

EXAMINING THE ASSOCIATION BETWEEN PROBLEMATIC INTERNET USE AND MENTAL HEALTH AMONG ADOLESCENTS

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OBJECTIVES

Digital technologies have become ubiquitous globally, making problematic internet use an increasingly prevalent phenomenon associated with addiction and mental health disorders. This study aimed to investigate the association between problematic internet use and mental health in adolescents, with special emphasis on depression literacy and help-seeking behavioral patterns.

METHODS

This quantitative, cross-sectional study enrolled 330 adolescents aged 12-18 years with active school enrollment in 2025. Data collection utilized a self-administered questionnaire incorporating researcher-developed sociodemographic questions and established validated measures: the Problematic Internet Use Questionnaire (PIUQ), Smartphone Addiction Scale, Short Version (SAS-SV), Depression Literacy and Misconceptions Scale (DepSter), and General Help-Seeking Questionnaire Original Version (GHSQ). Descriptive analyses (frequencies, percentages, means, ranges) and inferential statistical tests (Mann-Whitney U, Kruskal-Wallis, linear regression, and Pearson/Spearman correlations) were conducted at a 95% confidence level ($p < 0.05$) with normality assessed via Kolmogorov-Smirnov test. IBM SPSS Statistics 28.0 and Microsoft Excel 2013 were utilized for statistical analysis.

RESULTS

Female adolescents reported significantly higher depression literacy scores ($U=9734.0$; $p < 0.001$) and lower depression-related misconception scores ($U=9490.0$; $p < 0.001$) than males. Conversely, males demonstrated greater help-seeking intentions across multiple support sources (parents, relatives, physicians, helplines, religious advisors) for both personal and suicidal ideation concerns. Problematic internet use showed significant positive correlations with anxiety ($r=0.319$; $p < 0.001$), depression symptoms ($r=0.358$; $p < 0.001$), and stress symptoms ($r=0.371$; $p < 0.001$). A significant negative association was found between problematic internet use and mental well-being ($r=-0.324$, $p < 0.001$), suggesting that increased problematic internet use corresponds to decreased mental well-being.

CONCLUSIONS

Results conclusively demonstrated that problematic internet use significantly impacts adolescent mental health. Further investigation is warranted to identify the primary factors influencing youth mental health outcomes and help-seeking behaviors, with the ultimate goal of developing evidence-based prevention and treatment strategies.

Variable	Mean	Minimum	Maximum	Standard deviation
Age (yrs)	14.60	12	18	1.62
Variable	Cases (n)		Percentage (%)	
Gender	Female	178	53.9%	
	Male	152	46.1%	
Mother's highest qualification	Primary education	68	20.6%	
	Secondary education	155	47.0%	
	Higher education	107	32.4%	
Father's highest qualification	Primary education	90	27.3%	
	Secondary education	177	53.6%	
	Higher education	63	19.1%	

Table 1. Background characteristics of the study sample (n=330)

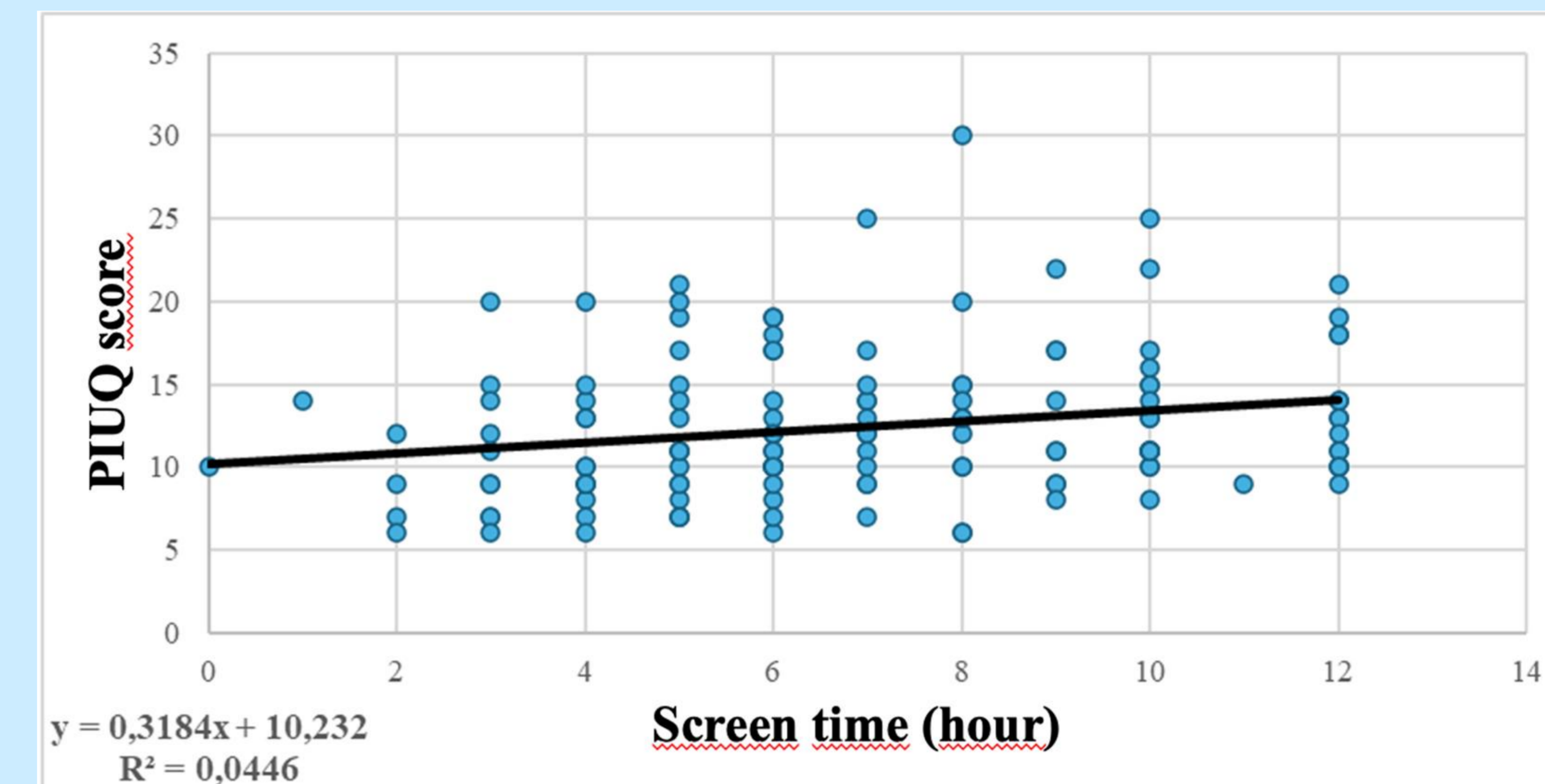


Figure 1. Relationship between screen time and Problematic Internet Use Questionnaire (PIUQ) score (n=330)

Variables	Non-depressed	Depressed	Total	p-value	
Age	12-13	80	18	98	0,196
	14-15	100	27	127	
	16-18	94	11	105	
Gender	Male	131	21	152	0,113
	Female	143	35	178	
School	Primary school	118	27	145	0,169
	High School	156	29	185	
Family structure	Nuclear family	205	32	237	0,018
	Single-parent family	69	24	93	
Mother's education	Primary education	57	11	68	0,142
	Secondary education	123	32	155	
	Higher education	94	13	107	
Father's education	Primer education	79	11	90	0,516
	Secondary education	140	37	177	
	Higher education	55	8	63	

Table 2. Distribution of DASS21 depression scores (N=330)

Variables	Non-anxious	Anxious	Total	p-value	
Age	12-13	79	19	98	0,668
	14-15	100	27	127	
	16-18	90	15	105	
Gender	Male	134	18	152	0,085
	Female	135	43	178	
School	Primary school	115	30	145	0,542
	High School	154	31	185	
Family structure	Nuclear family	197	40	237	0,052
	Single-parent family	72	21	93	
Mother's education	Primary education	51	17	68	0,138
	Secondary education	128	27	155	
	Higher education	90	17	107	
Father's education	Primer education	71	19	90	0,524
	Secondary education	143	34	177	
	Higher education	55	8	63	

Table 3. Distribution of DASS21 anxiety scores (N=330)



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