



Is Internet Addiction Among Adolescents a Cause of their Declining Mental Health: Insights from a Review

Abstract: Mental disorders at any given point are present in about 10% of the adult population, with the maximum being amongst young adults. Mental health problems make adolescents engage in different kinds of behaviour; some resort to substance abuse, while a few over-indulge in social platforms like the internet. Aim: This review aims to synthesize Indian research examining the association between internet addiction and mental health outcomes among adolescents, with a focus on depression, anxiety, stress, and loneliness. Results: The social withdrawal caused by excessive screen time can exacerbate existing feelings of loneliness, leading to a vicious cycle where each condition fuels the other.

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Introduction

Adolescence is a transformative period marked by rapid physical, psychological, and social changes. The World Health Organization (WHO) defines adolescents as individuals between the ages of 10 and 19 a group that constitutes one-sixth of the global population (WHO, 2025). This period often entails a heightened sensitivity to peer relationships, a need for identity formation, and growing emotional independence. The psychosocial challenges adolescents face, including mental health issues like depression, anxiety, and stress (DAS), are increasingly recognized as major public health concerns.

Mental and behavioural disorders are present at any point in time in about 10% of the adult population worldwide (1). The burden of mental disorders is maximal in young adults (people within the age range of 18 to 24 years); however, it accounts for 16% of the global burden of disease and injury in people aged 10-19 years. Almost half of the mental health conditions have their onset by the age of 14 years, most of which remain undetected and untreated.

In India, adolescents represent approximately one-fifth of the total population, amounting to over 253 million individuals (2). Despite this significant demographic, their mental health needs remain under-addressed. According to the National Mental Health Survey (2015–16) conducted by NIMHANS, nearly 10 million adolescents in the age group of 13–17 suffer from mental health issues and require urgent intervention. The social and economic differences affect the mental health of rural and urban adolescents differently. Mmari (3) reported that urban adolescents are more secure in terms of financial resources, exposure to education and health services, and better opportunities for the future. Yet, urban adolescents are more likely to have mental health issues, substance abuse, obesity, and an inactive lifestyle due to their upbringing. Adolescents with mental health conditions are vulnerable to social exclusion, discrimination, stigma (affecting readiness to seek help), educational difficulties, risk-taking behaviours,



and physical ill-health and human rights violations (4).

Internet Addiction

Mental health problems make adolescents engage in different kinds of behaviour; some resort to substance abuse, while others over-indulge in online platforms like the internet. Whilst the Internet possesses the ability to connect individuals to the world, there is a real problem expanding across the globe, especially amongst the youth, that is Internet Addiction (IA). It is an impulse-control disorder like pathological disorders, but it does not involve an intoxicant. Internet Addiction is alternatively also called 'excessive internet use (EIU)', 'problematic internet use (PIU)', 'dysfunctional internet use (DIU)', 'pathological internet use', 'internet overuse' or 'compulsive internet use (CIU)'. Although not yet formally classified in the Fifth Edition Diagnostic and Statistical Manual of Mental Disorders, DSM-V, internet addiction shares many behavioural similarities with other addictive disorders and is often linked to compulsive usage, impaired social functioning, and emotional dysregulation. In 2008, China became the first nation to declare Internet addiction a clinical disorder, followed by South Korea and Taiwan. Internet addiction as defined by Kimberley Young (psychologist and an expert on Internet Addiction), is any online-related, compulsive behaviour which interferes with normal living and causes severe stress on family, friends, loved ones, and one's work environment. Internet addicts make the Internet a priority more important than family, friends, and work.

Mental Health of Adolescents

DAS symptoms are prevalent among Indian school-going adolescents, with several studies reporting alarming rates. A 2014 study in Chandigarh (5) associated DAS with suicidal

and homicidal ideation, along with substance use. In Kolkata, 2015 (6), psychiatric issues affected 32.6% of high school students, with middle-class adolescents and those with working mothers reporting higher anxiety levels. Multiple studies across states like Haryana, Bihar, and Karnataka consistently reported high depression rates. For instance, the prevalence of depression in urban Rohtak, 2015 (7) was 52.9%, with 11.3% and 1.8% suffering from moderate and severe depression, respectively. Similarly, in Bhopal, 2016 (8), 44.1% reported mild depression, and 24.3% reported moderate levels.

According to Pathak & Mhaske 2019 (9), loneliness significantly contributes to symptoms of depression and anxiety among Indian adolescents. The WHO has also reported that one in four Indian adolescents between ages 13 and 15 often experience loneliness. A study conducted in Delhi, 2007 (10) found that adolescents aged 12–13 years had lower self-esteem and higher loneliness levels compared to their younger counterparts (11–12 years). Similarly, research in West Bengal, 2012 (11) highlighted a higher prevalence of self-reported loneliness among urban adolescents (17.3%) than rural counterparts (9.5%).

A 2021 meta-analysis of studies across India estimated a pooled depression prevalence of 53%, confirming that nearly half of Indian adolescents may suffer from depressive symptoms. Additionally, parental pressure and academic stress were found to be major contributors to DAS, especially in urban environments where performance-oriented culture dominates. (6)

Not only the rural urban differences, but gender differences are also significant. Studies from Patna, 2017 (12) and Mangaluru, 2018 (13) showed that girls were more susceptible to depression and anxiety than boys primarily



because of the hormonal changes in puberty. Age also played a major role, with older adolescents (grades 9–12) being more affected than younger ones.

Internet Addiction and its Mental Health correlates

The proliferation of smartphones, social media, and easy internet access has exposed the general masses to the risks of internet addiction. The increasing digital presence of adolescents has introduced internet addiction (IA) as a growing public health concern primarily due to the three reasons: First, the problems being widespread amongst the general population, including in children and adolescents. Second, depending on the amount and type of internet use, the severity of its effect varies significantly. Third, the problems are not confined to an individual only, they spread out at the family and community levels as well. WHO officially included gaming disorder (GD) in the latest (eleventh) revision of the International Classification of Diseases (ICD-11) on May 25, 2019, based on the above (14). Findings from different Indian regions highlight the growing prevalence of IA:

- Mumbai (2013): Among college-going adolescents, 74.5% were moderate users, and 0.7% were diagnosed addicts, with significant links to anxiety and depression.
- Gwalior (2016): Among private school students, 24% showed moderate IA, and 6.3% severe IA.
- Lucknow (2017): Again, 74.5% of adolescents were potential addicts, with higher IA levels associated with depressive and anxiety symptoms.
- Mangaluru (2018): Urban students had a slightly higher IA prevalence (83.3%) than rural ones (78%), and male gender

and smartphone use were common risk factors.

- Tezpur (2019): 34% of students had severe IA, which significantly correlated with mild-to-moderate levels of depression, anxiety, and stress.

Multiple studies point to a bidirectional relationship between loneliness and IA. Adolescents who feel socially isolated are more prone to engage in compulsive internet use to fill the void. In turn, excessive internet use reduces in-person social interactions, leading to increased feelings of isolation, further exacerbating depression, anxiety, and stress. This cyclical relationship underscores the complexity of adolescent mental health in the digital era.

Evidence from Ranchi, 2019 (15) showed that 92% of postgraduate college students reported feelings of loneliness, with strong correlations to social anxiety and internet addiction. This aligns with global research suggesting that lonely adolescents are more likely to develop problematic internet use patterns as a coping mechanism to compensate for the lack of social interactions (Chang et al., 2020 (16); Bian & Leung, 2015 (17)). The social withdrawal caused by excessive screen time can exacerbate existing feelings of loneliness, leading to a vicious cycle where each condition fuels the other.

Aman et al. 2019 (18) demonstrated how Internet Addiction often acts as a coping mechanism for underlying emotional distress. Adolescents experiencing depression may use the internet to escape feelings of guilt and hopelessness, while those with anxiety may find online spaces less intimidating than face-to-face interactions. Unfortunately, this short-term relief often deepens emotional isolation and contributes to higher levels of stress over time.



It is evident that IA both contributes to and exacerbates existing psychological issues. Adolescents may turn to the internet to escape stress, avoid social judgment, or alleviate loneliness yet excessive use often increases isolation, forming a vicious cycle of dependency and emotional distress.

These findings affirm the need for a multidimensional approach one that not only addresses IA but also tackles underlying emotional vulnerabilities such as low self-esteem, poor social support, and academic pressure.

Conclusion and Recommendations

The literature makes it abundantly clear that Indian adolescents are facing a mental health crisis. With over half of the school-going population experiencing depression, and a significant portion showing signs of internet addiction, immediate policy and intervention measures are required. It underscores the urgent need for early mental health screening, preventive interventions, and mental health literacy within school systems

Key recommendations include:

1. **Incorporating mental health education** into school curriculums to promote awareness, reduce stigma, and encourage help-seeking behaviour.
2. **Screening programs** in schools to identify at-risk adolescents for depression, anxiety, and IA.
3. **Parental counselling** to balance expectations and foster emotionally supportive home environments.
4. **Regulating screen time** and promoting offline social engagement activities to counter loneliness and prevent IA.
5. **Training educators** to recognize early signs of distress and provide timely referrals.

A holistic approach integrating mental health services, family engagement, and digital literacy education is vital for nurturing emotionally healthy and resilient youth in India's digital age.

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