

Scrolling for Solace: Post-COVID-19 Social Media Use, Loneliness, and Mental Health in Indian Emerging Adults

Anusmita Kalita¹ & Archita Thakuria²

Abstract: The COVID-19 pandemic significantly altered social interactions, leading individuals to rely heavily on social media for connection during periods of physical isolation. This study examines perceived changes in social media use post-COVID-19 among Indian emerging adults (19–30 years) and its impact on loneliness and mental health functioning. Utilising a cross-sectional research design with convenience sampling, responses from 150 emerging adults were analysed. Participants completed the UCLA Loneliness Scale, the Mental Health Continuum-Short Form (MHC-SF), and a Social Media Use questionnaire that assessed usage patterns. Data were analysed using ANOVA and Scheffé's post-hoc test, revealing that changes in time spent on social media significantly influenced loneliness and mental health functioning. Specifically, participants who perceived an increase in social media use post-COVID-19 reported higher loneliness and lower mental health functioning compared to those who perceived a decrease. Additionally, most participants reported using social media for emotional regulation and engaging in habitual use for distraction. These findings underscore the role of social media in influencing the psychological well-being of emerging adults, necessitating further exploration of its long-term effects.

Keywords: social media use, COVID-19, loneliness, mental health, emotional regulation

Introduction

The COVID-19 pandemic significantly transformed various aspects of human life, especially how individuals interacted with and engaged in social media platforms (Lin et al., 2023). The social connections and physical closeness, once taken for granted and considered part of normal functioning, were halted with social distancing and physical isolation. During prolonged lockdowns and uncertainty, social media served as a lifeline for individuals, enabling them to stay connected, seek emotional support, and navigate the unprecedented challenges brought on by the crisis (Nawaz et al., 2023). Yet, there was wide-ranging disparity in how the impacts of the pandemic were reported across India (Vasudevan et al., 2021).

The impact of COVID-19 was felt globally across demographics, as physical and mental health took a hit, which raised questions of belongingness and togetherness in communities. The closing of civic and commercial communities, third places, and alternative social spaces resulted in reduced social connection and impacted the mental health of young adults (Borowski

& Stathopoulos, 2023). Young people expressed the importance of community ties and the need to strengthen social capital, which is defined as the sense of connectedness and unity of social groups (Barker et al., 2022). Social media functioned not only as a vital means of information and communication but also as a coping mechanism to regulate moods amidst the anxiety and stress caused by the pandemic.

As daily life was disrupted, there was an increase in virtual interactions, which provided two benefits: coping with solitude and maintaining work and income. Even before the onset of COVID-19, studies focused on social media's role as a platform for connection, bonding, building social capital, and developing psychological well-being (Chen & Li, 2017). The compensatory model of Internet-related activities suggests that online interactions can alleviate negative emotions stemming from distressing circumstances, such as loneliness and anxiety (Boursier et al., 2020). This reliance on digital interactions may offer momentary respite from feelings of isolation and anxiety; however, such relief is often fleeting. Furthermore, increased virtual presence does not necessarily lead to greater closeness, due to the blurring

¹ Assistant Professor, Department of Psychology, Jyoti Nivas College Autonomous, Bengaluru

² Assistant Professor, Department of Psychology, Jyoti Nivas College Autonomous, Bengaluru

¹ Corresponding Author: anusmi81@gmail.com

of boundaries and doubts about the longevity of virtual connections (Raj & Bajaj, 2021).

Studies found that adolescents attempt to alleviate negative emotions through smartphone use, a behaviour that paradoxically exacerbates emotional distress and leads to deeper psychological issues (de Freitas et al., 2023). It was concerning when a whole generation had to rely on virtual connections provided by social media in response to a global pandemic.

While social media served as a vital means of information, communication, and connection during the pandemic, studies demonstrated that excessive or maladaptive use of these platforms negatively impacted individuals' ability to regulate emotions and maintain positive mental health. The literature highlights a complex interplay between social media engagement, emotion regulation strategies employed, and the collective influence of these factors on psychological well-being (Chen & Li, 2017; Gerrard, 2020; Herrera-Peco et al., 2023). Higher social media use, assessed in terms of hours and frequency, was linked with compulsive use (Aladwani & Almarzouq, 2016), social comparison (Vogel, 2014), rumination (Dibb & Foster, 2019), and lower levels of happiness (Brooks, 2015). Although many studies documented the addictive nature of social media, few examined how social media use was associated with emotional regulation and environmental changes.

Loneliness has been associated with reduced well-being, impaired executive function, accelerated cognitive decline, poor physical health, impaired immunity, anxiety, and depressive symptoms, and is found to be twice as harmful to physical and mental health as obesity (Holt-Lunstad et al., 2015). The experience of loneliness interacts with age, gender, and culture. It is reported to be higher in individualistic cultures compared to collectivistic ones, greater in men compared to women, and reduced with age. Interestingly, media exposure to loneliness and the stigma around it contributes to these outcomes (Barreto et al., 2020). Young adults report higher levels of loneliness with increased social media use and lower social support-seeking behaviour compared to older

adults (Lisitsa et al., 2020).

Limited studies address these associations in the Indian demographic. Prior literature presented two perspectives on loneliness and social media use: loneliness predicted problematic social media use, and conversely, problematic social media use predicted increased loneliness (O'Day & Heimberg, 2021). The term "problematic use" denotes a distinct pattern from simple, frequent, or daily usage, being more strongly associated with perceived social isolation concerns (Primack et al., 2017).

Systematic reviews reveal that loneliness affects mental health through symptoms of depression, impaired social functioning, bipolar disorder, and anxiety disorder (Wang et al., 2018). The feeling of loneliness and the need for social connection are intricately linked to well-being and mental health. Several models attempt to conceptualize this association. The mental health continuum model defines mental health as a syndrome of positive feelings (emotional well-being), positive functioning in life (psychological well-being), and engagement in community life (social well-being) (Keyes, 2002). This model projects mental health on a continuous linear scale, with mental health and mental illness at two extreme ends. It aids in recognizing behavioural patterns that need attention, such as identifying impairments, gathering information about mental states over time, seeking professional help, and detecting early signs of distress and disorder symptoms. Relatively higher levels of social media use among young adults are linked to depression and anxiety (Primack et al., 2017), low efficiency and performance (Brooks, 2015), less positive mood (Fassi et al., 2025), decreased life satisfaction (Kross et al., 2020), increased propensity for addictive behaviours (Vogel et al., 2014), and disturbances in circadian rhythms and sleep (Scott, 2019; Woods & Scott, 2016).

Emerging adults are considered a particularly vulnerable population due to the unique characteristics of this developmental stage, which include heightened emotional sensitivity, a strong desire for social belonging, and a tendency toward extensive digital

technology use (Gonsalves et al., 2019; Sigurvinsdóttir et al., 2020). Given the characteristics of emerging adulthood and the pivotal role of emotional regulation in navigating psychological challenges, it is crucial to examine how social media use, now ubiquitous in daily life, affects this essential skill and, in turn, overall mental health and well-being.

Although emerging adults are the highest users of social media, individuals aged 18–34 are also most likely to report loneliness, as many struggle to form meaningful relationships and adapt to major life transitions. Despite being more digitally connected than ever, loneliness among this group is rising. Whether social media is used as an effective coping mechanism in this context remains an open question. The post-pandemic younger population has been found to be more susceptible to symptoms of anxiety, stress, and depression, necessitating increased support (Varma et al., 2020). Specifically, young adult females who reported higher perceived social support pre-pandemic also experienced higher levels of loneliness during the pandemic (Lee et al., 2020).

The primary objective of this study was to compare levels of loneliness and mental health functioning among three distinct groups of Indian emerging adults: those who reported an increase in social media usage during the pandemic, those who reported a decrease, and those who reported no significant changes in social media consumption patterns. Additionally, the study aimed to examine the perceived use of social media for emotional regulation and the potential presence of compulsive social media usage within this population.

Method

The study aimed to examine perceived changes in social media use following the COVID-19 pandemic and the relationship between social media use, loneliness, and positive mental health functioning. The specific objectives were:

- To assess perceived changes in social media usage post-COVID-19.
- To explore whether there are differences in loneliness and mental health functioning among groups based on perceived changes in social media

use patterns (increase, decrease, or no change in time spent).

Participants

A sample of 150 emerging adults (aged 19–30 years) was recruited using convenience sampling. Participants had been using social media platforms for more than four years and were Indian nationals from urban, semi-urban, and rural areas, with at least a Grade 8 education and fluency in English. Informed consent was obtained, and socio-demographic details (age, gender, education, and employment status) were collected.

Measures

Social Media Use Questionnaire

This 20-item self-constructed instrument was designed by the authors to assess current and pre-COVID-19 social media usage patterns. It included both multiple-choice items and Likert-scale items. Time spent was assessed using fixed categorical ranges (e.g., less than 2 hours; 2.1–4 hours; 4.1–6 hours; 6 hours or more). Likert-scale items evaluated emotional regulation, platforms used, and distracted habitual use. Content validity was established by five domain experts independently rated each item on relevance and clarity. The average item-level CVI (I-CVI) was 0.80. Internal consistency reliability (Cronbach's $\alpha = .80$) was obtained via a pilot study ($n = 15$). Test-retest reliability was not assessed due to time constraints but is recommended for future research.

UCLA Loneliness Scale (Version 3)

Developed by Russell (1996), this 20-item scale measures subjective feelings of loneliness and social isolation. Studies conducted in India have established the scale's reliability, validity, and contextual relevance. Internal consistency was strong (Cronbach's $\alpha = .859$), and it demonstrated good construct validity with other measures of loneliness and social support ($r = -.414, p = .01$) (Suri & Garg, 2020).

Mental Health Continuum–Short Form (MHC-SF)

This 14-item self-report scale, developed as a concise version of the longer Mental Health Continuum–Long Form (MHC–LF), assesses emotional, psychological, and social well-being and provides a categorical diagnosis of positive mental health (Keyes, 2002). Each item is rated on a 6-point Likert scale ranging from 0 (Never) to 5 (Every day), with higher scores indicating greater well-being. The instrument has demonstrated strong internal consistency (Cronbach's $\alpha = .90$) across multiple studies for each of the subscales.

Design and Procedure

A cross-sectional design was adopted. Data were collected via an online survey incorporating the socio-demographic form, Social Media Use Questionnaire, UCLA Loneliness Scale, and MHC-SF. The form took approximately 20 minutes to complete.

Data Analysis

Descriptive statistics were used to summarize participant characteristics and study variables. The Shapiro-Wilk test assessed normality, and Levene's test evaluated homogeneity of variance. A one-way Analysis of variance (ANOVA) examined the effects of changes in social media use on loneliness and mental health. Post hoc comparisons using Scheffé's test

identified significant group differences.

Ethical Considerations

The study adhered to established ethical guidelines. Participation was voluntary, confidentiality was maintained, and approval was obtained from the institutional ethics committee at Jyoti Nivas College Autonomous, Bangalore.

Results

At the time of the survey, all participants had been using social media for more than four years. Of the 150 participants, 137 (91.34%) reported a change in their social media usage post-COVID-19, while 13 (8.67%) indicated no change. A majority of participants (94.16%; $n = 129$) among those who noted a change ($n = 137$) reported an increase in time spent on social media following the COVID-19 outbreak. In contrast, very few (5.83%, $n = 8$) reported a decrease in usage (Figure 1). The most pronounced changes were observed among those who previously used social media for 2–4 hours per day and subsequently increased usage to more than 4 hours post-COVID-19 (Figure 2). 84 participants (56%) out of the total sample of 150, reported using social media for emotional regulation, while 137 (91%) displayed patterns of distracted habitual use (Figure 2 & Figure 3).

Figure 1

Pre-COVID-19 and Post-COVID-19 Social Media Use Time

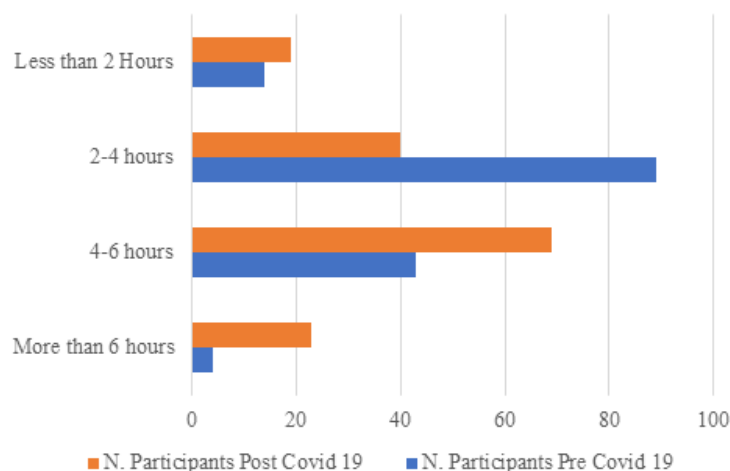
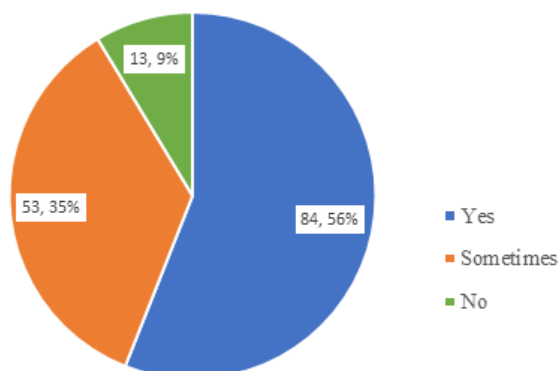
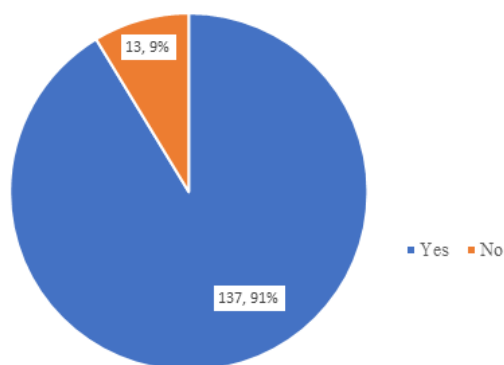


Figure 2

Pie chart on Participants' Reported Use of Social Media to Regulate Emotions.

**Figure 3**

Pie chart on Participants Reporting Distracted Habitual Social Media Use



An analysis of variance (ANOVA) was conducted to examine the effect of perceived changes in social media use post-COVID-19 (categorized as increased time, no change, and decreased time) on two dependent variables: loneliness and positive mental health functioning. Shapiro-Wilk scores were considered, and assumptions of normality, homogeneity, and independent observations were met.

The ANOVA results revealed a statistically significant difference in loneliness scores among the three groups, $F(2,147) = 4.75$, $p = .010$. Post hoc comparisons using Scheffé's test indicated that participants who reported a decrease in social media use experienced significantly lower loneliness ($M = 47.8$, $SD = 4.4$) compared to those who reported an increase in social media use ($M = 52.2$, $SD = 4.7$), $p = .01$. No significant differences in loneliness scores were found between those who reported an increase and those who reported no change ($p = .47$), or between the no change and decrease groups ($p = .502$) (see Table 1 and Table 3).

Regarding mental health functioning, the ANOVA revealed a statistically significant difference among the three groups, $F(2,147) = 4.45$, $p = .013$. Participants who reported an increase in social media use ($M = 32.37$, $SD = 10.02$) had significantly lower MHC scores than those who reported a decrease in usage ($M = 41.54$, $SD = 11.01$), $p = .017$. However, no significant differences in MHC scores were observed between the increase and no change groups ($p = .64$), or between the no change and decrease groups ($p = .39$) (see Table 2).

Table 1*ANOVA Output Table for Loneliness Scores*

Loneliness Scores	<i>M</i>	<i>SD</i>	<i>F</i>	<i>p</i>
Increased	52.24	4.79	4.75	.010
No change	50.30	5.57		
Decreased	47.81	4.49		

Table 2*ANOVA Output Table for MHC Scores*

MHC Scores	<i>M</i>	<i>SD</i>	<i>F</i>	<i>p</i>
Increased	32.37	10.02	4.45	.013
No change	35.50	9.92		
Decreased	41.54	11.10		

Table 3*Scheffe's Post Hoc Analysis of Group Variance in Loneliness and MHC Scores*

Dependent Variable	(I) Perceived change in social media use post-COVID-19	(J) Comparisons	Mean Difference (I-J)	Std. Error	<i>p</i>	95% Confidence Interval	
						Lower Bound	Upper Bound
Loneliness Scores	Increased	No change	1.94	1.58	.47	-1.97	5.86
		Decreased	4.42*	1.51	.01	.67	8.17
	No change	Increased	-1.94	1.58	.47	-5.86	1.97
		Decreased	2.48	2.10	.50	-2.73	7.69
	Decreased	Increased	-4.42*	1.51	.01	-8.17	-.67
		No change	-2.48	2.10	.50	-7.69	2.73
MHC SCORE	Increased	No change	-3.12	3.31	.64	-11.31	5.06
		Decreased	-9.17*	3.16	.01	-17.01	-1.33
	No change	Increased	3.12	3.31	.64	-5.06	11.31
		Decreased	-6.04	4.40	.39	-16.94	4.85
	Decreased	Increased	9.17*	3.16	.01	1.33	17.01
		No change	6.045	4.40	.39	-4.85	16.94

Discussion

The findings underscore the critical role of social media during the COVID-19 pandemic, a period when lockdowns and social distancing measures drove unprecedented levels of digital engagement. In our study, 86% of emerging adults reported an increase in social media use following the outbreak. This aligns with global research trends that suggest young people are particularly susceptible to increased online activity during times of social disruption (Chen & Li, 2017; de Freitas et al., 2023; Primack et al., 2017; Raj & Bajaj, 2021).

Importantly, the data showed that participants who increased their social media use reported higher loneliness and lower mental health functioning compared to those who reported a decrease. These results support existing literature that has linked excessive or habitual social media engagement, especially when driven by emotional regulation or distraction, to poor psychological outcomes, including heightened loneliness and dysregulated affect (Herrera-Peco et al., 2023).

In the context of Indian emerging adults, this study adds a crucial perspective by revealing that heightened digital consumption during periods of crisis may serve as both a coping mechanism and a risk factor for adverse mental health outcomes. While digital platforms provided essential means for maintaining social connections during the pandemic, they also amplified vulnerabilities. In particular, habitual online behaviour adopted for emotional regulation can lead to cognitive overload and emotional dysregulation, factors that have been empirically linked to increased loneliness (Suri & Garg, 2020; Varma et al., 2020). Further, research in India has demonstrated that excessive reliance on digital communication diminishes face-to-face interactions, thereby exacerbating feelings of isolation and loneliness (Raj & Bajaj, 2021).

These findings hold implications for mental health professionals, educators, and policymakers. Clinicians might consider integrating strategies to address

problematic digital behaviours into therapy, such as mindfulness-based interventions and cognitive-behavioural techniques, which have demonstrated efficacy in supporting emotional regulation and reducing compulsive social media use (Kuss & Griffiths, 2017).

Implications for Mental Health Interventions and Policy

Based on the study's findings, several implications can be drawn for mental health interventions and policy recommendations:

1. **Enhanced Mental Health Interventions.** Mental health practitioners are encouraged to integrate assessments of digital behaviour and social media use into their clinical practice. Evidence supports the incorporation of cognitive-behavioural therapy (CBT) and mindfulness-based approaches for regulating emotional responses that are exacerbated by digital overuse (Kuss & Griffiths, 2017). For instance, structured interventions that teach self-regulation strategies and stress management techniques may help individuals mitigate the negative psychological impact of excessive social media use (Naslund et al., 2016).
2. **Utilization of Social Media for Destigmatization, Psychoeducation, and Therapeutic Engagement.** Social media can be strategically leveraged to support mental health by facilitating destigmatization, providing psychoeducation, and enhancing therapeutic outreach. Platforms such as Instagram, Twitter, and Facebook have been successfully used to disseminate accurate mental health information, challenge stigma, and normalize help-seeking behaviours (Latha et al., 2020). In addition, online forums and support groups hosted on social media platforms provide spaces for individuals to share experiences and receive peer validation and emotional support, which can reduce isolation and foster a sense of belonging (Naslund et al., 2016). Mental health professionals are also increasingly engaging with social media to deliver brief

therapeutic content, host live sessions, and direct users to professional resources—practices that may be particularly beneficial for digitally engaged populations like emerging adults (Molina Ruiz et al., 2022).

3. **Digital Literacy Programs.** Educators and policymakers should prioritize the implementation of digital literacy programs that empower emerging adults with skills to critically evaluate online content, manage screen time, and maintain healthy digital habits. Research has shown that digital literacy education can enhance self-regulation and reduce the adverse effects of media overuse (Odgers & Jensen, 2020). Integrating these programs into school and university curricula could foster proactive strategies for managing digital consumption.
4. **Collaboration with Social Media Platforms.** There is a strong need for collaboration between mental health experts, policymakers, and social media companies. Platforms could integrate built-in digital wellness tools, such as usage alerts, periodic breaks, and easy access to mental health resources, to help users monitor their time online. Such collaborative initiatives can create safer digital environments, reducing the risk of compulsive use and its associated mental health consequences.
5. **Policy Initiatives and Public Awareness Campaigns.** Government agencies and non-governmental organizations should develop public awareness campaigns addressing the impact of excessive social media use on mental health. Policies that support research funding for digital behaviour and mental health, as well as the establishment of national guidelines for healthy online engagement, could provide long-term benefits. These measures have been recommended by scholars aiming to bridge the gap between technology use and public health outcomes (Thompson et al., 2019).
6. **Holistic and Longitudinal Research.** Finally, future research should adopt mixed-methods and longitudinal designs to better capture the evolving

nature of social media use and its impact on mental health. Such studies should include moderating variables such as personality traits, socio-economic status, and pre-existing mental health conditions to further tailor digital interventions.

Limitations

While the study offers valuable insights, several limitations must be acknowledged. The sample consisted solely of emerging adults aged 19–30 years, and the relatively small sample size and convenience sampling method limit the generalizability of the findings. Additionally, group comparisons were constrained by unequal sample sizes.

The study relied on cross-sectional, self-reported data, which prevents causal inference. Participants' responses were based on subjective perceptions of their pre- and post-COVID-19 social media use, without objective verification. The use of online self-report measures also raises concerns regarding response bias and environmental confounders. Furthermore, broader pandemic-related factors—such as stress, academic/work changes, or financial strain—may have influenced both social media behaviour and mental health outcomes but were not accounted for in this study.

Future Directions

Despite the growing body of literature on social media and mental health, findings remain mixed, highlighting the complexity of this relationship. Future research should move beyond simple metrics of time spent online to examine the social, emotional, and cognitive dimensions of social media use. One significant challenge in the field is the lack of robust, nuanced tools to assess social media use beyond frequency or screen time.

Developing validated instruments that account for users' motivations, intentions, and qualitative experiences will enable a more comprehensive understanding of how digital behaviours impact well-being. Employing interdisciplinary approaches, diverse methodologies, and contextually grounded theoretical

frameworks will be essential in capturing the evolving dynamics of social media and its implications for mental health.

Conclusion

The present study investigated the impact of the COVID-19 pandemic on social media use among Indian emerging adults, with particular emphasis on its relationship to loneliness and overall mental health functioning. The results indicate that increased digital engagement during the pandemic is associated with elevated loneliness and poorer mental health outcomes. Although social media served as an important tool for maintaining connectivity during periods of enforced isolation, its excessive use appears to contribute to cognitive overload and emotional dysregulation, which may undermine interpersonal relationships and mental well-being (Raj & Bajaj, 2021; Varma et al., 2020).

These findings carry meaningful implications across multiple domains. Clinically, mental health professionals are encouraged to incorporate assessments of digital behaviour into routine practice. Integrating cognitive-behavioural therapy (CBT) and mindfulness-based interventions could help individuals develop adaptive strategies to manage excessive online engagement (Hunt et al., 2018; Kuss & Griffiths, 2017). Educationally, embedding digital literacy into curricula may empower emerging adults to critically evaluate online content and balance their digital consumption with face-to-face interactions (Odgers & Jensen, 2020). At the policy level, collaboration between government bodies, mental health experts, and social media companies is recommended to develop and integrate digital wellness tools that offer real-time feedback on usage patterns and prompt healthy digital habits (Thompson et al., 2019).

Given the dual role of social media, acting both as a source of emotional support and a potential catalyst for loneliness, longitudinal and interdisciplinary studies are needed to elucidate the causal mechanisms underlying these effects. Future research should explore how individual differences (e.g., resilience, personality, and prior mental health status) moderate

the impact of digital engagement and examine the efficacy of integrated interventions that address digital behaviour as part of mental health treatment.

Addressing these challenges requires a coordinated, multi-level approach that bridges clinical practice, education, and policy. By fostering healthier digital habits through targeted interventions and robust public health strategies, it may be possible to leverage digital engagement as a tool for positive social connection rather than as a contributor to psychological distress.

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