Exploring the Perceptions of the Relationship Between Social Media Mental Health

Content and Self-Diagnosis and Help-Seeking Behaviour among Young Adults

by

Selin Koşar (s2731908)

Department of Psychology, University of Twente

1st supervisor: Selin Ayas

2nd supervisor: Meike Berkhoff

2nd July 2024

Wordcount: 7077

Abstract

This study explores the perceptions of young adults regarding the relationship between mental health content on social media and their self-diagnosis and help-seeking behaviours. Utilizing a qualitative approach, semi-structured interviews were conducted with seven young adults aged 18-23 who actively engage with mental health content on social media and self-diagnosed before. The research aims to fill gaps in the existing literature by exploring the exposure to such content and individuals' mental health management and perceptions. Findings indicate that social media serves as a complementary information source rather than a substitute for professional help, highlighting its significant role in shaping users' mental health behaviours. However, the study also underscores the risks associated with misinformation and the potential negative emotional impacts of social media content. These insights call for improved regulation and education to ensure the accuracy and reliability of mental health information shared online. The study provides practical recommendations for social media platforms and mental health professionals to foster healthy engagement with mental health content, and emphasizes the need for responsible dissemination of information to support young adults' mental health positively.

Keywords: mental health, social media, self-diagnosis, help-seeking behaviour, young adults, qualitative study

Introduction

"Every week, she would come up with another diagnosis," says a mother about her teenage daughter, "if she sees a hint of herself in someone, she thinks she has it, too" (Kelly, 2023, para. 3). With the relatively recent widespread use of social media platforms such as TikTok, Instagram or YouTube, young adults are increasingly turning to these platforms for information as well as support regarding their mental health, during a global concern for mental health (Quraishi et al., 2023). These platforms have emerged as prominent platforms in the mental health ecosystem. Young users scrolling through their social media feeds encounter a myriad of mental health content, including personal experiences from (un)diagnosed individuals, mental health advice and self-help tips being shared amongst them (Kelly, 2023). Despite this surge of mental health-related content and a growing reliance on social media content for mental health related inquiries, its role and the implications of it on self-diagnosis and help-seeking behaviour on young adults remains to be investigated. For this purpose, this study focuses on exploring the relationship between exposure to mental health content on social media and self-diagnosis and the help-seeking behaviour of young adults.

Self-diagnosis can be defined as a process in which an individual diagnoses or identifies a medical condition, physical or mental, in oneself (Lewis, 2016). As such, it may be assisted by books, past experiences as well as resources on the Internet. Self-diagnosis itself is prone to error due to incorrect application of symptoms to the situation as well as confirmation bias (Lewis, 2016). The process may be influenced by external factors such as societal stigma around a condition, trends and marketing. In particular, the relative recent access to social media has made it easier for individuals to access an abundance of symptom lists and self-diagnose (Lupton & Jutel, 2015). When it comes to help-seeking behaviour, self-diagnosis may have benefits for patient-doctor communication, as a professional can see with what traits the client has identified with in order to fine-tune the diagnosis and treatment.

However, drawbacks include a simplification of a diagnosis which may lead to incorrect mental or physical health diagnoses without a doctor's intervention (Lupton & Jutel, 2015). Although studies have mainly been conducted on the impact of the internet or social media on self-diagnosis of physical health, social media's impact on mental health self-diagnosis specifically has not been as thoroughly investigated. Namely, the relationship between exposure to social media mental health content and, specifically, perceptions of their own mental health has not been thoroughly investigated.

The prevalence of mental health content on social media contributes to normalisation. In the context of mental health, normalisation can be defined as an increased recognition and acceptance of mental health conditions as a common human experience (Hasan et al., 2023). Without an amount of normalisation, a stigma surrounding mental illnesses has been identified as a barrier for young adults' help-seeking behaviour. A study (Hasan et al., 2023) considers the health belief model as being insightful into why college students use social media as an alternative in receiving help with mental health. The health belief model states that individuals who believe they may be susceptible to a specific health problem will perform behaviours in order to reduce the risk of developing said problem (Hasan et al., 2023). In such context, the use of social media platforms psychologically rewards and thus sustains the mental health seeking process on them. Additionally, such a type of informal help-seeking may safeguard young adults from public stigma (The International Academic Forum, 2022). However, while normalisation is shown to have such benefits such as destigmatizing mental health conditions and thus improving awareness among society, thus leading people to help-seeking behaviour, normalisation may also downplay the severity or complexity of various psychiatric conditions. For instance, mild levels of anxiety or sadness may be categorized as a disorder, despite being in the range of everyday human experience (Hasan et al., 2023). To that end, Hasan et al. (2023) investigated the effects of viewing social media posts about

anxiety showed that the posts that normalized anxiety increased the likelihood of people self-diagnosing themselves with an anxiety disorder. This effect was further explained by the finding that normalisation influences self-diagnosis through an increased identification with a person with the condition in question (Hasan et al., 2023). The finding shows the influence of social media exposure in shaping an individual's perception as well as behaviours regarding their mental health, as it reduces stigma as well as encourages help-seeking behaviour regarding wanting to confirm their self-diagnosis. However, this is not completely in line with a study conducted that found that the more young adults consult social media content for mental health problems, the less likely they are seek out mental health services (The International Academic Forum, 2022). Despite these contradicting results, the findings may also showcase how individuals who identify with a portrayal of a mental condition on social media may increasingly mistakenly attribute an everyday feeling of stress to a more serious clinical disorder, and subsequently become less likely to conduct formal help-seeking behaviour. This may lead to incorrect self-medicalization and distress (Lewis, 2016). As such, these mixed outcomes on social media's impact on stigma and formal mental health service utilization suggest that the relationship between social media exposure and mental health self-diagnosis as well as help-seeking behaviour prompts further investigation.

Despite an increasing body of studies on the impact of social media on self-diagnosis and subsequent or lack thereof of help-seeking behaviour, several gaps in the literature remain. Firstly, a number of existing research has focused solely on physical health and the Internet in general (Farnood et al., 2020; Kwakernaak et al., 2019). Additionally, the existing research has focused mainly on quantitative analyses of the social media content's impact on mental health self-diagnosis. Whilst not a limitation, a qualitative research approach instead of a quantitative one provides an additional way of understanding and exploring subjective experience as well as motivations of individuals' self-diagnosing behaviour. More

importantly, the current findings do not further explore the experiences and reasonings of the individuals pertaining to the help-seeking behaviour and history of individuals consuming such content.

Present study

In response to these limitations and gaps in the research regarding young adults' self-diagnosis and mental health, this present study aims to contribute to the existing literature by employing a qualitative methods approach in order to explore the perceptions of young adults on the relationship between mental health content on social media on self-diagnosis and help-seeking behaviour in individuals. The goal of the study is to comprehend the relationship between exposure to mental health-related content on social media and self-diagnosis or help-seeking behaviours, and to provide practical recommendations for social media platforms and mental health professionals, in order to foster a healthy engagement with mental health content. This study is built on the rationale discussed in the introduction that young adults engage with mental health content on social media, which may relate their own understanding and management to their own mental health.

Specifically, the research question can be formulated as follows: How do young adults perceive the relationship between social media mental health content and their self-diagnosis and help-seeking behaviours?

Research design

To investigate the research question, this study incorporated an exploratory qualitative research design, in which young users who consume social media mental health content are interviewed using a semi-structured interview format. The questions aim to investigate their perceptions and experiences regarding self-diagnosis and their help-seeking behaviour.

Participants

The participants in this study were selected by means of purposive sampling. The inclusion criteria for the selected participants were: (a) youth between the ages 18-24 and (b) are users of social media mental health content and have self-diagnosed before. Participants who meet these inclusion criteria were recruited through text invitations. The participation was completely voluntary and participants were allowed to withdraw from the study at any time they wish. In addition, the study was approved by the BMS ethics committee of the University of Twente.

Seven participants were interviewed, of which two were males and four were females, with one non-binary participant. Three participants were from Germany and the remaining four were from the Netherlands. The ages of the participants ranged from 21 to 23 years, with a mean age of 21.86 years (SD = 0.90). Specifically, four participants were 21 years old, one was 23 and two were 22.

Materials

The study aims to explore the influence of social media mental health content on self-diagnosis and help-seeking behaviour. An interview study was conducted in order to gain insight into the phenomenon and explore a potential relationship between exposure to social media mental health content and self diagnosis tendencies. During the interview itself, an interview guide (Appendix B) was consulted in order to conduct it, and participants were given an informed consent form (Appendix A).

The semi-structured interview includes questions relating to social media's influence on the individual's perception or lack thereof on their self-diagnosis and help-seeking behaviour. First, participants are asked about their general social media usage and engagement with it and their current mental health awareness. Then, participants are asked about their perception on self-diagnosis specifically, as well as help-seeking behaviours (including their

current support systems). In order to elicit detailed data from the participants, the researcher made use of probes to question the participant about their experiences. The interview ended after all topics were explored in sufficient detail, determined by the participant's capacity of naming relevant experiences to the topic at hand. The average duration of the interviews were approximately 31 minutes.

Procedure

The participants were recruited through text invitations. The researcher and participant set up a time and place for their individual interview. Every interview started with informing the participant of the general context of the study followed by how the data was to be handled and confidentiality. Furthermore, participants were encouraged to ask questions in case they had them about the study. Once the participant had no more questions to ask, they were handed an informed consent form. Signing the form meant that the participant agreed to take part in the study, the recording, transcription and the overall use of data provided. Transcriptions were made by using recording taken using either a phone or a laptop with a recording software. The interview guide contained open-ended questions as well as probes in order to gain a detailed and comprehensive understanding from the participants' experiences regarding the topics. The informed consent form not only informed participants of the purpose of the interview but also ensured their anonymity and confidentiality. Furthermore, participants agreed to the rules and conditions to be eligible to participate, and know that they can withdraw from the interview process.

Data Analysis

Every interview was transcribed verbatim from the recording taken in text form. Using a thematic analysis approach, the interview audios were transcribed and initial notes were taken in order to familiarize with the data. This was followed by an initial coding session,

using the software ATLAS.ti, where significant phrases and sentences were assigned a preliminary code based on their content. As such, the first draft for a coding scheme was assembled, from which patterns and overarching themes were identified. Similar codes were grouped together into broader categories or themes.

Results

In this section, the codes are defined and explained in detail. Based on the interviews conducted, the codes can be divided into 3 themes, 5 subthemes and 15 total codes, as seen in the following table.

Table 1

Themes divided in subthemes and codes

Themes	Subthemes	Codes
Mental Health Content on Social Media	Perceptions of mental health content on social media	Informative
		Destigmatization
		Misleading information
		Overly negative content
Self-Diagnosis	Motivations for Self-Diagnosis	Lack of access to mental health services
		Desire for understanding or validation
		Fear of stigma or judgment in seeking professional help
	Consequences of Self-Diagnosis	Validation or relief
		Anxiety or uncertainty
		Seeking further information

Help-Seeking	Factors influencing help-seeking decisions	Accessibility of mental health services
		Perceived severity of symptoms
	Help-Seeking in relation to exposure to mental health content	Normalization of seeking help
		Access to information or resources
		Negative experiences on help-seeking on social media

Description of the subthemes

Perceptions of mental health content on social media

The first code refers to a view of mental health content on social media that some participants had in terms of it having informed them about mental health topics. For example, social media content may go more in depth about mental health than what is offered in real life. Additionally, a bigger, more accessible range of people online plays a role in learning more about the topics. "So I feel like it's easier to see stuff about mental illness in depth online because people probably feel like they can share it more comfortably" (Participant S). "I also feel like. Because online like platforms can reach a lot of people, it's also very helpful for people who are not having access to like mental health information in their direct environment" (Participant S). This bigger range of people online also aids in informing users in terms of lesser-known topics. One participant stated that assessment tools are often focused

on specific symptoms on men, and it helped her to hear women talk about the same condition. Social media content on mental health is often focused on first hand experiences by people, showing users what it can look like to live with a specific condition or symptoms. Another related point brought up by a participants was that social media mental health content is informative in the sense that it can feel relatable and may apply to them.

"Like something speaks to me in the way that I might have experienced that, like, something feels relatable to me. And then I specifically look something up. To learn more about that, and like see if maybe it could actually be something that I also experience (Participant L).

Another participant remarked that they mainly consume personal experience stories rather than official documents or newspapers, "It's less than what I did […] what the information did for me and more about what it led me to do" (Participant F). For that participant, the stories they heard on social media eventually made them research their problems in more depth and go to their GP.

"Autism, ADHD has a lot of overlap with them, but they're not the same thing. It's much easier to confuse them on paper if you look at like a very small description of what both of them mean, and you could probably look at them and think to them as like both being the same thing, but they're very different and that's why YouTube serves as a good, it's a good way to like learn more in detail about such thing if you watch people's experiences, TikTok as well. But I found that YouTube was a bit more reliable" (Participant F).

Looking back on various ways that mental health is portrayed on social media, the participant recalled posts where a mental health condition is described as being less fruitful than personal stories.

Destigmatization refers to how social media helps to destigmatize mental health topics, to decrease the shame around it. Participants mentioned how on social media people feel more comfortable to share their experiences on mental illness because they can share it more comfortably, which in turn makes mental health topics seem more normalized to share outside the internet as well. However, this may only seem to be the case, as another participant noted that, while mental health topics are destigmatized on social media, they may not be in real life. More people seem to have mental health problems online than in real life. "And so despite it looking like on the Internet, feeling like a lot of people have, you know, a lot less stigmatized about it. It is definitely still something that is being stigmatized. In real life" (Participant F). Destigmatization is mainly mentioned by the participants in the context as something that happens on specific mental health focused accounts and not outside of it. One participant recalled an experience of her OCD self-diagnosis following a time where she looked at OCD content on Instagram, to which the comments under a meme account were talking about how people fake mental illnesses for attention. Speaking about it, she said "and that could push someone into the wrong direction or being afraid to tell someone or be ashamed of it." Destigmatization of mental health on social media is thus something that is viewed positively, but it does not happen everywhere on social media and mainly on accounts that are mental health focused.

Mental health information on social media is often not given by professionals, but by people who have an interest in the topics or who share their own personal experiences. Whether intentionally or unintentionally, this means that there is a myriad of misleading information on social media. Participants were aware of the drawbacks of the openness and accessibility of social media: "The openness is great, and it really does help break down some stigma, but there are quite a few accounts who oversimplify and romanticise mental health problems, which isn't good" (Participant L). One example given of this oversimplified

information was in regards to autism, but other participants gave their own perceptions of this oversimplified information when compared to scientific papers or professional resources as well.

"…like generalized things that do not have much contents given to them, like for example, when they talk about like one of the autistic symptoms […] For a lot of people, it could mean the same thing for them without them having autism. And it's that sense of, like, not having much context given into what they mean by that, that spreads this misinformed idea that everybody has autism […] People have this idea that […] everybody has a little of autism in them" (Participant F).

"Anything related to mental health, you become very much aware about how people face or do things in their posts and how misinformed it can come across or how it misinformed it is" (Participant N).

"I've learnt more by doing actual research, reading real articles and things were more mostly accurate done with actual research than reading a social media post on Instagram that has a few icons describing a specific aspects of that mental illness" (Participant F).

Participants shared that they found that information on mental health and mental disorders often overgeneralised, making it seem as if the individual has a specific disorder while describing a normal facet of daily life. The aspect of misinformation was also discussed when participants were asked what they would change about the portrayal of mental health of social media. Multiple participants stated that they would prefer some type of indicator that a professional was writing or speaking in the post.

"It probably already like exists out there, but maybe like have an icon or like something where I can see like this is a professional speaking and I think I've seen that on YouTube already. [...] because there's also a lot of people. Like regular people or just

influencers or some of those kind of people. People would just like maybe spread misinformation, and I think there should be changes to avoid that from happening" (Participant S).

Mental health content on social media touches on topics such as depression, autism, ADHD and trauma, among others. The topics are of a sensitive and personal nature, making exposure of them easy for users to get into "negative thought spirals" (Participant K) as one participant put it. Even if meant comedically, the content can be overly negative and affect the users' mental health. One participant recalled depression memes that were about how "life sucks". "Yeah, like certain memes, even if they're meant as jokes or memes, can get, like, influence your mental health negatively" (Participant L).

The algorithm tends to recommend content that the user has liked or has interacted with prior, causing users who view mental health content to get it repeatedly on their feeds, including content that reinforces negative emotions.

"Sometimes it's like an echo chamber and it. Just sends you. Yeah, like, into a downward spiral. Like if you're already depressed and then you see, like, like, memes about it or like other people also feeling like that. And just like validating that feel like for certain things it can have a harmful impact as well" (Participant L).

Overall, participants mentioned how social media can provide information on mental health topics that goes beyond that of scientific articles. Another point that was frequently brought up by participants was how social media mental health content destigmatizes mental disorders, illnesses and the symptoms associated with them. However, the content was also viewed in a negative light; namely, that misinformation is seen as being present on social media, undermining the informative side of it. Additionally, some participants stated that they

would rather not be frequently on the mental health content side of social media as the content can be overly negative.

Motivations for self-diagnosis

The participants, when prompted about their self-diagnosis, gave several motivations behind them. Reasons that individuals feel inclined to diagnose themselves is that professional mental health care is not always accessible to everyone and a desire for understanding or validation.

Participants noted that one motivation for self-diagnosis was that the waiting lists tend to be long and diagnoses can be lengthy process. "And because the diagnosis procedure is so like can be so lengthy" (Participant L). Additionally, mental health care (diagnoses, sessions with a therapist) can be expensive. "And like it's not accessible to everyone, it's also really expensive" (Participant L). "I just don't think it's something I could afford for myself" (Participant N).

Self-diagnosis is remarked by participants to be easier than talking to someone or seeking out professional help. Talking to someone can feel shameful.

"Instead I would just look it up online and for example, I had some issues with anxiety and it was kind of like shameful for me to, like, talk about it with other people. So my first instinct was just to go online and see what other people are experiencing and if there's anything similar, and if I can find something more like more information on it" (Participant S).

One participant could not get the help she needed from professionals; her GP suspected she had autism, which made her do research on it on social media. At her next appointment, another professional insisted she could not have autism as her social skills were "too good" (Participant K), making her unable to get an official diagnosis. As such, the desire

for understanding the self and getting validation for struggles is a significant motivation in self-diagnosis; "... the need to understand myself better and figure out why I have this" (Participant K). "In general, I have struggled with trusting myself and my own feelings, and sometimes it is easier for me to rely on resources online than to talk to someone and explain my issues in detail" (Participant M).

Consequences of Self-Diagnosis

Different from motivations for self-diagnosis (e.g. desire for validation), participants noted several consequences of self-diagnosis. These can further be divided into its emotional impact, such as feelings of validation, relief or anxiety and uncertainty. Furthermore, participants mentioned that, behaviourally speaking, their self-diagnosis prompted them to do further research.

Learning that one has a lot in common with a specific mental health disorder or condition, and identifying with it, putting a name to it and seeing others share similar stories on social media can create a sense of validation of relief. Relief in terms of realising that ones struggles or shortcomings were not a personal fault, but of a valid condition can feel freeing and remove the shame or self-blame. "Like I feel for once validated." "So when I'm looking it up myself, I'm probably not feeling that great. But after watching, I might feel better" (Participant L).

In fact, most participants explicitly stated that their self-diagnosis gave them hope or relief, that their problems were not because of their own personal shortcomings but a lack of accommodation to their preexisting condition.

"On the one hand, it provided me with a sense of hope and relief in that I was able to put a name to the struggles I was experiencing, and it gave me the sense that I wasn't alone in my struggles" (Participant M). "Kind of feel validated in the way that. I know that these

problems are not because, uhm, I don't know, like I'm lacking something or I'm lazy"
(Participant F).

Importantly, self-diagnosis instigated a healing process for participants F and L, who remarked it made it easier for them to forgive and have compassion for themselves.

"I was very much focused on how to forgive myself and also to look at it from a perspective that comes from maybe, someone with disabilities rather than me having to push myself on the same level like people around me who didn't have these disabilities" (Participant F)".

"Like social media and all sort of stuff kind of like validated me. Feeling a lot less lonely in that aspect that I was feeling like sometimes I wasn't sure how I felt about certain things, and then I would see post I was talking about that something I was feeling and I realized ohh it's it's not something weird to feel, it's something that many feel, but at the same time. It is something that, even if many may not feel it, it's something that exists and there is a full guideline or there is a lot of research done into it and I can read it and you know, feel more you know, and it made me figure out love for myself" (Participant L).

Self-diagnosis can, however, also make one feel anxious or uncertain. Being exposed to experiences of others on social media or information on a specific disorder, and not fitting into that can evoke a sense of having made the diagnosis up.

"a lot of people are putting out their own very personal specific experience, which is not necessarily something we should invalidate, but people saw. As like a factual thing that you have to have experienced this in order to have autism or ADHD, and that messed me up so bad it made me question my diagnosis" (Participant F).

This highlights the potential for social media to create confusion and self-doubt among individuals seeking to understand their mental health conditions.

"But I realized that, you know, just because people have specific experiences does not mean that it invalidates my experience of being someone who has autism. But that is something that social media really messed me up because social media can like constantly keep the hot and cold where it kind of like because they told me, like you have ADHD, autism and the same time you don't have it because you don't have this very specific experience of traits" (Participant F).

In terms of behaviour, a consequence of social media self-diagnosis for the participants was seeking out further information on what they diagnosed themselves with. This was not limited to just social media posts, but also included seeking out articles on the Internet or reading books on the topics. "I was in a rush of feeling, really. I wouldn't say excited, but I was very like knowledge hungry where I was just. So I really wanted to know as much as possible" (Participant F). "Then I'm like ohh, maybe I should look online how other people are dealing with similar stuff. Or maybe I can inform myself with some new information" (Participant S). Importantly, seeking further information following a self-diagnosis also means that participants looked into getting professional help. This includes calls and appointments with their GP, or asking the people around them about their experience with the professionals in the area.

"And there's someone, there was one girl who was basically saying or explaining or telling a story about something that was very similar to my reasons to going to the to the doctor in the 1st place. So I felt very like listened to and like understood and they were able to help that girl and she was doing better in many ways. So I decided yeah, maybe I should do that too. And that was kind of like my final like motivation to actually step forward and go there" (Participant S).

Factors influencing help-seeking decision

While accessibility of mental health services includes factors like cost and waiting times as mentioned in another code, the subjective experience of the accessibility influenced participant's help-seeking decisions. Mental health services may feel inaccessible, and participants mentioned that their formal help-seeking decisions were influenced by their own perceived severity of their symptoms.

Participants find going to a therapist or psychologist to be a serious step they may not feel ready for yet. "Yeah, I've never been to a therapist. I thought about it before, but I always feel like it's, it's a little bit of. A bigger step than to than to just go to a primary care doctor in a way like I feel. Like. The the way to get there is a bit more" (Participant L). "Because I feel like it's always very judged. And I The thing is I understand this for most contexts, but I feel like yeah, like if you look into being neurodivergent especially, I feel like it does have a value and like again, it's not accessible to everyone to get an actual diagnosis. So yeah, that's kind of the thing."

Help-seeking behaviour and decision-making by the participants is something that depends on how severe they perceived their symptoms or problems to be. "And if it still does not go away, I might. Depends of course what it is and how severe it is. But if it doesn't go away, I might like make the appointment with the general practitioner" (Participant D). How severe participants perceive their symptoms to be depends on how much they are not able to function in their daily life. "I feel like it is very severe and if I wouldn't be able to do the things I do daily. And. So as I said I don't really go to the professionals that quick. So for me it should be very severe that I'm not able to do things and that the mostly just takes over my life completely, so to say" (Participant D).

Help-seeking in relation to exposure to mental health content

Following the interviews, it was found that help-seeking can either be facilitated or be impeded by social media mental health content exposure. Facilitator of help-seeking in a social media context were the normalization of seeking help and access to information or resources. On the other hand, a barrier mentioned were seeing negative experiences about help-seeking on social media.

Participants mentioned that seeing posts on their feeds related to mental health made them see seeking professional help as something not to be ashamed of. Importantly, participants realised that social media mental health posts could only do so much. "It came out that I should probably seek out professional help as well, or that it could help and that made me realize that those apps or social media posts aren't going to help me the way professional help could do that" (Participant S). "In general, I think the more I've seen mental health content on my social media feeds, the more I've thought about it and thought about finding ways to seek some support. It's given me the confidence to understand that my own struggles are not just, something I have to deal with on my own, that they are real mental health issues that I can get professional support for."

Another facilitator of help-seeking by social media mental health is in its access to information as well as resources. Putting a name to the issues or problems one is facing helps in explaining problems to professionals, and makes seeking help seem less intimidating or foreign. "Yeah, I could inform myself on it. I could learn myself and then also use that in explaining my situation to others and professionals" (Participant S).

A barrier to help-seeking by way of social media mental health content exposure is witnessing negative experiences of others who sought out professionals shared on social media. "It made me realize that therapy wasn't just a cute little thing that was going to fix everything. It could also end up very intense, but that also scared me a lot more [...] That

turned me turned you off from taking therapy because it's kind of like, ohh, you know that that could happen to me too" (Participant F).

The results indicate that social media mental health content plays a dual role. On one hand, the content provides accessible and relatable information, filling up a gap left by unsupportive social circles and inaccessible professional mental health services. The extended access to information is particularly viable to those who are in environments where mental health support and resources are limited or absent. The anecdotal nature of much social media content, such as individuals sharing their own personal experiences with mental health conditions, was found to resonate with users in terms of relatability and understanding beyond jargon. The first-hand perspective on various platforms provide participants with practical examples of how symptoms may manifest in everyday life. As many participants noted that they either sought support in real life but could not get it or were shamed for it, social media mental health content was an easy and accessible way for them to feel more comfortable. The accessibility of the content encourages individuals to self-diagnose and seek validation from online communities, reducing stigma and increasing their understanding of their own mental health. On the other hand, misinformation and the potential for negative emotional reinforcement highlights a risk in relying on social media for mental health support. One concern frequently brought up by participants was the prevalence of misleading or overly simplistic information. Content tends to lack professional verification and can lead to misunderstandings on certain disorders. Interestingly, self-diagnosis behaviours were associated with seeking professional help. While some participants stated that seeing negative experiences about professional help made them afraid, most participants were in the process of or already sought professional help after their self-diagnosis. Even those participants who stated they never went to a therapist or psychologist, had appointments planned with their GP to talk about it. By normalizing discussions about these topics, the platforms may contribute

to destigmatization of mental health issues. This reduces shame and stigma associated with mental health conditions, and is crucial as it encourages the individuals to open up and seek support. Various participant's self-diagnoses made it easier for them to talk about it to their professionals, additionally being confirmed by professional evaluation or diagnosis processes. This included participants who were initially turned off from professional help after seeing negative experiences with it on social media. While the effectiveness of it may depend on the quality and nature of the content, the normalization of help-seeking through social media mental health content suggests that these platforms may influence help-seeking behaviour positively.

These findings emphasize the importance of social media in its complementary information role in shaping perceptions and behaviours related to their own mental health. Based on the interviews, users of social media mental health content used them as a complementary information source rather than as a compensation for not seeking professional help.

Discussion

With mental health content on social media becoming an increasing way of young adults informing themselves on their mental health, this study aimed to explore young adults' perception of the relationship between social media mental health content on self-diagnosis and help-seeking behaviours. The research question was: "How do young adults perceive the relationship between social media mental health content and their self-diagnosis and help-seeking behaviours?" The main themes that emerged from the interviews conducted were regarding perceptions of mental health content on social media, motivations and consequences of self-diagnosis and factors influencing help-seeking.

The key findings of this study revealed that social media mental health content served both as a source of information and as a platform for validation and destigmatization, which encourages self-diagnosis due to the inaccessibility of professional care and feelings of shame in sharing problems in real life. They reported that social media was particularly useful when they lacked validation or understanding for their mental health problems in real life, making them feel relieved. Essentially, the mental health content destigmatized the topic for them. This is in line with previous findings that state that this form of informal help-seeking safeguards young adults from public stigma (The International Academic Forum, 2022). Interestingly, self-diagnosis behaviours were associated with seeking professional help. While some participants stated that seeing negative experiences about professional help made them afraid, most participants were in the process of or already sought professional help after their self-diagnosis. Even those participants who stated they never went to a therapist or psychologist, had appointments planned with their GP to talk about it. This finding is in line with a quantitative study by Hasan et al. (2023) that concluded that social media mental health content encourages help-seeking behaviour. However, this completely contradicts a study conducted by The International Academic Forum (2022), who found that increased social media mental health consumption makes users less likely to seek out formal help. In fact, the interviews conducted in this present study revealed that various participant's self-diagnoses made it easier for them to talk about it to their professionals, additionally being confirmed by professional evaluation or diagnosis processes. This included participants who were initially turned off from professional help after seeing negative experiences with it on social media. Notably, this is in accordance with a study on self-diagnosis on physical conditions rather than mental health conditions, which concluded that patients present information to professionals in order to support their therapeutic relationship, rather than challenging them (Farnood et al.,

2020). Future studies could be conducted in order to further explore the similarities of self-diagnosis in a physical context against a mental health context.

However, social media mental health content can also have negative impacts, such as reinforcing negative emotions or misinformation by way of the lack of professionals on the platforms. Recent literature on self-diagnosis and the portrayal of mental health on social media is congruent with the interviews conducted. It cites the reinforcement of negative emotions as a concern as well, calling it an echo chamber and the romanticization of mental illnesses, which impedes in understanding them (Ahuja & Fichadia, 2024). Additionally, while self-diagnosis can provide individuals with a sense of relief, it can also cause them anxiety or uncertainty in terms of a perpetual cycle of self-research. This is inconsistent with the health belief model, for which the use of social media platforms psychologically rewards individuals when they are in their mental health seeking process (Hasan et al., 2023). However, it should be noted that since participants mentioned positive feelings of relief and validation when researching their self-diagnosis, the feelings of anxiety or uncertainty may play a secondary role in sustaining the research cycle.

This study has various limitations and strengths. Regarding its strengths, the study adheres to ethical rigor and has a relevant selection of participants who were up to date to this timely topic that has a real world relevance. However, the reliance on the interviews may introduce bias as they are self-reported data. While the questions were specifically formulated in order to not direct the participants towards any particular type of answer, the participants' perceptions and recollections may not accurately reflect their actual behaviours. Finally, the complexity of mental health issues as well as the variability in how young individuals may interact with various contents on social media means that these results cannot capture the entire spectrum of experiences and outcomes. Future research could explore a more diverse range of demographics (e.g. more male participants, teenagers) alongside with bigger sample

sizes to provide a more comprehensive understanding. In addition, a longitudinal study could help in understanding the long-term effects of social media mental health content on mental health and help-seeking related behaviours. While participants gave some concrete examples of posts and content they saw, a different study could investigate the specific types of content in more depth to yield insights into how to maximize the positive impact of the content while mitigating negative ones. As multiple participants mentioned the need for a professional verification on posts, these findings could aid in a development of guidelines, educational campaigns or collaborations with social media platforms in order to help users critically evaluate mental health information and promote use of verified, professional sources.

Conclusion

The findings in this study reveal that social media mental health content is related to young adult's self-diagnosis and help-seeking behaviours by way of providing accessible information and fostering a supportive environment that reduces stigma around professional help-seeking. Unlike previous findings, this study found that social media mental health content was perceived and used as a complementary information source rather than being seen as a substitute for formal help-seeking. All in all, understanding social media's influence on mental health help-seeking and their dynamics is vital for harnessing social media's benefits in mental health discourse.

References

Ahuja, J., & Fichadia, P. A. (2024). Concerns regarding the glorification of mental illness on social media. Curēus. https://doi.org/10.7759/cureus.56631 Hasan, F., Foster, M., & Cho, H. (2023). Normalizing anxiety on social media increases Self-Diagnosis of Anxiety: The Mediating effect of identification (But not Stigma). *Journal of Health Communication*, *28*(9), 563–572. https://doi.org/10.1080/10810730.2023.2235563

Farnood, A., Johnston, B., & Mair, F. S. (2020). A mixed methods systematic review of the effects of patient online self-diagnosing in the 'smart-phone society' on the healthcare professional-patient relationship and medical authority. BMC Medical Informatics and Decision Making, 20(1). https://doi.org/10.1186/s12911-020-01243-6

Kelly, S. (2023, July 20). *Teens are using social media to diagnose themselves with ADHD, autism and more. Parents are alarmed*. CNN. Retrieved March 19, 2024, from https://edition.cnn.com/2023/07/20/tech/tiktok-self-diagnosis-mental-health-wellness/index.html

Kwakernaak, J., Eekhof, J. a. H., De Waal, M. W. M., Barenbrug, E. a. M., & Chavannes, N. H. (2019). Patients' use of the internet to find reliable medical information about minor ailments: Vignette-Based Experimental study. JMIR. Journal of Medical Internet Research/Journal of Medical Internet Research, 21(11), e12278. https://doi.org/10.2196/12278

Lewis, L. F. (2016). Exploring the Experience of Self-Diagnosis of Autism Spectrum Disorder in Adults. *Archives of Psychiatric Nursing*, *30*(5), 575–580. https://doi.org/10.1016/j.apnu.2016.03.009

Lupton, D., & Jutel, A. (2015). 'It's like having a physician in your pocket!' A critical analysis of self-diagnosis smartphone apps. *Social Science & Medicine*, *133*, 128–135. https://doi.org/10.1016/j.socscimed.2015.04.004

Quraishi, A., Corral, A., & Beard, R. (2023, March 2). Teens turning to

TikTok for mental health advice are self-diagnosing. *CBS News*.

https://www.cbsnews.com/news/social-media-mental-health-self-diagnosis/

The International Academic Forum. (2022, October 3). *Social media use as Self-*

Therapy or alternative Mental Help-Seeking behavior - the International Academic Forum

(IAFOR). The International Academic Forum (IAFOR). https://iafor.org/journal/iafor-journal-

of-psychology-and-the-behavioral-sciences/volume-5-issue-2/article-2/

Appendix A

Informed consent

<u>Information on the use of recordings for study purposes</u>

Goal and method

I have to write a bachelor's thesis for my bachelor's degree in psychology at the University of Twente, on the topic of the relationship between social media and self-diagnosis and help-seeking behavior. I will ask you questions about your view on diagnosing yourself based on social media mental health posts as well as your experiences with it. I would like to record our conversations. These recordings are solely used in the writing process of the results. When the audio recordings are transcribed, the recordings will be deleted from the USB-stick. Your cooperation with the recordings is on a voluntary basis.

Please read the following information when you decide to give permission for the recordings:

- I will make an appointment with you so we can decide when the interview and recording will take place. I will ask again for permission before the interview.

- I will be the only person having access to and listening to the recording

- The recordings are used exclusively for my thesis

- The recordings are deleted after six months at the latest, but likely right after transcription (within two months)

You can withdraw your consent at any time for any reason. I will give a written confirmation of the withdrawal of your consent and delete the recordings, if you withdraw your consent.

<u>Informed consent for the use of recordings for research purposes</u>

Declaration of consent of the participant

I, the undersigned, have been informed about the procedure of recordings. I do understand the information and give Selin Koşar permission to record the conversation and use the recordings as described above.

Place, date:

Signature participant:

Name participant:

Declaration of the researcher

I, the undersigned, declare that I will use the recording of the participant as described above. I will delete the recording after six months at the latest.

Place, date:

Student signature:

Student name:

Appendix B

Interview guide

Interview Questions

Hi, I am Selin and today we will talk about digital media use in general. Thank you for being here to participate in this study. The interview has 3 parts. We will start with talking about social media in general, then move on to help-seeking related questions and then finalize it with your opinion on mental health on social media. Overall it should take about 30-45 minutes. There are not right or wrong answers to the questions as I am interested in your thoughts, feelings and experience to understand the relationship between social media and mental health better, not to judge or evaluate you. So feel free to answer as honestly as possible, if you do not want to answer to specific questions, that is always possible. If you don't have any questions for me, we can start the recording.

Topic 1: Exposure to Mental Health Content through Social Media Usage

When browsing online, you may find a lot of posts about mental health like posts about ADHD, autism, stress or depression. I will ask you some questions about how you use social media, and the mental health related content you find on it.

- Could you tell me, in general, about your usage of social media platforms on a typical day?

    o Can you tell me about the platforms you tend to use?

- Generally speaking, how much of your social media use has mental health related content?

    o What are some examples? Podcasts, Instagram pages, apps?

o How do you feel about these contents?

o What motivates you to search for them?

- What is your reaction in general to the mental health content on social media?

o To what degree do you find them useful for yourself? How do you find them useful?

o How do you react to those contents on social media? Sharing with others, commenting, liking.

Topic 2: Help-Seeking Behaviours and Support Systems

You may have experienced stress or anxiety at times, and you may have wanted to talk with a friend or seek out a therapist due to it. You may also have decided to seek out information about your mental issues on the internet. We all experience daily problems that evoke anxious thoughts or more chronic issues that we try to live with and we all need help. In this part questions will aim to understand your personal experiences on that.

- We all have a way of coping or dealing with our problems. What is your usual way of coping? (Some people seek advice from friends, some people think about the problem or some people ignore, what do you do?)

- What other ways do you seek help for social or psychological problems?

- Have you ever sought professional help (psychologist etc)? How did or do you feel about its helpfulness?

- What role did social media play for you in being motivated to seek help and support?/How do you feel about it?

o Seeking support through online platforms? How do you feel about it?

o   Seeking information in forums? How do you feel about it?

o   Seeking professional help via apps? How do you feel about it?

Topic 3: Self-Diagnosis Behaviours and Perceptions of Mental Health

When looking at mental health content, you may have compared it to your own mental health. I will now ask you questions about how social media changed the way you view your own mental health. Sometimes when we cannot find the answers by ourselves, we go online. For a medical condition, it could look like writing your symptoms and getting a diagnosis/explanation. Do you think a similar option would be fitting with mental health related problems?

-       Have you ever sought such information online on a personal issue, rather than asking people around you or professionals? (In general, examples)

To help you cope with something?

To help you explain something?

-       Have you tried figuring out your mental health using stuff you've seen on social media?

-       How did you decide to do so; why specifically use social media?

-       What would you say about the helpfulness of the information you found?

-       How do you feel about the way that mental health is portrayed on social media?

-       Can you provide situations in which mental health portrayals and information on social media negatively affected you?

-       What changes would you like to see in the way mental health support is accessed or offered on social media platforms?

Codes

Impact of Self-Diagnosis

Seeking further information

Participant S

when I'm actually struggling with a particular problem then I'm like ohh, maybe I should look online how other people are dealing with similar stuff. Or maybe I can inform myself with some new information.

And there's someone, there was one girl who was basically saying or explaining or telling a story about something that was very similar to my reasons to going to the to the doctor in the 1st place. So I felt very like listened to and like understood and they were able to help that girl and she was doing better in many ways. So I decided yeah, maybe I should do that too. And that was kind of like my final like motivation to actually step forward and go there.

Instead I would just look it up online and for example, I had some issues with anxiety and it was kind of like shameful for me to, like, talk about it with other people. So my first instinct was just to go online and see what other people are experiencing and if there's anything similar, and if I can find something more like more information on it.

it felt shameful. So having like having to directly talk with someone else about the problem felt like it could be embarrassing or a bit difficult to talk about. So the easier option in my mind was then to just go online, search up what other people. People are saying because by doing so I could avoid like actually having to talk to

someone about what I'm experiencing. Instead, I could just see what others are experiencing.

Participant F

I was in a rush of feeling, really. I wouldn't say excited, but I was very like knowledge hungry where I was just. So I really wanted to know as much as possible

Validation or relief

Participant S

there would be some posts like from people that I follow and that follow me back and they will just like post something, where I can maybe relate to things

I would have some friends on there who would just like explain something that happened in their daily lives and they would mention like, this is the way how my mental. Mental health problems could manifest in my daily life, and then I could read that and think, ohh that it's something that I've been dealing with as well

So when I'm looking it up myself, I'm probably not feeling that great. But after watching, I might feel better

Participant L

Yeah, I think sometimes things feel like sometimes when things feel relatable, it can be more negative. When I see certain things and I feel like I also experienced that before. Like I feel for once validated, but also. Yeah, like a bit, a bit negative about it sometimes.

It often makes me feel validated or it make like even when it's not like even when I can't relate, I still. Sometimes can understand what they're talking about. So yeah, I think I think mostly like feeling validated and feeling like other people experience similar things than me and not not feeling so alone about. Certain feelings or experiences.

Like social media and all sort of stuff kind of like validated me. Feeling a lot less lonely in that aspect that I was feeling like sometimes I wasn't sure how I felt about certain things, and then I would see post I was talking about that something I was feeling and I realized ohh it's it's not something weird to feel, it's something that many feel, but at the same time. It is something that, even if many may not feel it, it's something that exists and there is a full guideline or there is a lot of research done into it and I can read it and you know, feel more you know, and it made me figure out love for myself

Participant F

Kind of feel validated in the way that. I know that these problems are not because, uhm, I don't know, like I'm lacking something or I'm lazy

I was very much focused on how to forgive myself and also to look at it from a perspective that comes from maybe, someone with disabilities rather than me having to push myself on the same level like people around me who didn't have these disabilities

It just allowed me to understand myself a lot more because it was not productive with the way I was doing my education. Being undiagnosed with both, I know for many people they could be there their entire lives. Uh, you know, not knowing they had a certain disability or not, it was quite impossible with me because it was, it

was really hard for me to not know. I had these disabilities because going to school, the role of expectations and I just was putting a lot on my back

Participant M

On the one hand, it provided me with a sense of hope and relief in that I was able to put a name to the struggles I was experiencing, and it gave me the sense that I wasn't alone in my struggles

Participant K

I would have some friends on there who would just like explain something that happened in their daily lives and they would mention like, this is the way how my mental health problems could manifest in my daily life, and then I could read that and think, ohh that it's something that I've been dealing with as well

Anxiety or uncertainty

Participant L

Yeah, I think sometimes things feel like sometimes when things feel relatable, it can be more negative. When I see certain things and I feel like I also experienced that before. Like I feel for once validated, but also. Yeah, like a bit, a bit negative about it sometimes.

But I feel like sometimes, yeah, there's also misinformation that can maybe be, yeah, harmful or I feel like also maybe with depression. Depression especially. I can imagine that maybe your feet. Sometimes it's like an echo chamber and it. Just sends you. Yeah, like, into a downward spiral. Like if you're already depressed and then you see, like, like, memes about it or like other people also feeling like that.

And just like validating that feel like for certain. Things it can have a harmful impact as well.

Participant F

a lot of people are putting out their own very personal specific experience, which is not necessarily something we should invalidate, but people saw. As like a factual thing that you have to have experienced this in order to have autism or ADHD, and that messed me up so bad it made me question my diagnosis

But I realized that, you know, just because people have specific experiences does not mean that it invalidates my experience of being someone who has autism. But that is something that social media really messed me up because social media can like constantly keep the hot and cold where it kind of like because they told me, like you have ADHD, autism and the same time you don't have it because you don't have this very specific experience of traits

Participant M

I do not fully trust my own self-diagnosed conclusions and often wonder if it might just be me exaggerating certain behaviors or traits and convincing myself that I have a problem

Participant S

It also allowed me to become fixated on my own experiences and symptoms, sometimes leading to an obsession with constantly researching and reading about my own issues

Participant N

I often question if I'm truly suffering from those conditions or if I'm just convincing myself I do for some weird reason. And then there are people that just flat out say self-diagnoses are fake, which doesn't help either

Help-seeking as per social media mental health content

Normalization of seeking help

Participant S

it came out that I should probably seek out professional help as well, or that it could help and that made me realize that those apps or social media posts aren't going to help me the way professional help could do that.

Participant N

In general, I think the more I've seen mental health content on my social media feeds, the more I've thought about it and thought about finding ways to seek some support. It's given me the confidence to understand that my own struggles are not just, something I have to deal with on my own, that they are real mental health issues that I can get professional support for

Access to information or resources

Participant S

And there's someone, there was one girl who was basically saying or explaining or telling a story about something that was very similar to my reasons to going to the to the doctor in the 1st place. So I felt very like listened to and like understood and they were able to help that girl and she was doing better in many ways. So I

decided yeah, maybe I should do that too. And that was kind of like my final like

motivation to actually step forward and go there.

it came out that I should probably seek out professional help as well, or that it could

help and that made me realize that those apps or social media posts aren't going to

help me the way professional help could do that.

Yeah, I could inform myself on it. I could learn myself and then also use that in

explaining my situation to others and professionals.

Participant K

For me it really helped in explaining my problems to professionals, and they

immediately understood what I meant as well.

Negative experiences on help-seeking on social media

Participant F

I didn't feel completely well mentally. I think people like negative and positive experiences

serve both as a reminder that obviously going to get therapy, they look different. Everybody

else and it's different for everybody and it could be both in your experiences and whatnot and,

you know, people deserve that. But like it, it serves a lot of help. It made me realize that

therapy wasn't just a cute little thing that was going to fix everything. It could also end up

very intense, but that also scared me a lot more. I think I speak for a lot of people who've seen

a lot of people's experiences, whether it's positive or negative, but usually the negative. That

turned me turned you off from taking therapy because it's kind of like, ohh, you know that

that could happen to me too.

Paricipant M

Some posts also scared me haha, like when you see what some of those professionals say.

Factors influencing help-seeking decisions

Accessibility of mental health services

Participant L

Yeah, but sometimes I also talk to friends when I think it might be helpful to, yeah to spend or if I if I think they can give me certain advice, I guess. Yeah, I've never been to a therapist. I thought about it before, but I always feel like it's it's a little bit of. A bigger step than to than to just go to a primary care doctor in a way like I feel. Like. The the way to get there is a bit more.

Because I feel like it's always very judged. And I The thing is I understand this for most contexts, but I feel like yeah, like if you look into being neurodivergent especially, I feel like it does have a value and like again, it's not accessible to everyone to get an actual diagnosis. So yeah, that's kind of the thing.

Factors influencing help-seeking decisions: Perceived severity of symptoms

Participant L

Yeah, but sometimes I also talk to friends when I think it might be helpful to, yeah to spend or if I if I think they can give me certain advice, I guess. Yeah, I've never been to a therapist. I thought about it before, but I always feel like it's it's a little bit of. A bigger step than to than to just go to a primary care doctor in a way like I feel. Like. The the way to get there is a bit more.

Participant D

And after of course I looked it up on Google and search what it could be. And if it still does not go away, I might. Depends of course what it is and how severe it is.

But if it doesn't go away, I might like make the appointment with the general practitioner

I feel like it is very severe and if I wouldn't be able to do the things I do daily. And. So as I said I don't really go to the professionals that quick. So for me it should be very severe that I'm not able to do things and that the mostly just takes over my life completely, so to say

Motivations for Self-Diagnosis

Lack of access to mental health services

Participant L

Because they are also always big on yeah, like self diagnosis is valid to some point. Like if you really look into it and yeah, like they they always say like. Like at some point you probably, you know, do have it. And because the diagnosis procedure is so like can be so lengthy and like it's not accessible to everyone, it's also really expensive.

Participant N

I would love to go, it's just don't think it's something I could afford for myself.

Desire for understanding or validation

Participant S

Instead I would just look it up online and for example, I had some issues with anxiety and it was kind of like shameful for me to, like, talk about it with other people. So my first instinct was just to go online and see what other people are experiencing and if there's anything similar, and if I can find something more like more information on it.

Participant L

Because they are also always big on yeah, like self diagnosis is valid to some point. Like if you really look into it and yeah, like they they always say like. Like at some point you probably, you know, do have it. And because the diagnosis procedure is so like can be so lengthy and like it's not accessible to everyone, it's also really expensive.

Umm, I think it was just an easy and accessible way to get information about it, especially information that is, yeah, kind of first hand and that is specifically around women because you know, as I said before, I feel like a lot of research, a lot of. What like specific? Yeah, like assessment tools also focused on like specific symptoms. They're so heavily focused around men that it's it just helps to to hear like women talk about it. And I think social media is one of the easiest way to get that.

Participant K

For me when I went to the doctor, the professional said my social skills were too good for me to have autism. And I'm still like, going to the appointments but I felt really invalidated. I have the need to understand myself better and figure out why I have this.

Participant M

In general, I have struggled with trusting myself and my own feelings, and sometimes it is easier for me to rely on resources online than to talk to someone and explain my issues in detail.

Participant D

And after of course I looked it up on Google and search what it could be. And if it still does not go away, I might. Depends of course what it is and how severe it is. But if it doesn't go away, I might like make the appointment with the. General General practitioner.

Perceptions of mental health content on social media

Misleading information

Participant S

There's a lot of misinformation out there and people interpreting information. Probably in an incorrect way, and I think that's that could be harmful,

I might have come across like misinformation on mental health or like reading a list of symptoms and thinking or this is what I must have and I would.

It's probably already like exists out there, but maybe like have an icon or like something where I can see like this is a professional parking and I think I've seen that on YouTube already. So when a psychologist, a license psychologist is creating content on mental health problems, I believe they have this. Like label underneath or next to their channel name where they can see that this is a actual professional and I think maybe that can also be applied to. Other social media platforms such as Spotify or Instagram, where you can see like with someone like educated enough to like explain or say things about these problems, because there's also a lot of people. Like regular people or just influencers or some of those kind of people. People would just like maybe spread misinformation, and I think there should be changes to avoid that from happening.

Participant F

like generalized things that do not have much contents given to them, like for example, when they talk about like one of the autistic symptoms being that you feel like I don't know easily over stimulated from like social interactions. For a lot of people, it could mean the same thing for them without them having autism. And it's that sense of, like, not having much context given into what they mean by that, that spreads this misinformed idea that everybody has autism. That's why a lot. People have this idea that, you know, everybody has a little of autism in them

I've learnt more by doing actual research, reading real articles and things were more mostly accurate done with actual research than reading a social media post on Instagram that has a few icons describing a specific aspects of that mental illness

Participant N

Anything related to mental health, you become very much aware about how people do things in their posts and how misinformed it can come across or how it misinformed it is.

Participant L

The openness is great, and it really does help break down some stigma, but there are quite a few accounts who oversimplify and romanticise mental health problems, which isn't good

Overly negative content

Participant L

But I feel like sometimes, yeah, there's also misinformation that can maybe be, yeah, harmful or I feel like also maybe with depression. Depression especially. I can imagine that maybe your feet. Sometimes it's like an echo chamber and it. Just

sends you. Yeah, like, into a downward spiral. Like if you're already depressed and then you see, like, like, memes about it or like other people also feeling like that. And just like validating that feel like for certain. Things it can have a harmful impact as well.

Yeah, like certain memes, even if they're meant as jokes or memes, can get, like, influence your mental health negatively.

Participant K

Like, it's really easy for me to get into negative thought spirals when I watch those.

Participant D

Memes like, you know, life sucks and we joke about it.

Informative

Participant S

I would say because mental health is not something I talk about with the people around me all the time. So I feel like the range of people that. And that I can like look at online is way bigger than what I've exposed to in real life. So I feel like it's easier to see stuff about mental illness in depth online because people probably feel like they can share it more comfortably

, I also feel like. Because online like platforms can reach a lot of people, it's also very helpful for people who are not having access to like mental health information in their direct environment.

Participant L

I'm always very interested like I always like to learn about these topics, so I usually feel, yeah, I feel good and I feel informed like I learned something

like something speaks to me in the way that I might have experienced that, like, something feels relatable to me. And then I specifically look something up. To learn more about that, and like see if maybe it could actually be something that I also experience.

Umm, I think it was just an easy and accessible way to get information about it, especially information that is, yeah, kind of first hand and that is specifically around women because you know, as I said before, I feel like a lot of research, a lot of. What like specific? Yeah, like assessment tools also focused on like specific symptoms. They're so heavily focused around men that it's it just helps to to hear like women talk about it. And I think social media is one of the easiest way to get that.

Participant F

It's less than what I did […] what the information did for me and more about what it led me to do."

Autism, ADHD has a lot of overlap with them, but they're not the same thing. It's much easier to confuse them on paper if you look at like a very small description of what both of them mean, and you could probably look at them and think to them as like both being the same thing, but they're very different and that's why YouTube serves as a good, it's a good way to like learn more in detail about such thing if you watch people's experiences, TikTok as well. But I found that YouTube was a bit more reliable."

Destigmatization

Participant S

I would say because mental health is not something I talk about with the people around me all the time. So I feel like the range of people that. And that I can like look at online is way bigger than what I've exposed to in real life. So I feel like it's easier to see stuff about mental illness in depth online because people probably feel like they can share it more comfortably

Participant D

and that could push someone into the wrong direction or being afraid to tell someone or be be ashamed of.