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The Impact of Short Video Addiction on College Students' Mental Health: The Moderating Role of Core Self-Evaluations

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Abstract. In recent years, the trend of short video addiction among college students has become increasingly serious, leading to a growing number of associated issues that urgently require resolution. This study aims to investigate the impact of short video addiction on the mental health of college students, incorporating the variable of core self-evaluations to analyze its role within this relationship. Finally, corresponding and reasonable suggestions are proposed. A questionnaire survey was conducted among 1,425 college students using the Short Video Addiction Scale, the Core Self-Evaluations Scale, and the Depression and Anxiety subscales of the SCL-90. The findings indicate that short video addiction is positively correlated with depression and anxiety; core self-evaluations play a moderating role between short video addiction and depression/anxiety. Short video addiction has a negative impact on the mental health of college students. However, core self-evaluations to some extent buffer this negative influence and help maintain their psychological well-being.

Keywords: short video addiction, mental health, core self-evaluations, college students

1. Introduction

The short video format lasts less than 15 minutes—the majority between 1-5 minutes—and it has been becoming increasinglypopular [1]. The phenomenon of short-video addiction among college students has become more obvious and widespreadover the past few years.Cheng and Liuutilized the Short Video Addiction Scale to evaluate 512 college students anddiscovered that 385 exhibited addictive behavior based on this scale [2]. Li et al.surveyed 800 students and found that 173(21.6%) showed symptoms of short-video addiction [3]. Previous research have always shown that college students are a high-riskpopulation regarding internet addiction [4]; these difficulties may cause a series of problems which greatly effectstudents'physical and mental health.College students are essential future assets for the nation's development. How to use shortvideos rationally and scientifically without falling into addiction and resulting negative consequences becomes one of the coreissues of short-video research [5].

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2. Literature review

2.1. The impact of short video addiction on mental health

The concept of short video addiction describes a compulsive behavioral and psychological condition resulting from frequent usageof short-video applications, which involves a chronic/cyclical mental obsession and a strong and persistent feeling of desire anddependency. Watching short videos for an extended period of time stimulates users'brains; when the brain becomesaccustomed to such stimuli, people will repeat the process until they become addicted [6]. Extensive research indicates that addiction to short videos adversely impacts the mental health of college students in several waysit encroaches on their sleep time, delays the onset of sleep, and negatively affects overall sleep quality. Cognitively, the rapidpace and fragmented nature of short videos impair attentional control,making it more challenging to inhibit impulsive behaviorsand maintain focus on long-term goals.Furthermore, the content of these short videos often includes violent, pornographic,andmisleading material,which can distort students'value systems. It triggers unhealthy comparison about appearance, body image, and self-worth, thus decreasing self-esteem and undermining self-identity. Regarding emotions, short video addiction contributesto heightened anxiety and depression, as well as decreased subjective well-being and life satisfaction [7-12]. Socially, it can increase interpersonal sensitivityand lead to difficulties in social functioning [13]. As a result, we put forward Hypothesis 1(H1), which suggeststhat there is a negative correlation between short video addiction and mental health.

2.2. The moderating role of core self-evaluations

The concept of core self-evaluations(CSE) is about people's basic assessment of themselves. It comprises four attributesincluding self-esteem,generalized self-efficacy,locus of control, and emotional stability (i.e.,low neuroticism) [14]. Although some studies imply that using general short videos will not directly effect adolescents'core self-evaluationsbut when they reach the level of addiction, it will do so [15]. Short-video addiction can cause information overloadin excess usage,which promotes dysfunctional cognitive patterns and eventually harm individuals' core self-evaluations [16]. One of the main contributing factors for short video addiction is social stress, where the higher the stress, the higher the riskof developing addictive behavior [12, 17]. Core self-evaluations act as a psychological resource thatincreases the perception of control and help individuals dealbetterwith stressors by decreasing resource depletion and functioningas a moderating variable [14]. Liu showed that core self-evaluations significantly predict mental healthoutcomes among college students.Individuals with higher levels of CSE generally report greater life satisfaction and experienceelevated subjective well-being, positive self-perception, strong self-acceptance, andarich emotional life.In otherwords, individuals with higher CSE have a higher likelihood of exhibiting traits related to psychological health [18]. We suggestHypothesis 2(H2): The link between short video addiction and mental health is moderated by core self-evaluations. mental health.

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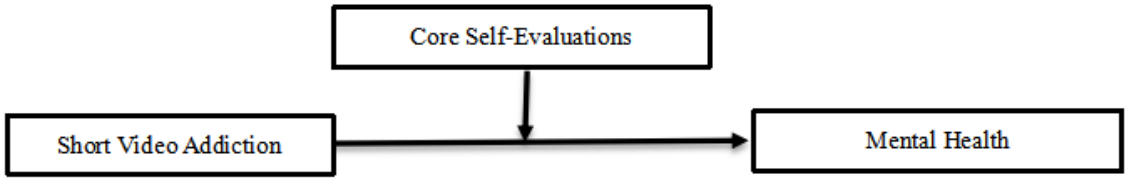


Figure 1. Research framwork

3. Methodology

3.1. Participants

Convenience cluster sampling was used for participant recruitment at a university located in Guiyang, China.The studentswere requested to take part in an online questionnaire,which received a total of 1,425 valid responses. Among these, therewere 526 males and 899 females, including 485 first-year students, 637 sophomores, 291 juniors, and 12 seniors.

3.2. Instruments

3.2.1. Short video addiction scale

Participants' levels of addiction to short video applications were measured using the Short Video Addiction Scale created by Qin [6]. It includes 14 items in four aspects: loss of control, withdrawal, escapism, and inefficiency. Participants respondon a 5-point Likert scale from 1("strongly disagree")to 5("strongly agree"). Higher scores indicate greater short video addiction. Items 2, 3, 4, 5, 7, 12, and 13 serve as diagnostic items. According to the 62.5% threshold rule, those who endorsed at least 4 outof seven items exhibited short video addiction. Good internal consistency was observed for this scale(Cronbach's alpha = 0.91); sub-scale alphas were 0.77(loss of control), 0.89(withdrawal), 0.85(escapism), and 0.76(inefficiency).

3.2.2. Core Self-Evaluations Scale (CSES)

We used the Core Self-Evaluations Scale revised by Du et al. [19], which measures an individual's general assessment of his or her self-worth and ability. It consists of ten items, where six are reverse scored: items 2, 3, 5, 7, 8, and 10. Respondents were asked to rate each item using a 5-point Likert scale that ranged from 1 ("strongly disagree") to 5 ("strongly agree"). Higher total score indicates more positive core self-evaluations. The scale had acceptable reliability with a Cronbach's alpha of 0.83.

3.2.3. SCL-90 subscales: depression and anxiety

The depression and anxiety subscales of the Symptom Checklist-90 (SCL-90) were used for mental health assessment [20, 21], which includes 23 items that are rated by respondents along a 5-point scale from 0 ("not at all") to 4 ("extremely"). Scores greater than or equal to 2 indicate clinically

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problematic symptoms: 2.0–2.9 is considered mild, while 3.0–3.8 is considered moderate severity, whereas scores ≥3.9 are considered severe.

3.3. Data analysis

After removing invalid responses and recoding reverse-scored items, data were analyzed using SPSS 21.0. The analysis included common method bias testing, descriptive statistics, one-sample t-tests, and Pearson correlation analysis. Moderation effects were examined using PROCESS macro version 4.1.

4. Results

4.1. Common method bias test

To examine common method bias we used Harman's single-factor test by performing an exploratory factor analysis using all the items across the four scales [22]. Seven factors were extracted that had eigenvalues over 1; however, the first factor explained only 36.125%, below the 40% critical threshold. Thus, common method bias is not a serious issue in our study.

4.2. Descriptive statistics and correlation analysis

Descriptive statistics,one-sample t-tests, and Pearson correlation analyse were conducted for short video addiction and its subdimensions, core self-evaluations, depression, and anxiety. As shown in Table 1: The mean score of the loss of control dimension was significantly lower than the midpoint value of 12 ($t = -8.18$, $p < .001$).

- The withdrawal dimension was significantly lower than the midpoint of 15 ($t = -19.93$, $p < .001$).
- The escapism dimension was significantly lower than the midpoint of 9 ($t = -4.90$, $p < .001$).
- The inefficiency dimension was significantly lower than the midpoint of 6 ($t = -4.25$, $p < .001$).
- The overall score of short video addiction was significantly lower than the midpoint value of 42 ($t = -12.94$, $p < .001$).

These results indicate that college students exhibited a relatively low level of short video addiction.

- The mean score of core self-evaluations was significantly higher than the midpoint of 30 ($t = 20.85$, $p < .001$), suggesting that students' core self-evaluations were relatively positive.
- The mean depression score was significantly lower than the clinical threshold of 2 ($t = -58.90$, $p < .001$), indicating a low level of depressive symptoms.
- Similarly, the mean anxiety score was significantly below 2 ($t = -51.68$, $p < .001$), indicating a low level of anxiety symptoms.

Overall, the results suggest that students had relatively low short video addiction, relatively positive core self-evaluations, and good mental health. Correlation analysis further revealed that short video addiction and its dimensions were significantly negatively correlated with core self-evaluations, and significantly positively correlated with both depression and anxiety.

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4.3. Moderation effect analysis

Table 1. Descriptive statistics and correlation matrix for all variables

	SD	M	1	2	3	4	5	6	7	8
1.Loss of control	11.33	3.11	1							
2.Withdrawal	12.59	4.56	0.61**	1						
3.Escapism	8.60	3.12	0.52**	0.65**	1					
4.Inefficiency	5.77	2.04	0.55**	0.61**	0.69**	1				
5.Total SVA	38.28	10.84	0.80**	0.90**	0.84**	0.80**	1			
6.CSE	33.25	5.88	-0.30**	-0.36**	-0.35**	-0.31**	-0.40**	1		
7.Depression	0.83	0.75	0.22**	0.31**	0.28**	0.25**	0.32**	-0.50**	1	
8.Anxiety	0.83	0.85	0.23**	0.29**	0.27**	0.24**	0.31**	-0.51**	0.90**	1

Note: *p < .05, **p < .01. *SVA = Short Video Addiction; CSE = Core Self-Evaluations.*

To examine the moderating role of core self-evaluations, PROCESS macro Model 1 was used with depression and anxiety as the dependent variables, short video addiction as the independent variable, and core self-evaluations as the moderator. Results are shown in Tables 2 and 3.

As shown in Table 2, the interaction term between short video addiction and core self-evaluations significantly predicted depression (β = -0.001, t = -3.851, p < .001), indicating that core self-evaluations moderated the effect of short video addiction on depression.

A simple slope analysis (see Figure 2) revealed that: When core self-evaluations were high, the increase in depression with rising levels of short video addiction was small but significant (β_simple = 0.005, t = 2.334, p < .05). When core self-evaluations were low, depression increased significantly with short video addiction (β_simple = 0.016, t = 7.022, p < .001).

As shown in Table 3, the interaction term between short video addiction and core self-evaluations also significantly predicted anxiety (β = -0.002, t = -5.823, p < .001). A simple slope analysis (see Figure 3) indicated:

For individuals with high core self-evaluations, the increase in anxiety as short video addiction increased was not significant (β_simple = 0.001, t = -0.474, p > .05). For those with low core self-evaluations, anxiety significantly increased with short video addiction (β_simple = 0.019, t = 7.684, p < .001).

These results demonstrate that core self-evaluations significantly moderated the relationship between short video addiction and both depression and anxiety.

Table 2. Moderation effect of core self-evaluations on the relationship between short video addiction and depression

		Significance of Coefficients		
Dependent Variable	Predictor	β	S.E.	t
Depression	Short Video Addiction	0.041	0.008	5.011***
	Core Self-Evaluations	-0.023	0.009	-2.476*

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Table 2. (continued)

Interaction term	SVA × CSE Interaction	-0.001	0.000	-3.851***
Model Fit Summary	R		0.524	
	R^2		0.274	
	F		179.208 ***	

Note: β = standardized regression coefficient;S.E. = standard error;t = t-value;SVA = Short Video Addiction, CSE = Core Self-Evaluations;*p < .05, **p < .01, ***p < .001

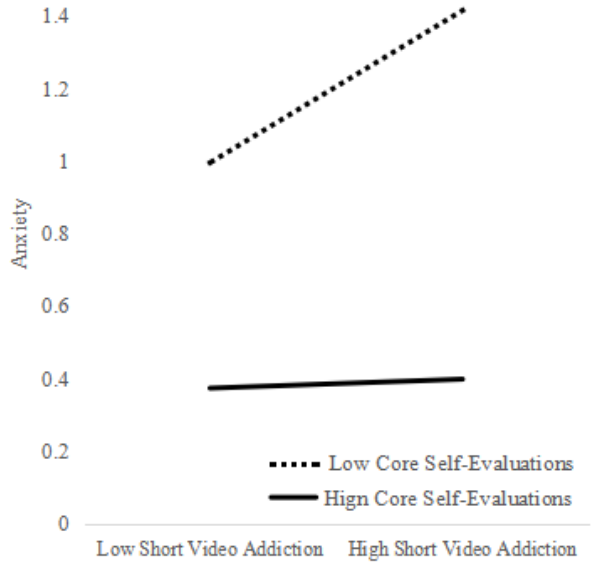


Figure 2. Moderating effect of core self-evaluations onthe relationship between short video addiction anddepression

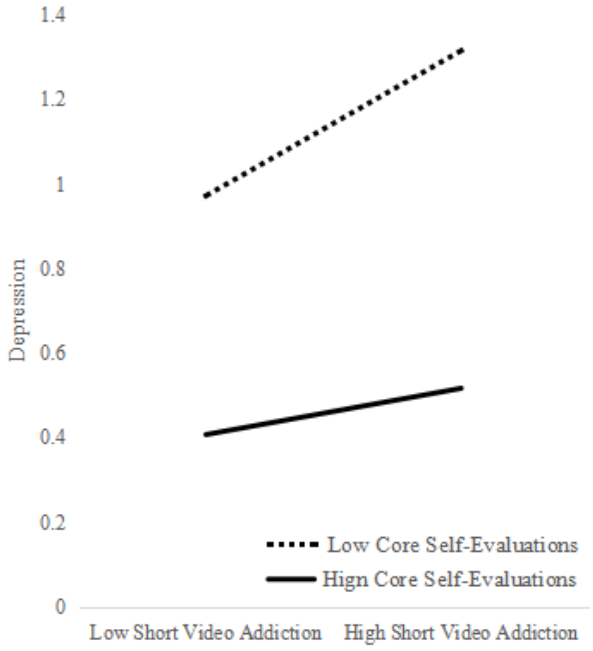


Figure 3. Moderating effect of core self-evaluations onthe relationship between short video addiction andanxiety

Table 3. Moderating effect of core self-evaluations on the relationship between short video addiction and anxiety

		Significance of Coefficients		
Dependent Variable	Predictor	β	S.E.	t
Anxiety	Short Video Addiction	0.062	0.009	6.767***
	Core Self-Evaluations	-0.010	0.010	-1.007
Interaction term	SVA × CSE Interaction	-0.002	0.000	-5.823***
Model Fit Summary	R		0.541	
	R^2		0.292	
	F		195.602 ***	

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Note: β = standardized regression coefficient;S.E. = standard error;t = t-value;SVA = Short Video Addiction, CSE = Core Self-Evaluations;*p < .05, **p < .01, ***p < .001

5. Discussion

5.1. The relationship between short video addiction and mental health

This study found a positive relationship between short video addiction and depression and anxiety, showing that great eraddiction was associated with increased levels of depressive and anxious symptoms for college students. According to Liu&Chen [23, 24], these findings are in line with earlier research.Addiction essentially involves lack of self-control. A feeling of being unable to control oneself leads to feelings of frustrationand helplessness, thus contributing to emotional disorders including depression and anxiety. Furthermore, excessive engagementin virtual environments diminishes college students'capacity to handle real-life situations [25], resulting in issuessuch as poor sleep quality, decreased attention, academic procrastination, and social detachment. This, in turn, intensifiestheir sense of losing control, increases perceived stress, and worsens negative emotions.

5.2. The moderating role of core self-evaluations

This study also found that core self-evaluations(CSE)moderates the effect of short video addiction on depression andanxiety: for students with low CSE, higher addiction was linked to significantly increased depressive and anxious symptomswhile for those with high CSE, there is no significant influence from addiction severity. Thus, CSE acts as a psychological bufferreducing the adverse mental health consequences of short video addiction. Supporting our finding, Wang et al. showed thatCSE moderated the association between excessive short video use and upward social comparison which influencesdepression [26]. Moreover, CSE has been found to negatively predict both depression and anxiety [27, 28], individuals with high CSE focus on positive aspects in their surroundings and have lowersensitivity towards negative stimuli [14]. This cognitive tendency allows high-CSE people to automatically reduce or filter the impact of very or negative content duringshort video consumption. They will be more likely to interpret positively even if faced by social comparisons or competitiveinformation,thusthey are less prone to depressive and anxious symptoms and can better maintain stable mental health.

6. Implications

6.1. Leverage short video platforms to promote mental health-friendly content for college students

Yang et al. conducted a study with secondary school students, in which participants regularly watched curated short videos followed by guided discussions [29]. The content focused on common adolescent issues related to interpersonal relationships and emotional regulation, and provided psychoeducational information on causes, consequences, and coping strategies. This intervention significantly alleviated depressive symptoms among the students.

Studies have found a negative correlation between short video addiction and the fulfillment of informational needs. By enabling college students to acquire knowledge, broaden their horizons, and experience a sense of achievement and personal growth through short video content, such platforms

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can satisfy students' information needs, which may in turn help mitigate addictive behaviors and promote psychological well-being [30].

6.2. Enhance college students' self-management and self-control skills

One of the key drivers of short video addiction is the immersive experience it offers. This sense of immersion induces heightened awareness, focused attention, and a strong sense of control while simultaneously obscuring environmental awareness and time perception [31]. Encouraging college students to develop structured daily routines and a heightened sense of time awareness and management can help them detach from the virtual world in a timely manner, thus reducing the risk of addiction. In addition, strong self-control skills enable individuals to better cope with real-life demands and challenges [32], reduce perceived stress, and lower the likelihood of developing short video addiction.

6.3. Improve core self-evaluations among college students

Core self-evaluations (CSE) serve as a protective factor that buffers the negative impact of short video addiction on depression and anxiety. Individuals with higher CSE are less likely to develop problematic media use patterns.Through offering psychological education courses and organizing group counseling activities can effectively enhance core self-evaluations among students [33, 34]. Promoting these programs within higher education institutions may therefore serve as a viable strategy for preventing or alleviating short video addiction.

7. Conclusion

Short-video addiction and its various dimensions show a significant positive correlation with depression and anxiety,as well as a significant negative correlation with core self-evaluation;conversel, core self-evaluation exhibits a significant negative correlation with both depression and anxiety.

The impact of short-video addiction on depression and anxiety mediated by core self-evaluation regulation: when core self-evaluation levels are low,the negative predictive effect of short-video addiction on depression is more pronounced;when core self-evaluation levels are high, this negative predictive effect is attenuated.

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