a healthy relationship with technology and the promotion of a balanced digital culture that benefits people's quality of life.

In 2024, it was estimated that 69,4 % of the world's population was connected to the internet via mobile devices, which is equivalent to 5,61 billion people.(8) In Mexico, the National Survey on the Availability and Use of Information Technologies in Households (ENDUTIH) revealed that 9 out of 10 young people between the ages of 12 and 19 have access to a cell phone, representing approximately 35.3 million young people in the country.[9]

According to the World Economic Forum (WEF), in a study conducted in 2020, the average time a person spent connected to the internet worldwide was 6 hours and 43 minutes per day, a figure that increased to 8 hours and 21 minutes per day in Mexico. This suggests that Mexicans spend a third of their day on the internet. Doing the math, this means almost 127 days connected to the network through digital devices (a third of the year) (tables 2 and 3).

Table 2. Average global connection time in 2020

Period	Total minutes	Total hours	Equivalent in days
1 week	2 821 min	47 hrs 1 min	1 day 23 h 1 min
1 month (30 days)	12 090 min	201 hours 30 minutes	8 days 9 hours 30 minutes
1 year	147 095 min	2 451 hours 35 minutes	102 days 3 hours 35 minutes

Table 3. Estimated average connection time in Mexico in 2020

Period	Total minutes	Total hours	Equivalent in days
1 week	3 507 min	58 hrs 27 min	2 days 10 hrs 27 min
1 month (30 days)	15 030 min	250 hours 30 minutes	10 days 10 hours 30 minutes
1 year	182 865 min	3 047 hours 45 minutes	126 days 23 hours 45 minutes

In 2023, the ENDUTIH[11] also estimated that 81,2 % of the population over the age of 6 in Mexico used the internet. The 18-24 age group had the highest percentage of internet users (96,7 %), followed by the 12-17 age group (92,4 %). These two age groups coincide with the ages of young people studying at high school and higher education levels.

In 2016, it was estimated that a person unlocked their phone approximately 80 to 130 times a day,[12] an average of 4–5 times per hour (almost 10 years ago). If we take this to a daily teaching-learning day in high school or university classrooms of approximately 5 hours, that would be approximately 20 times a day, 100 times a week, and at least 400 distractions a month (only during formal class time).

According to Pedrouzu et al.[5], the widespread availability of digital devices with internet connections encourages the unlimited exchange of information and facilitates communication, identification, and entertainment among individuals. In the case of adolescents and young adults, "they use digital media to build their identity, find support networks, interact with peers, and develop their knowledge and skills, deploying new learning resources. This is why the advancement of virtual environments in everyday life has a major impact on young people".

Other interesting findings include the following: 98,5 % of adolescents have social media accounts, and 61,5 % have more than one profile on the same social network; the average age of first-cell phone use is 10,96 years, and the most widely used apps are WhatsApp (95 %), YouTube (90,8 %), Instagram (79,9 %), and TikTok (75,3 %).[5]

The University of Sinaloa (UAS) has created the University Well-being Unit (UBU), composed of a highly qualified and sensitive management team and staff, responsible for promoting the human development of the community in all areas and improving the quality of life of its members.

UBU focuses on providing services and programs aimed at strengthening physical, emotional, and social health; promoting healthy educational environments conducive to the teaching–learning process; fostering critical awareness, active participation, and environmental education; and promoting the formation of ethical and moral values, which are essential elements for building an inclusive, responsible community committed to its environment.[1]

At the start of the 2025–2026 academic year, the UAS welcomed 52 000 new students,[2] bringing the total number of upper secondary and higher education students to over 170,000 and reaffirming its commitment to the young people and families of Sinaloa,[3] with teaching staff of approximately 7 300 high school and college professors remaining the best option for comprehensive, high-quality education[4] in the state and the northwest of the country.

The aim of the study is to promote digital well-being in the university community from a comprehensive health perspective, working especially with high school and college students and teachers and strengthening socioemotional and digital skills that promote the healthy, conscious, and ethical use of technology should be performed with a psychosocial and psychoeducational approach.

Specific objectives

- Objective 1. This contributes to the promotion of digital health and well-being through the dissemination and promotion of self-regulation, self-care, and digital hygiene.
- Objective 2. Promote a healthy balance between the digital world and the real world, recognizing moments of focus and "disconnection" (*offline*) and providing guidance on digital hygiene (healthy use of ICT).
- Objective 3. Generate awareness and consciousness-raising processes about the negative consequences of excessive use on overall health and on the teaching–learning process, both inside and outside the classroom.
- Objective 4. These findings contribute to the prevention and reduction of negative effects on school performance, as well as on the physical, psychological, and social health of the Rosalina community.
- Objective 5. Multidisciplinary work teams within the Autonomous University of Sinaloa should be created to promote digital well-being and health.
- Objective 6. Encourage reflection among students and teachers and provide them with concrete strategies for self-assessment and prevention in relation to the appropriate use of ICT.
- Objective 7. Encourage the development of generic and digital skills that enable student training on the basis of the four pillars of education.

METHOD

Harnessing the potential of new digital teaching and learning technologies is achieved through sound guidance on the healthy and balanced use of ICT, strengthening user autonomy, promoting self-care and emotional and digital self-regulation, and increasing the digital skills for study and work demanded by today's labor market, creativity and collaborative learning among students and teaching staff, generating a state of balance and overall health, where ICT and education coexist.

The omnipresence of technology in the current context, and above all its excessive and inappropriate use, is not harmless. It is not exempt from the emergence of new problems that did not appear on the radar a few years ago, as students at upper secondary and higher education levels are digital natives who are born and raised with technological devices in their hands and who are permanently immersed in cyberspace or the digital universe.

It is necessary to highlight the great positive advances due to ICT, such as educational inclusion, virtual learning environments, increased audiovisual teaching resources, immediate communication, and information search for knowledge generation. However, changes in lifestyles, sometimes due to inappropriate and excessive use, generate unhealthy habits and are sometimes risk factors for the educational process, leading to poor academic performance, attention and concentration problems, poor integration into school life, emotional problems, sedentary lifestyles, visual fatigue, muscle pain, and sleep disorders. It also increases anxiety, depression, digital addictions, and emotional difficulties and leads to *cyberbullying*, social isolation due to *smartphones*, *phubbing*, and other risky behaviors. These effects have a comprehensive impact on student health and life.

The proposed methodology is based on a psychosocial and psychoeducational approach, seen as an integral part of community mental health.[13] Transdisciplinary and multidisciplinary work was necessary, involving awareness and education campaigns for the proper use of technology, healthy digital literacy, digital self-regulation, emotional intelligence, digital resilience tools, prevention of depression due to social media and anxiety due to infoxication, promotion of social-emotional skills, and promotion of standards of ethical behavior and courtesy in the virtual environment. This implies the productive and balanced use of technology.

DEVELOPMENT

The UAS, as an educational institution responsible for civilizing processes for new members of society, includes the approach of healthy digital literacy in its UAS 2024 High School Curriculum Map (school-based and semischool-based). It includes a fundamental and extensive mandatory component of three curricular learning units (UAC or subjects), called Digital Culture 1, 2, and 3.

These UACs guide the digital literacy of adolescent and young students, revisiting concepts such as the use of cyberspace, codes of ethics, and digital health, among other topics, where the issue of digital health (or digital well-being) is briefly integrated into a single block of content.[14] However, owing to high hyperconnectivity and possible negative consequences, this is considered insufficient, as encouraging and promoting healthy habits in the use and consumption of digital media, appropriate interactions in cyberspace, and digital hygiene are important.

In addition to encouraging habits that promote healthy and productive digital well-being in ICT, there is also a need to promote attitudinal aspects through ethical behavior standards with this technology, known as netiquette or net etiquette. It comes from the abbreviation "internet etiquette" (net = internet, and etiquette = appropriate behavior in a space), which means behaving online with the same respect and kindness that you would show in a real interaction, being an adaptation of the rules of interaction in the physical world but adapted to the digital world.[15]

Just as there are protocols of cordiality in real-world interaction, such as greeting, thanking, using kind words, avoiding microaggressions, being mindful of gender issues, and avoiding offensive language, among others, these same protocols should also be applied in virtual interaction.[16,17] There are norms and rules of behavior to be applied within virtual learning environments, forums, chats, and social networks. Some general rules of behavior on the internet (Netiquette rules) are as follows:[16,18]

- Rule 1. Be empathetic and remember that others are human beings with feelings
- Rule 2. Respecting the context and time of others
- Rule 3. Verify information before sharing
- Rule 4. Respecting privacy and reporting cyberbullying
- Rule 5. Do not add fuel to the fire or abuse your participation on the internet
- Rule 6. Response responsibly
- Rule 7. Be clear, concise, and respect tone (do not use all caps to shout)
- Rule 8. Respect copyright and intellectual property
- Rule 9. Share your knowledge patiently
- Rule 10. Follow the rules of each community

Digital well-being for the prevention of problems

When educational dynamics are analyzed, during classroom activities, educators sometimes struggle with the effects of excessive and improper use of ICT (especially *smartphones*) using different teaching and pedagogical strategies and resources. In the classroom, students are distracted by their cell phones because of a lack of impulse control, intolerance to frustration, and emotional irritability because of a lack of constant stimulation, among other reasons, focusing their attention on notifications from various applications, electronic messaging (WhatsApp), their digital identity on social media (Facebook, Instagram), videos (TikTok, YouTube), video games, and online shopping (Amazon, Shein, Mercado Libre), among other distractions.

This can lead to attention deficit, memory problems, language deficiencies, and poor reading comprehension, causing students to take longer to build and develop the skills expected in the curriculum's graduate profile. Although students, as digital natives, know how to use electronic devices efficiently (in some applications and not others), their excessive and inappropriate use sometimes generates "digital discomfort" or counterproductive impacts on health because of the excessive and/or problematic use of ICT. These problems range from physical, psychological (mental health), and social problems to educational and school problems.[7]

When no action is taken to prevent these effects and skills related to digital well-being (a healthy relationship with technology) are not promoted among students and teachers, unhealthy habits, risky behaviors (digital addiction), and disruptive and harmful everyday behaviors arise. This leads to significant deterioration or discomfort in overall health. A campaign that addresses the above issues with a preventive approach is needed.

The negative impacts are clarified in four identified dimensions:

- Educational and School Impacts: smartphone addiction as a risk factor for decreased academic performance, school dropout, falling behind in school, repeating a course or grade, attention deficit hyperactivity disorder, technoference (interruptions in daily classroom life due to device use), a decline in reading comprehension, a decline in deep reading habits and negative attitudes toward reading, bullying and cyberbullying, among others.[19,20,21,22]
- Physical effects included eye problems (e.g., eye strain and fatigue), technological insomnia, hearing problems (e.g., tinnitus and hearing loss), poor posture (e.g., *text neck* or "turtle neck"), musculoskeletal problems (e.g., neck pain and carpal tunnel syndrome), and conditions related to a sedentary lifestyle, obesity, and insufficient physical activity. These

emerging pathologies are becoming increasingly common because of the prolonged and repetitive use of digital devices and hyperconnectivity.[23,24,25,26,27,28,29,30,31,32]

- Psychological effects include attention deficit hyperactivity disorder, anxiety disorders, depression, digital narcissism, social media addiction, internet addiction, video game addiction, online shopping addiction, technofatigue, FOMO (fear of missing out), nomophobia (*no mobile phobia*), Google syndrome, emotional instability, and online gambling addiction.[9,20,33,34,35,36,37,38,39]
- Social effects include cyberbullying (*e-bullying*), cyberstalking, social isolation due to technology, *phubbing* (ignoring another person to use your *smartphone*), *sexting*, and changes in moral values due to the use and consumption of inappropriate internet content, among others.[40,41,42,43,44]

Therefore, it is important to guide and encourage digital native students and teachers in the proper and appropriate use of ICT, since unregulated exposure leads to behaviors that pose a risk to health in the aforementioned areas. It is necessary to accompany adolescents and young adults to optimize the appropriate use of ICT, implement multidisciplinary strategies to minimize risks and promote the online well-being of young people, and ensure digital literacy and equitable access to resources.

Articulation: UN SDGs and the UAS educational model

From the 17 Sustainable Development Goals (SDGs) proposed by the United Nations,[45] we can highlight goals 3 and 4: goal 3 Health and Well-being, which calls for the promotion of mental health and human well-being, as well as the prevention of addiction (targets 3.4 and 3.5), while Goal 4, Quality Education, seeks to ensure inclusive and quality education so that students can acquire theoretical and practical knowledge, promote sustainable lifestyles, and embrace digital transformation (target 4.7), which requires the promotion of digital well-being through the incorporation of responsible digital education and the appropriate use of technology.

The university incorporates the 17 UN SDGs into its 2022 educational model (EM),[46] refining the educational guidelines with three relevant approaches: learning-centered, humanistic, and constructivist. The first "involves the creation of educational environments where students are empowered by recognizing their talents and abilities for the development of skills, enabling their success"; the second approach (humanistic) views human beings as "multidimensional entities with a tendency toward self-realization" with the aim of enhancing all their skills and abilities; the constructivist approach sees the teacher as a mediator and catalyst for cognitive conflict in students, expressed in terms of knowing how to know, knowing how to do, knowing how to be, and knowing how to live together.

In addition, ME-UAS 2022 mentions that its educational principles must be "flexible, adaptable to social change, and considered in the development of the substantive functions of the institution and the practice of teachers, researchers, students, and administrators".

According to the ME-UAS 2022, teachers assume the role of organizing, motivating, and coordinating what is necessary to achieve the purpose of comprehensive education with the participation of students, contributing to harmony, integration, balance, and the formation of students in all areas, as well as promoting students' awareness of society, its transformation, and improvement.

The UAS Pedagogical Model revisits social education, which is part of the educational project throughout a person's life, focusing on "new literacies in the digital age and equal opportunities".[46] Therefore, teachers must stimulate collective intelligence, promote deep learning, and develop students' abilities, as the individual is conceived as a social being who is responsible and coresponsible for their learning process.

The current challenges in education require a multidisciplinary, interdisciplinary, and transdisciplinary approach because of the diversity of actors and factors involved, such as pedagogical, technological, psychological, and social factors. This comprehensive and multifactorial approach demands a holistic view that enables coordinated analysis and intervention on aspects related to the goal of achieving the harmonious development of students in all areas.

In summary, the excessive and problematic use of ICT, especially cell phones as devices that accompany students at all times, can be a risk factor for poor academic performance, grade repetition (repeating a course or grade), falling behind in school, poor reading habits and comprehension, academic plagiarism, memory problems, poor critical thinking, and a lack of intellectual effort (*Google* syndrome and now Chat GPT), as well as being risk factors for dropping out of school, among other things. Addressing the impact on health (from the physical, psychological, and social dimensions) is reflected in sedentary lifestyles and obesity, insomnia, cell phone dependence, anxiety, depression, attention deficit and hyperactivity, predisposition to substance and behavioral addiction (e.g., gambling addiction), *cyberbullying*, cyberstalking, and social isolation, which are frequently observed among students of current generations.[20,22,44,47,48,49,50,51]

Proposed intervention

Owing to the large number of students and teachers at the educational institution, it is essential to develop activities with a strategic vision that address this problem collectively and communally through prevention and timely care, taking into account the phases of a psychosocial[52] and psychoeducational intervention: 1) identification, 2) detection, 3) evaluation, 4) diagnosis, 5) intervention, 6) evaluation of intervention, 7) follow-up, and 8) improvement, as well as the phases of intervention: a) awareness, b) prevention, and c) treatment. Hombrados Mendieta[53] mentions that prevention levels are classified as follows:

- Primary prevention: This approach is aimed at reducing the number of new cases in the general population and identifying influencing risk factors.
- Secondary Prevention: This is aimed at reducing disability and the number of cases generated by a problem in at-risk groups.

- Tertiary prevention: reducing the degree of impact, seeking solutions, and preventing relapses for the population where the problem already exists.

Structure of interventions

Table 4. Aimed at middle and high school students	
Resources and materials	• Predesigned work formats • Projector • PowerPoint presentation • Speakers • Computer
Type of intervention	Workshop-Conference
Educational level	Upper secondary and higher education
Approximate duration	1 hour 20 minutes
Staff required	1 Specialist in the subject 1 collaborator

Table 5. Structure of the Intervention-Workshop for students

	No.	Activity	Description	Objectives	Time
	1	Presentation and overview	Welcome, explanation of the dynamics and objectives of the workshop-conference		2 min
Awareness and prevention	2	Activity: What would you do if you had 1,000 free hours in a year?	Initial reflection on the value of time and life priorities.	1, 3, 6	5 min
	3	Doing the math: Statistics: national and international data.	Brief statistics on usage time, school consequences, and digital habits.	3, 4	3 min
	4	Interactive survey: Who has experienced...? Activity: "Friend, give me account" How does your digital life feel?	Initial reflection on physical and emotional sensations associated with daily use of devices. Examples of common experiences of technological distraction.	1, 3, 6	5 min
	5	Concept of Digital Health and Well-being	Clear explanation of the balance between academic life, health, and mindful digital practices.	1, 2, 7	4 min
	6	Differences between ICT use and abuse: examples of digital well-being and discomfort	Everyday examples of healthy practices and risky practices among students and teachers.	1, 2, 3	3 min
	7	Videos: Impact of excessive use on health: Michel and Mindy, man and woman of the future Warning signs	Summary of physical, psychological, social, and academic effects detected with high prevalence. Guidance on indicators of possible effects.	3, 4, 6	8 min
	8	Problems in the classroom and learning	Identification of effects on attention, comprehension, and impulse control.	3, 4, 7	5 min
	9	Key fact: What is digital balance? Self-regulation for digital health and well-being	Brief explanation of the concept: balance between technology, physical and mental health, and social life.	1, 2, 7	3 min
Treatment - Coping	10	Activity: Digital Well-being Wheel	Guided self-exploration to identify strengths and weaknesses: study, concentration, sleep, relationships, posture, emotions.	1, 6, 7	5 min
	11	Ten Commandments of Digital Health and Well-being. Protocol for coping	Presentation of 10 key actions to promote continuous digital self-care.	1, 2, 4, 6	5 min
Awareness and prevention	12	Netiquette: Rules for ethical online behavior	Guidance for developing respectful, safe, and responsible digital citizenship. Avoid fake news	2, 6, 7	5 min
Treatment - Coping	13	Activity: Personal Digital Well-being Plan What can we do? Tools and distractions Digital self-regulation and Digital Resilience	Initial strategies: lifestyle medicine and digital diet. Digital hygiene Planning a healthy relationship with your cell phone Personal commitments: and digital hygiene plan. Practical exercise to promote well-being, improve health, and manage time.	1, 2, 3, 6, 7	10 min

Closing	14	Survey/Evaluation	Instrument		5 min
	15	Questions and answers	Open space for questions and discussion.	1–7	8 min
	16	Closing and final message	Summary of lessons learned and call to action.	1–7	4 min

Table 6. Aimed at teachers and workers

Resources and materials	• Predesigned work formats • Projector • PowerPoint presentation • Speakers • Computer
Type of intervention	Workshop
Educational level	Upper secondary and higher education
Approximate duration	1 hour 20 minutes
Staff required	1 Specialist in the subject 1 collaborator

Table 7. Structure of the Intervention-Workshop for Teachers and Workers

	No.	Activity	Description	Objectives	Time
Awareness	1	Presentation and overview	Welcome, explanation of the purpose and dynamics of the workshop	1, 2	2 min
	2	Activity: Identifying signs	Group activity: How to identify a student with possible ICT abuse problems? List at least 5 signs	1, 2, 5	5 min
	3	Emerging educational areas of opportunity	Attention, reading comprehension, impulsivity, intolerance, procrastination, and frustration.	1, 2, 5	5 min
	4	Data: National and international overview	Key data from the WHO, INEGI, and ENDUTIH on internet and cell phone use.	1, 2	2 min
	5	Life cycle and technology	Reflection on adolescence and young adulthood, belonging, and the search for identity in the digital age.	1, 2, 5	3 min
	6	Difference between Use and Abuse of ICT	Everyday examples: lack of attention, memory problems, lack of concentration, intolerance to frustration. Reflection on the limits of healthy use. Brief explanation of the characteristics of addiction and how it differs from use.	1, 2, 5	2 min
	7	Negative impacts on health and learning	Academic, physical, psychological, and social effects.	1, 2	5 min
	8	Activity: Educational issues Which ones can you identify?	Attention, reading comprehension, impulsivity, low tolerance for procrastination.	1, 2, 5	5 min
Prevention	9	Learning strategies in the digital age	Recommendations for improving attention and concentration.	2, 3, 5	5 min
	10	ICT as a tool vs. ICT as a distraction	Comparison and reflection.	2, 3	2 min
	11	Balance: energy, time, and development	Short self-assessment activity.	3, 5	5 min
	12	Activity: Participatory survey	Trigger questions: “Who has experienced...?”	1.5	5 min
	13	What can we do? Pedagogical strategies for teaching and promoting digital wellbeing	Recommendations for improving attention, concentration, and participation. Digital hygiene strategies and lifestyle changes. Awareness of screen time, sensitization, and call to action (e.g., what would you do with 100 hours of free time? Reflection on excessive screen time).	2, 3, 5	10 min
	14	Action protocol: What to do if cases are detected?	Student survey, liaise with tutoring department, promote mindfulness, no multitasking strategies, agreements to disconnect during class.	3, 4, 5	2 min
Treatment - Coping	15	Activity: Personal digital hygiene plan	Group agreements on digital diet and personal lifestyle plan.	1, 3, 4, 5	10 min
	16	Workshop conclusion: Collective commitments	Plenary drafting of “5 digital hygiene agreements for teaching practice.” Tangible product of the workshop.	1, 3, 4, 5	10
Closing	17	Questions and answers	Space for interaction and clarification of doubts.	1, 2, 3	5 min
	18	Closing and final message	Summary of lessons learned and farewell.	1, 2, 3, 5	5 min

Intervention assessment tool

Table 8. Intervention assessment tool

	Evaluation				
	4	3	2	1	0
1) Development of ethical and critical digital skills.					
2) Increased perception of digital control and balance.					
3) Improvement in time management.					
4) Adoption of digital hygiene habits.					
5) Increased satisfaction and subjective well-being.					

CONCLUSIONS

Digital students are known as "digital natives," a term coined by Marc Prensky (2010)54, to guide educators on new ways of teaching, describing the characteristics of the generation that has grown up immersed in ICT: they surf the web with a permanent internet connection, use artificial intelligence (AI) tools, handle different devices (*smartphones, tablets*, and computers), are familiar with educational platforms, and search for and consume audiovisual materials, use virtual communication channels, among other characteristics, which encourage and favor the educational process, motivate students, and increase accessibility to the classroom, knowledge, and inclusion.(55)

Notably, these two workshops involve strategic activities as part of an initial phase of psychoeducational intervention in our educational institution, which can be adapted and extended to other groups, positively impacting core areas of the community: the education and comprehensive health of students and teachers.

It also necessarily extrapolates to the creation and/or articulation of multidisciplinary work and research groups to expand and promote this type of intervention to society, with the UAS participating in this entire process in an assertive and transcendental manner, which contributes to increasing comprehensive health (physical, psychological, and social), reducing the incorrect and harmful use of ICT and its effects, along with an increase in meaningful, high-quality, and humanistic learning. This leads to a tangible increase in the indicators in the Institutional Development Plan, the UAS 2022 Educational Model.

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