AN EMPIRICAL STUDY ON THE RELATIONSHIP BETWEEN FEAR OF MISSING OUT (FOMO) AND MENTAL HEALTH AMONG LATE ADOLESCENTS

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DECLARATION BY THE CANDIDATE

I hereby declare that the work presented in the dissertation entitled: **"AN EMPIRICAL STUDY ON THE RELATIONSHIP BETWEEN FEAR OF MISSING OUT (FOMO) AND MENTAL HEALTH AMONG LATE ADOLESCENTS"** submitted in partial fulfillment of the requirements for the award of the Degree of Bachelor of Psychology (Honours with Research) to MIER College of Education (Autonomous), is an authentic record of my own research work carried out under the supervision of **Mrs. Ayushi Grover; Assistant Professor, Psychology.**

I further declare that the work embodied in the present dissertation:

a) Is my original work and has not been copied from any research journal, dissertation, thesis, or book; and

b) Has not been submitted by me for the award of any other Degree/Diploma/Certificate of any University or Institution.

c) All sources of information used in this study have been duly acknowledged.

Date: _____ Signature of the Candidate

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LIST OF ABBREVIATIONS

ABBREVIATION	FULL FORM
FOMO	Fear of Missing Out
DASS-21	Depression, Anxiety, and Stress Scale – 21
FOMOs	Fear of Missing Out Scale
WHO	World Health Organization
SDT	Self-Determination Theory
UGT	Uses and Gratifications Theory
M	Mean
SD	Standard Deviation
SE	Standard Error
CI	Confidence Interval
LL	Lower Limit
UL	Upper Limit
Df	Degrees of Freedom
R	Pearson Correlation Coefficient
T	t-statistic
P	Probability Value

ABSTRACT

The present study was conducted to examine the relationship between Fear of Missing Out (FOMO) and mental health among late adolescents in Jammu District, India. Mental health was assessed in terms of depression, anxiety, and stress. The study also explored differences based on gender and type of school attended. A total of 200 students from Classes 11 and 12, aged 15 to 18 years, were selected from government and private schools using stratified purposive sampling with equal gender representation. Data were collected using the Fear of Missing Out Scale (Przybylski et al., 2013) and the Depression, Anxiety, and Stress Scale–21 (Lovibond & Lovibond, 1995). Descriptive statistics, Pearson's correlation, and independent samples t-tests were used for analysis. The findings indicated moderate levels of both FOMO (M = 27.33, SD = 6.594) and mental health distress (M = 22.93, SD = 10.106). A statistically significant but low positive relationship was found between FOMO and mental health ($r = .147^*$, $p = 0.038$) suggesting that adolescents experiencing higher FOMO also tend to report greater psychological distress. No significant gender difference was found in FOMO, however female students reported significantly higher mental health distress than male students. No significant differences were observed between government and private school students on either variable. The study highlights FOMO as a meaningful psychological concern during late adolescence and emphasises the need for gender-sensitive mental health interventions within school settings.

Keywords: Fear of Missing Out (FOMO), mental health, depression, anxiety, stress, late adolescence, gender differences, social media, DASS-21

CHAPTER – I

INTRODUCTION

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INTRODUCTION

Adolescence is widely recognized as a critical developmental period marked by significant biological, psychological, and social transitions that shape an individual's future well-being, mental health, and social functioning (WHO, 2023). Specifically, late adolescence, generally considered to be between the ages of 15 to 18, represents a pivotal phase where young people face complex challenges including identity formation, emotional regulation, peer relationships, academic pressures, and a burgeoning need for autonomy and social belonging (Richardson et al., 2020). This period is characterized by heightened emotional sensitivity and vulnerability, making adolescents particularly susceptible to various psychological stressors and emotional disturbances. One phenomenon that has emerged as a significant influence on adolescent mental health in recent years is the Fear of Missing Out, commonly abbreviated as FOMO, which describes the pervasive apprehension or anxiety that others might be having rewarding experiences in one's absence, leading to a compulsive desire to remain continually connected and involved in social interactions (Przybylski et al., 2013). Originally conceptualized by Przybylski et al. in 2013, FOMO is deeply rooted in fundamental human psychological needs such as autonomy, competence, and relatedness as posited by Self-Determination Theory (Deci & Ryan, 2000). This theory suggests that when these innate needs are unmet, particularly the need for relatedness, individuals are motivated to seek social connection, often through digital media. Adolescents, with their developmental need for peer acceptance and identity exploration, are especially vulnerable to the effects of FOMO. The advent and omnipresence of social media platforms such as Instagram, Snapchat, TikTok, and Facebook have dramatically altered the landscape of adolescent socialization, providing instantaneous access to curated and idealized images of peer experiences, thereby intensifying feelings of exclusion, inadequacy, and anxiety linked to FOMO (Sommantico& Lacatena, 2023). The immediacy and continuous connectivity enabled by smartphones and social networks exacerbate compulsive checking behaviors, which, while intended to alleviate FOMO, often deepen emotional distress and interfere with other domains of functioning including academic performance and sleep hygiene (Beyens et al., 2016). Empirical research

consistently demonstrates that higher levels of FOMO among adolescents are associated with increased symptoms of anxiety, depression, stress, and emotional exhaustion, highlighting a critical mental health concern that warrants attention from educators, parents, and mental health professionals (Gupta & Sharma, 2021; Weisskirch et al., 2025). Furthermore, FOMO's impact extends beyond individual emotional experiences to affect self-esteem and overall life satisfaction, as adolescents engage in upward social comparisons that reinforce feelings of inferiority and social inadequacy (Bednarska-Kozakiewicz, 2023). This dynamic of social comparison is explained by Festinger's Social Comparison Theory (1954), which elucidates how individuals evaluate themselves relative to others, and on social media, these comparisons are often biased toward idealized and unrealistic portrayals of life events, amplifying negative self-perceptions. The growing body of literature, including studies by Gupta et al. (2021), Sommantico and Lacatena (2023), and Semarajana et al. (2024), underscore that FOMO is not merely a function of technology use but rather a complex emotional experience tied to adolescents' fundamental psychological needs and developmental tasks. Moreover, individual differences in personality traits, emotional intelligence, and coping mechanisms modulate the intensity and effects of FOMO. Adolescents with low emotional regulation skills or higher anxiety proneness, as identified by Bahadır et al. (2022) and Kartol et al. (2020), are particularly susceptible to experiencing FOMO more intensely, which in turn leads to more pronounced mental health issues. The intersection between FOMO and adolescent mental health is thus multi-faceted, involving biological maturation, psychological vulnerabilities, and socio-cultural influences that converge during late adolescence. From a broader conceptual standpoint, mental health encompasses a state of well-being in which individuals realize their own abilities, can cope with normal stresses of life, work productively, and contribute to their communities, as defined by the World Health Organization (WHO, 2023). For adolescents, achieving and maintaining mental health is critical, as this stage lays the foundation for adulthood and lifelong functioning. Unfortunately, mental health challenges such as anxiety, depression, and low self-esteem have shown alarming increases among adolescents worldwide, exacerbated by social and academic pressures and amplified by digital media exposure (Ogugua& Ali, 2024). The emotional demands of negotiating identity, peer acceptance, and academic expectations become even more complex in the digital era, where virtual interactions

supplement, and sometimes replace, face-to-face connections (Beyens et al., 2016). According to Alamsyah et al. (2023) and Richardson et al. (2020), emotional disturbances during adolescence often manifest as difficulties in emotion regulation, increased stress, social withdrawal, and decreased academic engagement, signaling the critical need for interventions that enhance emotional awareness, coping skills, and social support networks. In this context, FOMO emerges as a salient risk factor, creating a persistent background anxiety that undermines adolescents' capacity to engage meaningfully with their environments and maintain psychological well-being. The theoretical frameworks that help understand this phenomenon include not only Self-Determination Theory but also Positive Psychology, which focuses on strengths such as optimism, confidence, and happiness as protective factors against emotional distress (Seligman & Csikszentmihalyi, 2000). The Biopsychosocial Model (Engel, 1977) provides an integrative lens to view FOMO's impact on mental health as arising from biological maturation, psychological predispositions, and the social environment, particularly the digital social landscape. Media Dependency Theory (Ball-Rokeach &DeFleur, 1976) further explains the reliance on social media to satisfy social and emotional needs, which paradoxically can increase vulnerability to FOMO when these media fail to provide adequate fulfillment. Uses and Gratifications Theory (Katz et al., 1973) also highlights how media use is purposive and driven by individual needs, though excessive reliance on media gratification can lead to compulsive behaviors and negative emotional outcomes such as FOMO (Sundar &Limperos, 2013). Collectively, these theoretical perspectives illuminate how FOMO arises from a confluence of unmet social needs, maladaptive media engagement, and developmental vulnerabilities, producing cascading effects on adolescent mental health. Empirical studies reinforce these theoretical insights. Przybylski et al. (2013) developed the FOMO Scale and demonstrated its strong association with unmet psychological needs and compulsive social media use. Beyens, Frison, and Eggermont (2016) showed that adolescents with greater social needs experience more intense FOMO, which in turn drives excessive social media engagement and contributes to emotional exhaustion. Weisskirch et al. (2025) found that FOMO predicts anxiety, depression, and risky digital behaviors such as sexting, linking it directly to emotional instability and poor mental health outcomes. Gupta and Sharma (2021) reviewed the relationship between FOMO and mental health extensively, confirming FOMO's role in increasing anxiety, depression, loneliness, and sleep

disturbances among adolescents. Their work emphasizes that FOMO is not merely a byproduct of social media overuse but a complex emotional issue that requires targeted counseling and mindfulness-based interventions. Ogugua and Ali (2024) explored the dual role of digital technology, acknowledging its potential to enhance mental health care accessibility while also recognizing its risks in exacerbating FOMO and related emotional distress. The need to better understand FOMO's impact on adolescent mental health in diverse cultural contexts is urgent, as most existing research is concentrated in Western countries or college-age populations (Weisskirch et al., 2025). There remains a significant gap in research focusing on late adolescents in India, especially within school environments that differ in socio-economic and educational resources, such as government versus private schools (Gupta & Sharma, 2021). This gap is particularly noteworthy given the distinct socio-cultural milieu of Indian adolescents, where academic pressures, familial expectations, and emerging digital exposure intersect uniquely to influence mental health (Alamsyah et al., 2023). The present study, therefore, aims to fill this void by examining the relationship between FOMO and mental health among late adolescents aged 16 to 18 years in Jammu, India. By focusing on school-going adolescents and comparing government and private school settings, this study seeks to uncover potential environmental and socio-cultural factors that may influence FOMO's expression and its psychological impact (Richardson et al., 2020). Understanding these dynamics will provide valuable insights for educators, parents, and policymakers to develop culturally appropriate mental health interventions that promote emotional awareness, healthy social media use, and resilience building. The study also addresses the pressing need to identify early indicators of psychological distress linked to FOMO to prevent the escalation of mental health problems during this sensitive developmental phase (Bahadır et al., 2022). In addition to contributing to the growing literature on adolescent mental health and FOMO, this research holds the potential to inform practical strategies that foster adolescents' well-being in an increasingly digitalized social world. As adolescents navigate the challenges of late adolescence, balancing their developmental needs with the pressures of academic achievement and social belonging, the role of FOMO as a psychological stressor becomes ever more salient. By integrating established psychological theories with empirical evidence and contextualizing findings within the Indian educational and social environment, this study aims to provide a comprehensive understanding of the complex interplay

between FOMO and mental health in late adolescence, ultimately contributing to the advancement of adolescent psychology and the promotion of healthier developmental trajectories (Engel, 1977).

1.1 Fear of Missing Out (FOMO)

Fear of Missing Out, commonly abbreviated as FOMO, has emerged over the past decade as a significant psychological and social phenomenon intimately linked to the rise of digital technology and social media (Przybylski et al., 2013). FOMO refers to the pervasive apprehension or anxiety that others might be having rewarding experiences from which one is absent, accompanied by a desire to stay continually connected with what others are doing. This construct, though seemingly modern in origin, taps into deeply rooted human psychological needs and social behaviors that have been amplified and transformed in today's digitally connected society (Ryan & Deci, 2000). At its core, FOMO is an emotional and cognitive experience that combines feelings of exclusion, social comparison, insecurity, and a need for belonging and recognition (Gupta et al., 2021). It is not merely a passing sentiment but a recurring psychological pattern that can shape an individual's behavior, thoughts, and overall well-being. While everyone experiences feelings of missing out at some point, FOMO distinguishes itself by its intensity and its capacity to trigger compulsive behaviors, particularly in the context of social media engagement, where individuals continuously monitor others' activities, achievements, and social interactions. The emergence of smartphones and social networking platforms has created an environment in which real-time sharing of social experiences is ubiquitous, and thus, opportunities to compare oneself unfavorably to others are constant (Sommantico& Lacatena, 2023). The genesis of FOMO can be understood within the framework of fundamental human psychological needs, particularly those outlined in Self-Determination Theory (Deci & Ryan, 2000). This theory posits that three basic needs autonomy, competence, and relatedness are essential for psychological health and well-being. The need for relatedness, or the sense of belonging and connection with others, is particularly relevant to FOMO. When individuals perceive threats to this need, such as feelings of exclusion or social isolation, they may experience FOMO as a motivational force compelling them to remain socially connected and engaged (Przybylski et al., 2013). This drive can manifest in frequent social media

checking, participation in multiple social events, and a heightened sensitivity to social cues that signal inclusion or exclusion (Sutanto et al., 2020). The social comparison aspect of FOMO is equally critical. Social Comparison Theory, developed by Festinger (1954), elucidates the human tendency to evaluate one's own abilities and worth by comparing oneself to others. In offline contexts, social comparison is often limited to immediate social circles; however, the digital age has exponentially increased exposure to curated and idealized representations of others' lives (Festinger, 1954; Bednarska &Kozakiewicz, 2023). Social media platforms provide a steady stream of highlight reels carefully edited photos, status updates, and posts showcasing accomplishments, social gatherings, and pleasurable experiences (Semarajana et al., 2024). Adolescents and young adults, in particular, are prone to engage in upward social comparisons comparing themselves to those perceived as better off leading to feelings of envy, inadequacy, and dissatisfaction (Beyens et al., 2016). These feelings fuel FOMO, as individuals anxiously monitor social media to avoid missing out on experiences that might further emphasize their own perceived shortcomings. Research consistently demonstrates the prevalence of FOMO among adolescents and young adults, with some studies suggesting that as many as 70% of young people report experiencing FOMO regularly (Gupta et al., 2021). The intensity of FOMO varies across individuals and contexts but is generally heightened during developmental periods marked by identity exploration and heightened social sensitivity, such as late adolescence and emerging adulthood (Semarajana et al., 2024). For adolescents, whose developmental tasks center on forming a coherent sense of self and securing peer acceptance, FOMO is particularly salient. The fear of being left out of social interactions threatens their fundamental need for relatedness and can exacerbate feelings of loneliness and self-doubt (Adams et al., 2020). The behavioral manifestations of FOMO are diverse but often revolve around compulsive digital engagement and social monitoring (Baker et al., 2016). Sutanto et al. (2020) found that adolescents with high FOMO are more likely to engage in frequent social media checking, often at the expense of other activities such as studying or sleep. This compulsive behavior is driven by the anxiety of missing out on social rewards and the desire to stay connected (Bahadır et al., 2022). The consequences include distraction, reduced attention span, and impaired academic performance (Gupta & Sharma, 2021). Moreover, the constant exposure to social media can lead to emotional exhaustion, as users grapple with negative emotions arising from social comparison and perceived

exclusion. FOMO also contributes to emotional disturbances such as anxiety, stress, and depression (Adams et al., 2020; Semarajana et al., 2024). Adolescents with elevated FOMO report higher levels of sadness and worry, which interfere with their daily functioning and emotional well-being. This emotional toll is compounded by the fact that FOMO can disrupt essential health behaviors. For example, late-night social media use driven by FOMO results in poor sleep quality and quantity, which are linked to a host of adverse psychological outcomes. Studies by Adams et al. (2020) and Baker et al. (2016) reveal that FOMO acts as a mediator between social stressors and mental health problems, creating a vicious cycle where increased anxiety and poor emotional regulation perpetuate FOMO behaviors, further diminishing well-being. Personality traits and individual differences play a significant role in the experience of FOMO. Research indicates that individuals with higher trait anxiety, neuroticism, or lower emotional intelligence are more susceptible to intense FOMO. Kartol et al. (2020) emphasize the importance of emotional regulation abilities, showing that those with poor emotion control are more affected by FOMO and its negative consequences. These findings underscore the complex interplay between personality, emotional skills, and social media use in shaping FOMO experiences. The cultural and social context also influences FOMO. While much of the early research has been conducted in Western settings, recent studies suggest that FOMO is a global phenomenon that manifests differently depending on cultural values, social norms, and technological infrastructure (Ogugua& Ali, 2024). In collectivist societies, where group harmony and social connectedness are emphasized, FOMO may be particularly pronounced due to stronger pressures for social inclusion and conformity. Conversely, in individualistic cultures, FOMO might be linked more closely to personal achievement and self-presentation. Despite these variations, the common thread remains the fundamental need to belong and the anxiety elicited when that need is threatened (Deci & Ryan, 2000). The implications of FOMO extend beyond individual mental health to affect social functioning and broader developmental outcomes. Weisskirch et al. (2025) highlight that FOMO is associated with risk-taking behaviors in adolescents, including sexting and other potentially harmful online activities motivated by the desire for social acceptance and validation. This association underscores the importance of addressing FOMO not only as an emotional experience but as a factor influencing behavioral health and safety. Intervention and prevention efforts targeting FOMO are emerging as critical components of adolescent

mental health promotion. Gupta and Sharma (2021) advocate for counseling approaches that incorporate mindfulness, cognitive-behavioral strategies, and emotional regulation training to help adolescents manage FOMO. Encouraging self-awareness and fostering resilience can equip young people with tools to resist compulsive social media engagement and mitigate the emotional consequences of FOMO (Kartol et al., 2020). Furthermore, digital well-being education that promotes balanced media use, critical awareness of social media content, and offline social engagement is vital to counteract the detrimental effects of FOMO. Ogugua and Ali (2024) emphasize the dual role of technology in mental health, highlighting the need for nuanced approaches that maximize digital benefits while minimizing harms such as FOMO. In conclusion, Fear of Missing Out represents a multifaceted psychological and social phenomenon that significantly impacts adolescent mental health and well-being (Semarajana et al., 2024). Rooted in fundamental human needs and amplified by the digital social environment, FOMO triggers cognitive, emotional, and behavioral responses that can compromise emotional stability, academic performance, and social functioning. Understanding FOMO requires an integrative approach that considers developmental stages, individual differences, cultural contexts, and media usage patterns (Engel, 1977). As digital connectivity continues to evolve, addressing FOMO through research-informed interventions and education remains a priority to support healthy adolescent development in the modern world (Weisskirch et al., 2025).

1.2 Mental Health

Mental health is an integral component of overall human well-being and quality of life. It encompasses emotional, psychological, and social dimensions that influence how individuals think, feel, behave, and interact with others. The World Health Organization (WHO) defines mental health as “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community” (WHO, 2023). This comprehensive definition underscores the multifaceted nature of mental health, going beyond the mere absence of mental disorders or illnesses to emphasize positive functioning, resilience, and social participation. Historically, mental health has often been overshadowed by a predominant focus on mental illness and

pathology, but recent decades have witnessed a paradigm shift towards understanding and promoting mental wellness (Satcher, 1999). This positive approach recognizes mental health as a dynamic and continuous state, influenced by a range of biological, psychological, and social factors that interact in complex ways. Mental health exists on a spectrum from flourishing well-being to severe distress and dysfunction and is experienced differently across individuals, cultures, and life stages (Keyes, 2002).The importance of mental health cannot be overstated. It affects every aspect of a person's life, including their capacity to manage stress, maintain relationships, learn, work, and contribute meaningfully to society. Good mental health is foundational for personal development, social cohesion, and economic productivity. Conversely, poor mental health can impair functioning, lower quality of life, and increase vulnerability to physical illnesses. Mental health conditions such as depression, anxiety, and stress-related disorders are leading causes of disability worldwide, highlighting the need for comprehensive strategies to promote mental well-being and address mental health challenges (Keyes, 2002; WHO, 2023). Adolescence, particularly late adolescence (ages 16-18), is a critical developmental period marked by rapid biological, cognitive, and socio-emotional changes (Richardson et al., 2020). During this stage, young people navigate the complex processes of identity formation, autonomy development, and social integration. These transitions pose unique challenges to mental health. Emotional fluctuations, heightened sensitivity to social evaluation, and evolving peer relationships can affect adolescents' psychological balance (Alamsyah& Rahmawati, 2023). The developmental demands and pressures experienced during this period often result in increased vulnerability to mental health problems such as anxiety, depression, and stress (Richardson et al., 2020; Semarajana et al., 2024).Mental health during adolescence is shaped by multiple interacting factors. Biological influences, including genetic predispositions and neurodevelopmental changes, establish a foundational risk or resilience profile. Psychological factors encompass individual coping styles, emotional regulation, self-esteem, and cognitive appraisals. Social determinants include family dynamics, peer relationships, community support, socioeconomic status, and cultural norms. Together, these dimensions create a complex biopsychosocial framework within which mental health outcomes emerge (Engel, 1977).A central concept in mental health research is resilience, defined as the capacity to adapt successfully to adversity, stress, or trauma. Resilience serves as a protective factor that buffers individuals from the negative effects of stressors and facilitates recovery.

Richardson, Hammock, and Smith (2020) emphasize that resilience is nurtured through supportive relationships, effective coping strategies, and emotional regulation skills. Adolescents with strong resilience are better equipped to handle life's challenges, maintain mental balance, and pursue goals with confidence. Conversely, a lack of resilience may lead to maladaptive responses, emotional difficulties, and increased risk of mental disorders (Richardson et al., 2020). The emotional dimension of mental health is particularly salient during adolescence. Young people experience intense feelings, mood swings, and heightened emotional reactivity due to hormonal changes and brain maturation. These emotional states influence cognitive processing, decision-making, and social interactions. Developing emotional intelligencethe ability to recognize, understand, and manage one's own and others' emotionsis crucial for mental well-being (Kartol et al., 2020). Emotional regulation supports stress management, interpersonal relationships, and self-esteem, all of which contribute to positive mental health outcomes. Social relationships play a pivotal role in adolescent mental health. Supportive family environments, positive peer networks, and inclusive school settings foster a sense of belonging, security, and acceptance. These social bonds provide emotional support, guidance, and opportunities for healthy socialization. In contrast, social isolation, bullying, rejection, or discrimination can undermine mental health, triggering feelings of loneliness, low self-worth, and emotional distress (Sommantico& Lacatena, 2023; Semarajana et al., 2024). Semarajana et al. (2024) and Sommantico and Lacatena (2023) highlight how social exclusion and peer difficulties are linked to increased anxiety, depression, and stress among adolescents. Mental health is also closely linked to academic performance and school experiences. Academic pressures, workload, competition, and expectations from parents and teachers can contribute to stress and anxiety. Adolescents who struggle to cope with academic demands may experience reduced motivation, concentration difficulties, and emotional exhaustion, which in turn affect their mental health and educational outcomes (Alamsyah& Rahmawati, 2023). Schools, therefore, represent a vital context for mental health promotion and early intervention. The World Health Organization's conceptualization of mental health reflects the holistic and multidimensional nature of this construct. It integrates emotional well-being, psychological functioning, and social competence, emphasizing the ability to realize one's potential, cope with stress, work productively, and contribute to community life. This comprehensive perspective encourages a shift from viewing mental health merely as the absence of illness to understanding it as a

resource for life (WHO, 2023).Mental health disorders, on the other hand, include a wide range of conditions characterized by significant disturbances in cognition, emotion, or behavior. These conditions, such as depression, anxiety disorders, bipolar disorder, and schizophrenia, are associated with distress, impaired functioning, and increased risk of self-harm or disability (Keyes, 2002). However, it is important to recognize that experiencing symptoms or mental distress does not necessarily equate to a mental disorder; mental health exists on a continuum and fluctuates over time depending on circumstances and individual factors. Keyes (2002) introduced the dual continua model of mental health and mental illness, emphasizing that the absence of mental illness does not guarantee positive mental health, and conversely, individuals with mental illness can experience well-being. He described flourishing as a state of positive mental health characterized by positive emotions, purpose in life, and strong social relationships. This model challenges simplistic dichotomies and supports comprehensive approaches to mental health promotion (Keyes, 2002).The stigma surrounding mental health remains a significant barrier to care and well-being. Despite advances in awareness and treatment, many individuals hesitate to seek help due to fear of judgment, discrimination, or social exclusion. Satcher's (1999) landmark Surgeon General's Report on Mental Health called for public health efforts to reduce stigma, improve mental health literacy, and expand access to services. Such efforts are critical to enabling early diagnosis, effective treatment, and community support. In recent years, the impact of digital technology on mental health has become a prominent area of study. Ogugua and Ali (2024) examined both the benefits and risks associated with digital platforms. On the positive side, mobile apps, online counseling, and tele-mental health services have increased accessibility to care, especially in underserved areas. However, excessive or maladaptive use of digital technology, including social media, can exacerbate mental health problems by increasing exposure to cyberbullying, social comparison, FOMO, and digital fatigue. Balancing the advantages and potential harms of technology is a critical challenge in contemporary mental health promotion. Given the complex nature of mental health, interventions need to be multifaceted, addressing biological, psychological, and social components (Engel, 1977). Psychological interventions such as cognitive-behavioral therapy, mindfulness training, and resilience-building programs have demonstrated effectiveness in enhancing mental well-being and managing distress (Satcher, 1999; Richardson et al., 2020). Schools play a crucial role in delivering mental health education, fostering supportive

environments, and providing early identification and referral services (Alamsyah& Rahmawati, 2023). Family involvement and community-based approaches further reinforce protective factors and facilitate recovery (Satcher, 1999). The significance of mental health promotion during adolescence lies in its potential to influence lifelong trajectories. Adolescents who develop strong emotional regulation, coping skills, and social support systems are better prepared to face adult challenges and maintain well-being throughout life. Conversely, untreated mental health problems in adolescence increase the risk of chronic conditions, poor educational and occupational outcomes, and reduced quality of life (Sommantico& Lacatena, 2023; Semarajana et al., 2024).In conclusion, mental health represents a vital and dynamic aspect of human life that is essential for individual fulfillment, social functioning, and societal prosperity. It is shaped by an intricate interplay of biological, psychological, and social factors and is especially critical during developmental periods such as adolescence (Engel, 1977; Richardson et al., 2020). Promoting mental health requires a comprehensive, positive, and culturally sensitive approach that addresses emotional well-being, resilience, social support, and access to care. As mental health gains increasing recognition globally, sustained efforts in research, education, policy, and practice are necessary to ensure that all individuals, especially young people, can achieve and maintain optimal mental health throughout their lives (Satcher, 1999; WHO, 2023).

1.3 The Relationship Between Fear of Missing Out (FOMO) and Mental Health

The intersection between Fear of Missing Out (FOMO) and mental health represents a critical area of contemporary psychological and social inquiry, shaped profoundly by the evolving digital landscape and the growing influence of social media. FOMO encapsulates the pervasive anxiety that one is missing rewarding or enjoyable experiences others are partaking in, which triggers compulsive monitoring of social environments and digital platforms (Przybylski et al., 2013). This phenomenon impacts mental health in complex ways, influencing emotional stability, psychological well-being, cognitive functioning, and behavioral patterns (Elhai et al., 2016; Oberst et al., 2017). Understanding this relationship requires unpacking the lived experience of FOMO and its repercussions on mental health without relying on formal theoretical explanations or research citations. Instead, the focus is on the mechanisms,

manifestations, and consequences of FOMO, providing a holistic picture that highlights the intricate connection between this modern social anxiety and mental health outcomes. At its core, FOMO is an emotional experience driven by a potent fear of exclusion, loss, and disconnection. It triggers an array of negative emotional states such as anxiety, sadness, irritability, and stress. When individuals perceive themselves as missing out on social opportunities, events, or experiences deemed pleasurable or significant, they often experience feelings of loneliness and inadequacy. This emotional turmoil reflects the profound human need for belonging and social validation (Deci & Ryan, 2000). The distress caused by FOMO often manifests as chronic emotional discomfort. This is not a fleeting feeling but rather an ongoing undercurrent of worry and apprehension that undermines an individual's emotional equilibrium (Przybylski et al., 2013). Individuals may find themselves persistently preoccupied with thoughts of what others are doing, leading to emotional exhaustion and vulnerability (Tandon et al., 2020). One of the most significant emotional consequences of FOMO is heightened anxiety. The persistent fear that others are engaging in more fulfilling activities without one's involvement creates a state of hypervigilance (Elhai et al., 2017). This state compels individuals to constantly monitor social media and communication channels to avoid missing out (Weinstein, 2020). This anxious anticipation can dominate the emotional landscape, leading to generalized anxiety that extends beyond social contexts. Depressive symptoms also often accompany FOMO. The repeated exposure to images and stories of others' seemingly perfect lives can foster feelings of sadness, envy, and lowered self-worth (Twenge et al., 2017). Individuals may begin to internalize comparisons, leading to negative self-assessment and diminished self-esteem (Festinger, 1954). The contrast between one's own experiences and the curated, idealized portrayals of others' lives exacerbates feelings of dissatisfaction and hopelessness, which are hallmarks of depression (Przybylski et al., 2013; Oberst et al., 2017). Furthermore, FOMO can exacerbate feelings of loneliness and social isolation. Paradoxically, although FOMO arises from the desire for social connection, the constant sense of missing out can make individuals feel increasingly alienated (Elhai et al., 2017). They may perceive their social circle as excluding them, even if objectively this is not the case (Tandon et al., 2020). This perceived social disconnection harms mental health by disrupting the sense of belonging fundamental to human well-being. Beyond emotional disturbances, FOMO affects mental health through cognitive disruptions and behavioral changes. Cognitively, FOMO fuels persistent rumination

and worry (Przybylski et al., 2013). Individuals experiencing FOMO are often trapped in cycles of intrusive thoughts about social exclusion and lost opportunities (Elhai et al., 2016). This preoccupation can impair concentration and reduce cognitive efficiency, negatively affecting performance in academic, professional, and daily tasks (Sutanto et al., 2020). The compulsion to check social media frequently is a direct behavioral manifestation of FOMO. This behavior, driven by the need to stay updated and avoid missing out, can disrupt healthy routines. For example, excessive social media use often encroaches upon time allocated for rest, physical activity, and face-to-face interactions, all of which are essential for maintaining good mental health (Elhai et al., 2017). The interruption of sleep patterns due to late-night digital engagement further compromises cognitive and emotional functioning, contributing to mood instability and decreased resilience (Baker et al., 2016). FOMO also influences social behavior by fostering engagement in social activities out of obligation or anxiety rather than genuine interest or enjoyment. Individuals may attend events or gatherings simply to avoid the feeling of exclusion, leading to social fatigue and burnout. This behavior diminishes authentic social experiences and contributes to emotional exhaustion, adversely affecting overall mental health (Elhai et al., 2017). Moreover, FOMO can create a paradox of social disconnection. While individuals are constantly connected online, the quality of their interactions often lacks depth and meaningfulness (Weinstein, 2020). This superficial connection can fail to satisfy fundamental social needs, thereby perpetuating feelings of loneliness and emotional distress (Przybylski et al., 2013). The relationship between FOMO and mental health is dynamic and influenced by developmental stages, with adolescence and young adulthood being particularly vulnerable periods. During adolescence, the drive for peer acceptance and social belonging is intensified, making individuals more susceptible to FOMO's emotional and behavioral effects (Oberst et al., 2017). Adolescents and young adults are often in the process of identity formation and rely heavily on social feedback to construct their self-concept (Twenge et al., 2017). The omnipresence of social media during this stage amplifies the experience of FOMO, as they compare their real lives to others' idealized online presentations (Przybylski et al., 2013). This social comparison can significantly influence their mental health by shaping self-esteem and emotional well-being (Festinger, 1954). In adulthood, FOMO may persist but can manifest differently. Professional demands, family responsibilities, and personal priorities might reduce the compulsive engagement with social media but not necessarily diminish the

underlying anxiety of missing out (Tandon et al., 2020). Adults may experience FOMO related to career opportunities, social events, or lifestyle choices, which can contribute to stress, dissatisfaction, and impaired mental health. Older adults might experience FOMO less frequently or intensely, often due to different social priorities and more established social networks (Weinstein, 2020). However, when FOMO does occur, it can still contribute to feelings of exclusion and loneliness, especially if social isolation is present. It is crucial to understand that the relationship between FOMO and mental health is reciprocal rather than unidirectional. While FOMO can lead to deteriorations in mental health, poor mental health can also increase susceptibility to FOMO. Individuals experiencing anxiety, depression, or low self-esteem may be more prone to experiencing FOMO because they have heightened concerns about social acceptance and validation. Mental health challenges can lower resilience, making individuals more sensitive to social exclusion cues and more likely to engage in compulsive social monitoring behaviors (Kartol et al., 2020). Conversely, the experience of FOMO can initiate or worsen symptoms of mental health problems by fostering a negative emotional climate, impairing self-regulation, and disrupting healthy social functioning (Elhai et al., 2017). This reciprocal dynamic creates a self-reinforcing cycle that can be difficult to break without intervention (Przybylski et al., 2013). The digital environment, particularly social media, plays a central role in shaping the relationship between FOMO and mental health (Weinstein, 2020). Social media platforms offer continuous access to information about others' activities, social events, and achievements, often presented in idealized formats that heighten FOMO. The instantaneous and ubiquitous nature of social media facilitates constant social comparison, which intensifies feelings of exclusion and inadequacy. The curated nature of content means that individuals rarely see the full reality behind others' experiences, leading to distorted perceptions and unrealistic expectations. This environment fuels compulsive social media use, which can disrupt sleep, reduce physical activity, and limit face-to-face interactions all of which are critical for mental health (Baker et al., 2016). The addictive qualities of social media, designed to maximize user engagement, exacerbate these negative impacts by encouraging prolonged use and increased vulnerability to FOMO (Weinstein, 2020). Moreover, social media's feedback mechanisms, such as likes, comments, and shares, can become sources of validation and anxiety. The fear of not receiving adequate social feedback or missing out on social approval online further deepens the connection between FOMO and emotional distress.

The interplay between FOMO and mental health is also shaped by socio-cultural contexts. Cultural values, social norms, and community structures influence how individuals experience and cope with FOMO. In collectivist cultures, where group harmony and social interconnectedness are emphasized, FOMO might manifest as heightened anxiety about maintaining social bonds and meeting communal expectations (Kartol et al., 2020). The fear of exclusion can be particularly acute because of the importance placed on group acceptance. In individualistic cultures, FOMO might be more linked to personal achievement and social status concerns, contributing to stress related to self-presentation and competition (Twenge et al., 2017). Socioeconomic status and access to technology also impact the prevalence and consequences of FOMO. Those with greater digital access may experience more frequent social comparisons, whereas limited access might protect against some aspects of FOMO but also introduce feelings of exclusion from digital social spaces. Given the strong connection between FOMO and mental health, managing this relationship is essential for fostering psychological well-being. Strategies for managing FOMO include developing emotional regulation skills, cultivating self-awareness, and promoting digital mindfulness (Gupta & Sharma, 2021). Encouraging individuals to critically assess their social media use, set healthy boundaries, and prioritize authentic social connections can mitigate FOMO's impact. Building resilience through supportive social networks, positive self-concept, and adaptive coping mechanisms strengthens mental health and reduces susceptibility to FOMO. Promoting offline activities that enhance social connection, physical health, and mental relaxation can counterbalance the negative effects of constant digital engagement. Mindfulness practices, which focus attention on the present moment and reduce rumination, are particularly effective in managing FOMO-induced anxiety (Ogugua& Ali, 2024). The relationship between Fear of Missing Out and mental health is intricate and bidirectional, involving emotional, cognitive, behavioral, social, and cultural factors. FOMO generates significant emotional distress characterized by anxiety, depression, loneliness, and reduced self-esteem, which in turn disrupt cognitive functioning and social behaviors essential for mental health (Przybylski et al., 2013; Elhai et al., 2017). The digital social environment, especially social media, plays a pivotal role in amplifying FOMO and its mental health consequences. However, socio-cultural factors and individual differences mediate these effects, highlighting the need for personalized approaches to intervention. Understanding and addressing the FOMO-mental health relationship

through emotional resilience, mindful digital engagement, and supportive social environments is vital for promoting mental well-being in a connected world increasingly dominated by social media and digital communication (Przybylski et al., 2013; Elhai et al., 2017).

1.4 Theoretical Background

Self-Determination Theory (SDT) developed by Edward Deci and Richard Ryan explains that human motivation depends on three basic psychological needs: autonomy, competence, and relatedness. Autonomy means feeling in control of one's actions. Competence means feeling capable and effective. Relatedness means feeling connected to others. When these needs are fulfilled, individuals experience well-being and motivation. When these needs are not fulfilled, psychological distress can occur. FOMO mainly arises when the need for relatedness is not satisfied, as individuals strongly desire social connection and belonging. It can also be linked to a lack of autonomy and competence. When these needs remain unmet for a long time, individuals may experience anxiety, low self-esteem, and depression. FOMO can therefore be understood as a sign of unmet psychological needs that may lead to behaviors which increase distress. **Social Comparison Theory**, developed by Leon Festinger, states that individuals evaluate themselves by comparing with others. These comparisons help people understand their position socially and personally. When individuals compare themselves with those who seem better, it may lead to feelings of jealousy and low self-esteem. When they compare with those who seem worse, it may improve self-esteem. FOMO is strongly influenced by comparing oneself with others who appear to have better experiences, especially on social media. Repeated comparison may reduce self-esteem and increase anxiety, depression, and withdrawal from social situations. As a result, FOMO creates emotional stress and affects mental health. **Uses and Gratifications Theory (UGT)** explains that individuals use media to meet their needs such as entertainment, social interaction, information, and identity. People actively choose the type of media that helps them meet these needs. In relation to FOMO, individuals use social media to feel connected and included. However, too much dependence on social media may become unhealthy. When people rely too much on media to cope, it may lead to compulsive use, emotional problems, and higher levels of anxiety and depression linked to FOMO. **Media Dependency**

Theory, developed by Ball-Rokeach and DeFleur, explains that people depend on media to understand their environment and meet emotional needs. The more dependent a person is on media, the more it affects their thoughts and feelings. High dependence on media can increase anxiety about missing updates or information, which increases FOMO. It may also lead to restlessness, stress, and emotional instability when individuals are not able to access media, affecting their mental health. **Attachment Theory**, developed by John Bowlby, explains that early relationships with caregivers influence later relationships and emotional control. Secure attachment leads to confidence and better emotional control, while insecure attachment, especially anxious attachment, leads to fear of rejection and a strong need for reassurance. Individuals with anxious attachment are more likely to experience FOMO because they are more sensitive to being left out. This can lead to emotional instability, anxiety, and depression. **Social Identity Theory**, developed by Henri Tajfel, explains that people form their identity based on the groups they belong to. Being part of a group is important for self-esteem and well-being. When individuals feel that they are not included or may lose their place in a group, they may experience FOMO. This fear of exclusion can lead to anxiety, low self-esteem, and feelings of isolation. **Emotional Regulation Theory** focuses on how individuals manage their emotions. Good emotional control helps maintain mental health, while poor emotional control can lead to unhealthy coping methods. FOMO can be seen as difficulty in managing negative emotions related to being left out or missing experiences. Poor emotional control can increase anxiety, depression, and compulsive behaviors. **Cognitive Dissonance Theory**, developed by Leon Festinger, states that people prefer consistency between their thoughts and actions. When there is a mismatch, it creates discomfort. FOMO can create this discomfort when individuals want social connection but are unable to take part in activities. This may lead to stress, anxiety, and behaviors such as increased social media use. **Social Capital Theory**, introduced by Pierre Bourdieu, explains that people gain benefits such as support, information, and opportunities from their social networks. FOMO occurs when individuals feel they are missing these benefits due to exclusion. This can lead to stress, anxiety, and a feeling of being at a disadvantage compared to others. Together, these theories explain that FOMO is influenced by unmet needs, comparison with others, media use, emotional difficulties, and social factors. All these factors play an important role in affecting mental health and well-being.

1.5 Statement of the Problem

In recent years, the rapid growth of social media and digital communication has significantly influenced the lives of adolescents. Late adolescence, which is a critical stage of emotional and social development, is marked by an increased need for social acceptance, belongingness, and peer interaction. In this context, the phenomenon of Fear of Missing Out (FOMO) has become increasingly common among young individuals. FOMO refers to the feeling that others are having rewarding experiences from which one is absent. Constant exposure to social media updates, peer activities, and online interactions often intensifies this feeling. Adolescents may frequently compare themselves with others and feel left out, which can affect their emotional well-being. At the same time, mental health issues such as depression, anxiety, and stress are rising among adolescents. The pressure to stay constantly connected, fear of exclusion, and excessive use of social media may contribute to these psychological problems. Despite growing awareness, there is still limited research focusing on the relationship between FOMO and mental health among late adolescents, particularly in the Indian context. Therefore, there is a need to examine how FOMO is related to mental health and whether it plays a significant role in influencing the emotional well-being of adolescents. Hence, the present study aims to investigate the relationship between Fear of Missing Out (FOMO) and mental health among late adolescents.

1.6 Operational Definitions of Variables

Fear of Missing Out (FOMO): In the present study, Fear of Missing Out (FOMO) refers to the feeling that others may be having rewarding experiences without one's participation, along with a desire to stay continuously connected with others' activities. It is measured using the Fear of Missing Out Scale, where higher scores indicate higher levels of FOMO.

Mental Health: In this study, mental health refers to the emotional well-being of individuals in terms of depression, anxiety, and stress. It is measured using the Depression, Anxiety, and Stress Scale (DASS-21), where higher scores indicate higher levels of psychological distress.

1.7 Objectives of the Study

1. To examine the relationship between Fear of Missing Out (FOMO) and mental health among late adolescents.
2. To assess the difference in Fear of Missing Out (FOMO) levels between government and private school students.
3. To measure the difference in mental health levels between government and private school students.
4. To assess the difference in Fear of Missing Out (FOMO) between male and female adolescents.
5. To assess the difference in mental health between male and female adolescents.

1.8 Hypotheses of the Study

1. There is no significant relationship between Fear of Missing Out (FOMO) and mental health among late adolescents.
2. There is no significant difference in FOMO levels between government and private school students.
3. There is no significant difference in mental health levels between government and private school students.
4. There is no significant difference in Fear of Missing Out (FOMO) between male and female adolescents.
5. There is no significant difference in mental health between male and female adolescents.

1.9 Delimitations of the Study

The study is limited to adolescents aged 15 to 18 years who are studying in Class 11 and 12 in selected government and private schools of Jammu District. Only students belonging to this age group and class level are included. Both boys and girls participate as respondents. The study focuses only on Fear of Missing Out (FOMO) and mental health. Data are collected using standardized self-report questionnaires, as these are convenient, time-efficient, and suitable for large samples. Students younger than 15 years or older than 18 years are not included. Students studying in colleges or

in classes other than 11 and 12 are also excluded. The geographical area is restricted to Jammu District to maintain uniformity in the sample. The study does not include other psychological variables, personal background factors, or environmental influences.

1.10 Need and Significance of the Study

The present study focuses on late adolescence, a developmental stage marked by rapid emotional, social, and psychological changes. During this period, adolescents become more sensitive to peer relationships, social acceptance, and self-identity. Many adolescents experience feelings of worry, insecurity, and pressure related to belonging and approval, especially in the context of increased social media use. Fear of Missing Out (FOMO) intensifies these feelings and negatively affects mental health, leading to anxiety, stress, low self-esteem, and emotional instability. Although FOMO is widely studied, most existing research is conducted in Western countries and largely focuses on college students or adults. Very few studies examine FOMO among school-going adolescents in the Indian context, particularly those studying in Classes 11 and 12. Furthermore, much of the earlier research treats FOMO mainly as a consequence of social media usage patterns rather than as an emotional and psychological experience in itself. This limits understanding of how FOMO operates internally as a feeling of insecurity, comparison, and fear of exclusion. The present study addresses this research gap by examining FOMO as a psychological experience and exploring its relationship with mental health among late adolescents. By focusing on school students, the study aims to understand how feelings of exclusion, social comparison, and the need to belong influence emotional well-being, stress levels, and self-confidence. Studying Class 11 and 12 students is particularly important, as this stage involves academic pressure, identity formation, and preparation for future goals, which may increase vulnerability to FOMO-related stress. The findings of this study help educators, parents, and school counselors better understand the emotional challenges faced by adolescents. The results assist in designing school-based programs that promote emotional balance, self-awareness, healthy peer interaction, and resilience. The study also supports the development of counseling and mental-health initiatives in schools that aim to reduce anxiety and improve coping strategies among students. In addition, the findings guide awareness programs that encourage

adolescents to manage emotions effectively, build self-confidence, and strengthen their sense of belonging. This research contributes to the growing field of adolescent psychology by emphasizing the importance of mental-health awareness during late adolescence. It also adds valuable Indian data by including students from both government and private schools, offering a clearer and culturally relevant understanding of how FOMO and mental health are connected in the Indian school context.

CHAPTER – II
REVIEW OF LITERATURE

CHAPTER – II
REVIEW OF LITERATURE

2.1 Introduction

In recent years, there has been increasing attention towards understanding the factors that influence adolescents' mental health. Among these, Fear of Missing Out (FOMO) has emerged as an important psychological factor affecting emotional well-being. FOMO refers to a persistent concern that others may be having rewarding experiences from which one is absent, leading to a strong desire to stay connected with others. Late adolescence is a crucial stage of development characterized by emotional sensitivity, identity formation, and a strong need for social belonging. During this period, individuals are more likely to engage in social comparison and seek acceptance from peers, which may increase their vulnerability to experiencing FOMO. At the same time, mental health concerns such as depression, anxiety, and stress are increasingly observed among adolescents. Research suggests that heightened awareness of others' activities and constant comparison with peers may contribute to increased levels of FOMO. This, in turn, can negatively affect mental health by creating emotional strain, lowering self-esteem, and increasing psychological distress. This chapter reviews relevant theoretical and empirical studies related to Fear of Missing Out (FOMO) and mental health among adolescents. It highlights how these variables are related and how they influence emotional well-being. The review also focuses on earlier research findings that have examined the relationship between social comparison, emotional experiences, and mental health. Furthermore, this chapter identifies the research gap, particularly the limited studies focusing on the relationship between FOMO and mental health among late adolescents in the Indian context. The review aims to provide a strong foundation for the present study by emphasizing the importance of examining this relationship in detail.

2.2 Studies Related to Fear of Missing Out (FOMO)

Weisskirch et al. (2025) examined the effect of Fear of Missing Out on mental health and risky behavior among adolescents. The study found that higher FOMO levels were strongly related to increased anxiety and depression. Adolescents with high

FOMO were more likely to engage in unsafe online behaviors such as sexting in order to gain social attention and peer approval. These adolescents believed that risky actions would help them feel included. The findings showed that FOMO affects emotional control and decision making, making teenagers more vulnerable to harmful choices. The authors emphasized the role of schools and families in teaching healthy online habits at an early stage. Awareness programs were suggested to help adolescents recognize FOMO and manage social media pressure effectively. The study highlights how online social pressure can negatively shape adolescent emotional health and behavior.

Einstein et al. (2023) explored the role of FOMO and self-compassion in the relationship between social media use and anxiety among 951 Australian adolescents. The results showed that adolescents with high FOMO experienced greater anxiety when using social media frequently. They were highly sensitive to peer activities and feared being excluded. Adolescents with low FOMO felt more connected and emotionally stable during social media use. Self-compassion did not significantly reduce anxiety, indicating that FOMO remains harmful even when individuals are kind to themselves. The study suggests that mental health interventions should focus on reducing social comparison and helping adolescents manage FOMO rather than completely restricting social media use.

Tanrikulu et al. (2022) studied FOMO, academic performance, and social media use among 506 Turkish adolescents. The findings revealed that adolescents who used social media to gain popularity or attention experienced higher FOMO. This constant worry about missing out led to frequent checking of social media, which distracted them during classes and study time. FOMO was also associated with social anxiety and fear of peer judgment. The authors suggested that adolescents should be guided to use social media for personal interest and learning rather than social approval. Managing FOMO was seen as important for improving academic focus and reducing stress.

Gupta and Sharma (2021) described FOMO as the fear that others are enjoying experiences without one’s involvement. They explained that FOMO is closely linked to social media use, where constant updates increase comparison and emotional pressure. High FOMO was associated with poor sleep, reduced concentration,

loneliness, and anxiety. The authors connected FOMO to unmet psychological needs such as belonging, competence, and independence. Increased social media use was often used as a coping strategy, but it worsened emotional distress. The study suggested therapy and controlled technology use as effective ways to manage FOMO.

Alutaybi et al. (2020) developed the FOMO-R intervention program to reduce Fear of Missing Out by promoting digital balance. The program included preparation, planning, action, and review phases, encouraging self-monitoring and reduced dependency on social validation. Tested on 30 participants, the intervention helped users recognize FOMO triggers and regain control over their online behavior. Participants reported reduced pressure and fewer comparisons with others. The study highlights the importance of combining behavioral strategies with technological tools to support mental well-being.

Barry and Wong (2020) examined FOMO across different age groups and found that FOMO is not limited to adolescents. Loneliness and low self-esteem were stronger predictors of FOMO than age. While social media increased FOMO, it was not the sole cause. Individuals with emotional insecurity were more vulnerable to feeling excluded. The authors suggested that FOMO interventions should focus on improving self-confidence and real-life social connections across all age groups.

Franchina et al. (2018) investigated FOMO and problematic social media use among 2,663 adolescents. The study found that adolescents with high FOMO used multiple social media platforms frequently and had difficulty disengaging. FOMO was linked to phubbing, where individuals ignore real-life interactions to focus on their phones. This behavior negatively affected face-to-face relationships. The researchers highlighted the cycle of FOMO, where increased social media exposure strengthens feelings of exclusion. Emotional regulation and family support were recommended to reduce FOMO.

Beyens et al. (2016) studied the role of FOMO in Facebook use among 402 Belgian adolescents. The findings showed that adolescents with strong social needs experienced higher FOMO, leading to frequent social media checking. FOMO explained why the need for social approval resulted in heavy Facebook use.

Adolescents reported stress when they did not receive online validation. The study emphasized building self-confidence to reduce dependence on online approval.

Riordan et al. (2015) explored the relationship between FOMO and alcohol-related risk among university students. The results showed that FOMO increased participation in social situations involving heavy drinking, leading to negative outcomes such as regret and health issues. FOMO acted as a social motivator, encouraging risky behavior to avoid exclusion. The authors recommended prevention strategies that strengthen decision-making and resistance to peer pressure.

Przybylski et al. (2013) introduced the Fear of Missing Out Scale and defined FOMO as anxiety about missing rewarding experiences. The study found that individuals with high FOMO used mobile phones excessively and reported lower life satisfaction. FOMO was strongly related to the need for social acceptance and belonging. This foundational study provided a reliable tool for future research and established FOMO as a significant psychological experience linked to technology use and emotional well-being.

2.3 Studies Related to Mental Health

Magomedova and Fatima (2025) highlighted the growing mental health problems worldwide due to lifestyle changes, technological growth, and social pressures. They showed that the COVID 19 pandemic increased anxiety, depression, and burnout. The study emphasized the importance of healthy habits and digital mental health services in improving well being. The authors concluded that mental health needs preventive action through policy support, community care, and reduced stigma.

Poddar and Chhajer (2024) examined mental health issues in Indian workplaces and found that stigma, fear of judgment, and lack of awareness prevent employees from seeking help. Many workers worry that discussing mental health problems may harm their professional image. The authors emphasized that supportive leadership, peer support, and positive workplace policies can create a safe environment for employees. They also noted that cultural factors like hierarchy and silence around emotional issues influence help-seeking behavior. The study concluded that improving mental well-being at work is important for employee productivity and job satisfaction.

Ogugua and Ali (2024) studied the positive and negative effects of digital technology on mental health. They found that online therapy, telehealth services, and mental health apps improve access to care, especially for people facing distance or social barriers. These tools provide emotional support and encourage self-help practices. However, excessive use of digital platforms was linked to problems such as cyberbullying, Fear of Missing Out, social comparison, and emotional exhaustion. These issues increased anxiety, depression, and loneliness, especially among young people. The authors emphasized that mental health outcomes depend on how technology is used. Balanced and mindful use promotes well-being, while excessive use increases emotional risk. They suggested improving digital literacy and teaching healthy online habits to protect mental health.

Ratanasiripong (2024) discussed the growing mental health crisis worldwide and identified major stressors such as social media pressure, isolation, financial problems, violence, global conflicts, and social injustice. The author proposed a wellness-based approach focusing on prevention rather than treatment alone. Key protective factors included strong relationships, community involvement, meaningful goals, spirituality, physical fitness, and long-term health planning. The study highlighted the need for increased mental health funding, trained professionals, and youth-focused services. Collaboration between families, schools, communities, and governments was considered essential. The author concluded that mental health should be supported through both personal coping strategies and supportive social systems.

Alamsyah and Rahmawati (2023) focused on mental health problems among adolescents, linking them to academic pressure, social media use, and lack of emotional support. These factors contributed to anxiety, depression, and sleep problems. The authors emphasized the importance of including mental health education in schools to teach coping skills such as stress management and emotional control. Strong peer relationships and family communication were identified as protective factors. Early screening and counseling services were recommended to support adolescents. The study concluded that preventive mental health education can improve emotional development and reduce long-term psychological difficulties.

Franjić (2022)emphasized that mental health is an essential part of overall health and well-being. Drawing from World Health Organization principles, the study explained

that good mental health helps individuals manage stress, work effectively, and contribute to society. The author warned that depression and other mental disorders are increasing rapidly and becoming leading causes of disability. Early identification, proper treatment, and rehabilitation were recommended to reduce this burden. The study stressed the importance of public awareness, community-based services, and integration of mental health care into general health systems. The author concluded that improving mental health is necessary for social stability and quality of life.

Sigman et al. (2021) examined the role of artificial intelligence in mental health care. The study traced the development of AI from early chatbots to advanced tools used in diagnosis and treatment. AI was shown to help in early detection, personalized care, and expanding access to mental health services. However, ethical concerns such as privacy, data security, and loss of human connection were highlighted. The authors stressed that AI should support, not replace, mental health professionals. Responsible use of technology was recommended to ensure compassionate and effective care.

Richardson et al. (2020) described mental health as a balance of emotional, cognitive, behavioral, and social well-being. Their research showed that resilience, coping skills, and social support reduce stress and improve functioning. Individuals with strong emotional regulation were better able to handle challenges in work and personal life. The study emphasized building life skills, communication, and social connection as part of mental health promotion. The authors supported preventive programs that strengthen well-being rather than focusing only on illness.

Kiiza and Bitanihirwe (2014) presented mental illness as a major global public health concern. They reported that one in four people experience mental health problems during their lifetime, contributing significantly to the global disease burden. Social factors such as poverty, discrimination, and violence increased vulnerability, while stigma prevented help-seeking. The authors advocated integrating mental health services into primary health care and protecting the rights of individuals with mental illness. They concluded that mental health investment improves social inclusion and economic productivity.

World Health Organization (1948) defined mental health as a state of complete physical, mental, and social well-being, not merely the absence of illness. This

definition shifted focus toward positive mental functioning, stress management, and social contribution. It laid the foundation for preventive mental health care and community-based approaches. The WHO definition continues to guide global mental health policies and research by promoting a holistic understanding of well-being.

2.4 Studies Related to FOMO and Mental Health Among Late Adolescents

Szawłoga et al. (2024) reviewed studies on Fear of Missing Out and adolescent mental health. They found that high FOMO is linked to anxiety, depression, stress, loneliness, and low mindfulness. FOMO explains how heavy social media use leads to emotional problems, especially among adolescents who lack a sense of belonging. Supportive parent child relationships reduce FOMO related anxiety, while being ignored online increases distress. The authors recommended emotional skills training in schools and digital awareness programs.

Dam et al. (2023) studied the effect of FOMO on mental health and risky behavior among 1,891 adolescents in Vietnam. Almost all participants used social media regularly. The findings showed that FOMO strongly predicted depression, self harm tendencies, and suicidal thoughts. Adolescents with high FOMO also showed signs of social media addiction and poorer quality of life. Emotional sensitivity and fear of social rejection played an important role in increasing distress. While moderate smartphone use helped maintain communication, excessive use combined with FOMO increased emotional problems. The authors explained that FOMO leads to repeated checking behaviors, which worsen mental health over time. They suggested early school based screening, family involvement, and emotional coping skills training. This study highlights the serious mental health risks linked with FOMO and stresses the need for timely prevention.

Lianawati et al. (2023) examined the relationship between FOMO and anxiety among Indonesian adolescents. The study found that adolescents with FOMO felt pressure to stay constantly online to avoid being excluded. Many participants compared their lives with others and believed others were happier, which reduced self confidence and life satisfaction. Some adolescents created multiple online identities to gain approval. Although the sample size was small, the study showed how FOMO creates long term

anxiety by providing only short term emotional relief through online engagement. The authors suggested encouraging real life social activities, gratitude practices, and healthy self identity development. The study highlights the need for parents and schools to guide adolescents in managing digital pressure.

Tanrikulu et al. (2022) studied how reasons for social media use affect FOMO and academic performance among Turkish adolescents. Adolescents who used social media to gain attention or popularity reported higher FOMO. This led to constant checking and distraction during class and study time. FOMO reduced concentration and academic motivation. The study showed that self worth linked to online approval increases stress and learning difficulties. The authors suggested helping students develop internal goals and healthier reasons for using social media. The findings show that FOMO negatively affects both emotional well being and academic success.

Ibrahim et al. (2022) explored the relationship between FOMO, anxiety, and depression among university students. Even though overall FOMO levels were low, a strong relationship was found between FOMO and emotional distress. Gender differences suggested that males and females experience FOMO differently. The study explained that FOMO increases pressure to stay socially updated, which leads to emotional strain. The authors recommended digital well being education, peer support, and emotional regulation programs in universities. The study confirms that FOMO is an emerging concern even in non clinical student populations.

Adams et al. (2020) examined how FOMO affects sleep and mental health among college students. Their findings showed that FOMO and social stress increased sleep problems, which then worsened mental health. Social stress was a stronger factor, but FOMO intensified night time phone use and anxious thoughts before sleep. Poor sleep led to emotional and academic difficulties. The authors suggested improving sleep habits, setting digital limits, and teaching coping skills. The study highlights sleep as an important link between FOMO and mental health problems.

Sutanto et al. (2020) studied FOMO and psychological well being among Indonesian adolescents. The results showed a negative relationship between FOMO and mental well being. Adolescents with higher FOMO reported lower independence, poor self acceptance, and weaker social relationships. However, FOMO was not strongly linked

with personal growth or life purpose. The authors explained that FOMO disrupts emotional balance and increases reliance on digital validation. The study recommended awareness programs in schools to promote healthy technology use and emotional resilience.

Kartol and Gündoğan (2020) examined emotional intelligence as a factor influencing the relationship between FOMO and depression. The results showed that higher FOMO increased depression, while higher emotional intelligence reduced this effect. Emotional intelligence helped adolescents manage stress and emotional reactions to social media pressure. The authors suggested including emotional skill training in educational programs to reduce FOMO related distress.

Scott and Woods (2018) studied the effect of FOMO on sleep among adolescents in the United Kingdom. FOMO predicted late night social media use and anxious thoughts before sleep. Even when phones were not used, worry about missing out affected sleep quality. Poor sleep caused tiredness, emotional irritation, and academic difficulties. The authors recommended mindfulness and relaxation techniques to manage FOMO driven thoughts. The study highlights the importance of addressing emotional factors, not just screen time limits.

Oberst et al. (2017)examined FOMO as a link between anxiety, depression, and problematic social media use among Latin American adolescents. FOMO explained how emotional problems led to excessive social media use and increased distress. Female adolescents showed stronger negative effects. The study described FOMO as an unhealthy way of coping with emotional needs. The authors concluded that emotional support and mental health care are essential to reduce FOMO and its harmful outcomes.

Fear of Missing Out has been widely linked with anxiety, stress, depression, and low self-confidence among adolescents, yet important gaps remain in existing research. Most studies have been conducted in Western countries and have focused mainly on college students or adults. Very little research has examined FOMO among school-going adolescents, particularly students of Class 11 and 12 in the Indian context. As a result, existing findings cannot be fully applied to Indian school students. Earlier studies have largely treated FOMO as a result of social media use, giving limited

attention to FOMO as an emotional and psychological experience involving fear of exclusion, constant comparison, and the need to belong. These emotional aspects may have a direct impact on adolescents' mental health but are often overlooked. In addition, there is a lack of comparative studies between government and private school students, even though these settings differ in academic pressure, access to technology, and social environment, which may influence FOMO and mental health differently. Most previous research has relied on self-report measures and has focused on single mental health issues rather than examining overall mental health by including depression, anxiety, and stress together. Research using standardized psychological tools with Indian adolescents is also limited. Therefore, there is a clear need to study FOMO as a psychological experience and examine its relationship with mental health among late adolescents in Indian schools. The present study aims to fill this gap by focusing on Class 11 and 12 students from government and private schools in Jammu District.

CHAPTER – III
RESEARCH METHODOLOGY

CHAPTER – III
RESEARCH METHODOLOGY

3.1 Introduction

This chapter explains the methodology used in the present study in a clear and systematic manner. Research methodology plays an important role in any study because it provides the plan and structure for collecting, analyzing, and interpreting data. It helps in ensuring that the study is conducted in a scientific and organized way, and that the results obtained are reliable and valid. The present study focuses on examining the relationship between Fear of Missing Out (FOMO) and mental health among late adolescents. As adolescence is a sensitive stage of development, individuals in this age group often experience emotional changes, social pressures, and increased use of digital media. These factors make them more vulnerable to psychological issues such as anxiety, stress, and depression. Therefore, it becomes important to study how FOMO is related to mental health in this age group. This chapter includes a detailed description of the research design, method of the study, and variables involved. It also explains the population and sample selected for the study, along with the sampling technique used. Further, it describes the tools employed to measure Fear of Missing Out (FOMO) and mental health, including their nature and purpose. In addition, the chapter outlines the procedure followed for data collection and the way in which the tools were administered to the participants. It also explains the statistical techniques used to analyze the collected data and interpret the results. Overall, this chapter provides a complete understanding of how the study was carried out, ensuring clarity, accuracy, and consistency in the research process.

3.2 Research Design

The present study adopts a quantitative and correlational research design to examine the relationship between Fear of Missing Out (FOMO) and mental health among late adolescents. Quantitative methods are suitable for measuring psychological variables objectively and for identifying relationships between them. A correlational approach helps determine the degree and direction of association between FOMO and mental health without manipulating any variables. Standardized psychological tools are used

to collect data from students studying in Class 11 and 12 in selected government and private schools of Jammu. The collected data are analyzed using appropriate statistical techniques such as correlation and t-tests to study relationships and group differences. Additionally, independent samples t-tests are employed to examine differences in Fear of Missing Out (FOMO) and mental health based on gender (male and female adolescents), as well as type of school (government and private), to provide a comprehensive understanding of group variations.

3.3 Sample

The sample for the present study consisted of 200 students studying in Class 11 and 12 from selected government and private schools of Jammu District**.** The age of the participants ranged from 15 to 18 years, which falls under the adolescent stage. Students from this age group were selected because adolescence is an important period for studying Fear of Missing Out (FOMO) and mental health. The sample included both male and female students so that equal representation of gender could be maintained in the study. Students were also selected from both government and private schools to make comparisons based on school type. The sample size was considered suitable for the present study as it provided suitable data for statistical analysis. It also helped in making the findings more reliable and meaningful.

3.4 Variables of the Study

The present study focuses on two main variables: Fear of Missing Out (FOMO) and mental health.

Fear of Missing Out (FOMO) refers to the feeling that others may be having rewarding experiences without one's participation, along with a desire to stay connected with others' activities and experiences.

Mental health in this study refers to the emotional well-being of the participants, specifically in terms of levels of depression, anxiety, and stress. These components represent different aspects of psychological functioning and help in understanding the overall mental health of individuals.The study aims to examine the relationship between Fear of Missing Out (FOMO) and mental health among late adolescents.

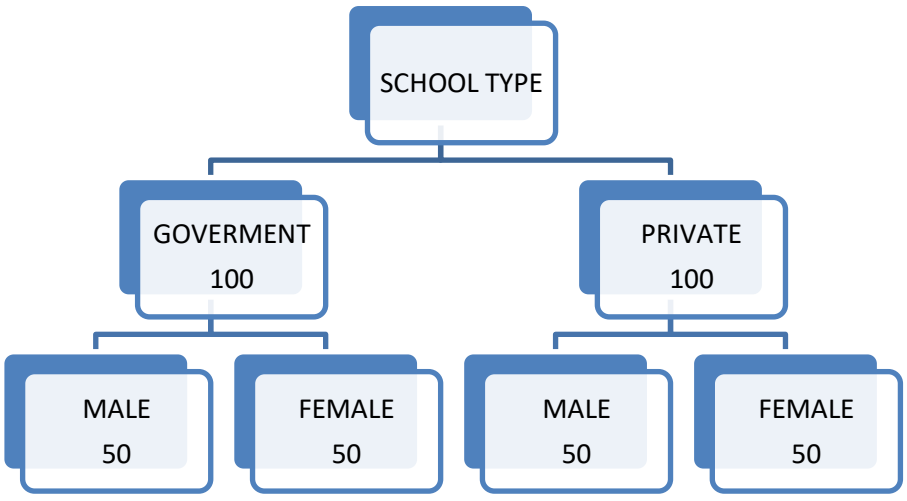
3.5 Data Collection

Data was collected through direct interaction with the participants in school settings. Prior permission was obtained from the school authorities before conducting the study. The purpose of the study was clearly explained to the participants. They were assured that their responses would remain confidential and would be used only for academic purposes. Participation was voluntary, and no pressure was placed on students to take part in the study. The questionnaires were distributed to the participants and collected after completion. Care was taken to ensure that the participants understood the instructions properly.

3.6 Sampling Technique

The study uses a stratified purposive sampling technique. The population is divided into strata based on two criteria. The first criterion is the type of school, which includes government schools and private schools. The second criterion is gender, which includes male and female students. This classification results in four groups: government school boys, government school girls, private school boys, and private school girls. Participants who meet the inclusion criteria are selected from each group to ensure balanced representation. This method helps reduce sampling bias and allows for meaningful comparison between groups.

Figure 3.1 Steps Involved in Data Collection



3.7 Research Tools Used and Description

3.7.1 Fear of Missing Out Scale (FOMOs)

The Fear of Missing Out Scale developed by Przybylski et al. (2013) is used to measure the level of FOMO among adolescents. The scale consists of 10 items rated on a 5-point Likert scale ranging from “not at all true of me” to “extremely true of me.” Higher scores indicate higher levels of FOMO. The scale measures feelings related to social comparison, worry about missing out on experiences, and the need to stay connected with others. The FOMO scale has good reliability, with a reported reliability coefficient of 0.87. It is widely used in previous research and is considered suitable for adolescent populations, including Indian samples.

3.7.2 Depression, Anxiety, and Stress Scale (DASS-21)

The Depression, Anxiety, and Stress Scale (DASS-21) developed by Lovibond and Lovibond (1995) is used to assess mental health. The scale consists of 21 items divided into three subscales: depression, anxiety, and stress, with seven items in each subscale. Responses are recorded on a 4-point Likert scale ranging from “did not apply to me at all” to “applied to me very much.” Higher scores indicate higher levels of emotional distress. The DASS-21 is a reliable and valid measure of emotional well-being, with reliability coefficients of 0.94 for depression, 0.87 for anxiety, and 0.91 for stress. The scale is widely used in Indian research and provides a clear assessment of mental-health status.

3.8 Administration of the Tools

The tools were administered in a classroom setting in the participating schools. Prior permission was obtained from the school authorities, and a suitable time was arranged so that regular academic activities were not disturbed. Before distributing the questionnaires, rapport was established with the students and the purpose of the study was explained in simple terms. Clear and standardized instructions were given regarding how to fill in the questionnaires. Participants were informed that their participation was voluntary and that they could choose not to answer any question if they felt uncomfortable. They were assured that their responses would remain confidential and would be used only for academic purposes. No personal identifying information was recorded. The questionnaires were distributed to the participants, and

they were asked to respond individually without discussing their answers with others. Supervision was maintained throughout the session to ensure discipline and to clarify any doubts. Care was taken to ensure a quiet and comfortable environment so that participants could concentrate while responding. Adequate time was provided to complete both tools. After completion, the questionnaires were collected immediately to avoid any loss of data. The responses were then checked for completeness before proceeding to data analysis.

3.9 Statistical Analysis

Descriptive statistics such as mean, standard deviation, frequency, and percentage are used to describe the demographic characteristics and overall distribution of the data. Pearson's correlation is used to examine the relationship between Fear of Missing Out (FOMO) and mental health. The t-test is used to compare FOMO levels and mental-health levels between government and private school students. In addition, the independent samples t-test is employed to examine differences in Fear of Missing Out (FOMO) and mental health based on gender (male and female adolescents).

CHAPTER – IV
ANALYSIS AND INTERPRETATION OF DATA

CHAPTER – IV

ANALYSIS AND INTERPRETATION OF DATA

4.1 Introduction

The present study was conducted to explore the relationship between Fear of Missing Out (FOMO) and mental health among adolescent students. In this study, FOMO served as the independent variable, while mental health measured in terms of depression, anxiety, and stress (DASS) was considered the dependent variable. The study focused on adolescent students, typically within the age group of 15 to 18 years, representing a crucial developmental stage characterized by increased social interaction and emotional sensitivity. The study consisted of a sample of 200 adolescent students drawn from both government and private schools. The participants included an equal number of male and female students to ensure balanced gender representation. Statistical analyses were conducted using appropriate quantitative methods. Descriptive statistics were used to summarize the data, while Pearson's correlation was employed to examine the relationship between FOMO and mental health. Further, independent samples t-tests were applied to assess differences based on gender and school type. The findings from these analyses are displayed in the subsequent tables and bar graphs, accompanied by their interpretation and discussion.

4.2 Descriptive Statistics

Table 4.1 Frequency Distribution of Gender (N = 200)

Gender	Frequency	Percent
Male	100	50.0
Female	100	50.0
Total	200	100.0

The above table shows the frequency distribution of participants on the basis of gender. Out of the total sample of 200 adolescent students**,** 100 students (50%) are male and100 students (50%) are female**.** This indicates that the sample is equally distributed between male and female participants. Such equal representation of both

genders helps in ensuring fair and unbiased comparisons in the study. It reduces the chances of gender-related sampling bias and strengthens the reliability of the analysis. Because both groups are represented equally, any differences found in Fear of Missing Out (FOMO) and mental health between male and female students can be interpreted more accurately. Thus, the balanced gender distribution improves the validity and credibility of the study findings.

Figure 4.1 Distribution of Gender

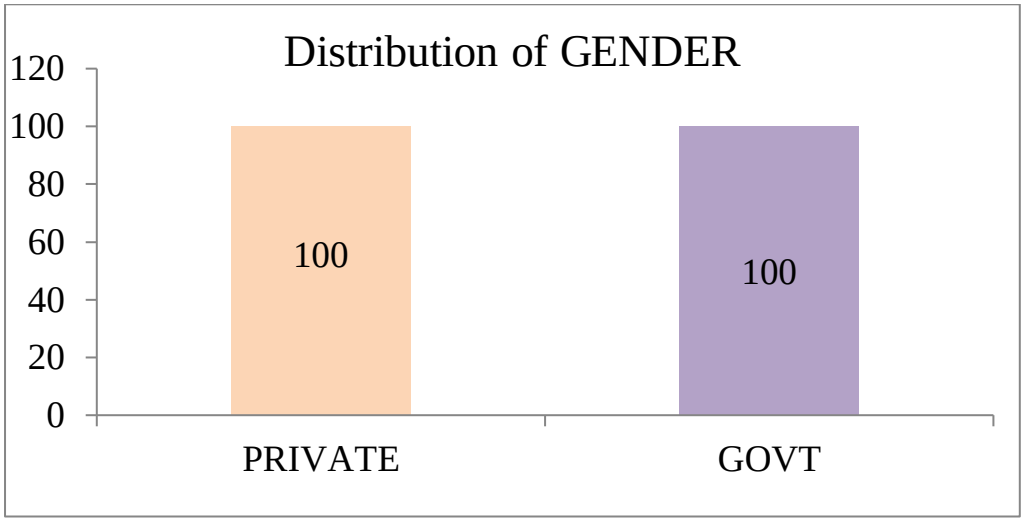


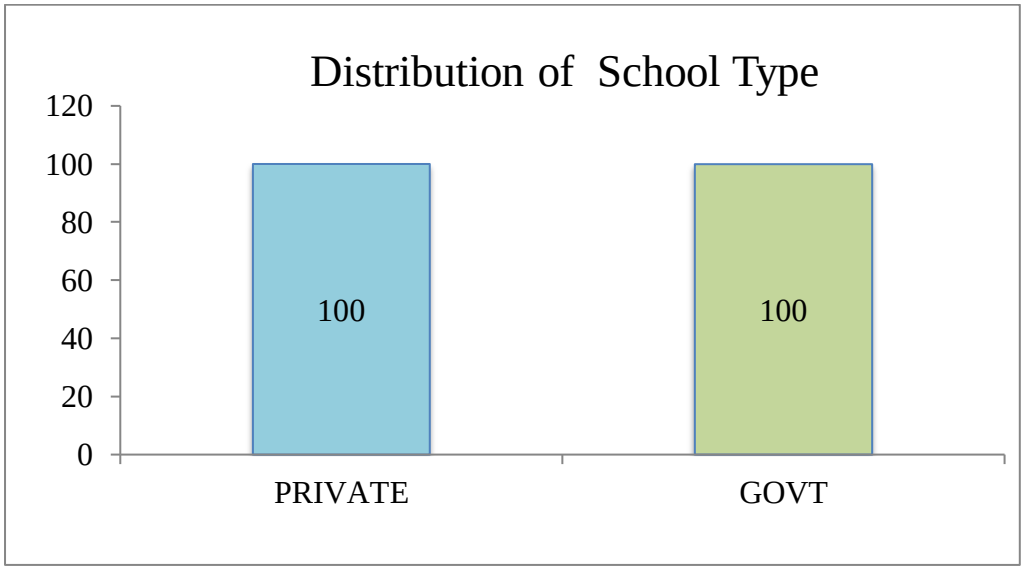
Table 4.2 Frequency Distribution of School type (N = 200)

School Type	Frequency	Percent
Govt	100	50.0
Private	100	50.0
Total	200	100.0

The above table presents the frequency distribution of participants on the basis of school type. Out of the total sample of 200 adolescent students**,** 100 students (50%) belong to government schools, while the remaining 100 students (50%) belong to private schools. This indicates that the sample is equally divided between the two categories of school type. This balance allows the researcher to compare the levels of Fear of Missing Out (FOMO) and mental health among students from different school settings in an unbiased manner. A balanced sample reduces the possibility of sampling bias, which may occur when one category has significantly more

participants than the other. If one school type were overrepresented, it could influence the results disproportionately and affect the accuracy of comparisons. In the present study, the equal number of participants in both groups helps to maintain fairness in the analysis. Moreover, this equal representation strengthens the reliability and validity of the statistical findings. Since both school categories contribute equally to the overall sample, the differences or similarities observed in FOMO and mental health can be interpreted with greater confidence. It ensures that any findings related to school type are not due to unequal sample size but reflect the actual responses of the participants. Therefore, the equal distribution of students from government and private schools enhances the overall quality of the study by improving the accuracy, comparability, and credibility of the results related to school type.

Figure 4.2 Distribution of school types.



4.3 Correlation Analysis

Table 4.3 Correlation between FOMO and Mental Health (N=200)

Variables	Mean	Std. Deviation	R	p-value
FOMO	27.33	6.594		
			0.147*	0.038
Mental Health	22.93	10.106		

Note: **p < 0.05 (significant)*

The table presents the descriptive statistics and Pearson's correlation between Fear of Missing Out (FOMO) and mental health among adolescent students. The mean score of FOMO is 27**.**33 with a standard deviation of 6.594, while the mean score of mental health is 22.93 with a standard deviation of 10.106. This indicates that the participants show moderate levels of FOMO and mental health concerns. The correlation analysis reveals a positive relationship between FOMO and mental health (r = 0.147**),** which is statistically significant at the 0.05 level **(**p = 0.038). This means that adolescents with higher levels of Fear of Missing Out tend to report higher levels of depression, anxiety, and stress. Although the relationship is statistically significant, the correlation is weak, indicating that FOMO has a limited association with mental health. This suggests that while FOMO contributes to psychological distress among adolescents, other factors may also influence their mental health. Overall, the findings suggest that higher FOMO is associated with poorer mental health among adolescents, supporting the idea that fear of missing out may negatively affect their emotional well-being.

4.4 T-Test Analysis

Table 4.4 Independent Samples t-Test for School Type Differences in FOMO (N = 200)

School Type	Mean	SD	T	P
Government	26.98	6.686	-0.739	0.461
Private	27.67	6.517		

Note: p > .05 indicates no significant difference.

The above table presents the results of the independent samples t-test conducted to examine school type differences in Fear of Missing Out (FOMO) among adolescent students. The findings show that there is no significant difference in FOMO scores between government and private school students (t = -0.739, p = .461), as the p-value is greater than the 0.05 level of significance. This indicates that students from both types of schools experience similar levels of Fear of Missing Out. Although private school students scored slightly higher on FOMO compared to government school

students, the difference was not statistically significant. Overall, the findings suggest that school type does not have a significant influence on Fear of Missing Out among adolescent students.

Table 4.5 Independent Samples t-Test for School Type Differences in Mental Health (N = 200)

School Type	Mean	SD	t	P
Government	22.58	10.283	-0.482	0.630
Private	23.27	9.961		

Note: p > .05 indicates no significant difference.

The above table presents the results of the independent samples t-test conducted to examine school type differences in Mental Health among adolescent students. The findings show that there is no significant difference in mental health scores between government and private school students (t = -0.482, p = 0.630), as the p-value is greater than the 0.05 level of significance. This indicates that students from both types of schools experience similar levels of mental health distress. Although private school students scored slightly higher on mental health distress compared to government school students, the difference was not statistically significant. Overall, the findings suggest that school type does not have a significant influence on mental health among adolescent students.

Table 4.6 Independent Samples t-Test for Gender Differences in FOMO (N = 200)

Gender	Mean	SD	t	P
Male	26.52	6.600	-1.735	0.084
Female	28.13	6.522		

Note: p > .05 indicates no significant difference.

The above table presents the results of the independent samples t-test conducted to examine gender differences in Fear of Missing Out (FOMO) among adolescent students. The findings show that there is no significant difference in FOMO scores

between male and female students (t = -1.735, p = 0.084), as the p-value is greater than the 0.05 level of significance. This indicates that both male and female students experience similar levels of Fear of Missing Out. Although female students scored slightly higher on FOMO compared to male students, the difference was not statistically significant. Overall, the findings suggest that gender does not have a significant influence on Fear of Missing Out among adolescent students.

Table 4.7 Independent Samples t-Test for Gender Differences in Mental Health (N = 200)

Gender	Mean	SD	T	P
Male	20.77	10.058	-3.080	0.002*
Female	25.08	9.729		

Note: **p < 0.05 (significant)*

The above table presents the results of the independent samples t-test conducted to examine gender differences in Mental Health among adolescent students. The findings show that there is a significant difference in mental health scores between male and female students (t = -3.080, p = 0.002*), as the p-value is less than the 0.05 level of significance. This indicates that male and female students differ significantly in their mental health levels. The negative mean difference suggests that female students scored higher on mental health distress than male students. This means that female adolescents reported higher levels of depression, anxiety, and stress compared to male adolescents. Overall, the findings suggest that gender has a significant influence on mental health among adolescent students, with female students experiencing greater psychological distress than male students.

CHAPTER – V
FINDINDS, CONCLUSION AND IMPLICATIONS

CHAPTER – V

FINDINDS, CONCLUSION AND IMPLICATIONS

5.1 Introduction

This chapter presents a comprehensive discussion of the findings reported in Chapter IV, placing them within the broader context of existing theoretical perspectives and empirical research on Fear of Missing Out (FOMO) and mental health among adolescents. The chapter begins by revisiting the objectives and hypotheses of the study, followed by a detailed interpretation of the major findings. It further discusses the theoretical and practical implications of the results, acknowledges the limitations of the study, and suggests directions for future research. The chapter concludes with a summary of the major conclusions drawn from the findings of the study. The present study was undertaken to examine the relationship between Fear of Missing Out (FOMO) and mental health among late adolescents. Specifically, the study sought to investigate three major research concerns: (1) the nature of the relationship between FOMO and mental health among adolescents, (2) whether significant differences exist in FOMO and mental health on the basis of gender, and (3) whether significant differences exist in FOMO and mental health on the basis of school type. To address these concerns, statistical analyses including Pearson's correlation and independent samples t-tests were employed. The discussion in this chapter is organized according to these objectives, examining each finding in relation to previous research studies and theoretical explanations. By integrating the present findings with earlier literature, the chapter attempts to provide a clearer understanding of how FOMO is associated with adolescent mental health and the implications of these findings for students, educators, and mental health professionals.

5.2 Discussion of Findings

The primary objective of the study was to examine the relationship between Fear of Missing Out (FOMO) and mental health among adolescents, as well as to explore differences based on gender and school type.

5.2.1 Relationship between FOMO and Mental Health

The findings of the study revealed a positive and statistically significant relationship between FOMO and mental health ($r = 0.147^*$, $p < 0.05$). Although the correlation is weak, it indicates that higher levels of FOMO are associated with higher levels of depression, anxiety, and stress among adolescents. This result can be understood in the context of adolescent development, where peer interaction, social comparison, and the need for belongingness are highly prominent. Adolescents who experience FOMO may constantly feel excluded from rewarding social experiences, which can lead to emotional distress and reduced psychological well-being.

5.2.2 Gender Differences in FOMO

The study found no significant gender difference in Fear of Missing Out (FOMO), suggesting that both male and female students experience similar levels of fear of missing out. This indicates that FOMO is a common phenomenon among adolescents irrespective of gender and may be influenced by similar patterns of social interaction, peer pressure, and need for social connection among both males and females.

5.2.3 Gender Differences in Mental Health

A significant gender difference was found in mental health, with female students reporting higher levels of depression, anxiety, and stress compared to male students. This may be due to greater emotional sensitivity, higher social expectations, and a stronger tendency toward internalizing problems among females. The findings suggest that female adolescents may be more vulnerable to psychological distress during late adolescence.

5.2.4 School Type Differences in FOMO

The findings revealed no significant difference between government and private school students in terms of Fear of Missing Out (FOMO). This suggests that students from both types of schools experience similar levels of fear of missing out. The results indicate that school type alone does not significantly influence FOMO among adolescents. Factors such as social media usage, peer interaction, and individual personality traits may have a greater impact on the development of FOMO.

5.2.5 School Type Differences in Mental Health

The findings revealed no significant difference between government and private school students in terms of mental health. This suggests that the level of depression, anxiety, and stress does not vary significantly across school type. The results indicate that school environment alone may not strongly influence psychological distress among adolescents. Other factors such as family environment, peer relationships, academic pressure, and personal coping abilities may play a more important role in determining adolescent mental health.

5.3 Theoretical Implications

The present study contributes to the theoretical understanding of Fear of Missing Out (FOMO) and its association with mental health among adolescents, particularly in relation to the growing body of literature emphasizing the psychological impact of social comparison and unmet belongingness needs during adolescence. The finding of a significant positive relationship between FOMO and mental health problems supports previous research indicating that adolescents who experience greater fear of being excluded from rewarding social experiences are more likely to experience symptoms of depression, anxiety, and stress. This result is in line with the findings of Przybylski et al. (2013), who conceptualized FOMO as a pervasive apprehension that others might be having rewarding experiences without the individual, leading to dissatisfaction and emotional distress. The present findings reinforce this conceptualization by demonstrating that adolescents with higher FOMO report poorer mental health outcomes. The findings also support the work of Oberst et al. (2017), who reported that FOMO is closely linked with emotional maladjustment and psychological vulnerability. The present study strengthens this understanding by confirming that FOMO acts as a psychological stressor in the lives of adolescents, increasing their susceptibility to depression, anxiety, and stress. This supports theoretical perspectives suggesting that persistent social comparison and fear of exclusion create internal emotional strain, particularly during adolescence when peer belonging is highly valued. Another important contribution of the present study lies in the finding that female students reported significantly higher mental health distress, although no significant gender difference was found in FOMO. This finding aligns with previous studies which indicate that adolescent girls are generally more

vulnerable to emotional distress. For instance, Twenge and Nolen-Hoeksema (2002) found that female adolescents reported higher levels of depressive symptoms and emotional difficulties compared to males. The present findings support this gender-based psychological vulnerability while suggesting that the experience of FOMO itself may be similar across gender. The absence of significant differences in FOMO and mental health with respect to school type also has theoretical significance. This finding suggests that FOMO and related psychological distress may be universal experiences among adolescents rather than being determined by institutional factors such as the type of school attended. This supports the view that developmental, interpersonal, and psychosocial influences may be more important than structural educational differences in understanding adolescent mental health. Overall, the present study extends the existing literature by confirming that FOMO is a meaningful psychological factor associated with adolescent mental health and by demonstrating that its emotional consequences may be particularly important in understanding gender differences in psychological distress.

5.4 Practical Implications

5.4.1 Implications for Students

The findings of the present study suggest that Fear of Missing Out (FOMO) plays an important role in influencing adolescent mental health. Since higher FOMO was found to be associated with greater levels of depression, anxiety, and stress, students need to be made aware of the emotional impact of excessive social comparison and constant pressure to remain socially connected. This implication is supported by the findings of Przybylski et al. (2013), who emphasized that FOMO can create dissatisfaction and emotional discomfort by making individuals feel that they are missing valuable experiences. Awareness programmes can help students recognize these patterns and encourage healthier attitudes toward peer interaction and social engagement. Students may also benefit from activities that strengthen emotional resilience, self-esteem, and social confidence.

5.4.2 Implications for Parents and Teachers

The findings also have important implications for parents and teachers, who play a crucial role in adolescents' emotional development. Since the study found that higher

FOMO is associated with greater mental health difficulties, parents need to provide emotional reassurance and maintain open communication with adolescents regarding peer pressure, feelings of exclusion, and social stress. A supportive home environment may reduce the emotional insecurity that contributes to FOMO. Teachers can help by fostering inclusive classroom environments where students feel accepted and socially connected. This implication is consistent with findings from Oberst et al. (2017**)**, who noted that social belongingness plays a key role in reducing emotional distress related to FOMO. Teachers who encourage supportive peer interactions may help reduce feelings of exclusion among students. The finding that female students reported higher mental health distress indicates the need for greater emotional sensitivity toward adolescent girls.

5.4.3 Implications for School Counsellors

The present study highlights the importance of school counselling services in addressing the emotional impact of FOMO among adolescents. Since FOMO was found to be positively associated with mental health problems, school counsellors should address themes such as social comparison, peer pressure, and emotional insecurity in counselling sessions. Counselling interventions aimed at improving self-esteem and emotional regulation may help adolescents cope with the anxiety related to missing out. This is supported by the findings of Barry et al. (2017), who suggested that adolescents with high FOMO benefit from interventions focused on emotional regulation and self-awareness. By helping students build emotional resilience, counsellors can reduce the negative impact of FOMO on psychological well-being. Special counselling support may also be required for female students, who showed significantly higher levels of depression, anxiety, and stress in the present study.

5.4.4 Implications for Educational Institutions

The present findings suggest that educational institutions should take active steps to promote mental health awareness and provide supportive environments for adolescents. Since the study found no significant differences based on school type, the need for emotional support and psychological intervention exists in both government and private schools. Schools should implement programmes that educate students about the psychological risks associated with FOMO and teach coping strategies for managing social pressure. This implication is consistent with previous literature

indicating that school environments play a major role in promoting emotional well-being. Schools that prioritize mental health support, peer inclusion, and counselling services can help reduce FOMO-related distress and foster healthier psychological development among students. Thus, the practical implications of the present study highlight the need for coordinated efforts by students, families, schools, and mental health professionals to reduce the psychological burden associated with FOMO.

5.5 Conclusion

Based on the findings of the present study, it can be concluded that there exists a significant positive relationship between Fear of Missing Out (FOMO) and mental health problems among adolescents**.** This indicates that adolescents who experience higher levels of FOMO are more likely to report increased symptoms of depression, anxiety, and stress. The findings suggest that FOMO is an important psychological factor that may negatively influence the emotional well-being of adolescents. The study further reveals that FOMO is experienced similarly by both male and female students, indicating that the fear of being left out of rewarding social experiences is a common phenomenon among adolescents regardless of gender. However, the results also show that female students experience significantly higher levels of mental health problems than male students, suggesting that adolescent girls may be more vulnerable to emotional distress. In addition, the findings indicate that school type does not significantly influence FOMO or mental health, as no meaningful differences were found between students from government and private schools. This suggests that the experience of FOMO and its impact on mental health are not shaped by institutional differences but may be more strongly related to individual and psychosocial factors. Overall, the study highlights that FOMO is an important psychological factor associated with adolescent mental health, and the findings emphasize the need for greater awareness and timely interventions to address FOMO in both educational and everyday life settings.

5.6 Limitations of the Study

The present study, while contributing meaningfully to the understanding of the relationship between Fear of Missing Out (FOMO) and mental health among

adolescent students, is subject to certain limitations that should be taken into account while interpreting the findings.

Sample Size and Composition: The study was conducted on a sample of 200 adolescent students selected from government and private schools. Although the sample size was adequate for the statistical analyses employed in the study, it may limit the generalizability of the findings to adolescents from other educational settings or geographical regions. The experiences of adolescents may vary across different cultural, social, and institutional contexts; therefore, the results of the present study cannot be generalized to all adolescent populations. Future studies may include larger and more diverse samples drawn from different schools and regions to improve the generalizability of the findings.

Use of Self-Report Measures: The data in the present study were collected using self-report questionnaires, which may be influenced by response bias. Participants may underreport or over report their actual experiences due to social desirability, misunderstanding of questionnaire items, or reluctance to disclose personal emotional difficulties. As a result, the reported levels of FOMO and mental health may not fully reflect the actual psychological state of the participants. Future research may benefit from combining self-report measures with interviews or observational methods to obtain more comprehensive data.

Limited Variables Studied: The present study focused only on Fear of Missing Out (FOMO) and mental health, while many other variables that may influence adolescent mental health were not included. Factors such as social media use, peer pressure, self-esteem, family environment, academic stress, and emotional support may also affect the relationship between FOMO and mental health. The exclusion of these variables limits the broader understanding of the factors contributing to adolescents' psychological well-being. Future studies should include additional psychosocial variables to provide a more comprehensive analysis.

Restricted Geographical Area: The participants in the study were selected from schools within a limited geographical area. Since social experiences and mental health patterns may vary across different regions, the findings may not represent adolescents from other locations. Regional differences in educational environment, family

background, and social exposure may influence the relationship between FOMO and mental health. Therefore, the geographical limitation of the study restricts the wider applicability of the results.

Potential Sampling Bias: Although efforts were made to obtain balanced representation based on gender and school type, the use of purposive sampling may introduce sampling bias. Students selected from specific schools may not accurately represent the wider adolescent population. This may influence the extent to which the findings can be generalized beyond the selected sample. Future studies may use random sampling techniques to enhance representativeness.

Despite these limitations, the study provides useful insights into the relationship between Fear of Missing Out and mental health among adolescents and offers a basis for further research in this area.

5.7 Suggestions for Future Research

Based on the limitations of the present study, several suggestions can be made for future research in order to gain a deeper understanding of the relationship between Fear of Missing Out (FOMO) and mental health among adolescents.

- First, future studies may include a **larger and more diverse sample** of adolescents from different schools, regions, and socio-economic backgrounds. The present study was limited to a specific sample size and geographical area, which may restrict the generalizability of the findings. Including participants from varied backgrounds would help in obtaining more representative results and provide a broader understanding of how FOMO affects adolescent mental health across different populations.
- Second, **comparative studies across different age groups** may be conducted to examine whether the relationship between FOMO and mental health differs across developmental stages. For example, future researchers may compare early adolescents, late adolescents, and young adults to determine whether the intensity and impact of FOMO changes with age. Such comparisons would

help in identifying the developmental periods in which individuals are most vulnerable to FOMO-related distress.

- Third, future research may explore **additional psychological and social variables** such as **social media usage, self-esteem, personality traits, peer pressure, family support, and emotional regulation**. These factors may influence the extent to which FOMO affects mental health and may act as mediating or moderating variables. Including these variables would provide a more comprehensive understanding of the underlying factors associated with FOMO and adolescent psychological well-being.
- Fourth, **longitudinal studies** may be conducted to examine the relationship between FOMO and mental health over a longer period of time. Since the present study used a cross-sectional design, it was only able to identify an association between the variables at one point in time. Longitudinal research would help determine whether FOMO leads to mental health problems over time or whether adolescents experiencing psychological distress become more vulnerable to FOMO.
- Finally, **intervention-based studies** may be undertaken to identify effective strategies for reducing FOMO and improving mental health among adolescents. Future research may focus on designing and evaluating counselling programmes, awareness workshops, and emotional resilience training aimed at helping adolescents manage social pressure and reduce feelings of exclusion. Such studies would be valuable in developing practical interventions for promoting healthier psychological adjustment among adolescents.

Overall, future research should continue to explore Fear of Missing Out as an important psychological issue in adolescence, with the aim of developing a more detailed understanding of its causes, consequences, and possible interventions to support adolescent mental health.

SUMMARY

SUMMARY

TOPIC: AN EMPIRICAL STUDY ON THE RELATIONSHIP BETWEEN FEAR OF MISSING OUT (FOMO) AND MENTAL HEALTH AMONG LATE ADOLESCENTS

INTRODUCTION

The present study was conducted to examine the relationship between Fear of Missing Out (FOMO) and mental health among adolescent students**.** The findings revealed that there is a positive and statistically significant relationship between FOMO and mental health problems, indicating that adolescents with higher levels of FOMO are more likely to experience higher levels of depression, anxiety, and stress. The study also explored differences in FOMO and mental health based on gender and school type. The findings indicated that there was no significant gender difference in FOMO, suggesting that both male and female students experience similar levels of fear of missing out. However, a significant gender difference was observed in mental health, with female students reporting higher levels of psychological distress than male students. Further, no significant differences were found between government and private school students in terms of FOMO and mental health. This suggests that school type does not significantly influence adolescents' experiences of fear of missing out or psychological distress. The overall findings highlight that FOMO is an important psychological factor associated with adolescent mental health. In the context of increasing social media use and digital interaction, adolescents may experience pressure to remain socially connected, which can negatively affect their emotional well-being. The study emphasizes the need for greater awareness, preventive interventions, and psychological support systems to help adolescents manage FOMO and maintain better mental health. It also provides a basis for future research to further explore the broader psychological and social factors related to FOMO. In conclusion, the present study contributes to the growing body of literature on adolescent mental health by demonstrating that Fear of Missing Out is not merely a social phenomenon but also a meaningful psychological factor that can influence the emotional well-being of young individuals.

Need And Significance Of The Study

The present study focuses on late adolescence, a developmental stage marked by rapid emotional, social, and psychological changes. During this period, adolescents become more sensitive to peer relationships, social acceptance, and self-identity. Many adolescents experience feelings of worry, insecurity, and pressure related to belonging and approval, especially in the context of increased social media use. Fear of Missing Out (FOMO) intensifies these feelings and negatively affects mental health, leading to anxiety, stress, low self-esteem, and emotional instability. Although FOMO is widely studied, most existing research is conducted in Western countries and largely focuses on college students or adults. Very few studies examine FOMO among school-going adolescents in the Indian context, particularly those studying in Classes 11 and 12. Furthermore, much of the earlier research treats FOMO mainly as a consequence of social media usage patterns rather than as an emotional and psychological experience in itself. This limits understanding of how FOMO operates internally as a feeling of insecurity, comparison, and fear of exclusion. The present study addresses this research gap by examining FOMO as a psychological experience and exploring its relationship with mental health among late adolescents. By focusing on school students, the study aims to understand how feelings of exclusion, social comparison, and the need to belong influence emotional well-being, stress levels, and self-confidence. Studying Class 11 and 12 students is particularly important, as this stage involves academic pressure, identity formation, and preparation for future goals, which may increase vulnerability to FOMO-related stress. The findings of this study help educators, parents, and school counselors better understand the emotional challenges faced by adolescents. The results assist in designing school-based programs that promote emotional balance, self-awareness, healthy peer interaction, and resilience. The study also supports the development of counseling and mental-health initiatives in schools that aim to reduce anxiety and improve coping strategies among students. In addition, the findings guide awareness programs that encourage adolescents to manage emotions effectively, build self-confidence, and strengthen their sense of belonging. This research contributes to the growing field of adolescent psychology by emphasizing the importance of mental-health awareness during late adolescence. It also adds valuable Indian data by including students from both government and private schools, offering a clearer and culturally relevant

understanding of how FOMO and mental health are connected in the Indian school context.

Statement Of The Problem

In recent years, the rapid growth of social media and digital communication has significantly influenced the lives of adolescents. Late adolescence, which is a critical stage of emotional and social development, is marked by an increased need for social acceptance, belongingness, and peer interaction. In this context, the phenomenon of Fear of Missing Out (FOMO) has become increasingly common among young individuals. FOMO refers to the feeling that others are having rewarding experiences from which one is absent. Constant exposure to social media updates, peer activities, and online interactions often intensifies this feeling. Adolescents may frequently compare themselves with others and feel left out, which can affect their emotional well-being. At the same time, mental health issues such as depression, anxiety, and stress are rising among adolescents. The pressure to stay constantly connected, fear of exclusion, and excessive use of social media may contribute to these psychological problems. Despite growing awareness, there is still limited research focusing on the relationship between FOMO and mental health among late adolescents, particularly in the Indian context. Therefore, there is a need to examine how FOMO is related to mental health and whether it plays a significant role in influencing the emotional well-being of adolescents. Hence, the present study aims to investigate the relationship between Fear of Missing Out (FOMO) and mental health among late adolescents.

Operational Definitions Of Variables

Fear of Missing Out (FOMO): In the present study, Fear of Missing Out (FOMO) refers to the feeling that others may be having rewarding experiences without one's participation, along with a desire to stay continuously connected with others' activities. It is measured using the Fear of Missing Out Scale, where higher scores indicate higher levels of FOMO.

Mental Health: In this study, mental health refers to the emotional well-being of individuals in terms of depression, anxiety, and stress. It is measured using the Depression, Anxiety, and Stress Scale (DASS-21), where higher scores indicate higher levels of psychological distress.

Objectives Of The Study

- To examine the relationship between Fear of Missing Out (FOMO) and mental health among late adolescents.
- To assess the difference in Fear of Missing Out (FOMO) levels between government and private school students.
- To measure the difference in mental health levels between government and private school students.
- To assess the difference in Fear of Missing Out (FOMO) between male and female adolescents.
- To assess the difference in mental health between male and female adolescents.

Hypotheses Of The Study

- There is no significant relationship between Fear of Missing Out (FOMO) and mental health among late adolescents.
- There is no significant difference in FOMO levels between government and private school students.
- There is no significant difference in mental health levels between government and private school students.
- There is no significant difference in Fear of Missing Out (FOMO) between male and female adolescents.
- There is no significant difference in mental health between male and female adolescents.

Population Of The Study

The population of the present study consists of adolescents studying in senior secondary classes (Class 11 and 12). The study focuses on students aged between 15 to 18 years. These students belong to different schools, including government and private institutions. The population represents late adolescents who are at a stage of emotional and social development, making them suitable for examining Fear of Missing Out (FOMO) and mental health.

Sample For The Study

The sample for the present study consisted of 200 students studying in Class 11 and 12 from selected government and private schools of Jammu District**.** The age of the participants ranged from 15 to 18 years, which falls under the adolescent stage.

Tools Used

Fear of Missing Out Scale (FOMOs) The Fear of Missing Out Scale developed by Przybylski et al. (2013) is used to measure FOMO among adolescents. It consists of 10 items rated on a 5-point Likert scale ranging from "not at all true of me" to "extremely true of me." Higher scores indicate higher levels of FOMO. The scale has good reliability (0.87) and is widely used in research.

Depression, Anxiety, and Stress Scale (DASS-21) The DASS-21 developed by Lovibond and Lovibond (1995) is used to assess mental health. It includes 21 items divided into three subscales: depression, anxiety, and stress. Responses are recorded on a 4-point Likert scale. Higher scores indicate higher emotional distress. The scale shows high reliability, with coefficients of 0.94 (depression), 0.87 (anxiety), and 0.91 (stress).

Results Of The Study

In the present study, the levels of Fear of Missing Out (FOMO) and mental health among adolescent students were examined. The findings revealed that the mean score of FOMO was 27.33 (SD = 6.594), while the mean score of mental health was 22.93 (SD = 10.106), indicating moderate levels among participants.

The objective's result shows that there is a significant relationship between FOMO and mental health. The obtained correlation value ($r = 0.147^*$, $p < 0.05$) indicates a weak but statistically significant positive relationship. This suggests that higher levels of FOMO are associated with higher levels of depression, anxiety, and stress among adolescents.

The objective's result shows that there is no significant difference in FOMO between male and female students ($t = -1.735$, $p = 0.084$). This indicates that both genders experience similar levels of Fear of Missing Out.

However, a significant gender difference was found in mental health ($t = -3.080$, $p = 0.002$*). The negative mean difference indicates that female students reported higher levels of depression, anxiety, and stress compared to male students.

Further, the results show that there is no significant difference between government and private school students in terms of FOMO ($t = -0.739$, $p = 0.461$) and mental health ($t = -0.482$, $p = 0.630$). This indicates that school type does not significantly influence these variables.

Overall, the findings suggest that while FOMO has a weak but significant association with mental health, gender plays an important role in mental health differences, whereas school type does not have a significant impact.

Delimitations Of The Study

The study is limited to adolescents aged 15 to 18 years who are studying in Class 11 and 12 in selected government and private schools of Jammu District. Only students belonging to this age group and class level are included. Both boys and girls participate as respondents. The study focuses only on Fear of Missing Out (FOMO) and mental health. Data are collected using standardized self-report questionnaires, as these are convenient, time-efficient, and suitable for large samples. Students younger than 15 years or older than 18 years are not included. Students studying in colleges or in classes other than 11 and 12 are also excluded. The geographical area is restricted to Jammu District to maintain uniformity in the sample. The study does not include other psychological variables, personal background factors, or environmental influences.

Suggestions For Further Research

• Future studies should include a larger and more diverse sample from different schools, regions, and socio-economic backgrounds to improve generalizability.

• Comparative studies across different age groups may be conducted to examine how FOMO and mental health vary across developmental stages.

• Future research may include additional variables such as self-esteem, personality traits, peer pressure, family support, and emotional regulation to gain a deeper understanding.

• Longitudinal studies should be conducted to examine the relationship between FOMO and mental health over time.

• Intervention-based studies may be carried out to develop and evaluate strategies for reducing FOMO and improving mental health among adolescents.

Overall, further research is needed to better understand FOMO and its impact on adolescent mental health and to develop effective interventions.

REFERENCES

Adams, S. K., Murdock, K. K., Daly-Cano, M., & Rose, M. (2020). Sleep in the Social World of College Students: Bridging Interpersonal Stress and Fear of Missing Out with Mental Health. *Behavioral Sciences, 10*(2), 54. https://doi.org/10.3390/bs10020054

Alshowkan, A., &Shdaifat, E. (2025). Fear of Missing Out, Social Media Addiction, and Personality Traits Among Nursing Students: Cross-Sectional Study. *JMIR Nursing, 8*, e71502. https://doi.org/10.2196/71502

Alutaybi, A., Al-Thani, D., McAlaney, J., & Ali, R. (2020). Combating Fear of missing out (FOMO) on social media: the FOMO-R Method. *International Journal of Environmental Research and Public Health*, *17*(17), 6128. https://doi.org/10.3390/ijerph17176128

Anon. (2022). Mental Health An overview. *Social Science Humanities and Sustainability Research, 3*(2), p31. https://doi.org/10.22158/sshsr.v3n2p31

Baker, Z. G., Krieger, H., & LeRoy, A. S. (2016). Fear of missing out: Relationships with depression, mindfulness, and physical symptoms. *Translational Issues in Psychological Science*, *2*(3), 275–282. https://doi.org/10.1037/tps0000075

Ball-Rokeach, S., &DeFleur, M. (1976). A dependency model of Mass-Media effects. *Communication Research*, *3*(1), 3–21. https://doi.org/10.1177/009365027600300101

Barry, C. T., & Wong, M. Y. (2020). Fear of missing out (FOMO): A generational phenomenon or an individual difference? *Journal of Social and Personal Relationships*, *37*(12), 2952–2966. https://doi.org/10.1177/0265407520945394

Bertolote, J. (2008). The roots of the concept of mental health. *World Psychiatry*, *7*(2), 113–116. https://doi.org/10.1002/j.2051-5545.2008.tb00172.x

Beyens, I., Frison, E., &Eggermont, S. (2016). "I don't want to miss a thing": Adolescents' fear of missing out and its relationship to adolescents' social needs, Facebook use, and Facebook related stress. *Computers in Human Behavior*, *64*, 1–8. https://doi.org/10.1016/j.chb.2016.05.083

Bitanihirwe, B. K. Y. (2014). Mental health in a social context. *African Journal of Psychiatry*, *17*(06). https://doi.org/10.4172/psychiatry.1000169

Briggs, S. M., Reiter, S. R., & Lindsey, R. A. (2017). Adolescent social media use and mental health from adolescent and parent perspectives. *Journal of Adolescence*, *61*(1), 1–11. https://doi.org/10.1016/j.adolescence.2017.08.005

Cadorette, M., & Agnew, J. (2017). Mental health in the workplace. *Workplace Health & Safety*, *65*(9), 448. https://doi.org/10.1177/2165079917716188

Casale, S., & Fioravanti, G. (2019). Factor structure and psychometric properties of the Italian version of the fear of missing out scale in emerging adults and adolescents. *Addictive Behaviors*, *102*, 106179. https://doi.org/10.1016/j.addbeh.2019.106179

Christina, R., Yuniardi, M. S., & Prabowo, A. (2019). Hubungan Tingkat Neurotismedengan Fear of Missing Out (FOMO) pada RemajaPenggunaAktif Media Sosial. *Indigenous JurnalIlmiahPsikologi*, *4*(2), 105–117. https://doi.org/10.23917/indigenous.v4i2.8024

ÇiFçi, S., &Kumcağiz, H. (2023). The Relation between Fear of Missing Out and Subjective Well-Being: The Mediating Role of Social Comparison and Loneliness. *e-International Journal of Educational Research*. https://doi.org/10.19160/e-ijer.1187412

Clayton, R. B., Leshner, G., & Almond, A. (2015). The extended iSelf: the impact of iPhone separation on cognition, emotion, and physiology. *Journal of Computer-Mediated Communication*, *20*, 119-135.https:// doi:10.1111/jcc4.12109

Dam, V. a. T., Dao, N. G., Nguyen, D. C., Vu, T. M. T., Boyer, L., Auquier, P., Fond, G., Ho, R. C. M., Ho, C. S. H., & Zhang, M. W. B. (2023). Quality of life and mental health of adolescents: Relationships with social media addiction, Fear of Missing out, and stress associated with neglect and negative reactions by online peers. *PLoS ONE*, *18*(6), e0286766. https://doi.org/10.1371/journal.pone.0286766

Deci, E. L., & Ryan, R. M. (2000). The "What" and "Why" of goal pursuits: human needs and the Self-Determination of behavior. *Psychological Inquiry*, *11*(4), 227–268. https://doi.org/10.1207/s15327965pli1104_01

Dogan, G., Akbulut, F. P., Catal, C., & Mishra, A. (2022). Stress Detection using Experience Sampling: A Systematic Mapping study. *International Journal of Environmental Research and Public Health*, *19*(9), 5693. https://doi.org/10.3390/ijerph19095693

Einstein, D. A., Dabb, C., & Fraser, M. (2023). FOMO, but not self-compassion, moderates the link between social media use and anxiety in adolescence. *Australian Journal of Psychology*, *75*(1), 2217961. https://doi.org/10.1080/00049530.2023.2217961

Elhai, J. D., Levine, J. C., Dvorak, R. D., & Hall, B. J. (2016). Fear of missing out, need for touch, anxiety and depression are related to problematic smartphone use. *Computers in Human Behavior*, *63*, 509–516. https://doi.org/10.1016/j.chb.2016.05.079

Engel, G. L. (1977). The need for a new medical model: a challenge for biomedicine. *Science*, *196*(4286), 129–136. https://doi.org/10.1126/science.847460

Erdoğan, A., Yılmaz, Y., &Hocaoğlu, Ç. (2021). The New Disease of the Modern Age: What Is the Fear of Missing Out "FOMO"? A Review. *Cyprus Turkish Journal of Psychiatry & Psychology Vol.3 Issue.3*, *3*(3). https://doi.org/10.35365/ctjpp.21.3.23

Fabris, M., Marengo, D., Longobardi, C., & Settanni, M. (2020). Investigating the links between fear of missing out, social media addiction, and emotional symptoms in adolescence: The role of stress associated with neglect and negative reactions on social media. *Addictive Behaviors*, *106*, 106364. https://doi.org/10.1016/j.addbeh.2020.106364

Festinger, L. (1954). A theory of social comparison processes. *Human Relations*, *7*(2), 117–140. https://doi.org/10.1177/001872675400700202

Franchina, V., Vanden Abeele, M., Van Rooij, A. J., Lo Coco, G., & De Marez, L. (2018). Fear of Missing Out as a Predictor of Problematic Social Media Use and Phubbing Behavior among Flemish Adolescents. *International Journal of Environmental Research and Public Health*, *15*(10), 2319. https://doi.org/10.3390/ijerph15102319

Franjić, S. (2022). Mental Health is an Integral Part of the General Health. *MedPress Psychiatry and Behavioral Sciences, 1*(1). https://doi.org/10.33582/mppbs.2022.202209002

Gezgin, D. M. (2018). Understanding patterns for smartphone addiction: age, sleep duration, social network use and fear of missing out. *Cypriot Journal of Educational Sciences*, *13*(2), 166–177. https://doi.org/10.18844/cjes.v13i2.2938

Ghebreyesus, T. A. (2020). Addressing mental health needs: an integral part of COVID-19 response. *World Psychiatry*, *19*(2), 129–130. https://doi.org/10.1002/wps.20768

Giancola, M., Mari, E., Palmiero, M., Burrai, J., Quaglieri, A., Lausi, G., Cordellieri, P., Fraschetti, A., Giannini, A. M., &Piccardi, L. (2025). Adolescence and online vulnerability: The role of fear of missing out (FOMO): A cross-sectional study during the third wave of the COVID-19 pandemic. *PLoS ONE, 20*(9), e0332147. https://doi.org/10.1371/journal.pone.0332147

Groh, A. M., Fearon, R. M. P., Van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., & Roisman, G. I. (2016). Attachment in the Early Life Course: Meta-Analytic Evidence for Its Role in Socioemotional Development. *Child Development Perspectives*, *11*(1), 70–76. https://doi.org/10.1111/cdep.12213

Gross, J. J. (1998). The Emerging Field of Emotion Regulation: An Integrative Review. *Review of General Psychology*, *2*(3), 271–299. https://doi.org/10.1037/1089-2680.2.3.271

Grover, S. L., Teo, S. T., Pick, D., & Roche, M. (2016). Mindfulness as a personal resource to reduce work stress in the job demands-resources model. *Stress and Health*, *33*(4), 426–436. https://doi.org/10.1002/smi.2726

Gupta, M., & Sharma, A. (2021). Fear of missing out: A brief overview of origin, theoretical underpinnings and relationship with mental health. *World Journal of Clinical Cases, 9*(19), 4881–4889. https://doi.org/10.12998/wjcc.v9.i19.4881

Guzmán-Brand, V. A., & García, L. E. G. (2025). Impacto del síndromeFOMOen la salud mental de losadolescentes. *PensandoPsicología*, *20*(2), 1–23. https://doi.org/10.16925/2382-3984.2024.02.03

Hartwell, H. (2015). Mental health and wellbeing. *Perspectives in Public Health*, *135*(1), 2. https://doi.org/10.1177/1757913914561670

Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, *44*(3), 513–524. https://doi.org/10.1037/0003-066x.44.3.513

Ibrahim, S. a. S., Dahlan, A., Pauzi, N. N. W. M., &Vetrayan, J. (2022). Fear of Missing Out (FOMO) and its relation with Depression and Anxiety among University Students. *Environment-Behaviour Proceedings Journal*, *7*(20), 233–238. https://doi.org/10.21834/ebpj.v7i20.3358

Kargın, M., Polat, H. T., & Şimşek, D. C. (2020). Evaluation of internet addiction and fear of missing out among nursing students. *Perspectives in Psychiatric Care*, *56*(3), 726–731. https://doi.org/10.1111/ppc.12488

Kartol, A., & Gündoğan, S. (2020). THE MEDIATING ROLE OF EMOTIONAL INTELLIGENCE IN THE RELATIONSHIP BETWEEN THE FEAR OF MISSING OUT IN SOCIAL ENVIRONMENTS (FOMO) AND DEPRESSION. *Zenodo (CERN European Organization for Nuclear Research)*. https://doi.org/10.5281/zenodo.3613904

Katz, E., Blumler, J. G., & Gurevitch, M. (1973). Uses and Gratifications research. *Public Opinion Quarterly*, *37*(4), 509. https://doi.org/10.1086/268109

Koly, K. N., Tasnim, Z., Ahmed, S., Saba, J., Mahmood, R., Farin, F. T., Choudhury, S., Ashraf, M. N., Hasan, M. T., Oloniniyi, I., Modasser, R. B., &Reidpath, D. D. (2022). Mental healthcare-seeking behavior of women in Bangladesh: content analysis of a social media platform. *BMC Psychiatry*, *22*(1), 797. https://doi.org/10.1186/s12888-022-04414-z

La Guardia, J. G., Ryan, R. M., Couchman, C. E., & Deci, E. L. (2000). Within-person variation in security of attachment: A self-determination theory perspective on attachment, need fulfillment, and well-being. *Journal of*

Personality and Social Psychology, *79*, 367–384. https://doi:10.1037//0022-3514.79.3367

Lai, C., Altavilla, D., Ronconi, A., &Aceto, P. (2016). Fear of missing out (FOMO) is associated with activation of the right middle temporal gyrus during inclusion social cue. *Computers in Human Behavior, 61*, 516-521.https://doi:10.1016/j.chb.2016.03.072

Leary, M. R., Kelly, K. M., Cottrell, C. a, &Schreindorfer, L. S. (2013). Construct validityof the need to belong scale: mapping the nomological network. *Journal of Personality Assessment, 95*, 610-624.https:// doi:10.1080/00223891.2013.819511

Lianawati, A., Kharisma, L. D., Prasetiyowati, T., Rahmah, R. I., Syamsiyah, N., Urifan, M. F., &Diasasari, A. (2023). Fear of missing out (FOMO) causes anxiety in adolescents. *Journal of Education and Counseling (JECO)*, 30–36. https://doi.org/10.32627/jeco.v3i2.760

Lin, S., Zhang, H., & Ma, A. (2018). The association between depression and coronary artery calcification: A meta-analysis of observational studies. *Journal of Affective Disorders*, *232*, 276–282. https://doi.org/10.1016/j.jad.2018.02.027

Lo Coco, G., Salerno, L., Franchina, V., La Tona, A., Di Blasi, M., & Giordano, C. (2020). Examining bi-directionality between Fear of Missing Out and problematic smartphone use. A two-wave panel study among adolescents. *Addictive Behaviors*, *106*, 106360. https://doi.org/10.1016/j.addbeh.2020.106360

Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the Depression Anxiety Stress Scales* (2nd ed.). Psychology Foundation.

Magomedova, A., & Fatima, G. (2025). Mental Health and Well-Being in the Modern Era: A Comprehensive Review of Challenges and Interventions. *Cureus*, *17*(1), e77683. https://doi.org/10.7759/cureus.77683

Mansukhani, V. (2025). The Psychology of Missing Out: Age-Wise Patterns of FOMO and Anxiety. *International Journal of Social Science Research and Review*, *8*(8), 100–113. https://doi.org/10.47814/ijssrr.v8i8.2785

Manzoor, R., & Akhtar, S. (2024). Unwilling the smartphone addiction, fear of missing out and mental health issues in youth. *Journal of Asian Development Studies*, *13*(3), 36–44. https://doi.org/10.62345/jads.2024.13.3.4

Maunder, R., Lancee, W., Balderson, K., Bennett, J., Borgundvaag, B., Evans, S., Fernandes, C., Goldbloom, D., Gupta, M., Hunter, J., Hall, L. M., Nagle, L., Pain, C., Peczeniuk, S., Raymond, G., Read, N., Rourke, S., Steinberg, R., Stewart, T., . . . Wasylenki, D. (2006). Long-term Psychological and Occupational Effects of Providing Hospital Healthcare during SARS Outbreak. *Emerging Infectious Diseases*, *12*(12), 1924–1932. https://doi.org/10.3201/eid1212.060584

McKay, D., & Asmundson, G. J. (2020). COVID-19 anxiety symptoms associated with problematic smartphone use severity in Chinese adults. *Journal of Affective Disorders*, *274*, 576–582. https://doi.org/10.1016/j.jad.2020.05.080

Nabity-Grover, T., Cheung, C. M., & Thatcher, J. B. (2020). Inside out and outside in: How the COVID-19 pandemic affects self-disclosure on social media. *International Journal of Information Management*, *55*, 102188. https://doi.org/10.1016/j.ijinfomgt.2020.102188

Oberst, U., Wegmann, E., Stodt, B., Brand, M., &Chamarro, A. (2016). Negative consequences from heavy social networking in adolescents: The mediating role of fear of missing out. *Journal of Adolescence*, *55*(1), 51–60. https://doi.org/10.1016/j.adolescence.2016.12.008

Obsuth, I., Hennighausen, K., Brumariu, L. E., & Lyons-Ruth, K. (2013). Disorganized Behavior in Adolescent–Parent Interaction: relations to attachment state of mind, partner abuse, and psychopathology. *Child Development*, *85*(1), 370–387. https://doi.org/10.1111/cdev.12113

Pennycook, G., Epstein, Z., Mosleh, M., Arechar, A. A., Eckles, D., & Rand, D. G. (2021). Shifting attention to accuracy can reduce misinformation online. *Nature*, *592*(7855), 590–595. https://doi.org/10.1038/s41586-021-03344-2

Przybylski, A. K., Murayama, K., DeHaan, C. R., & Gladwell, V. (2013). Motivational, emotional, and behavioral correlates of fear of missing out. *Computers in Human Behavior*, *29*(4), 1841–1848. https://doi.org/10.1016/j.chb.2013.02.014

Ratanasiripong, P. (2024). Navigating Mental Health Challenges: Influences and Paths to wellness. *Journal of Health Research*, *38*(5). https://doi.org/10.56808/2586-940x.1097

Reinecke, L., Vorderer, P., & Knop, K. (2014). Entertainment 2.0? The role of intrinsic and extrinsic need satisfaction for the enjoyment of Facebook use. *Journal of Communication*, *64*, 417-438.https:// doi:10.1111/jcom.12099

Riordan, B. C., Flett, J. a. M., Hunter, J. A., Scarf, D., & Conner, T. S. (2015). Fear of missing out (FOMO): the relationship between FOMO, alcohol use, and alcohol-related consequences in college students. *Journal of Psychiatry and Brain Functions*, *2*(1), 9. https://doi.org/10.7243/2055-3447-2-9

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, *55*(1), 68–78. https://doi.org/10.1037/0003-066x.55.1.68

Santor, D. A., Messervey, D., &Kusumakar, V. (2000). Measuring peer pressure,popularity, and conformity in adolescent boys and girls: Predicting schoolperformance, sexual attitudes, and substance abuse. *Journal of Youth and Adolescence*, *29*, 163-182. https://doi:1023/A:1005152515264

Satici, B., Gocet-Tekin, E., Deniz, M. E., & Satici, S. A. (2020). Adaptation of the Fear of COVID-19 Scale: Its Association with Psychological Distress and Life Satisfaction in Turkey. *International Journal of Mental Health and Addiction*, *19*(6), 1980–1988. https://doi.org/10.1007/s11469-020-00294-0

Savitri, J. A. (2019). Impact of fear of missing out on Psychological Well-Being among emerging adulthood aged social media users. *Psychological Research and Intervention*, *2*(2), 23–30. https://doi.org/10.21831/pri.v2i2.30363

Scott, H., & Woods, H. C. (2018). Fear of missing out and sleep: Cognitive behavioural factors in adolescents' nighttime social media use. *Journal of Adolescence*, *68*(1), 61–65. https://doi.org/10.1016/j.adolescence.2018.07.009

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, *55*(1), 5–14. https://doi.org/10.1037/0003-066x.55.1.5

Semarajana, N. I. N. G., Arningsih, N. a. a. D. R., &Arsana, N. I. G. J. P. (2024). Fear of Missing Out (FOMO) and Its Correlation with Mental Health of Saraswati 1 Denpasar High School Students. *International Journal of Health and Medicine*, *2*(1), 51–62. https://doi.org/10.62951/ijhm.v2i1.207

Sigman, M., Slezak, D. F., Drucaroff, L., Ribeiro, S., & Carrillo, F. (2021). Artificial and human intelligence in mental health. *AI Magazine*, *42*(1), 39–46. https://doi.org/10.1002/j.2371-9621.2021.tb00009.x

Spilt, J. L., Koomen, H. M. Y., & Thijs, J. T. (2011). Teacher Wellbeing: The importance of Teacher–Student relationships. *Educational Psychology Review*, *23*(4), 457–477. https://doi.org/10.1007/s10648-011-9170-y

Stanton, R., To, Q. G., Khalesi, S., Williams, S. L., Alley, S. J., Thwaite, T. L., Fenning, A. S., & Vandelanotte, C. (2020). Depression, Anxiety and Stress during COVID-19: Associations with Changes in Physical Activity, Sleep, Tobacco and Alcohol Use in Australian Adults. *International Journal of Environmental Research and Public Health*, *17*(11), 4065. https://doi.org/10.3390/ijerph17114065

Suero, S. F., Almagro, B. J., & Buñuel, P. S. (2019). Psychological needs, motivation and emotional intelligence in Physical Education. *Revista ElectrónicaInteruniversitaria De Formación Del Profesorado*, *22*(2). https://doi.org/10.6018/reifop.22.2.345241

Sundar, S. S., &Limperos, A. M. (2013). Uses and Grats 2.0: New gratifications for new media. *Journal of Broadcasting & Electronic Media*, *57*(4), 504–525. https://doi.org/10.1080/08838151.2013.845827

Sutanto, F., Sahrani, R., &Basaria, D. (2020). Fear of Missing Out (FOMO) and Psychological Well-Being of Late Adolescents using Social media. *Proceedings of the 2nd Tarumanagara International Conference on the Applications of Social Sciences and Humanities (TICASH 2020)*. https://doi.org/10.2991/assehr.k.201209.071

Szawłoga, T., Soroka, K., & Śliwińska, M. (2024). Relationship between fear of missing-out and adolescents mental health. *Environmental Medicine*, *27*(1), 18–22. https://doi.org/10.26444/ms/187716

Tandon, A., Dhir, A., Almugren, I., AlNemer, G. N., &Mäntymäki, M. (2021). Fear of missing out (FOMO) among social media users: a systematic literature review, synthesis and framework for future research. *Internet Research*, *31*(3), 782–821. https://doi.org/10.1108/intr-11-2019-0455

Tanrikulu, G., & Mouratidis, A. (2022). Life aspirations, school engagement, social anxiety, social media use and fear of missing out among adolescents. *Current Psychology*, *42*(32), 28689–28699. https://doi.org/10.1007/s12144-022-03917-y

Tedeschi, R. G., & Calhoun, L. G. (2004). TARGET ARTICLE: "Posttraumatic Growth: Conceptual foundations and Empirical Evidence." *Psychological Inquiry*, *15*(1), 1–18. https://doi.org/10.1207/s15327965pli1501_01

Türk, F., & Koçyiğit, B. (2025). The relationship between fear of missing out and loneliness among adolescents in the digital age: the mediating roles of emotion dysregulation and social media addiction. *Malaysian Online Journal of Educational Technology*, *13*(1), 19–36. https://doi.org/10.52380/mojet.2025.13.1.566

Twenge, J. M., Joiner, T. E., Rogers, M. L., & Martin, G. N. (2017). Increases in depressive Symptoms, Suicide-Related Outcomes, and suicide rates among U.S. adolescents after 2010 and links to increased new media screen time. *Clinical Psychological Science*, *6*(1), 3–17. https://doi.org/10.1177/2167702617723376

Wang, P., Zhao, M., Wang, X., Xie, X., Wang, Y., & Lei, L. (2017). Peer relationship and adolescent smartphone addiction: The mediating role of self-esteem and the moderating role of the need to belong. *Journal of Behavioral Addictions*, *6*(4), 708–717. https://doi.org/10.1556/2006.6.2017.079

Wegmann, E., Oberst, U., Stodt, B., & Brand, M. (2017). Online-specific fear of missing out and Internet-use expectancies contribute to symptoms of Internet-communication disorder. *Addictive Behaviors Reports*, *5*, 33–42. https://doi.org/10.1016/j.abrep.2017.04.001

Weisskirch, R. S. (2025). Fear of missing out and sexting among adolescents: Risk behaviors and mental health outcomes. *Youth & Society*, *57*(6), 1118–1131. https://doi.org/10.1177/0044118x251324581

Wolniewicz, C. A., Tiamiyu, M. F., Weeks, J. W., & Elhai, J. D. (2017). Problematic smartphone use and relations with negative affect, fear of missing out, and fear of negative and positive evaluation. *Psychiatry Research*, *262*, 618–623. https://doi.org/10.1016/j.psychres.2017.09.058

World Health Organization: WHO. (2019, December 19). *Mental health*. https://www.who.int/health-topics/mental-health

Yang, H., Fang, J., Bai, X., & Hall, B. J. (2019). Depression and anxiety symptoms are related to problematic smartphone use severity in Chinese young adults: Fear of missing out as a mediator. *Addictive Behaviors*, *101*, 105962. https://doi.org/10.1016/j.addbeh.2019.04.020

Young, J. A., Courtney, J. F., Bennett, R. J., Ellis, T. S., & Posey, C. (2020). The impact of anonymous, two-way, computer-mediated communication on perceived whistleblower credibility. *Information Technology and People*, *34*(3), 1119–1151. https://doi.org/10.1108/itp-03-2019-0138

Zimmerman, M. A. (1990). Toward a theory of learned hopefulness: A structural model analysis of participation and empowerment. *Journal of Research in Personality*, *24*(1), 71–86. https://doi.org/10.1016/0092-6566(90)90007-s

Zitoun, O. A., Alnaser, A. R., Niazi, K., Saquib, N., & Rosenheck, R. (2020). Attitudes of medical students in Saudi Arabia towards mental illness and their beliefs regarding its causes and treatability. *Asian Journal of Psychiatry*, *56*, 102515. https://doi.org/10.1016/j.ajp.2020.102515

CONSENT FORM

I, _____, the undersigned voluntarily agree to participate in the research study titled "AN EMPIRICAL STUDY ON THE RELATIONSHIP BETWEEN FEAR OF MISSING OUT (FOMO) AND MENTAL HEALTH AMONG LATE ADOLESCENTS " in Jammu district. I understand that my participation involves providing information through surveys and interviews, which will be used solely for academic purposes. I am aware that my responses will be kept confidential and that I can withdraw from the study at any time without my penality. I have been informed about the purpose of the study and understand that there are no risks involved. By signing below, I acknowledge my informed consent to participate in this research.

Date: Signature:

APPENDICES

Fear of Missing Out Scale: FoMOs

Przybylski, Murayama, DeHann, & Gladwell (2013)

Participant Instructions

Below is a collection of statements about your everyday experience. Using the scale provided please indicate how true each statement is of your general experiences. Please answer according to what really reflects your experiences rather than what you think your experiences should be. Please treat each item separately from every other item.

Response Anchors

Not at all true of me	|	1
Slightly true of me	|	2
Moderately true of me	|	3
Very true of me	|	4
Extremely true of me	|	5

Items

1. I fear others have more rewarding experiences than me.
2. I fear my friends have more rewarding experiences than me.
3. I get worried when I find out my friends are having fun without me.
4. I get anxious when I don't know what my friends are up to.
5. It is important that I understand my friends "in jokes."
6. Sometimes, I wonder if I spend too much time keeping up with what is going on.
7. It bothers me when I miss an opportunity to meet up with friends.
8. When I have a good time it is important for me to share the details online (e.g. updating status).
9. When I miss out on a planned get-together it bothers me.
10. When I go on vacation, I continue to keep tabs on what my friends are doing.

Calculating Individual Scores

Individual scores can be computed by averaging responses to all ten items and forms a reliable composite measure (α = .87 to .90).

How to Cite

Przybylski, A. K., Murayama, K., DeHaan, C. R., & Gladwell, V. (2013). Motivational, emotional, and behavioral correlates of fear of missing out. *Computers in Human Behavior, 29*, 1814-1848.

Notes on Use

- Where and when possible, randomize the presentation order of these items.
- I am interested to hear about how the work is being used.
- This scale is provided free for personal and academic use.
- If you want to use this measure in a commercial or for profit organization let me know and we can work out licensing.

DASS21 Name: Date:

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you **over the past week**. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all

1 Applied to me to some degree, or some of the time

2 Applied to me to a considerable degree or a good part of time

3 Applied to me very much or most of the time

1 (s)	I found it hard to wind down	0 1 2 3
2 (a)	I was aware of dryness of my mouth	0 1 2 3
3 (d)	I couldn't seem to experience any positive feeling at all	0 1 2 3
4 (a)	I experienced breathing difficulty	0 1 2 3
5 (d)	I found it difficult to work up the initiative to do things	0 1 2 3
6 (s)	I tended to over-react to situations	0 1 2 3
7 (a)	I experienced trembling	0 1 2 3
8 (s)	I felt that I was using a lot of nervous energy	0 1 2 3
9 (a)	I was worried about situations in which I might panic and make a fool of myself	0 1 2 3
10 (d)	I felt that I had nothing to look forward to	0 1 2 3
11 (s)	I found myself getting agitated	0 1 2 3
12 (s)	I found it difficult to relax	0 1 2 3
13 (d)	I felt down-hearted and blue	0 1 2 3

14 (s)	I was intolerant of anything that kept me from getting on with what I was doing	0 1 2 3
15 (a)	I felt I was close to panic	0 1 2 3
16 (d)	I was unable to become enthusiastic about anything	0 1 2 3
17 (d)	I felt I wasn't worth much as a person	0 1 2 3
18 (s)	I felt that I was rather touchy	0 1 2 3
19 (a)	I was aware of the action of my heart in the absence of physical exertion	0 1 2 3
20 (a)	I felt scared without any good reason	0 1 2 3
21 (d)	I felt that life was meaningless	0 1 2 3

DASS-21 Scoring Instructions

The DASS-21 should not be used to replace a face to face clinical interview. If you are experiencing significant emotional difficulties you should contact your GP for a referral to a qualified professional.

Depression, Anxiety and Stress Scale - 21 Items (DASS-21)

The Depression, Anxiety and Stress Scale - 21 Items (DASS-21) is a set of three self-report scales designed to measure the emotional states of depression, anxiety and stress.

Each of the three DASS-21 scales contains 7 items, divided into subscales with similar content. The depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest / involvement, anhedonia and inertia. The anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The stress scale is sensitive to levels of chronic non-specific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset / agitated, irritable /over-reactive and impatient. Scores for depression, anxiety and stress are calculated by summing the scores for the relevant items.

The DASS-21 is based on a dimensional rather than a categorical conception of psychological disorder. The assumption on which the DASS-21 development was based (and which was confirmed by the research data) is that the differences between the depression, anxiety and the stress experienced by normal subjects and clinical populations are essentially differences of degree. The DASS-21 therefore has no direct implications for the allocation of patients to discrete diagnostic categories postulated in classificatory systems such as the DSM and ICD.

Recommended cut-off scores for conventional severity labels (normal, moderate, severe) are as follows:

NB Scores on the DASS-21 will need to be multiplied by 2 to calculate the final score.

	Depression	**Anxiety**	**Stress**
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
ExtremelySevere	28+	20+	34+

Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety & Stress Scales. (2nd Ed.)Sydney: Psychology Foundation.