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Adult mental health in digital environments: workplace overload, social comparison, relationships and clinical assessment

Nagina Khan

Konrad Banicki

Abstract

Digital technologies are increasingly integrated into adult occupational, social and relational life. While these technologies provide opportunities for communication, flexibility and access to information and support, they may also contribute to psychological distress through workplace digital overload, social comparison, identity pressures and digitally mediated interpersonal difficulties.

This article examines three areas of clinical relevance: workplace digital overload and burnout, the influence of social media on mood and identity, and the impact of digital communication on relationships and emotional regulation. It adopts a contextual and functional perspective, recognising that the psychological effects of digital technology are shaped not only by individual behaviour but also by workplace cultures, organisational expectations, platform design and wider social influences. From a functional perspective, the clinical

Key points

- Digital technologies influence adult work, relationships, identity, emotional regulation and access to support.
- Workplace digital overload and expectations of constant availability may contribute to stress, impaired recovery and burnout.
- Social media may influence mood and self-evaluation through social comparison, identity pressures and passive engagement.
- Digital communication can influence relationship security, conflict, reassurance-seeking and emotional regulation.
- The clinical significance of digital behaviour depends on its context, purpose, function and consequences rather than screen time alone.
- Clinical assessment should consider both the wider digital environment and the individual's functional patterns of behaviour, including emotional responses and factors that may maintain or reinforce digital engagement.
- Effective intervention requires attention to both individual coping and behavioural strategies and wider social, relational and organisational contexts.

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significance of digital behaviour is considered in relation to its purpose, emotional meaning, antecedents and consequences, rather than by the behaviour or duration of use alone.

The article highlights the importance of incorporating digital history-taking into routine mental health assessment. Rather than focusing solely on time spent online, clinicians should explore the function of digital behaviour, associated emotional responses and its effects on occupational functioning, relationships, sleep and psychological wellbeing. A nomothetic approach, identifying common domains of digital experience, can be complemented by an idiographic formulation examining how particular digital behaviours function within an individual's psychological, social and environmental context. Practical intervention strategies, including psychoeducation, cognitive behavioural approaches, behavioural regulation and workplace or relationship-focused interventions where appropriate, are discussed.

A balanced clinical approach is advocated that recognises both the potential harms and benefits of digital technologies while supporting person-centred assessment and intervention. Understanding digital behaviour in context and in relation to its function may help clinicians distinguish adaptive and protective technology use from patterns that contribute to psychological distress or maintain existing difficulties.

Keywords Adult mental health; burnout; clinical formulation; digital technology; digital wellbeing; emotional regulation; functional assessment; social comparison; social media; technostress

Introduction

Digital technologies have become embedded within almost every aspect of adult life, influencing employment, communication, relationships, identity and access to information and support. Email, instant messaging platforms, video conferencing systems, social networking sites and professional networking platforms have transformed how adults work, interact and organise daily activities. These technologies provide significant benefits, including improved flexibility, increased access to information and opportunities for social connection. However, increasing digital integration has also introduced new challenges for psychological wellbeing.

The relationship between digital technology use and adult mental health is complex. The clinical significance of digital behaviour cannot be determined solely by the amount of time an individual spends online. The same digital activity may represent productive occupational

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engagement, meaningful social interaction, access to support, avoidance of distress or compulsive reassurance-seeking. Understanding the impact of technology therefore requires consideration of the context, purpose, function and consequences of digital behaviour within an individual's wider psychological and social environment. A functional perspective is particularly relevant because the observable behaviour itself does not necessarily indicate its psychological significance; rather, its significance depends on what precedes the behaviour, what the individual is seeking to achieve through it, and what consequences may maintain or reinforce it.

For adults, digital experiences are often interconnected across multiple areas of functioning. Workplace connectivity may contribute to difficulties separating professional and personal life, while social media environments may influence mood through comparison processes, identity pressures and exposure to idealised representations of others. Similarly, digitally mediated communication has altered patterns of interpersonal interaction, creating new opportunities for connection while also introducing potential sources of conflict, insecurity and emotional dysregulation. These experiences are also shaped by the wider environments in which digital behaviours occur, including workplace cultures, organisational expectations, relationship contexts, platform design and broader social norms.

Research examining technology-related stress has highlighted the concept of technostress, describing psychological strain associated with information overload, rapid technological change, uncertainty and expectations of continuous connectivity.[1] Within occupational settings, digital communication demands may contribute to increased cognitive load and reduced opportunities for psychological recovery. These experiences may be particularly relevant in contemporary working environments where remote and hybrid working arrangements have increased reliance on digital communication systems.

Social media represents another important area of clinical relevance. Although digital platforms can facilitate social connection and community support, they may also influence self- evaluation through social comparison processes. Exposure to selectively presented information regarding appearance, relationships, achievements and lifestyle may contribute to feelings of inadequacy or reduced wellbeing in some individuals.[2] Research suggests that passive social media engagement, characterised by viewing rather than interacting with content, may be associated with poorer wellbeing outcomes in certain contexts, potentially through increased comparison and reduced feelings of connection.[3]

Digital communication has also influenced adult relationships. Messaging platforms, social networking sites and online dating applications have change how individuals initiate, maintain and interpret interpersonal interactions. While these technologies can support connection, they may also contribute to relationship insecurity, online monitoring behaviours and conflict when communication is ambiguous or emotionally charged.[4]

Importantly, digital distress should not be conceptualised solely as an individual difficulty with technology management. Adult digital experiences are shaped by wider social and organisational factors, including workplace expectations, platform design, cultural norms surrounding availability and broader pressures associated with professional and personal identity.

A contextual and functional approach therefore provides a useful framework for understanding adult digital experiences. Context helps identify the occupational, relational, social and technological environments in which digital behaviour occurs, while functional analysis considers the purpose and consequences of particular behaviours for the individual. This distinction is clinically important because similar patterns of digital engagement may be protective or harmful depending on the circumstances. For example, frequent online interaction may provide essential social connection for an isolated adult while serving as reassurance-seeking or avoidance for another individual experiencing anxiety or low mood. A balanced clinical approach should therefore recognise both the potential harms and benefits of digital environments rather than assuming that digital engagement is inherently problematic.

This article examines three areas of digital experience relevant to adult mental health: workplace digital overload and burnout, social media-related mood and identity pressures, and digitally mediated relationships and emotional regulation. It then considers implications for clinical assessment and intervention, focusing on how clinicians can incorporate digital behaviour into a holistic understanding of adult psychological wellbeing and how a contextual and functional approach can complement routine clinical assessment.

Workplace digital overload and burnout

Digital technologies have transformed the modern workplace, changing how professionals communicate, organise tasks and maintain relationships with colleagues and organisations. Email, instant messaging platforms, virtual meetings and collaborative digital systems have increased flexibility and productivity across many sectors. However, these technologies have also altered expectations around availability, responsiveness and the boundaries between professional and personal life. Workplace digital overload refers to the cognitive and emotional burden associated with excessive exposure to digital communication, information demands and technology-mediated work processes. Employees may experience continuous interruptions from emails, notifications and messages while simultaneously managing competing professional responsibilities. This fragmentation of attention can reduce opportunities for sustained concentration and psychological recovery, particularly when individuals feel unable to disengage from work-related communication outside normal working hours.

The concept of technostress has been used to describe psychological strain arising from technology-related demands. Tarafdar et al. (2019) describe technostress as involving multiple processes, including information overload, uncertainty associated with technological change, invasion of personal time and pressure to maintain technological competence. Importantly, the psychological impact of digital technology is not determined by technology use alone but by the interaction between technological demands, organisational culture and individual coping resources.[1]

The transactional model of stress and coping provides a further framework for understanding these interactions. Lazarus and Folkman (1984) conceptualised stress not simply as a response to an external event, but as a transaction between the individual and their environment, shaped by cognitive appraisal and perceived coping resources.[5] From this perspective, a high volume of emails, messages or virtual meetings does not necessarily produce psychological distress in itself. The impact may depend on how digital demands are appraised, the individual's perceived control over those demands, available coping resources and the consequences of responding or disengaging.

Workplace expectations play an important role in determining whether digital connectivity becomes supportive or harmful. In some organisations, rapid responses to emails and messages may become an implicit expectation, creating a culture of continuous availability even

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when individuals are not formally required to remain connected. This can contribute to prolonged cognitive activation, where individuals remain mentally engaged with work demands during periods intended for rest and recovery. A functional perspective further suggests that digital behaviours should be understood in relation to what they accomplish for the individual. For example, repeatedly checking work email outside working hours may provide a temporary sense of control or reassurance about unfinished tasks, while simultaneously maintaining cognitive engagement with work and reducing opportunities for recovery. The behaviour may therefore be reinforced by the short-term reduction of uncertainty or anxiety, even when it contributes to longer-term exhaustion and impaired work-life boundaries.

These processes may contribute to occupational burnout. Burnout is characterised by emotional exhaustion, depersonalisation or cynicism and reduced professional efficacy.[6] Digital work environments may intensify these experiences by increasing workload visibility, accelerating communication demands and extending work-related thinking beyond the workplace. Employees may feel that they are never fully 'off duty,' particularly when smartphones and remote working systems allow immediate access to professional tasks.

The expansion of remote and hybrid working following the COVID-19 pandemic has further complicated the relationship between digital technology and occupational wellbeing. Although flexible working arrangements can improve autonomy and work-life balance for some individuals, they may also weaken psychological boundaries between work and home. Video conferencing, instant messaging and online collaboration tools can create expectations of constant accessibility and contribute to meeting fatigue, increased screen exposure and reduced separation between professional and personal roles.

These experiences should also be understood within their organisational and socioeconomic context. Expectations regarding digital availability are shaped not only by individual working habits but also by workplace culture, managerial practices, job insecurity and broader economic pressures. In some organisations, rapid responses to emails and messages are implicitly rewarded, while delayed responses may be interpreted as reduced commitment or productivity. Consequently, the ability to establish healthy digital boundaries is not determined solely by personal choice but also by the social and organisational environments in which employees work.[1,6]

Clinically, adults experiencing digital workplace overload may present with symptoms commonly associated with stress-related conditions, including fatigue, irritability, sleep disturbance, reduced concentration and persistent worry about unfinished tasks. Some individuals describe repeatedly checking emails outside working hours, difficulty relaxing without monitoring work communication, or feelings of guilt when delaying responses. These patterns may be particularly relevant in individuals whose professional identity is closely linked to achievement, responsibility or perceived competence. However, digital workplace distress should not be conceptualised solely as an individual problem of poor technology management. The ability to establish boundaries is influenced by wider contextual factors, including job role, organisational expectations, workplace hierarchy, employment security and managerial practices. Clinicians should therefore consider both individual coping strategies and the occupational environment contributing to distress.

Assessment should therefore consider both the context in which digital workplace behaviours occur and their individual function. Clinicians may ask about expectations regarding response times, frequency of out-of-hours communication, perceived ability to disconnect, impact on sleep and concentration, and whether digital work demands are affecting relationships or leisure activities. They may also explore what typically precedes repeated checking or continued connectivity, what the behaviour achieves in the short term, and what consequences follow over time. Understanding these patterns can help distinguish adaptive technology use from clinically significant digital overload and identify whether particular behaviours are contributing to the maintenance of stress.

Social media, mood and identity pressures Social media provides adults with opportunities to maintain relationships, access information, express identity and participate in communities. However, digital platforms may also influence mood and self-evaluation through social comparison, impression management and exposure to selectively presented information about others.

Social comparison theory proposes that individuals evaluate aspects of themselves through comparison with others.[7] Social media may intensify this process because users are frequently exposed to selectively presented accounts of other people's achievements, relationships, appearance, travel and lifestyle. Upward comparison may therefore contribute to feelings of inadequacy, envy or dissatisfaction, particularly when individuals compare their everyday experiences with highly curated representations of others' lives.[2] Social comparison may, however, involve more than comparisons with other people. Michalos' (1985) Multiple Discrepancies Theory proposes that wellbeing can be influenced by discrepancies between an individual's current circumstances and multiple standards, including what they want, what they previously experienced, what they expected and what relevant others possess.[8] Digital environments provide unusually frequent access to these comparison standards. An adult may therefore experience dissatisfaction not simply because another person's circumstances appear preferable, but because online content highlights discrepancies between their current life and desired, expected or socially valued standards. This may be particularly relevant during periods of occupational, relational or personal transition.

The psychological impact of social media is nevertheless not uniform. Active engagement may involve communication, mutual support and participation in meaningful communities, whereas passive engagement may involve prolonged consumption of other people's content without reciprocal interaction. Passive social media use has been associated with lower wellbeing in some contexts, potentially because it increases opportunities for comparison while providing limited social connection.[3] Conversely, active participation in supportive online communities may provide belonging, validation and access to social resources, particularly for adults who experience geographical, physical or social barriers to face to face interaction.

Digital environments may also influence adult identity. Individuals increasingly manage professional and personal identities across online spaces. Professional networking platforms may encourage users to display achievement, productivity and career progression, while other platforms may emphasise appearance, lifestyle and social participation. Maintaining these digital identities may become psychologically demanding when individuals perceive a gap between their online presentation and lived experience. Social media may consequently function as both a source and a response to psychological distress. An individual experiencing loneliness or low mood may turn to passive browsing for distraction or reassurance. However, exposure to idealised representations may intensify negative self-evaluation, leading to

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further browsing in an attempt to regulate the resulting distress. From a functional perspective, the same behaviour such as repeatedly checking social media may therefore serve different purposes across individuals, including seeking connection, reducing loneliness, obtaining reassurance, avoiding difficult emotions or simply providing stimulation. The short-term consequences of these behaviours may reinforce continued engagement even when longer-term effects include rumination, dissatisfaction or reduced wellbeing.

Broader debates have also considered whether the expansion of smartphone-based social media environments may contribute to wider changes in mental health. Haidt (2024), in The Anxious Generation, argues that the shift towards digitally mediated social lives has contributed to increasing mental-health difficulties among younger populations.[9,10] Although this work focuses predominantly on children and adolescents rather than adults, some of the proposed mechanisms including social comparison, digitally mediated social evaluation, reduced opportunities for face to face interaction and disrupted patterns of attention and sleep may also be relevant when considering adult digital environments. However, these proposed relationships should not be interpreted as evidence that social media use is uniformly harmful or causally responsible for adult mental-health difficulties. Social media should therefore be understood as a social environment rather than simply a technological tool. Platform algorithms prioritise engagement, visibility and emotionally salient content, while contemporary cultural norms increasingly encourage individuals to present achievement, productivity and personal success through digital platforms. These wider influences may amplify comparison processes and identity pressures, particularly during periods of psychological vulnerability.[2,3]

The clinical question is therefore not whether an individual should use social media at all. Instead, clinicians should explore what role social media plays within the individual's life, what function particular patterns of use serve, and whether the consequences are predominantly supportive, distressing, avoidant, compulsive or mixed. Assessment should consider both the individual's experience of social comparison and identity pressures and the wider social and digital environment in which these experiences occur.

Digitally mediated relationships and emotional regulation

Digital communication has become increasingly integrated into adult interpersonal relationships, influencing how individuals establish, maintain and interpret social connections. Messaging applications, social networking platforms and online dating services provide new opportunities for communication and relationship formation. These technologies can support connection across geographical distances, facilitate access to social networks and provide opportunities for individuals who may experience barriers to traditional forms of social interaction. However, digital communication may also introduce challenges related to misunderstanding, insecurity, conflict and emotional regulation.

One important difference between digital and face to face communication is the reduced availability of non-verbal cues. Tone of voice, facial expression and immediate interpersonal feedback are often absent in text-based interactions. As a result, brief messages, delayed responses or ambiguous online behaviours may be interpreted negatively, particularly by individuals who are already experiencing interpersonal insecurity or heightened sensitivity to rejection. Digital communication can therefore amplify uncertainty within relationships, with individuals attempting to interpret meaning from limited information. Online monitoring behaviours represent one example of how digital technology may influence relationship dynamics. Social media platforms allow individuals to observe aspects of another person's online activity, including interactions, comments, followers and public communications. Although some curiosity about online activity may be a normal feature of contemporary relationships, excessive monitoring may become associated with reassurance-seeking, jealousy and relational distress. Elphinston and Noller (2011) identified associations between Facebook intrusion, romantic jealousy and reduced relationship satisfaction, highlighting how digital behaviours may interact with existing relationship vulnerabilities.[4]

Digital communication may also influence patterns of conflict. The immediacy of messaging platforms allows individuals to communicate during periods of heightened emotional arousal, which may increase the likelihood of impulsive responses. Individuals experiencing anger, anxiety or distress may send messages that escalate interpersonal disagreements, while others may avoid difficult conversations through withdrawal, delayed responses or digital disengagement. These patterns may maintain relationship difficulties by reducing opportunities for constructive emotional processing and repair.

Online dating platforms represent another important area where digital environments intersect with adult mental health. These platforms have expanded opportunities for meeting potential partners and may be particularly valuable for individuals who experience difficulties accessing traditional social networks. However, repeated experiences of rejection, uncertainty or lack of meaningful connection may contribute to reduced self-esteem, emotional exhaustion and frustration. The process of repeatedly evaluating and being evaluated by others through digital profiles may also intensify concerns regarding attractiveness, social value and personal identity. A further example is the phenomenon commonly described as 'ghosting,' where communication ends abruptly without explanation. Although not unique to digital environments, online communication may make such experiences easier to enact. The absence of closure may contribute to rumination, self-blame and uncertainty, particularly for individuals with existing vulnerabilities related to attachment insecurity or rejection sensitivity.

Changing patterns of digital communication have also altered wider social expectations surrounding interpersonal relationships. Continuous access to messaging platforms and social networking sites may create assumptions regarding immediate availability, frequent reassurance and constant communication. Delays in responding, reduced online activity or ambiguous digital interactions may therefore acquire interpersonal meaning that extends beyond the communication itself, contributing to misunderstanding or conflict.[4]

Digital communication may therefore become part of broader emotional regulation processes. Individuals may use online interaction to seek reassurance, reduce loneliness, distract from distress or regulate difficult emotions. From a functional perspective, these behaviours may provide short-term relief while potentially reinforcing longer-term patterns of reassurance- seeking or avoidance. The clinical significance therefore depends on the function and consequences of the behaviour rather than the digital behaviour itself.

Clinically, digital relationship experiences should be considered within the wider context of the individual's interpersonal functioning. Not all online conflict, monitoring or communication difficulties represent psychopathology. The key considerations are the degree of distress, loss of control, functional impairment and whether digital behaviours contribute to unhealthy relational patterns, including

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coercion, persistent insecurity or emotional dysregulation. Assessment of adults presenting with relationship difficulties, anxiety or mood symptoms should therefore include exploration of digitally mediated interactions. Clinicians may consider asking about patterns of online communication, experiences of rejection or conflict, reassurance-seeking behaviours, monitoring of partners' online activity and the emotional impact of digital interactions. Understanding the context, function and consequences of these behaviours may support more comprehensive formulations of contemporary adult relationship difficulties.

Clinical assessment and intervention

Digital technology should increasingly be considered as part of routine psychosocial assessment in adult mental health care. The purpose of assessment is not to determine whether an individual uses technology 'too much,' but to understand how digital environments interact with mood, stress, relationships, identity, coping strategies and daily functioning. Time spent online alone is unlikely to provide sufficient information, as the same duration of digital engagement may represent meaningful connection, occupational necessity, avoidance, reassurance-seeking or compulsive behaviour depending on the individual context.

Clinical assessment should therefore explore the context, function and emotional meaning of digital behaviour. Clinicians should consider whether technology use contributes to distress, maintains existing psychological difficulties or provides adaptive support. A structured digital history may be particularly relevant when adults present with symptoms of anxiety, depression, burnout, sleep disturbance, interpersonal difficulties or reduced functioning. Key areas of enquiry include occupational digital demands, social media experiences, online relationship patterns, behavioural regulation and the impact of digital engagement on sleep and everyday activities. A clinical framework for exploring these domains is summarised in Table 1.

Where clinically indicated, validated measures may support assessment by providing structured information about specific symptoms or behaviours. The Bergen Social Media Addiction Scale (BSMAS) can be used to assess problematic social media engagement, including features such as salience, mood modification, withdrawal, conflict and relapse.[11] Broader patterns of problematic internet use and associated functional impairment may be explored using measures such as the Internet Addiction Test (IAT).[12] However, these measures should complement rather than replace clinical formulation, as digital behaviour occurs within wider psychological, occupational and social contexts.

Digital assessment domains in adult mental health

Domain	Areas of clinical enquiry
Occupational digital use	Email expectations, out-of-hours communication, meeting demands, perceived availability and difficulty disconnecting
Social media and mood	Social comparison, rumination, envy, loneliness, reassurance-seeking and emotional responses to online content
Digital identity	Pressure to present an idealised professional or personal identity and distress related to discrepancies between online and offline self
Relationships	Online conflict, monitoring behaviours, reassurance-seeking, rejection experiences and communication difficulties
Behavioural regulation	Loss of control, compulsive checking, habitual use and difficulty reducing engagement
Sleep and functioning	Late-night use, sleep disruption, concentration difficulties and impact on daily activities
Protective factors	Supportive online communities, meaningful connection and beneficial uses of technology

Contextual and functional formulation

Structured assessment provides a useful overview of common domains of digital experience, but it may not explain why a particular individual engages in a particular digital behaviour. A contextual and functional formulation can complement structured assessment by examining how digital behaviours operate within the individual's psychological, social and environmental context.

A functional analysis considers the circumstances preceding a behaviour, the behaviour itself, and its immediate and longer- term consequences. For example, repeated social media checking may function as reassurance-seeking, an attempt to reduce loneliness, avoidance of distress or a habitual response reinforced by immediate feedback. Similarly, repeatedly checking workplace emails may temporarily reduce uncertainty while maintaining work-related cognitive activation and interfering with psychological recovery. This approach is important because

Table 1

the same digital behaviour may have different meanings and consequences for different individuals. Clinical assessment should therefore move beyond identifying the presence or frequency of digital behaviours to consider their function, context and consequences, including what maintains them and whether they support or undermine psychological wellbeing.

Intervention

Intervention should be tailored according to the function of digital behaviour and the difficulties identified during assessment. Cognitive behavioural approaches may be useful where digital engagement reinforces maladaptive beliefs relating to professional adequacy, social comparison, rejection or interpersonal insecurity. Behavioural strategies may include adjusting notifications, establishing technology-free periods, creating clearer boundaries between work and personal time, reducing passive social media consumption and developing alternative coping activities. Psychoeducation may help individuals understand how notifications, feedback mechanisms and personalised content can reinforce habitual engagement without implying that technology use is inherently problematic. Where digital difficulties are embedded within workplace or relationship contexts, intervention may also require organisational or relationship- focused approaches rather than relying solely on individual behaviour change.

Digital mental health interventions and AI-based tools represent an evolving area of clinical practice. Digital platforms and AI chatbots may provide accessible psychological support and self- management, but their use also raises important questions concerning clinical suitability, safety, privacy and the limits of automated therapeutic interaction.

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Frances (2026) highlights the potential benefits of psychotherapy chatbots while also drawing attention to their risks, particularly when individuals with more complex or severe mental-health difficulties rely on AI without appropriate clinical oversight.[13] Clinicians should therefore consider AI and other digital interventions as potential resources rather than substitutes for clinical assessment and therapeutic judgement. Largely, clinical management should avoid framing technology as inherently harmful or beneficial.[14] The central clinical task is to understand the role and function of digital technology within the individual's life and its relationship to psychological wellbeing.

Key summary point

Adults do not simply use digital technologies; they live within digital environments shaped by organisational cultures, social norms and platform design. These wider contexts influence how technology is experienced and may contribute to psychological wellbeing, distress and patterns of mental health. Effective clinical assessment should therefore consider both individual digital behaviours and the environments in which they occur, while examining the function and consequences of particular patterns of digital engagement.

Conclusion

Digital technologies are now embedded within almost every aspect of adult life, influencing how individuals work, communicate, develop relationships and construct personal and professional identities. While digital environments provide substantial opportunities for connection, productivity and access to information and support, they may also contribute to psychological distress through workplace digital overload, social comparison, identity pressures and digitally mediated interpersonal difficulties. The psychological impact of digital technology cannot be understood through measures of screen time alone. The clinical significance of digital engagement depends on its context, function, emotional meaning and consequences for an individual's mental health, relationships and everyday functioning. The same digital behaviour may be supportive in one context while contributing to distress in another.

A contextual and functional approach is therefore essential. Digital experiences are shaped not only by individual characteristics but also by workplace cultures, organisational expectations, platform design and wider social norms. Clinical assessment should consequently move beyond quantifying technology use to consider what digital behaviours mean for the individual, what function they serve, what maintains them and whether their consequences are adaptive or harmful. Intervention should similarly adopt a balanced and individualised approach. Rather than advocating digital abstinence, clinicians should support adults in developing healthier and more intentional patterns of technology use that are consistent with their psychological wellbeing, occupational responsibilities and interpersonal relationships. Cognitive behavioural and behavioural approaches, psychoeducation and, where appropriate, organisational or relationship-based interventions may contribute to improved digital wellbeing. As digital technologies continue to evolve, clinicians will increasingly encounter patients whose psychological difficulties are influenced, directly or indirectly, by their digital environments. Developing competence in contextual, functional and person-centred assessment of digital behaviour should therefore become an integral component of contemporary adult mental healthcare. ◆

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