RELATIONSHIP BETWEEN MENTAL HEALTH AND PROBLEMATIC INTERNET USE AMONG UNIVERSITY STUDENTS

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Abstract

Problematic Internet Use (PIU), defined as excessive or poorly controlled Internet engagement leading to psychological distress or functional impairment, has become a growing concern in mental health research. The present study examined the relationship between PIU and mental health among university students, focusing on psychological correlates such as anxiety, depression, and social functioning. A total of 80 students aged 18–23 years from the Varanasi region participated. The Internet Problem Scale (Armstrong, Phillips, & Salling, 2000) and the General Health Questionnaire-28 (Goldberg & Hillier, 1979) were administered. Results indicated weak and nonsignificant correlations between problematic Internet use and indicators of mental health, including anxiety, depression, somatic symptoms, and social dysfunction. These findings suggest that moderate, goal-directed Internet engagement may support academic and social adaptation, whereas uncontrolled use may contribute to psychological strain. Future studies should utilize larger, longitudinal samples and examine mediating variables such as self-control, resilience, and fear of missing out (FOMO) to clarify underlying mechanisms.

Keywords: Problematic Internet Use, mental health, university students, anxiety, depression, psychological well-being

Introduction

Problematic Internet Use (PIU) and mental health have emerged as central themes in contemporary psychological research. PIU, also referred to as compulsive or maladaptive Internet use, is characterized by excessive or poorly regulated online engagement that leads to psychological distress or functional impairment (Davis, 2001; Young, 1996, 1999). It has been linked to cognitive dysfunction, emotional instability, and reduced sleep quality (Ko et al., 2012). According to Sonawane et al. (2024), more than two-thirds of individuals exhibiting PIU report disturbances in sleep and overall well-being. Recent meta-analyses confirm a bidirectional association between problematic Internet use and mental health concerns such as anxiety, depression, and perceived stress (*BMC Psychiatry*, 2023). Personality and behavioural factors, such as low self-regulation, high neuroticism, and fear of missing out (FOMO), have been identified as significant predictors of PIU (Servidio, 2021).

The Internet has become integral to daily life, connecting individuals across educational, personal, and professional domains through wired and wireless networks based on Transmission Control Protocol/Internet Protocol (TCP/IP). In 2000, approximately 394 million people used the Internet; by 2014, this figure surpassed 3 billion, accounting for nearly 43.6% of the global population (International Telecommunication Union [ITU],

2014). As of mid-2025, an estimated 5.65 billion individuals—around 68.7% of the world's population, are active Internet users, with the highest penetration rates observed in Northern Europe (Statista, 2025a). Despite this expansion, disparities persist across socioeconomic and geographic contexts, particularly in developing regions, due to infrastructural and cultural barriers (GSM Association, 2024).

Although excessive or unregulated Internet use may contribute to psychological strain, Internet engagement itself is not inherently harmful. When used intentionally and within healthy boundaries, it can enhance academic productivity, communication, and social connectedness—factors known to support psychological well-being. The World Health Organization (2004, 2011) defines mental health as a state of well-being in which individuals recognize their abilities, manage everyday life stresses, work productively, and contribute meaningfully to their communities. This view aligns with the principles of positive psychology, which emphasize that mental health involves the presence of resilience, emotional balance, and life satisfaction rather than merely the absence of psychopathology (Seligman & Csikszentmihalyi, 2000). Within this framework, balanced and purpose-driven Internet use can serve as a facilitator of mental health by providing access to information, social support, learning opportunities, and avenues for self-expression. Thus, the psychological impact of Internet use is shaped more by its quality and purpose than by the amount of time spent online.

Theoretical frameworks such as the *Wheel of Wellness Model* (Myers, Sweeney, & Witmer, 2000) and *Keyes's Complete State Model of Mental Health* (Keyes, 2005, 2009) provide useful perspectives for understanding how Internet behaviours influence psychological functioning. The Wheel of Wellness model identifies five core life tasks, spirituality, self-direction, work and leisure, friendship, and love, supported by subdimensions such as emotional coping and stress management. Keyes's model views well-being as a continuum of emotional, psychological, and social components, ranging from flourishing to languishing. Within these frameworks, excessive or poorly regulated Internet use may disrupt emotional regulation and life balance, while moderate, intentional use can enhance social connection and well-being.

Problematic Internet Use is broadly conceptualized as a maladaptive behavioural pattern involving compulsive or uncontrolled online activities that interfere with daily life or mental health (Caplan, 2010). Although Goldberg (1995) first introduced the notion humorously, later studies provided empirical support for its clinical relevance (Griffiths, 1995, 1998). Young (1996, 1999) operationalized PIU using criteria analogous to DSM-IV substance dependence, identifying symptoms such as tolerance, withdrawal, and functional impairment. These diagnostic patterns align with those described in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; American Psychiatric Association, 2013) for *Internet Gaming Disorder* (IGD), which highlights preoccupation, withdrawal, loss of control, and persistence despite negative consequences. These behaviours become clinically significant when they lead to emotional distress, academic decline, or social isolation (Block, 2008).

Recent Indian studies have echoed these global findings. Tadpatrikar et al. (2024) reported that over half of Indian adults displayed symptoms of PIU, significantly correlated with depression, anxiety, and stress. Gupta et al. (2023) found strong positive correlations between problematic Internet use and depression ($r = .63$) as well as anxiety ($r = .59$) among medical undergraduates. Thota et al. (2023) observed that 51% of students in Jodhpur exhibited PIU, with psychological distress as a primary predictor. Kumar et al. (2024) reported a lower prevalence rate of 15.9% but reaffirmed the predictive role of depressive symptoms and reduced psychological well-being. Collectively, these studies demonstrate that psychological and behavioural factors, rather than demographic characteristics, are the primary determinants of problematic Internet engagement.

In summary, while the Internet provides invaluable opportunities for communication, learning, and social interaction, excessive or dysregulated use can compromise mental well-being. The recognition of Problematic Internet Use as a behavioural concern underscores the need for evidence-based interventions promoting digital balance, self-regulation, and psychological resilience. Understanding the relationship between PIU and mental

health is therefore essential for developing preventive strategies that support adaptive digital behaviours and overall psychological well-being among university students.

METHODOLOGY

Objectives

1. To identify the relationship between Internet use and mental health problems (anxiety, depression, social dysfunction, and somatic symptoms.)
2. To determine the association between heavy Internet use and the overall mental health of university students.

Hypotheses

H1: Internet addiction will be positively associated with mental health problems (anxiety, depression, social dysfunction, and somatic symptoms) among university students.

H2: Internet addiction will be positively related to overall mental health outcomes among university students.

Sample and procedure

The present study included a sample of 80 university students, comprising 40 males and 40 females, within the age range of 18 to 23 years. Participants were selected from various colleges in the Varanasi region using Convenient sampling to ensure equal gender representation and alignment with the research objectives.

Participants were contacted personally and individually, based on their availability and convenience. Before data collection, the purpose and scope of the study were clearly explained to each participant. Informed consent was obtained, and only those who voluntarily agreed to participate were included in the study.

Each participant was assured of the confidentiality and anonymity of their responses. Data were collected on a one-on-one basis in a non-intrusive and comfortable setting. The participants were given adequate time to respond at their own pace. Upon completion, the collected data were scored systematically and interpreted in accordance with standardized procedures.

Inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria
University students currently enrolled in colleges from the Varanasi region.	Individuals not enrolled in a university or residing outside the Varanasi region.
Age between 18 and 23 years.	Below 18 years or above 23 years of age.
Demonstrated basic English proficiency sufficient to comprehend questionnaire items.	Inability to comprehend English or complete the questionnaires independently.
Provided informed consent and voluntarily agreed to participate.	Unwilling to participate or did not provide informed consent.
Regular Internet access through a personal device (smartphone, laptop, or computer) for at least one year.	Irregular or limited Internet access or no prior experience using online platforms.
Physically and psychologically healthy individuals without diagnosed mental disorders.	Individuals with a self-reported history of psychiatric or neurological disorders.
Not currently receiving treatment for behavioral or psychological problems.	Participants undergoing psychiatric or psychological treatment for addiction or related issues.

TOOLS

1.The Internet Problem Scale

The **Internet-Related Problem Scale (IRPS)**, developed by Armstrong, Phillips, and Saling (2000), is a 20-item self-report questionnaire designed to assess problematic Internet use, including aspects such as withdrawal, tolerance, and loss of control. Each item is rated on a 10-point Likert scale. The scale demonstrates good internal consistency (Cronbach's α = .88) and acceptable construct validity, correlating positively with hours of Internet use and addiction potential measures.

2. The General Health Questionnaire

The General Health Questionnaire is a 28-item questionnaire which was originally developed by Goldberg and Hollies (1979), assess the four dimensions of general health problems, viz. anxiety, depression, somatic symptoms and social dysfunctions. This is a four-point rating scale. Each item is scored from 1 to 4. Item-total correlation of each subscale ranges from 0.40 to 0.85 and the Alpha coefficient ranges from 0.75 to 0.84.

Table 1. Pearson Correlation Matrix of Internet Use and Mental Health Dimensions

Correlation Matrix between Internet Use and Dimensions of Mental Health (N = 80)						
Variable	Internet Use	Anxiety	Depression	Somatic Symptoms	Social Dysfunctions	GHQ
Internet Use	—					
Anxiety	.14	—				
Depression	.08	.48**	—			
Somatic Symptoms	–.11	.47**	.48**	—		
Social Dysfunctions	.09	.50**	.59**	.50**	—	
GHQ (Total Score)	.07	.75**	.82**	.75**	.85**	—

Note. GHQ = General Health Questionnaire.
***** $p < .05$. ****** $p < .01$ (1-tailed).

Table 1 displays the intercorrelations between internet use and various mental health dimensions. Internet use was not significantly correlated with anxiety (r = .14), depression (r = .08), somatic symptoms (r = –.11), social dysfunctions (r = .09), or overall GHQ score (r = .07). However, strong positive correlations were found among the mental health variables, including anxiety and depression (r = .48, p < .01*), anxiety and somatic symptoms (r = .47, p < .01*), and depression and social dysfunctions (r = .59, p < .01*). The GHQ total score was significantly correlated with all mental health subscales (rs ranging from .75 to .85, p < .01*), indicating substantial internal consistency among the measures of psychological distress. The nonsignificant correlations between Internet use and mental health dimensions suggest that online engagement alone may not directly influence Mental Health. The lack of association between Internet use and mental health variables observed here supports recent studies emphasizing that moderate or purpose-driven Internet use can have adaptive functions, such as improving social connectedness and reducing perceived stress (Nguyen et al., 2022; Boers et al., 2018). However, problematic use driven by emotional dysregulation or *fear of missing out (FoMO)* has been linked to poorer mental health across multiple cultural contexts, including Indian student populations (Gupta et al., 2023;

Tadpatrikar et al., 2024). Collectively, these findings indicate that the relationship between Internet use and psychological outcomes depends less on the amount of time spent online and more on the *nature and motivation* of engagement.

DISCUSSION

The present study investigated the relationship between Problematic Internet Use (PIU) and Mental Health outcomes among university students. Guided by two hypotheses, it examined whether higher levels of Internet addiction were positively associated with psychological difficulties such as anxiety, depression, somatic symptoms, and social dysfunction (**H_1**), and whether excessive Internet use was related to overall mental health impairment as measured by the General Health Questionnaire (GHQ) (**H_2**).

Findings indicated weak and nonsignificant correlations between Internet use and all four dimensions of mental health, suggesting that neither Hypothesis 1 nor Hypothesis 2 was supported in the present sample. These results imply that the overall quantity of Internet use may not directly predict psychological distress and that the quality, context, and purpose of online engagement are more decisive factors influencing mental well-being.

Although these findings differ from several large-scale international studies that reported significant associations between Problematic Internet Use and mental health issues, they align with an emerging consensus that only problematic or compulsive Internet use, rather than general online activity tends to impair psychological functioning. A meta-analysis by Charoensuk et al. (2023) reported moderate positive correlations between Problematic Internet Use and both depression ($r \approx .31$) and anxiety ($r \approx .25$). Similarly, a review in BMC Psychiatry (2023) confirmed a bidirectional relationship between maladaptive Internet use and emotional disorders. These effects are particularly pronounced when online behavior involves loss of control, withdrawal symptoms, or neglect of real-life responsibilities (Ko et al., 2012; Wang et al., 2024).

The absence of significant correlations in this study may reflect the predominance of balanced or goal-directed Internet use among participants, who likely engaged online for academic, communicative, or informational purposes. Longitudinal studies have shown that moderate and purposeful Internet use can facilitate learning, reduce loneliness, and enhance social connectedness, especially when guided by self-regulation and emotional control (Boers et al., 2018; Przybylski & Weinstein, 2017). Conversely, emotionally driven or escapist use, motivated by avoidance coping or fear of missing out (FOMO), is associated with elevated anxiety and depressive symptoms (Servidio, 2021; Nguyen et al., 2022). This distinction between functional and dysfunctional Internet engagement likely explains the weak correlations observed here.

Indian evidence mirrors these global trends. Gupta et al. (2023) and Thota et al. (2023) found strong positive associations between PIU and both depression and anxiety among undergraduate and medical students, while Tadpatrikar et al. (2024) reported higher levels of psychological distress and stress among individuals with Internet addiction. Similarly, Kumar et al. (2024) demonstrated that depressive symptoms and reduced psychological well-being significantly predicted problematic use, even at lower prevalence rates (15.9%). A broader review by Sonawane et al. (2024) also emphasized that over two-thirds of individuals exhibiting PIU reported poor sleep and diminished well-being. Collectively, these findings reaffirm that psychological and behavioral factors, such as low self-regulation, emotional instability, and FOMO, are stronger predictors of PIU than demographic characteristics.

The strong intercorrelations among anxiety, depression, somatic symptoms, and social dysfunction in the present study indicate a shared underlying construct of psychological distress. This observation is consistent with Goldberg et al. (1997), who conceptualized general health impairment as multidimensional, encompassing both emotional and somatic domains. Within the cognitive-behavioral model of Problematic Internet Use proposed by Davis (2001), such interrelated symptoms may be viewed as manifestations of maladaptive cognitions and emotional dysregulation that sustain compulsive digital engagement. Excessive Internet use may provide temporary relief from negative emotions but eventually reinforces avoidance coping, impaired self-control, and

psychological vulnerability, a pattern also supported by findings from Ho et al. (2014) and Kuss and Lopez-Fernandez (2016).

In summary, the findings suggest that while Internet use itself is a ubiquitous aspect of student life, its impact on mental health depends on the motives and regulation underlying usage. Students who maintain purposeful and balanced digital habits tend to experience fewer negative outcomes, whereas those using the Internet as a coping mechanism for stress or emotional discomfort may be at higher risk for psychological difficulties. These results align with contemporary perspectives advocating a shift from quantitative assessments of online activity to qualitative evaluations focusing on motivation, self-regulation, and emotional balance when understanding the relationship between Problematic Internet Use and Mental Health.

Limitations

Some limitations must be acknowledged. The balanced sample of 40 men and 40 women in a limited age range (18-23) and regional scope (Varanasi) restrict generalizability. The sample size was insufficient to detect small effect sizes. Self-report measures may be subject to response biases. Future research should use validated diagnostic thresholds for PIU and longitudinal designs to assess causal pathways. Second, the use of convenience sampling restricted the representativeness of the sample, as all participants were drawn from a single geographic region in Varanasi. This limits the external validity of the findings and may not reflect patterns observed in other cultural or educational contexts. Third, the study relied exclusively on self-report measures, which are subject to social desirability bias, recall inaccuracies, and subjective interpretations of questionnaire items. Fourth, the cross-sectional design does not allow for causal inferences. Although associations were examined, the temporal direction between Internet use and mental health outcomes remains unclear. Longitudinal or experimental designs would help clarify whether problematic Internet use predicts psychological distress, or vice versa.

Implications and Recommendations

Despite these limitations, the findings offer several meaningful implications for research, practice, and policy. First, the nonsignificant correlations observed between general Internet use and mental health outcomes highlight the importance of shifting attention from the quantity of online engagement to the quality, motivation, and regulation of Internet use. Educational institutions and mental health practitioners may benefit from promoting digital literacy programs that encourage balanced, purposeful, and self-regulated use of online platforms. Second, the strong intercorrelations among anxiety, depression, somatic symptoms, and social dysfunction reinforce the need for holistic mental health interventions that address emotional, cognitive, and behavioral aspects of student well-being. Third, evidence from the present study, alongside prior global and Indian findings, underscores the psychological risks associated with problematic or emotionally driven Internet use. Institutions may consider developing targeted screening tools and campus-based counseling programs to identify students who exhibit signs of compulsive or maladaptive digital behaviors. Fourth, researchers should explore mediating factors such as resilience, self-control, and fear of missing out (FoMO), which may help explain why certain individuals are more vulnerable to problematic Internet use than others. Finally, policymakers and educators may use these insights to design preventive strategies that cultivate digital balance, emotional regulation, and positive coping skills, thereby supporting healthier and more adaptive Internet behaviors among university students.

Conclusion

The present study contributes to the growing body of research on the psychological effects of Problematic Internet Use (PIU) among university students. Although the findings revealed weak and nonsignificant relationships between Internet use and mental health dimensions, they indicate that the effects of technology depend more on *how* and *why* individuals engage online than on the amount of time spent. Global and Indian studies consistently demonstrate that compulsive or poorly regulated Internet use is associated with anxiety, depression, and diminished well-being, whereas balanced and purposeful use enhances learning and social connectedness. These results highlight the importance of preventive strategies that promote digital literacy, emotional regulation, and

self-control to reduce the risks of maladaptive online behavior. Future research should employ longitudinal designs and standardized diagnostic tools for PIU to clarify causal mechanisms and guide evidence-based interventions supporting healthy digital engagement among young adults.

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